

TEMPLE



Tools Enabling Metabolic Parents LEarning

ADAPTED BY THE DIETITIANS GROUP

BIMDG

British Inherited Metabolic Diseases Group



BASED ON THE ORIGINAL TEMPLE WRITTEN BY
BURGARD AND WENDEL
VERSION 2, SEPTEMBER 2020

Argininosuccinic aciduria

Supported by **NUTRICIA**
as a service to metabolic medicine

TEMPLE foreword

TEMPLE (Tools Enabling Metabolic Parents LEarning) are a set of teaching slides and booklets that provide essential information about different inherited metabolic disorders that require special diets as part of their management. These teaching tools are aimed at parents who may have an infant or child that has been recently diagnosed with a disorder. They are also useful when teaching children, extended family members, child minders, nursery workers and a school team.

They have been developed by a team of experienced clinical and research metabolic dietitians from the UK who are members of the British Inherited Metabolic Disease Group (BIMDG).

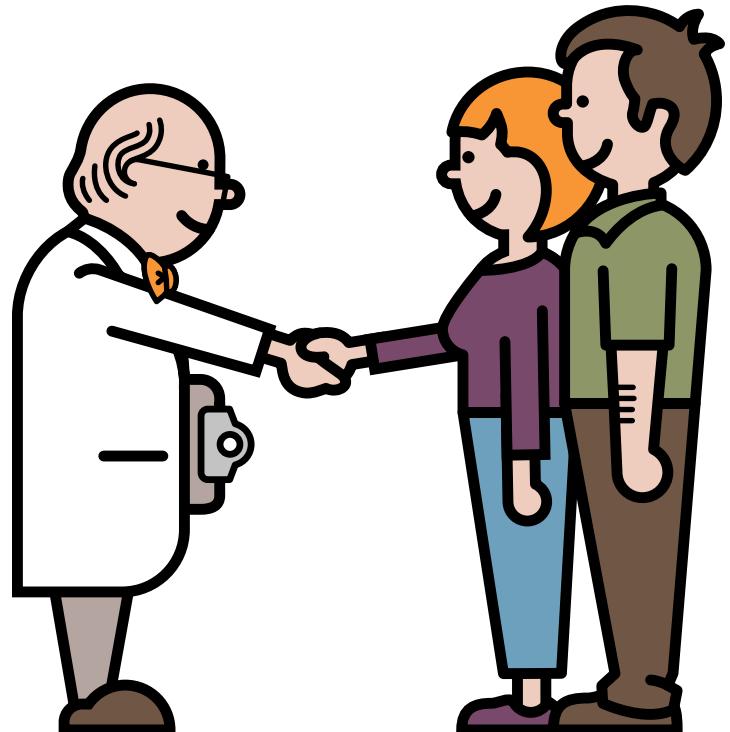
The team are Rachel Skeath, Karen van Wyk, Pat Portnoi and Anita MacDonald. The group is facilitated by Heidi Chan from Nutricia.

Each module produced is reviewed by a consultant clinician who is a member of the BIMDG.

This teaching tool is not designed to replace dietary information that may be given by a dietitian in clinic.

Argininosuccinic aciduria

Information for families
following a new diagnosis



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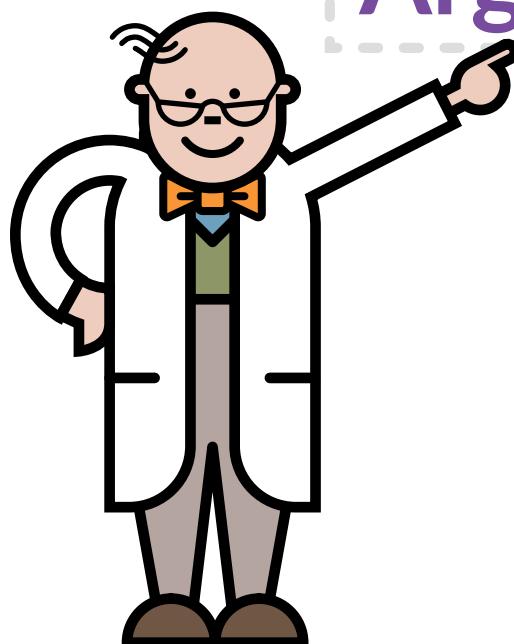
TEMPLE
Tools Enabling Metabolic Parents LEarning

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What is Argininosuccinic aciduria?

It is an inherited metabolic condition.

It is sometimes shortened to ASA.



Arginino Succinic Aciduria

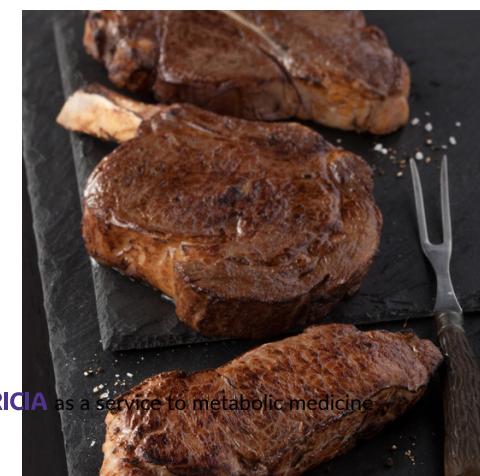
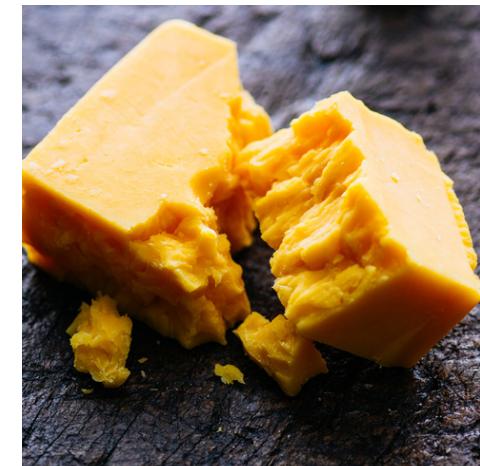
Arginino Succinic Aciduria

What is protein?

Many foods contain protein.

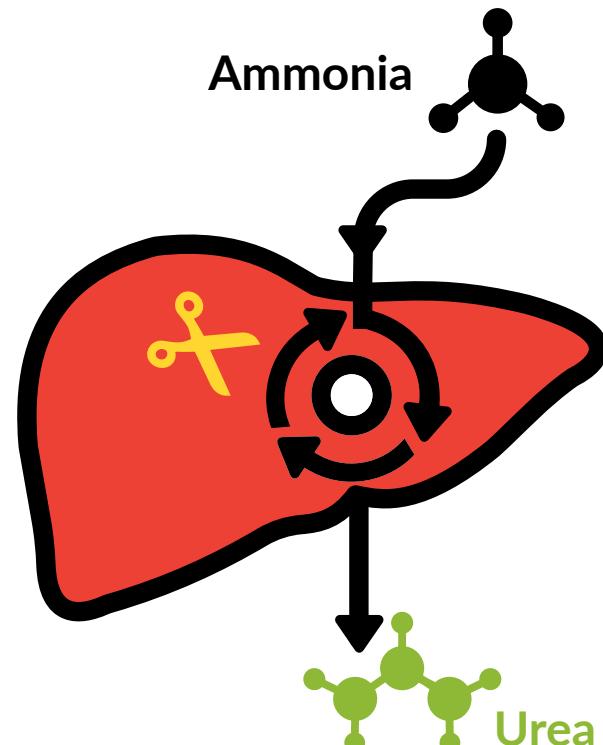
The body needs protein for growth and repair.

