
Living with Raynaud's

By Gigi Reed, MD September 10, 2026

Thank you Renay Radniecki for suggesting the subject today: Raynaud Phenomenon.

Incidentally, my mother also suffers from this.

If your fingers or toes go white,

or blue when you step out into cold weather—or this happens when you are under stress—you may have Raynaud phenomenon - named after Dr Maurice Raynaud who discerned this phenomenon in his doctoral thesis in 1862. This relative common condition affects between 4 and 20% of the population- depending on where the studied population lives.

Most cases are “primary” Raynaud’s—meaning there’s no underlying disease—and usually begin in the teens or 20s, especially in women. A smaller but important group has “secondary” Raynaud’s, tied to another condition such as lupus or scleroderma. These cases tend to start later - after age 35–40, and can be more severe.

During an attack, the tiny arteries that supply the fingers and toes clamp down too tightly. Blood flow drops, the skin turns pale or white, then bluish as oxygen levels fall. When blood rushes back in, the area flushes red and may throb or sting.

Attacks usually last minutes to a few hours. For most people with primary Raynaud’s this is annoying but not dangerous. In secondary Raynaud’s—especially when linked to connective tissue diseases—prolonged lack of blood flow can occasionally lead to skin breakdown or ulcers on the fingertips.

Raynaud’s is one hallmark of a condition formerly called CREST syndrome. The letters CREST stand for: Calcinosis (calcium deposits under the skin), Raynaud phenomenon, Esophageal problems (reflux, trouble swallowing), Sclerodactyly (tight, thickened skin on the fingers), Telangiectasias (tiny, visible blood vessels on the skin)

In this condition, Raynaud’s often appears years before the other symptoms. Because of that, new or worsening Raynaud’s in midlife—especially with skin changes, deserves a medical evaluation. The treatment is neither straightforward nor easy.

Primary Raynaud’s is most common and accounts for about 80–90% of cases and typically starts between ages 12 and 25. Secondary Raynaud more often begins after 35–40 and is more likely to cause complications.

It's more common in women than men and tends to fade somewhat after age 60.

The cornerstone of management is keeping warm and avoiding triggers. Cold temperature is the best known trigger, hence the higher prevalence in a more northern population. Nicotine is another trigger- in any form- chewed or smoked.

There are also some medications that can exacerbate Raynaud's. The first ones that come to mind are some migraine medications as their MoA is to contract blood vessels- these include the triptans, such as Sumatriptan. With the same token, some blood pressure meds can help with the symptoms of Raynaud's because they relax the blood vessels. These meds include the „calcium channel blockers“ such as Amlodipine.

People with secondary Raynaud's and skin ulcers may need more aggressive therapy and close follow-up with a rheumatologist or vascular specialist. In rare, severe cases that don't respond to medication, procedures to interrupt the nerves that constrict the blood vessels (sympathectomy) can be considered.

When Raynaud's appears later in life or comes with other warning signs, it can be an early signal of something more serious. Paying attention to those signals can make a real difference in how far and fast the disease progression is.

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