

Publications

A Journey of Discovery by Anne H Mawdsley MBE

This book takes the reader through the past twenty years of Raynaud's and scleroderma, in terms of progress in research. Containing personal stories, the book will be of great interest to existing and newly diagnosed patients alike. Health Professionals would also find this book a valuable source of information.

Living with Raynaud's by Anne H Mawdsley MBE

A practical book giving positive, helpful ways of how to manage the condition.

Living with Scleroderma by Anne H Mawdsley MBE

A helpful book giving information on all aspects of scleroderma, including ways of coping with a chronic illness.

Raynaud's - Your Questions Answered by

Anne H Mawdsley MBE

Questions and answers for some of the most commonly asked questions on Raynaud's and associated conditions.

The Scleroderma Patients' Booklet

Produced for patients and their families by the UK Systemic Sclerosis Study Group.

Video

Understanding Raynaud's & Scleroderma

Professor Carol Black and Professor Ron du Bois give a brief account of diagnosis and treatment, explaining what a doctor would be looking for when presented with a patient suspected of having Raynaud's or scleroderma.

Books & Video	Price	Total
A Journey of Discovery	12.00	_____
Living with Raynaud's	4.00	_____
Living with Scleroderma	5.00	_____
Raynaud's - Your Questions Answered	4.00	_____
The Scleroderma Patients' Booklet	2.00	_____
Understanding Raynaud's & Scleroderma (video)	12.00	_____
Appeal Pin Badge	1.00	_____
Postage & packing up to £5	.50	_____
Postage & packing up to £10	1.50	_____
Postage & packing over £10	2.50	_____
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Drug Treatment

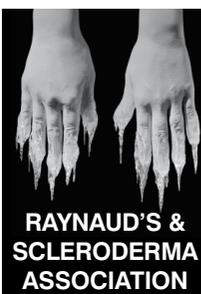
No one drug has been shown to be successful in all cases and treatment depends on the cause. In primary EM modest doses of aspirin may produce relief but this therapy is not always successful. Avoiding factors that produce vasodilation is usually helpful. The use of ephedrine, propranolol, or methysergide, may also produce relief in some patients. A mild vasodilator (to prevent the original Raynaud's phenomenon) or analgesia can help some patients.

If the EM is due to decreased blood flow which can occur with diabetes or systemic lupus erythematosus, then a medication which dilates the blood vessels is required.

Erythromelalgia and Raynaud's

It is interesting that most sufferers of erythromelalgia also suffer from Raynaud's. In Raynaud's, the digits become cold and painful due to a tightening or constriction of the arteries which normally supply blood to the affected parts. In erythromelalgia associated with Raynaud's, the sufferer does not necessarily notice the blanching of the digit or limb but is merely aware of the hot burning extremity. It would therefore appear strange that treatment for this form of erythromelalgia is to dilate the blood vessels.

Superficially the symptoms of Raynaud's and erythromelalgia appear to be opposite i.e. vasoconstriction in the case of Raynaud's and vasodilation in erythromelalgia. It has recently become apparent that this may not be correct and the evidence for increased blood flow as a cause of erythromelalgia is poor.



RAYNAUD'S & SCLERODERMA ASSOCIATION

If your hands **feel** like this you **may** be suffering from **Raynaud's**
Feeling constantly cold or having chilblains does **not** necessarily mean that you have **Raynaud's**

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email: info@raynauds.org.uk or info@scleroderma.org.uk
website: www.raynauds.org.uk or www.scleroderma.org.uk

Leaflet ref number: EM/G2

Erythromelalgia

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Erythromelalgia

Erythromelalgia (EM) is a chronic disorder characterised by intermittent or persistent painful erythema (redness), sweating and heat of the extremities, mainly of the feet and legs.

The disease is characterised by attacks of burning pain associated with redness and warmth. The pain is usually quite severe. Some swelling and puffiness may be present in the localised burning regions or the whole limb may be slightly swollen.



Primary or secondary?

Erythromelalgia is divided into primary and secondary. Primary (cause unknown) EM, is not associated with any other conditions, whereas the secondary type is linked to metabolic inflammatory vascular, neurological or blood abnormalities.

It can be difficult to differentiate between primary and secondary EM without sophisticated vascular and blood tests. Furthermore, secondary EM symptoms may precede the diagnosis of the associated condition by up to 10-20 years but there are certain pointers which can be useful. In the primary form the limbs tend to be affected symmetrically and bilaterally, whereas secondary EM can affect a single limb only.

Primary EM has symptoms of red, painful, warm extremities e.g. arms and legs, whereas secondary EM is common in the lower limb. The primary form is also suggested by a family history and occurs more frequently in men but sex distribution is equal in the secondary form. An additional differentiating feature is the age of the patient, with a younger age group affected by the primary form.

Secondary EM usually occurs after the age of 40 and has been associated with a variety of diseases e.g. polycythemia rubra vera (too many red blood cells), thrombocythaemia (too many blood platelet cells), diabetes, systemic lupus erythematosus (an inflammatory condition) and hypertension (high blood pressure).

The symptoms of EM can be triggered by environmental factors, especially warm air temperatures or even slight changes in temperature, hot or cold.



Symptoms

Symptoms of EM may include hands or feet that are very red and purplish in colour. There may also be swelling and the affected area can feel hot to the touch, causing a deep aching or burning pain. The intensity of the symptoms varies greatly from person to person. Less frequently, EM symptoms may also appear on the face, ears, knees or other parts of the body.

Some patients notice a continual burning pain while others are troubled with attacks or 'flare-ups'. An attack may last from minutes to several hours and occasionally for one or two days. Usually the burning distress is aggravated by warmth and may be noticeably worse during the summer months, but the secondary form may be worse in the winter.

When experiencing an EM flare-up of the feet and legs the redness is well above the soles of the feet, in severe cases extending to the knees. During an EM attack of the hands, some patients will only have the palms affected, whereas others will be affected up to the elbow. Some patients will experience swelling or oedema of the affected part and when constant or frequent attacks occur, the skin can become blistered.



Relief of symptoms

Attacks can sometimes be avoided and various attempts are made by patients to decrease the pain.

These include:

- Elevation of the extremity
- Lowering the temperature of the skin
- Exposing the area to cool air, e.g. using a fan
- Moving the limb out of bedclothes
- Immersing in cool or cold water*
- Cold applications to the affected area*

***Caution is required here because one should never put any living tissue into ice - it relieves the pain but ultimately it can worsen the condition by damaging the tissue.**



Membership Form

To become a member please complete and return this form together with a cheque or postal order to: 112 Crewe Road, Alsager, Cheshire ST7 2JA, making cheques payable to:

'Raynaud's & Scleroderma Association'.

Please tick your method of payment:

Cheque P.O. Banker's Order (details on request)

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£45.00 5 Years
£150.00 Life

UK SENIOR CITIZEN RATES

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OVERSEAS MEMBERSHIP - prices on application

Please tick the box if a doctor has diagnosed you as having:

Raynaud's Scleroderma

Rheumatoid Arthritis Lupus (S.L.E)

Erythromelalgia Chilblains

Vibration White Finger Sjögren's Syndrome

Mixed Connective Tissue Disease

Do you object to the Association holding the above information on computer? Yes No

Do you object to your details being given to another member of the Association? Yes No

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