Many people eat more protein than the body needs.



How do we remove waste protein from the body?

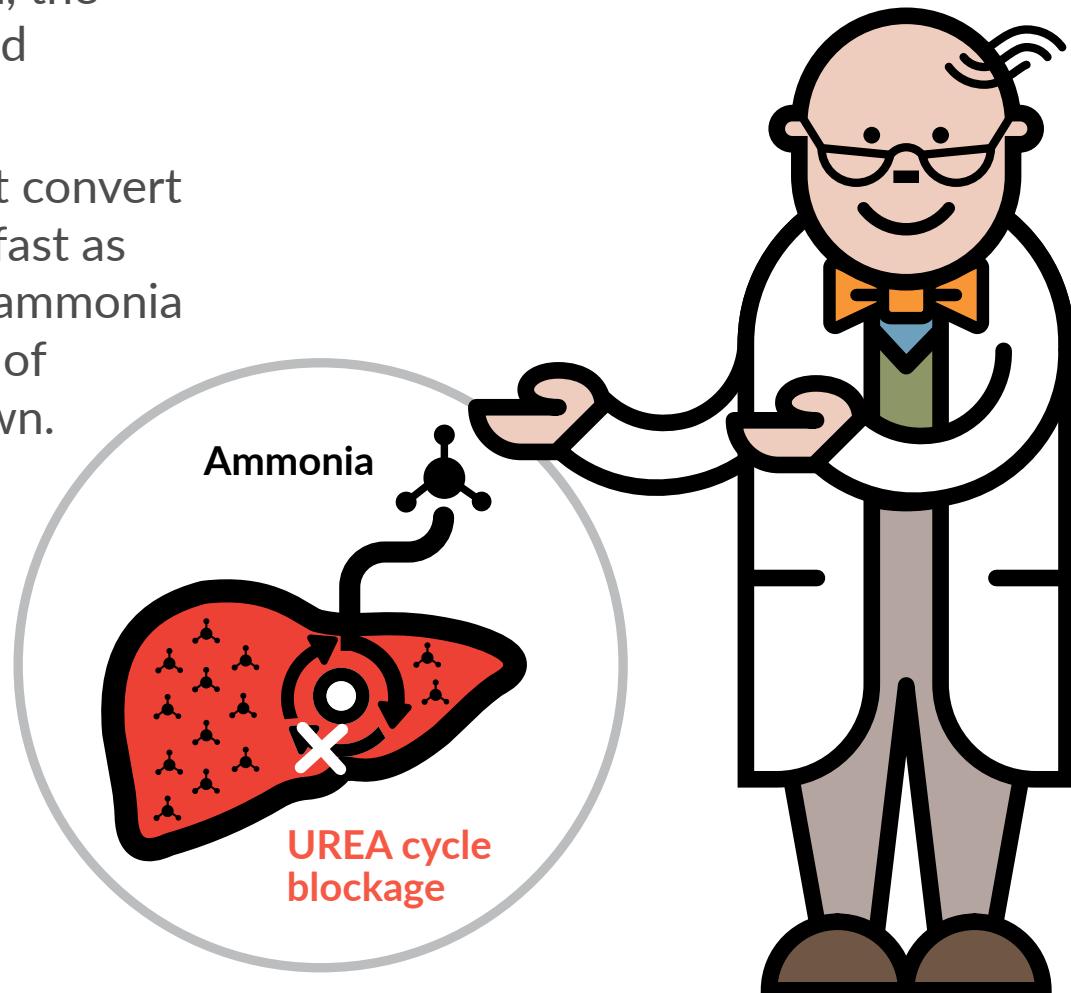
- Firstly, the body converts waste protein to a toxic chemical called **ammonia**
- Ammonia is then converted into a non-toxic chemical (**urea**) in the liver
- This process occurs via the **urea cycle**
- In the urea cycle, several steps have to take place. Each step needs an enzyme (like chemical scissors) for it to work
- Urea is then removed by the kidneys



What happens in Argininosuccinic aciduria?

In Argininosuccinic aciduria, the body lacks an enzyme called **argininosuccinate lyase**.

This means the liver cannot convert waste protein into urea as fast as normal. It can lead to high ammonia levels, particularly at times of increased protein breakdown.

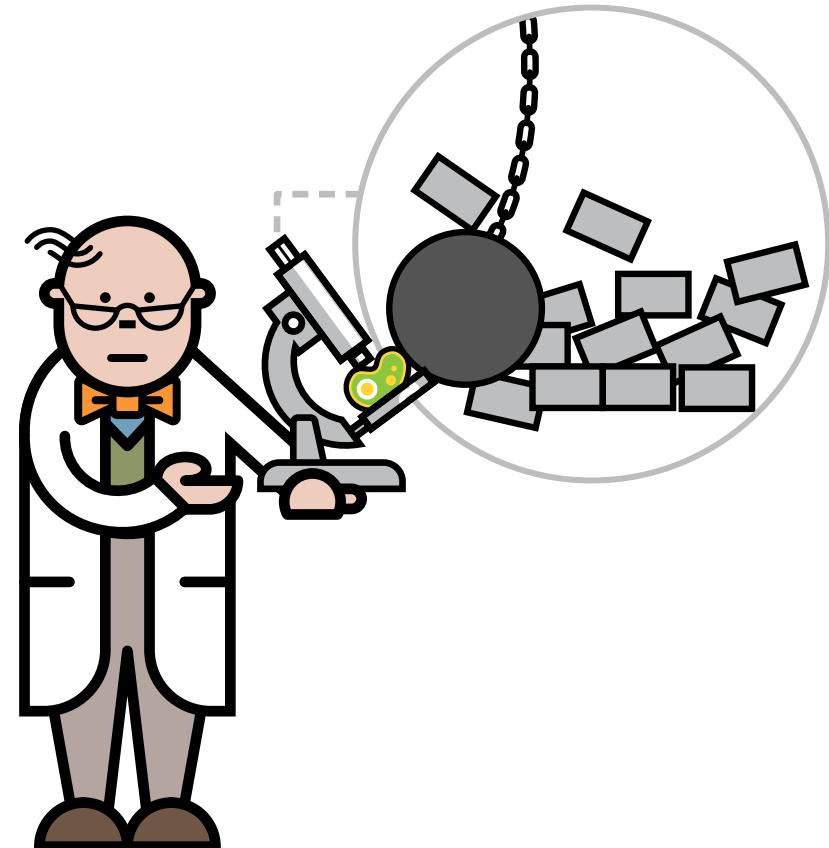


When does Argininosuccinic aciduria cause high ammonia levels?

