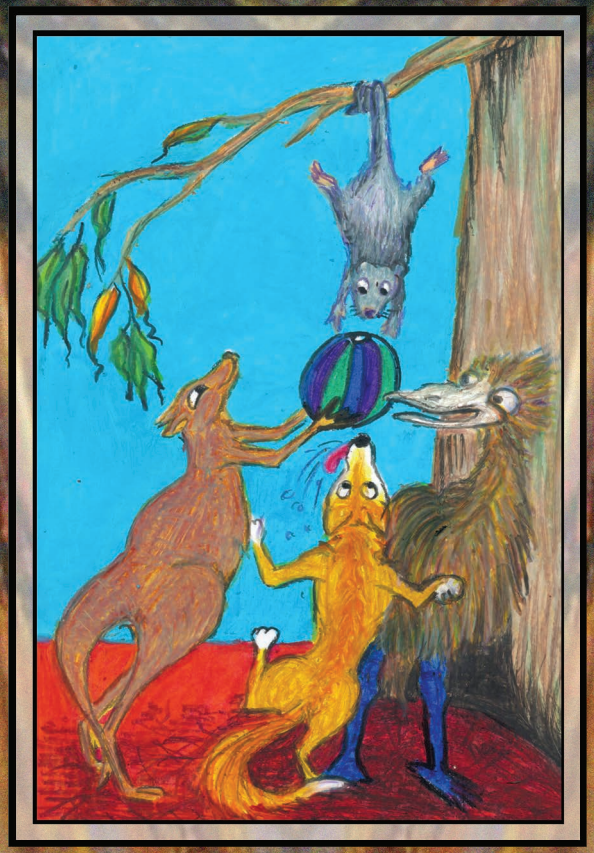
Things that may be helpful

Scleroderma can be well managed, but it is useful to:

- Learn as much as you can about your illness.
- See your doctors regularly to monitor treatments & help you live a healthier life.
- Always take the drugs prescribed by your doctor.
- Wear warm clothing such as gloves, to protect yourself from cold weather.
- Reduce the use of soap when washing – use other non-soap products.
- Moisturise your skin often.
- Tiredness is common so resting is good – pay attention to your body & slow down especially when you are not feeling well. At other times it is good to not push yourself too hard or your illness may flare up.
- Learn to timetable rest times after active times.
- Exercise is good for you as it strengthens muscles & keeps joints flexible. If you are feeling unwell you should reduce you exercise until you feel better.
- Do hand & mouth stretching exercises daily.
- Your diet should include a variety of foods.
- Don't eat too many foods that contain high levels of sugars, salt & fats.
- Drink adequate fluids, in particular water.

