I40. THE ASSESSMENT AND MANAGEMENT OF RAYNAUD’S

Ariane Herrick¹

¹Arthritis Research UK Epidemiology Unit, Salford Royal NHS Foundation Trust, Manchester, UK

RP is most commonly primary (i.e. idiopathic). A defining feature of primary RP is that it does not progress to irreversible tissue injury, and it is therefore often considered benign. However, when severe, primary RP can be very distressing and can limit activities. In contrast, when RP is secondary to an underlying cause, for example connective tissue disease, it can progress to irreversible tissue injury with ulceration and sometimes gangrene. Therefore when assessing a patient with RP, the first question for the rheumatologist is Why does this person have RP? The second question is What is the best approach to management? This session will cover diagnosis (history, examination, investigations including capillaroscopy) and management of RP, including RP which has progressed to digital ulceration and/or critical ischaemia. Treatment options will be discussed including conservative (non-drug) measures, vasodilator therapies (including phosphodiesterase inhibitors and endothelin-1 receptor antagonists), and surgery. These options will be put into context by a series of short case histories, and by presentation of the UK Systemic Sclerosis Study Group consensus best practice pathways for RP and for systemic sclerosis-related digital ulceration and critical ischaemia. By the end of the session, participants should be able to assess the patient presenting with RP, including differentiating between primary and secondary RP; discuss the role of capillaroscopy in the assessment of RP; and describe the different management options for RP, including RP complicated by digital ulceration or critical ischaemia.

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