Ammonia levels can rise when there is an increased break down of protein. This may happen if too much protein is eaten.

It commonly results from break down of the body's own protein. This is often triggered by infections, particularly if there is vomiting.

This causes **catabolism** which is a break down of body protein and can lead to a metabolic crisis.



What are the symptoms in Argininosuccinic aciduria?

Some babies become ill in the first few days of life.

Signs and symptoms:

- Poor feeding
- Vomiting
- Floppiness
- Excessive sleepiness
- Rapid breathing
- Dehydration (lack of body fluids)
- Seizures

The effects of high ammonia can quickly become life-threatening if unmanaged.

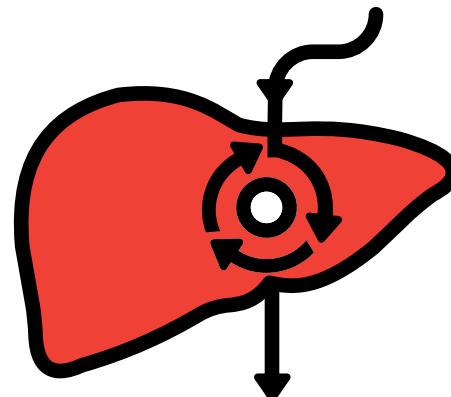
Some babies may present later.

What are the long term effects of Argininosuccinic aciduria?

There may be learning difficulties and delays to normal development, like walking and talking.

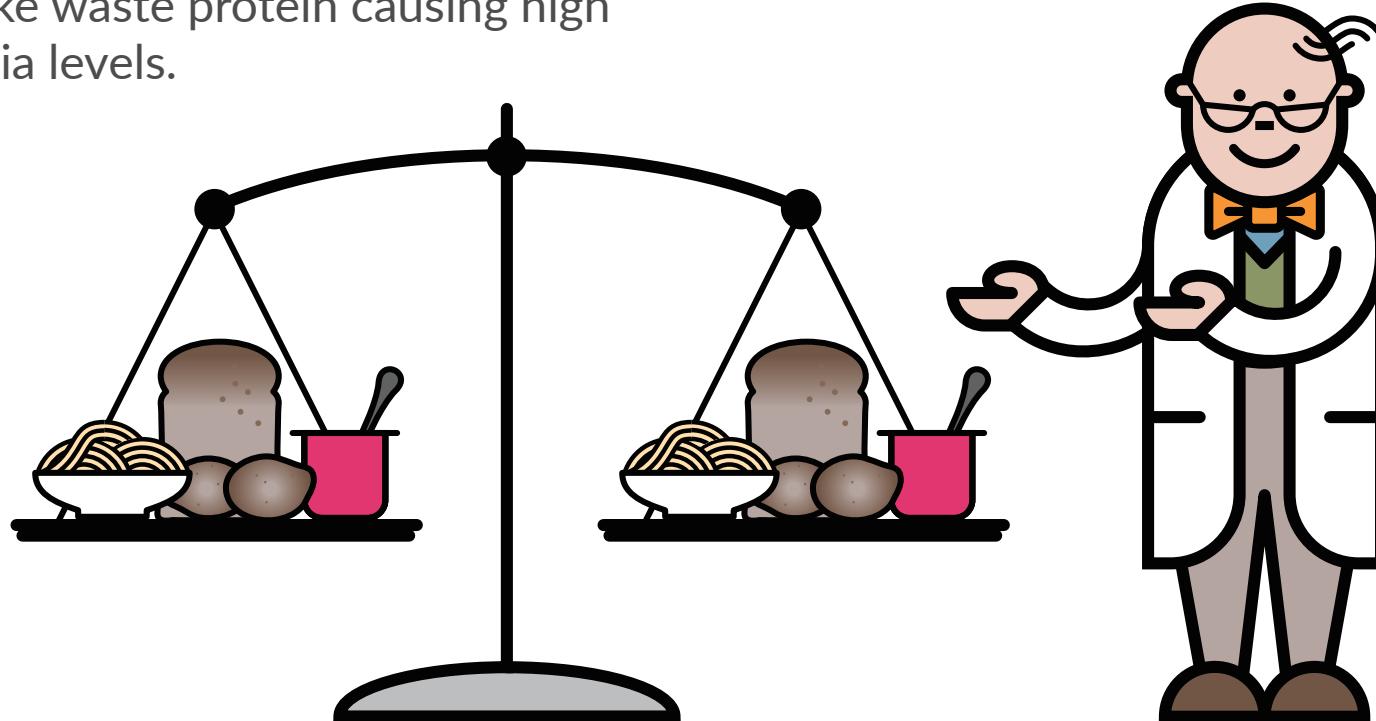


It may also affect the liver or other parts of the body.



Protein balance is needed in Argininosuccinic aciduria

In **Argininosuccinic aciduria** it is important that enough protein is given to grow... but not too much, as it will make waste protein causing high ammonia levels.



How is Argininosuccinic aciduria diagnosed?

The diagnosis is suspected in a patient with high ammonia levels because of the pattern of chemicals in the blood and urine.

The diagnosis is confirmed by finding the mutation in the ASA gene.



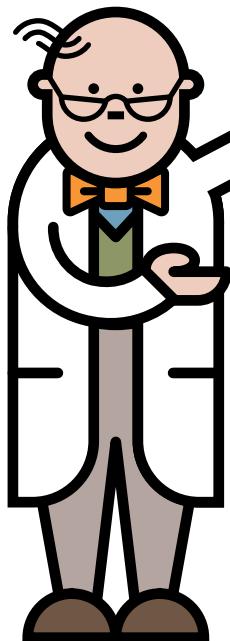
How is Argininosuccinic aciduria managed day to day?

Argininosuccinic aciduria is managed with the following:

A protein restricted diet

Sometimes a special amino acid supplement may be needed

Sufficient energy supply from food and feeds



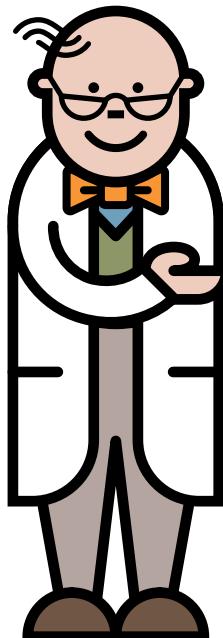
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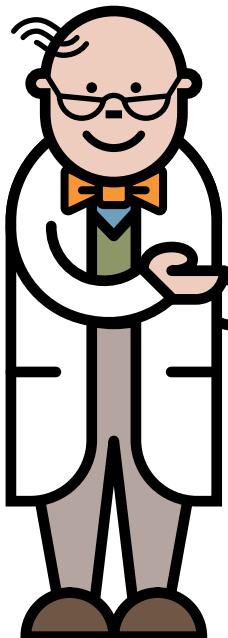
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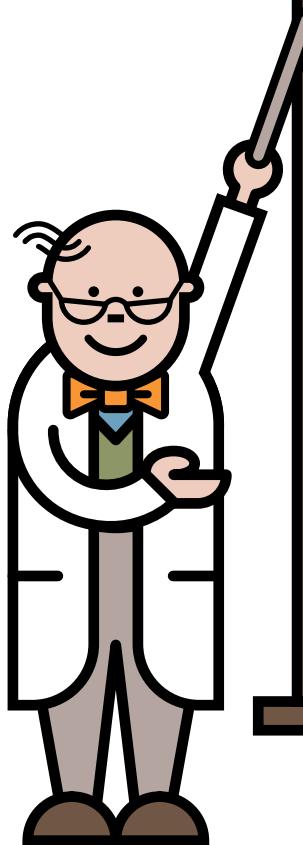
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Sufficient energy supply from food and feeds



How is Argininosuccinic aciduria managed day to day?