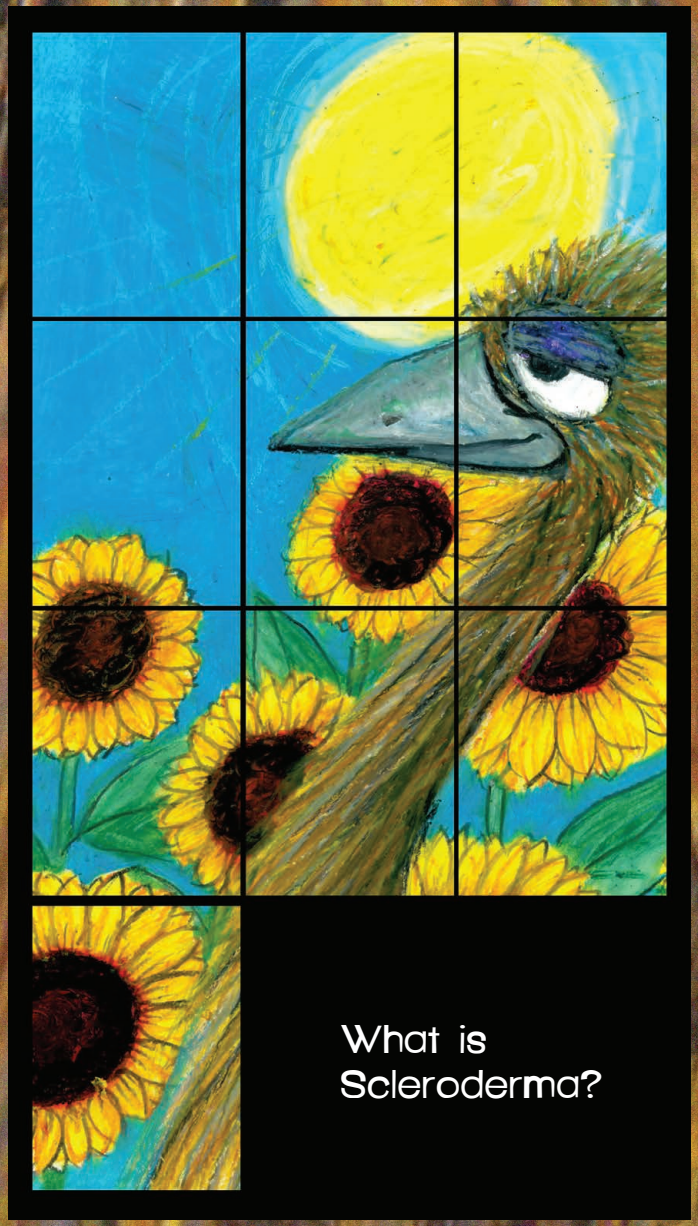


WHERE CAN I GET HELP?

Autoimmune Resource & Research Centre
Telephone: 02 49214095
email: ARRC@hnehealth.nsw.gov.au
web: www.autoimmune.org.au

Proudly supported by
nib foundation

Scleroderma



What is Scleroderma?

What is scleroderma?

There are different types of scleroderma.
The two most common are:

- **Localised scleroderma.** This form is more common in children. It only affects the skin causing hard & shiny patches mainly on the trunk, arms, legs or head.
- **Systemic scleroderma**. This form affects the joints, skin & internal organs causing tissues to thicken & harden. It can also be called CREST in a limited form, or diffuse when more parts of the skin is involved.

Females are more likely than males to get scleroderma, approximately 5 to 1.

What causes scleroderma?

We don't know exactly what causes scleroderma but we know that it involves many factors. Our genes & the environment both work together to affect the immune system, which our body uses to protect itself from harmful things such as bacteria & viruses *(bugs)*. We are not sure why for some people the immune system does not work properly but we do know that when people get sick with scleroderma it is caused by the system being over active & causing harm to itself. This is called autoimmune illness. Scleroderma is an autoimmune illness. Scleroderma is an inflammatory disease & this inflammation causes the body to make too much fibrous tissue.

