Points To Remember About Raynaud’s Phenomenon

- Raynaud’s phenomenon is a disease that affects your blood vessels.
- There are two forms of Raynaud’s phenomenon: Primary and secondary.
- The form of Raynaud’s phenomenon you have affects the symptoms you have.
- Symptoms of Raynaud’s phenomenon can vary from mild to severe. Most people have mild symptoms.
- There are treatments to prevent or control the symptoms of Raynaud’s phenomenon.
- There is no way to prevent Raynaud’s phenomenon, but you can prevent an attack.

What is Raynaud’s phenomenon?
Raynaud’s phenomenon is a condition that affects your blood vessels. If you have Raynaud’s phenomenon, you have periods of time called “attacks” when your body does not send enough blood to the hands and feet.

Attacks usually happen when you are cold or feeling stressed. During an attack, your fingers and toes may feel very cold or numb.

Raynaud’s phenomenon is also called Raynaud’s disease or Raynaud’s syndrome.

Who gets Raynaud’s phenomenon?
Anyone can get Raynaud’s phenomenon but some people are more likely to have it than others.

The primary form of Raynaud’s often starts between the ages of 15 and 25. It is most common in:

- Women.
- People living in cold places.
The secondary form of Raynaud’s phenomenon usually starts after the ages of 35 to 40. It is most common in people who have a disease that affects blood flow to the organs and other body tissues. This is called a connective tissue disease. Connective tissue diseases include:

- **Lupus**, which causes the immune system to attack healthy tissues in the body.
- **Scleroderma**, which causes the skin and other tissues in the body to harden.
- **Sjögren’s syndrome**, which causes dryness in the mouth and eyes.

Other health conditions can also cause the secondary form of Raynaud’s phenomenon:

- Carpal tunnel syndrome, which affects nerves in the wrists.
- Blood vessel disease, which causes the blood vessels in the legs, arms, and belly to narrow.

Certain medicines can cause the secondary form of Raynaud’s phenomenon:

- Medicines used to treat high blood pressure, migraines, or cancer.
- Over-the-counter cold medicines.
- Narcotics.

In addition, people with certain jobs may be more likely to develop the secondary form of Raynaud’s phenomenon:

- People who are around certain chemicals.
- People who use tools that vibrate, such as a jackhammer.

Some research suggests that Raynaud’s phenomenon runs in certain families, but more research is needed.

**What are the types of Raynaud’s phenomenon?**

There are two types of Raynaud’s phenomenon.

- **Primary Raynaud’s phenomenon** occurs for an unknown reason. It is the more common form of Reynaud’s phenomenon.
- **Secondary Raynaud’s phenomenon** is caused by another health condition. Secondary Raynaud’s phenomenon is less common but more serious than the primary form of the disease.

**What are the symptoms of Raynaud’s phenomenon?**

During an attack, your body limits blood flow to the hands and feet. This makes your fingers and toes feel cold and numb. It may also cause your fingers to turn white or blue.
Once blood flow to the fingers and toes returns, they may turn red, tingle and begin to hurt.

An attack usually lasts a few minutes. In some people, it may last more than an hour.

The symptoms of the primary form of Raynaud’s phenomenon usually begin between the ages of 15 and 25. The symptoms of the secondary form of Raynaud's phenomenon usually start after the ages of 35 to 40.

For many people, especially those with a primary form of Raynaud’s phenomenon, the symptoms are mild and not very troublesome. Others have more severe symptoms.

**What causes Raynaud’s phenomenon?**

Doctors do not know exactly what causes Raynaud’s phenomenon to develop, but they do know what causes some attacks.

Usually when a person is exposed to cold, the body tries to slow the loss of heat and maintain its temperature. To do so, blood vessels in the surface of the skin move blood from veins near the skin’s surface to veins deeper in the body. In people with Raynaud’s phenomenon, blood vessels in the hands and feet appear to overreact to cold temperatures or stress. They narrow and limit blood supply.

**Is there a test for Raynaud’s phenomenon?**

There is no single test to diagnose Raynaud’s phenomenon.

Doctors usually diagnose Raynaud’s phenomenon after taking a complete medical history, an exam, and tests. The tests may include:

- Blood tests.
- Looking at fingernail tissue with a microscope.

If you are diagnosed with Raynaud’s phenomenon, your doctor will likely perform more tests to determine what form of the disease you have.

**How is Raynaud’s phenomenon treated?**

There are several treatments for Raynaud's phenomenon. The goal of treatment is to:

- Reduce how many attacks you have.
- Make attacks less severe.
- Prevent tissue damage.
• Prevent loss of finger and toe tissue.

Medicines

If you have the secondary form of Raynaud's phenomenon, your doctor may recommend treatment with medicine, including:

• Blood pressure medicines.
• Medicines that relax blood vessels.

Pregnant woman should not take these medicines.

Surgery

If you have a severe case of Raynaud's phenomenon, you may need surgery to restore blood flow to parts of the body affected by the disease.

Living with Raynaud’s phenomenon

There are steps you can take to decrease the number of Raynaud's attacks you have and the severity of these attacks:

• Keep warm. Set your thermostat to a higher temperature. You lose a lot of body heat through your head; wear a hat. Keep your feet warm and dry. In cold weather, wear several layers of loose clothing, socks, hats, and gloves or mittens. Keep pocket warmers in your pockets if you are will be outside for a long time. Use insulated drinking glasses when drinking something cold. Put on gloves before handling frozen or refrigerated foods.
• Avoid rapidly shifting temperatures and damp climates. Rapidly moving from 90 degrees outside to a 70-degree air-conditioned room can bring on an attack. So can damp rainy weather.
• Avoid air conditioning. In warm weather, air conditioning also can bring on attacks.
• Do not smoke. The nicotine in cigarettes causes the skin temperature to drop, which may lead to an attack.
• Avoid medicines that bring on attacks. Certain medicines cause the blood vessel to narrow, which can bring on an attack. These include beta-blockers, cold preparations, caffeine, narcotics, some migraine headache medications, and some chemotherapy drugs. Talk to your doctor before starting any new medicines. Do not stop any medicines you are taking without talking to your doctor first.
• Control stress. Because stress can bring on an attack, learning how to manage or control stress is important. Talk to your doctor about stress reduction techniques.
• Exercise regularly. Exercise can improve your overall well-being. In addition, it can increase
your energy level, help control your weight, keep your heart healthy, and improve sleep. Talk to your doctor before starting an exercise program.

For more info

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**Centers for Disease Control and Prevention, National Center for Health Statistics**
Website: [https://www.cdc.gov/nchs](https://www.cdc.gov/nchs)

**National Heart, Lung, and Blood Institute**
Website: [https://www.nhlbi.nih.gov](https://www.nhlbi.nih.gov)

**American College of Rheumatology**
Website: [https://www.rheumatology.org](https://www.rheumatology.org)

**Arthritis Foundation**
Website: [https://www.arthritis.org](https://www.arthritis.org)

**Lupus Foundation of America**
Website: [http://www.lupus.org](http://www.lupus.org)

**Scleroderma Foundation**
Website: [http://www.scleroderma.org](http://www.scleroderma.org) (con información en español)

**Scleroderma Research Foundation**
Website: [http://www.srfcure.org](http://www.srfcure.org)

**Sjogren's Syndrome Foundation, Inc.**
Website: [http://www.sjogrens.org](http://www.sjogrens.org)

If you need more information about available resources in your language or other languages, please visit our webpages below or contact the NIAMS Information Clearinghouse at [NIAMSInfo@mail.nih.gov](mailto:NIAMSInfo@mail.nih.gov).

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