Regular feeding



Arginine supplements



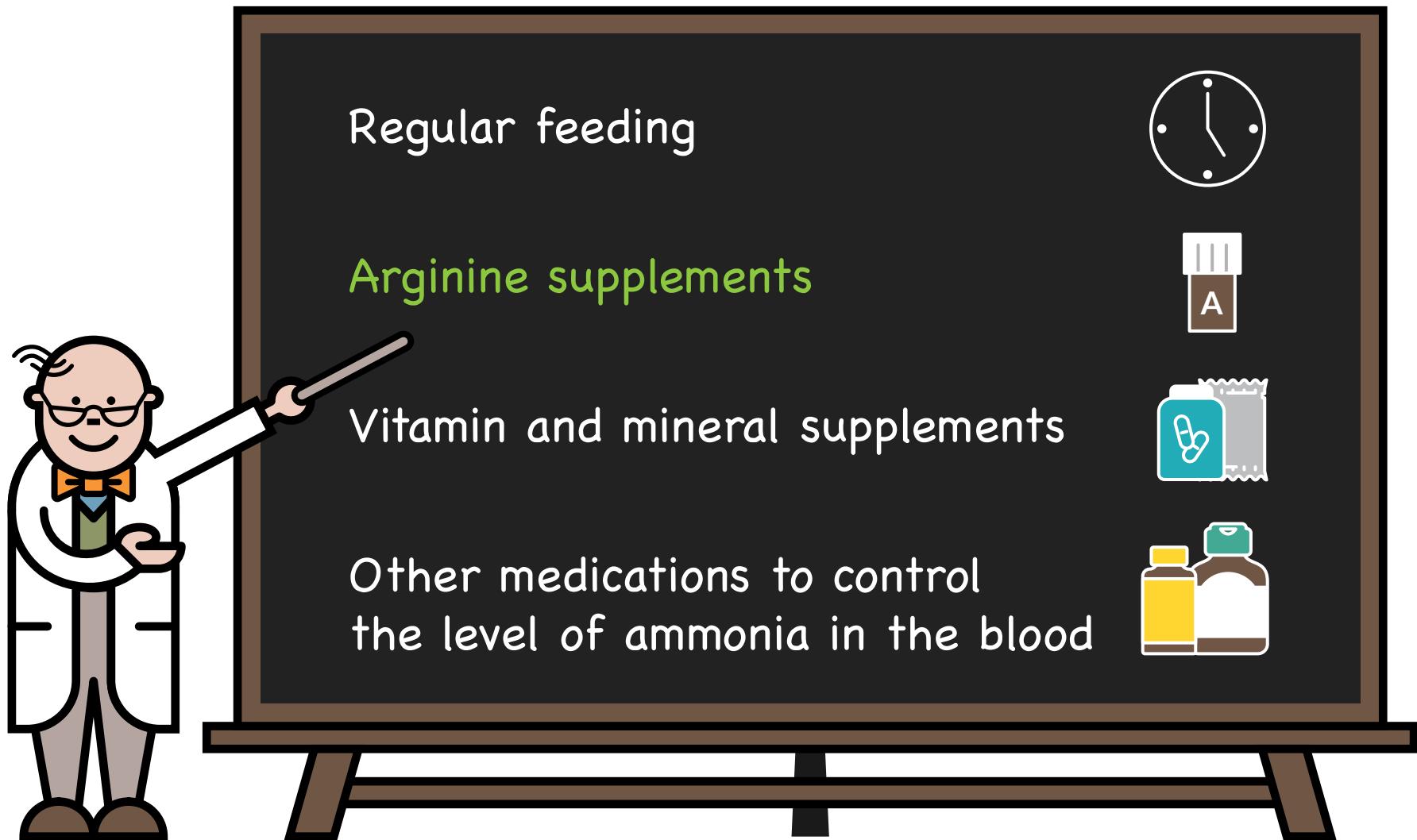
Vitamin and mineral supplements



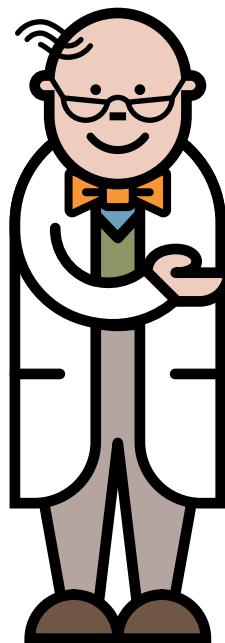
Other medications to control
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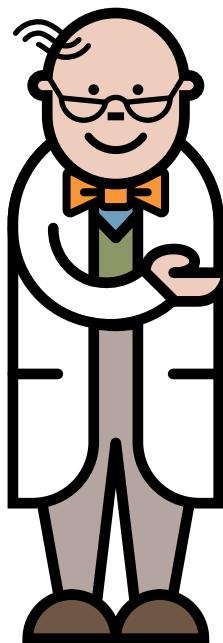
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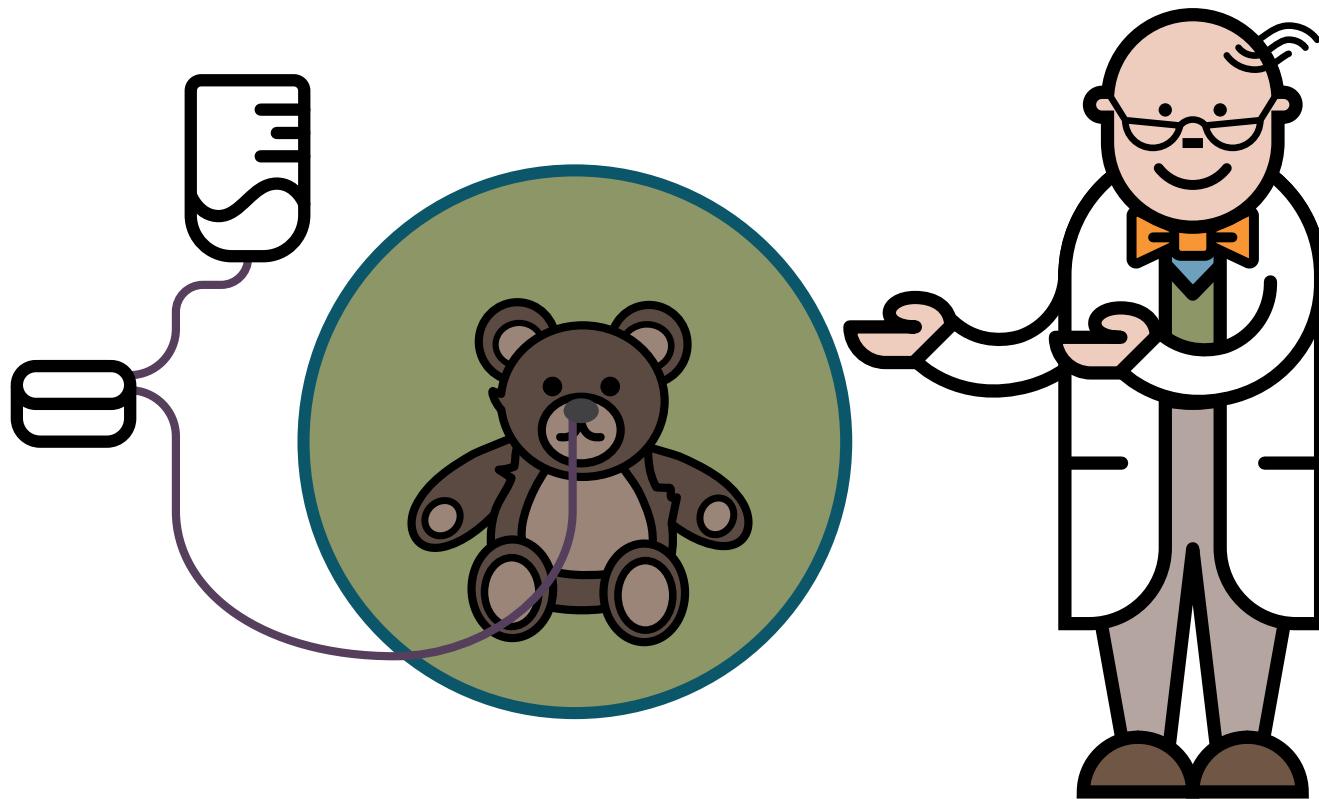


