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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	_____
	Total	_____

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Treatment

As the clinical symptoms and features may vary greatly from one patient to another, so the treatment for one patient with MCTD may be very different from another. Overall the treatment is directed at the specific symptoms. Therefore, if Raynaud's phenomenon is the predominant problem the treatment is the same as for Raynaud's, whereas if the arthritis is the predominant problem then the treatment is as for arthritis. If there is evidence of inflammation either in the circulation, the joints, the muscle or the lungs then treatment directed at reducing the inflammation may be beneficial. This may involve anti inflammatory tablets or occasionally a small dose of steroid tablets.

It is uncommon that stronger treatment to dampen down the immune system is required in MCTD. The difficulty in swallowing may be associated with some acid reflux symptoms and these may also depend to some extent on diet. If these symptoms are severe then your doctor may consider using the proton pump inhibitor drugs to control acid reflux. In general a balanced diet, measured rest, physiotherapy, coupled with education and support, are important factors in the management of this complex connective tissue disease.

Common Characteristics of MCTD

Arthralgia/arthritis	96%
Swollen Hands	88%
Raynaud's	84%
Difficulty swallowing	77%
Muscle pain	72%

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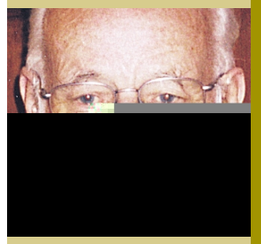
email: info@raynauds.org.uk or info@scleroderma.org.uk
website: www.raynauds.org.uk or www.scleroderma.org.uk

Leaflet ref number: MCTD/G2



Mixed Connective Tissue Disease

Raynaud's & Scleroderma Association
112 Crewe Road, Alsager, Cheshire ST7 2JA
Tel: 01270 872776 Fax: 01270 883556
(see back page for details of email and website)

MCTD

Mixed connective tissue disease (MCTD) was originally described by Dr. Gordon Sharp in 1972. Although the term is a bit of a mouthful, it does have some clinical usefulness both for sufferers and for the doctors caring for them. The blanket term connective tissue disease, covers a wide range of conditions which includes Raynaud's and scleroderma but also includes systemic lupus erythematosus, Sjögren's syndrome and others.

The symptoms associated with different connective tissue diseases may be very similar e.g. Raynaud's. White hands on exposure to the cold may occur on its own or accompany a wide range of diagnoses including rheumatoid arthritis and the connective tissue diseases. The term MCTD therefore refers to a pattern of clinical symptoms, which have features in common with the other connective tissue diseases. It also has associations with a specific antibody in the blood.

Who gets Mixed Connective Tissue Disease?

In common with Raynaud's, lupus and scleroderma, MCTD is more common in women and although it can occur at any age, is rare in childhood.

Overlap syndrome

There is some confusion in terms of classification when it comes to overlap syndrome or MCTD. An overlap syndrome may occur if someone has clinical features and circulating antibodies in the blood of two different connective tissue diseases i.e. patients may have rheumatoid arthritis and scleroderma with the rheumatoid factor antibody and the Scl 70 antibody circulating in the blood stream.

In contrast MCTD is associated with its own antibody which is called RNP antibody. This is called after one of the proteins which is found in the cells of the body. Indeed it was with the recognition of this specific antibody associated with a mixture of clinical symptoms that resulted in the term MCTD being used.

Clinical features

The clinical features while they are common to features of lupus, scleroderma or Sjögren's, are often milder. The most common complaints are pains in the joints and/or the muscles.

These may be similar to rheumatic aches and pains in the joints or occasionally may be associated with a more definite arthritis in which the joints are swollen, tender and also stiff. In addition to symptoms of Raynaud's, in which attacks may turn the fingers and other extremities white and dead-looking, they may also be painful. In some cases the whole finger or all of the fingers may become swollen and puffy not just during attacks but also between attacks.

This may cause a sensation of pins and needles or tingling in the fingers and a loss of feeling. While MCTD may be associated with features of other connective tissue diseases, including lupus and scleroderma, the internal organs such as the heart and kidneys are not usually involved.

The most common combination of symptoms involves the arthritis and Sjögren's syndrome. Occasionally the lungs may become thickened due to inflammation and this may cause breathlessness particularly on exercise.

Prognosis

Fortunately for many people with MCTD the prognosis is good. This may reflect the relative sparing of the internal organs such as the heart and kidneys. However, it is recognised that some patients with MCTD may develop clinical features of predominately one connective tissue disease over time. For example, some patients may develop a dominant arthritis or indeed a dominant scleroderma-type picture over a period of time.

For further reading see the following leaflets:

Raynaud's Phenomenon, Scleroderma (Systemic Sclerosis), Systemic Lupus Erythematosus and Sjögren's Syndrome.

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)* ☐

UK MEMBERSHIP RATES		**UK SENIOR CITIZEN RATES**	
£12.00	Annual	£8.00	Annual
£30.00	3 Years	£20.00	3 Years
£45.00	5 Years	£30.00	5 Years
£150.00	Life	£100.00	Life
£_____	Donation *(optional)*	£_____	Donation *(optional)*
£_____	**Total**	£_____	**Total**

Title _____ *Christian name* _____

Surname _____

Address _____

_____

County _____ *Post code* _____

Tel. no _____ *Date of birth* _____

Occupation _____

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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