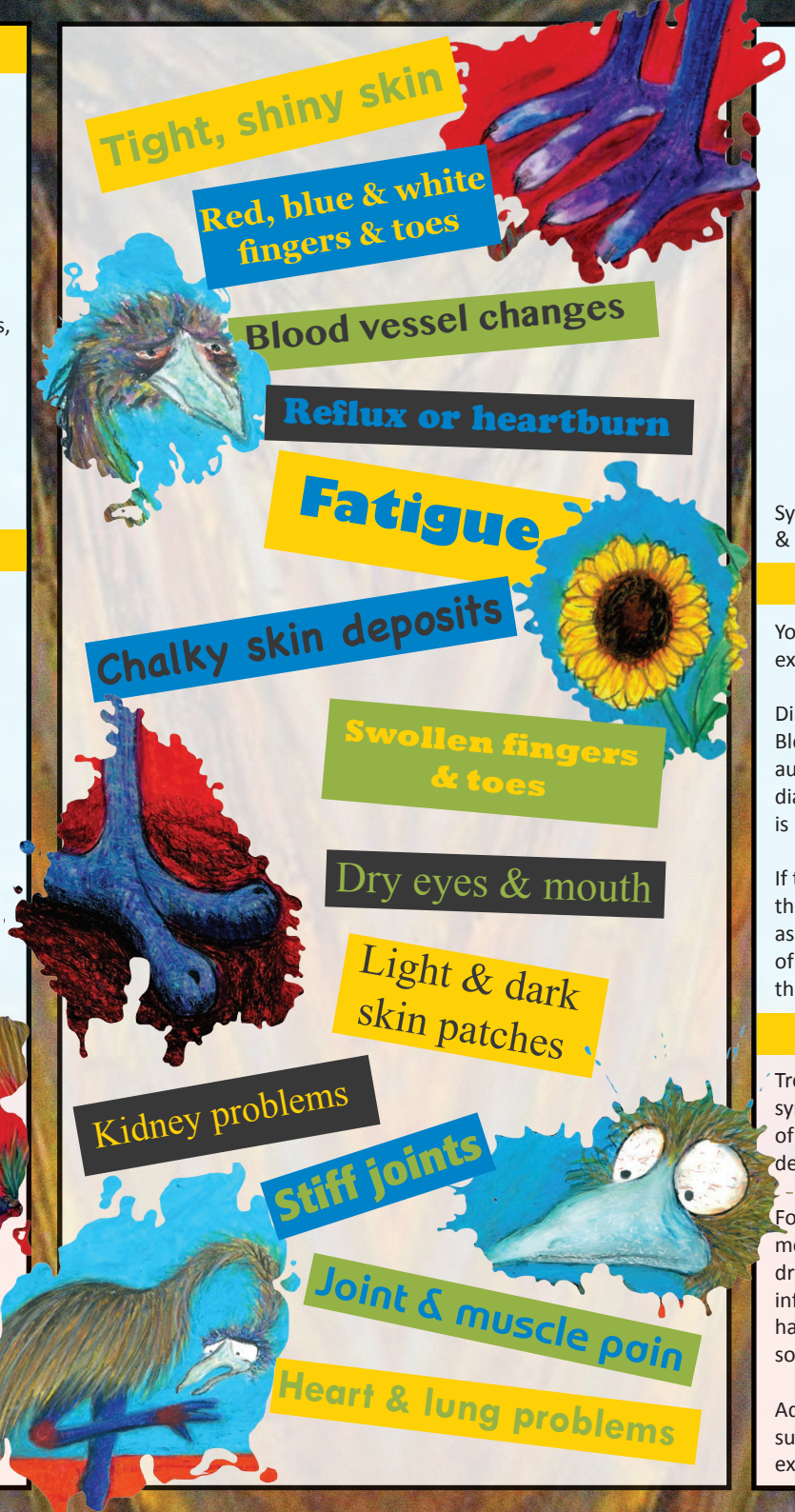
There are many signs & symptoms & each person will experience symptoms differently.

Localised scleroderma:

- Shiny, thickened patches of skin.
- Discoloured skin, may be lighter or darker.
- Tightness in joints.

Systemic scleroderma:

- Swollen fingers & hands.
- Thickening & swelling of tips of the fingers.
- Pale & tingly fingers & toes that may become numb when you are cold or upset. The fingers or toes may turn blue, white or bright red. This is known as Raynaud's phenomenon.



- Fingers, wrists or elbows are difficult to move.
- Tight, shiny patches of skin on parts of the body which make movement harder.
- White chalky calcium deposits under skin *(known as calcinosis)*.
- Joint pain & sometimes grating noises as joints move.
- Spider veins & collections of blood vessels *(called telangiectasia)* on the surface of the skin.
- Gut problems which may lead to problems with swallowing & reflux or heartburn.

Symptoms including scarring of the lungs, kidney & heart can occur & cause more complicated health problems.

How is it diagnosed?

Your doctor will first take a family medical history & do a physical examination to look for signs & symptoms of scleroderma.

Diagnosis is generally based on changes to the skin.
Blood tests will be ordered to look for changes that happen with autoimmune illness. There are no blood tests that can specifically diagnose scleroderma; however, some may suggest that a diagnosis is likely when symptoms are present.

If the doctor thinks you may have systemic scleroderma they may then also order additional tests to look for changes in organs such as kidneys, heart & lungs. There are a number of different types of investigations that can be done & your doctor will explain these to you.

How is it treated?

Treatments will be decided by your doctor & will depend on your symptoms, how healthy you are generally, & the expected course of the illness. You may be seeing a number of medical specialists depending on your particular symptoms.

For both localised & systemic scleroderma, treatment may include medications such as methotrexate, non-steroidal anti-inflammatory drugs *(NSAIDs)* or corticosteroids, such as prednisolone, to reduce inflammation & pain. Moisturising creams may help to relieve hardening of the skin. You can also benefit from reducing the use of soap as it can dry the skin further.

Additional treatments may be needed for systemic scleroderma such as physical therapy to keep muscles strong, stretching exercises & other drugs to treat particular symptoms.