Other medications to control
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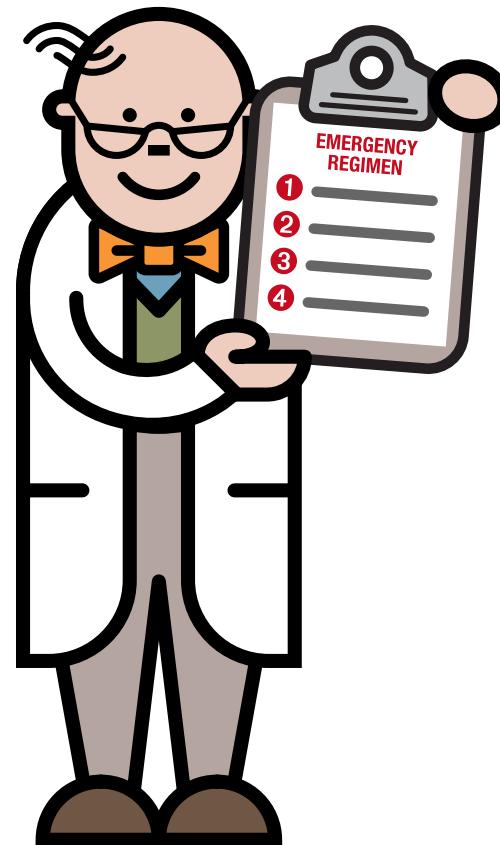
Is tube feeding needed?

Tube feeding may be necessary to give regular feeds. This will ensure energy, nutrient and fluid needs are met.

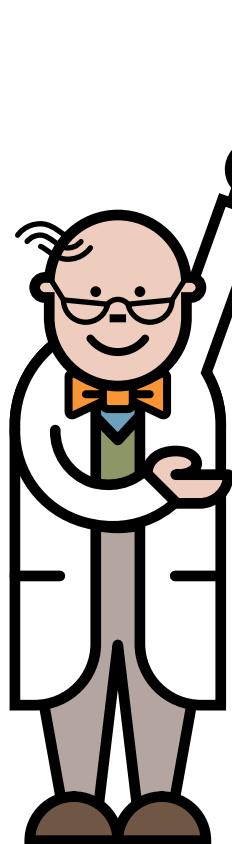


How is Argininosuccinic aciduria managed during illness?

- During any childhood illness, an emergency regimen is given
- This will reduce the break down of protein and the build-up of ammonia



How is Argininosuccinic aciduria managed during illness?



Stop all protein in food & drink



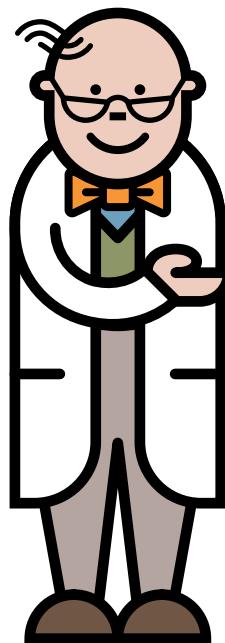
Start the emergency regimen.
This is made up of glucose polymer



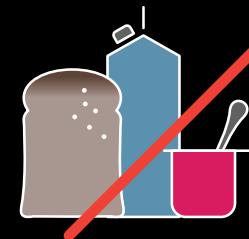
Continue medication as prescribed



How is Argininosuccinic aciduria managed during illness?



Stop all protein in food & drink



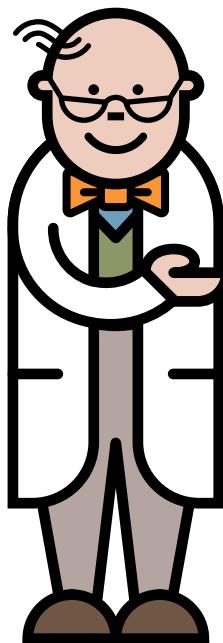
Start the emergency regimen.
This is made up of glucose polymer



Continue medication as prescribed



How is Argininosuccinic aciduria managed during illness?



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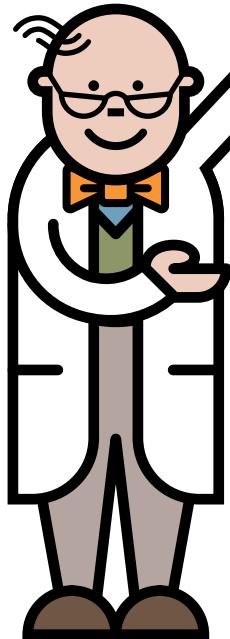
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Checklist for illness



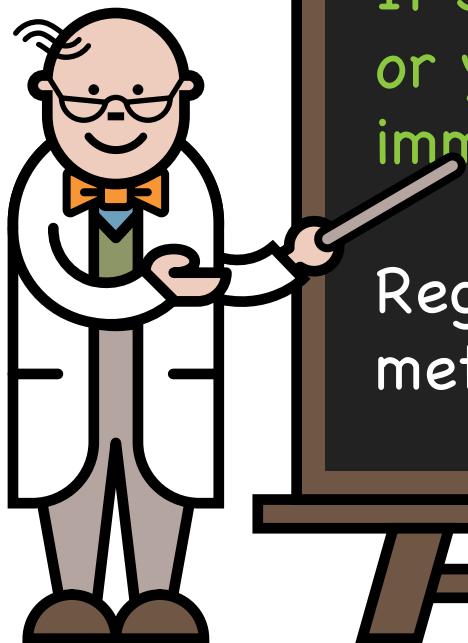
Always take full amounts of emergency feeds as prescribed ✓

If symptoms continue and/or you are worried, go immediately to the hospital ✓

Regularly update your metabolic team ✓

The chalkboard features three green checkmarks and three corresponding icons: a pink container labeled "GLUCOSE POLYMER", a white ambulance with a red cross and a blue light, and an orange telephone handset.

Checklist for illness



Always take full amounts of emergency feeds as prescribed



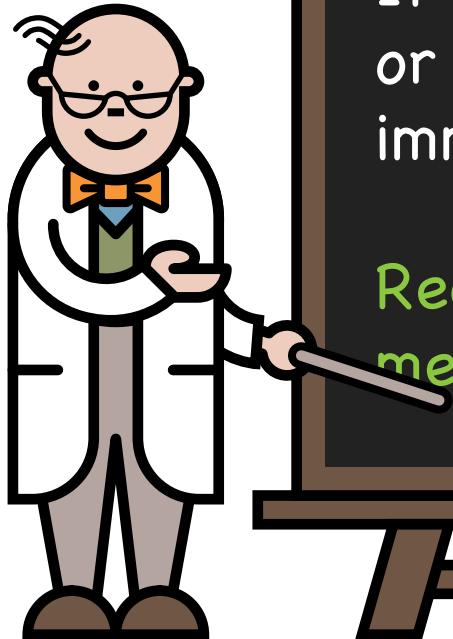
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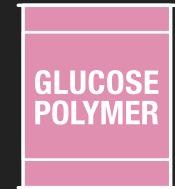
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Checklist for illness



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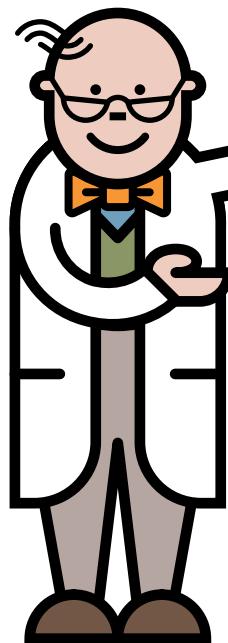
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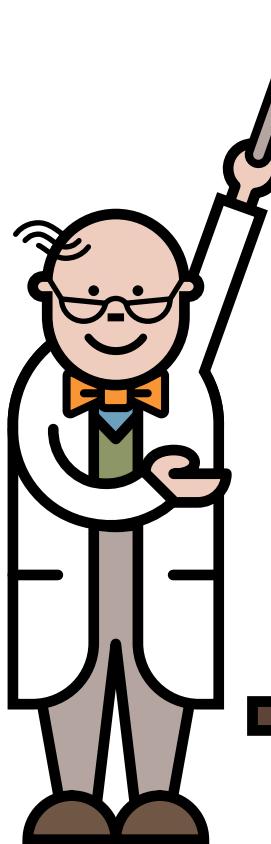


Key message

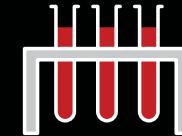


It is imperative that emergency feeds are started **promptly** and there are **no delays** in management.

How is Argininosuccinic aciduria monitored?



Frequent blood tests to check amino acids, nutrient and chemical levels



Height and weight

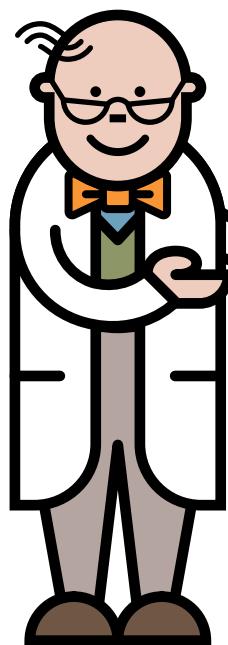


Developmental checks



Diet and medications are adjusted according to age, weight and blood chemical levels

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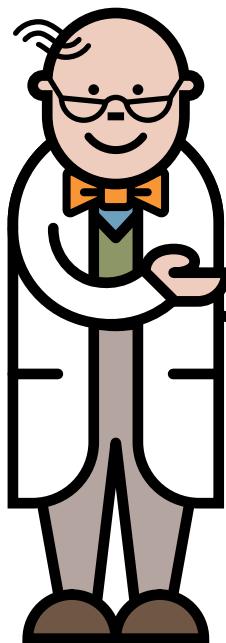


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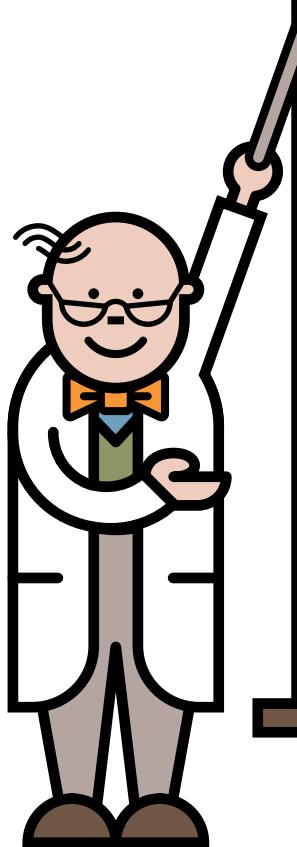


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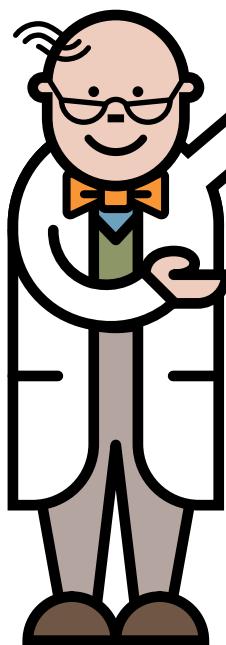
Chromosomes, genes, mutations



A chalkboard with a brown border and a white frame, containing five statements with accompanying icons:

-  Humans have chromosomes composed of DNA
-  Genes are pieces of DNA that carry the genetic instruction.
Each chromosome may have several thousand genes
-  The word mutation means a change or error in the genetic instruction
-  We inherit particular chromosomes from the egg of the mother and
sperm of the father
-  The genes on those chromosomes carry the instruction that
determines characteristics, which are a combination of the parents

Chromosomes, genes, mutations



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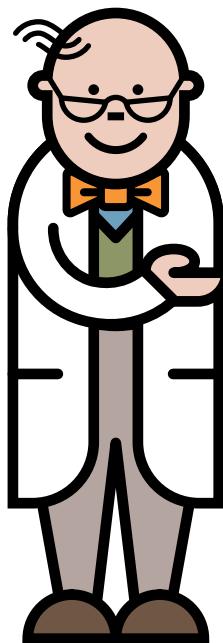


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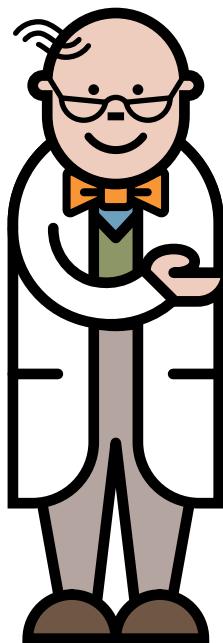


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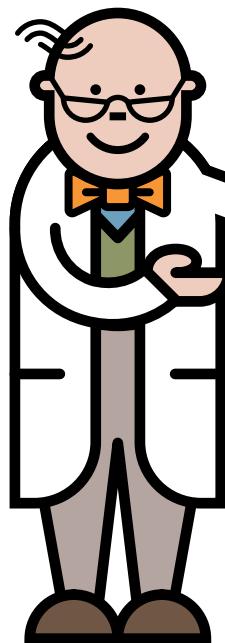


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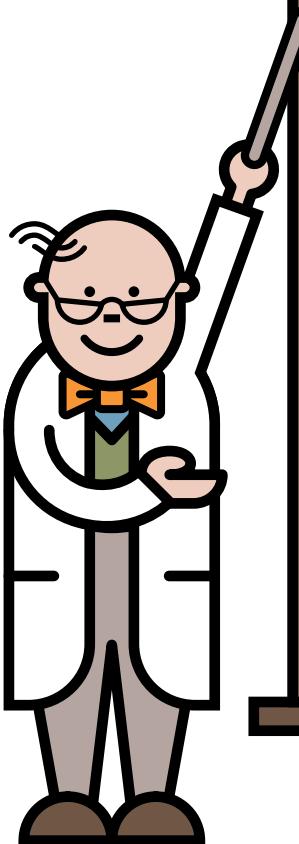


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Inheritance



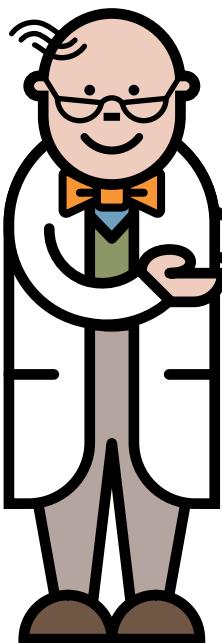
Argininosuccinic aciduria is an inherited condition.
There is nothing that could have been done to prevent
your baby from having Argininosuccinic aciduria

Everyone has a pair of genes that make the argininosuccinate lyase enzyme. In children with Argininosuccinic aciduria, neither of these genes work correctly. These children inherit one non-working Argininosuccinic aciduria gene from each parent

Parents of children with Argininosuccinic aciduria are carriers of the condition

Carriers do not have Argininosuccinic aciduria because the other gene of this pair is working correctly

Inheritance



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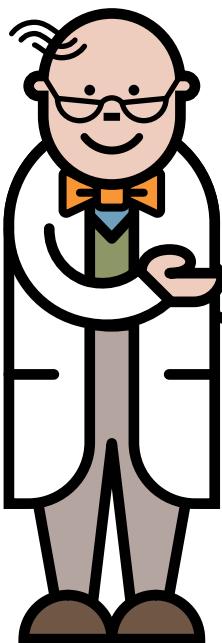


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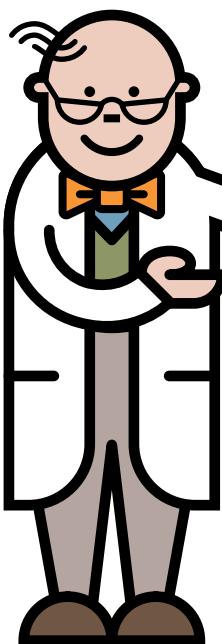
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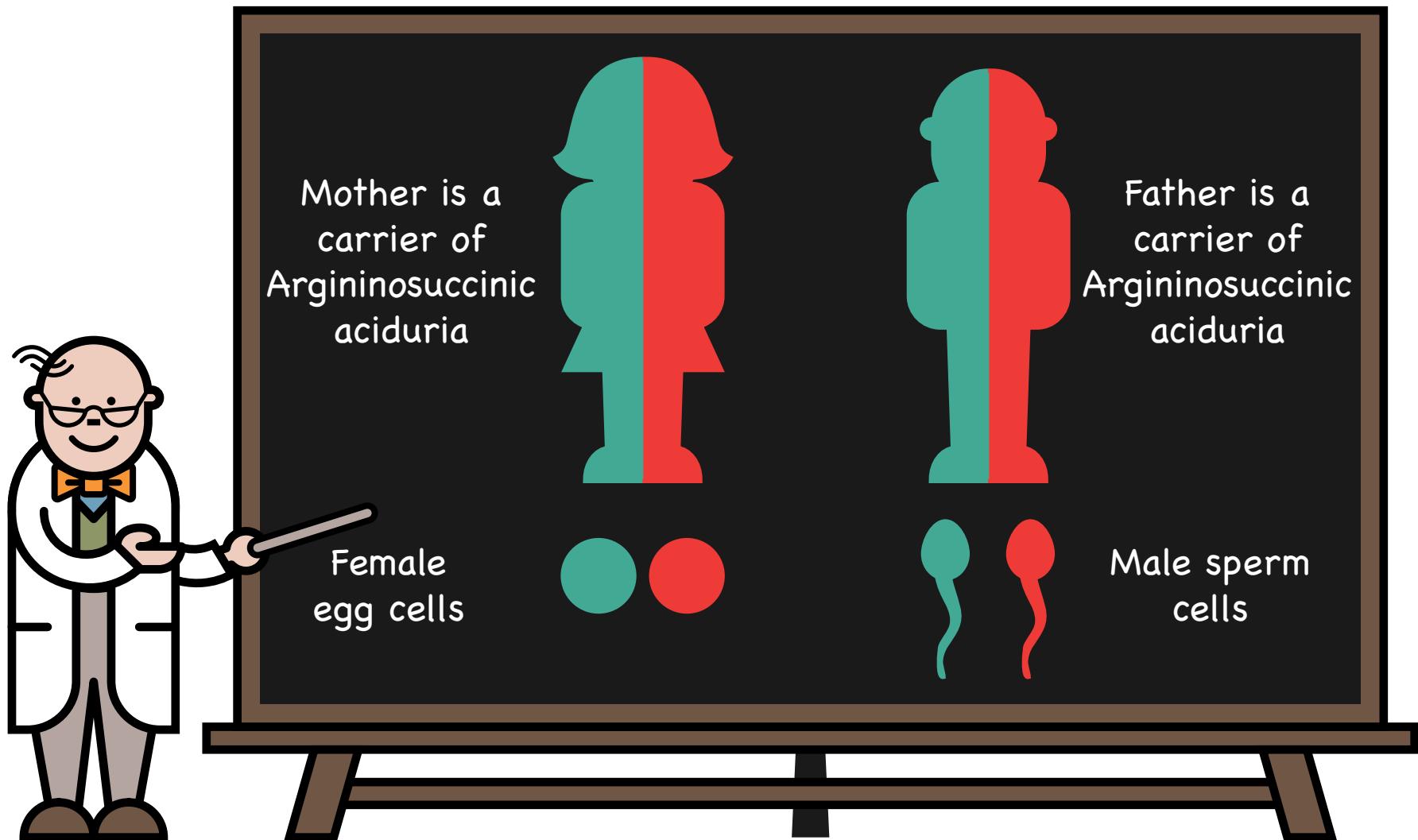
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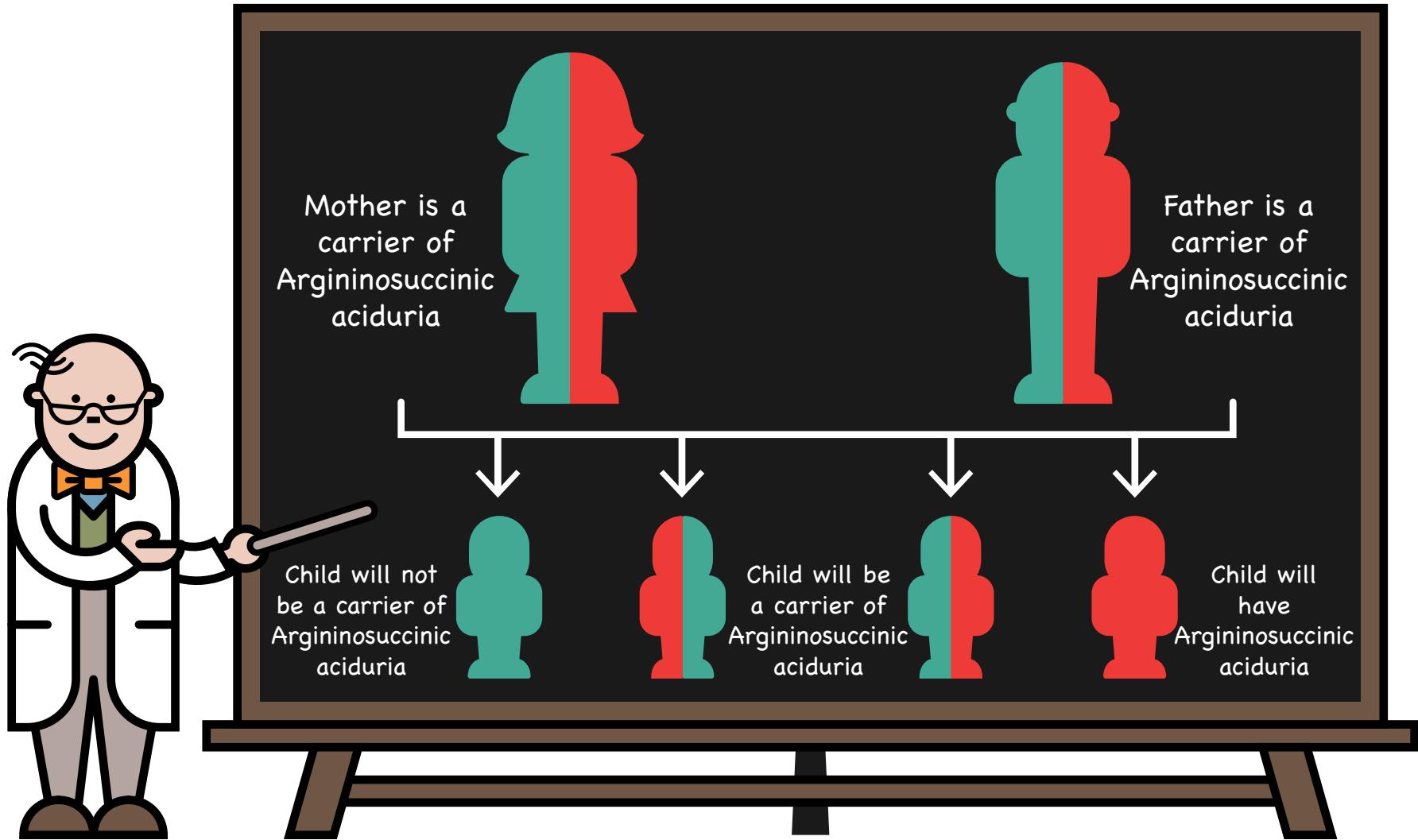
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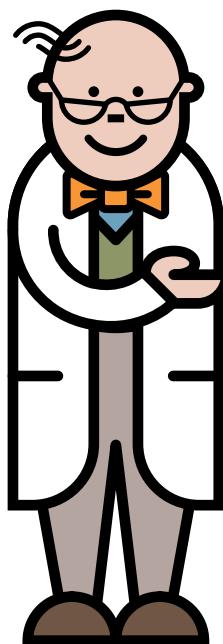
– Autosomal recessive (carriers of Argininosuccinic aciduria)



Inheritance – Autosomal recessive – possible combinations



Future pregnancies



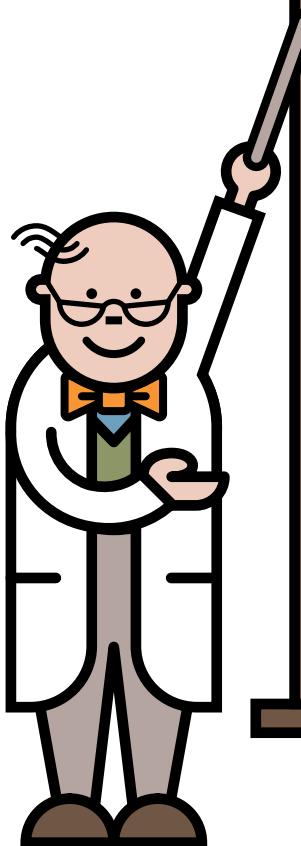
When both parents are carriers, in each pregnancy the risk to the baby is as follows:

25% chance
(1 in 4) of
Argininosuccinic aciduria

50% chance
(1 in 2) for
the baby to be
a carrier of
Argininosuccinic aciduria

25% chance (1 in 4)
for the baby to have
two working genes
and neither have
Argininosuccinic aciduria
or be a carrier

Take home messages

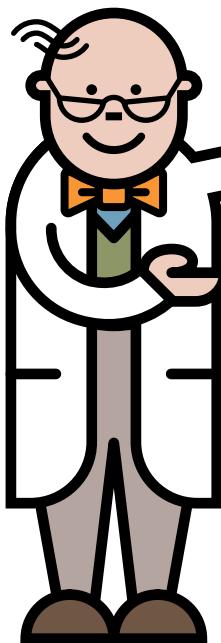


Argininosuccinic aciduria is a serious inherited metabolic disorder that can lead to severe problems

The condition is managed with a protein restricted diet, regular feeding and medications

Remember, during illness, it is imperative that emergency feeds are started promptly, followed strictly and there are no delays in management

Take home messages



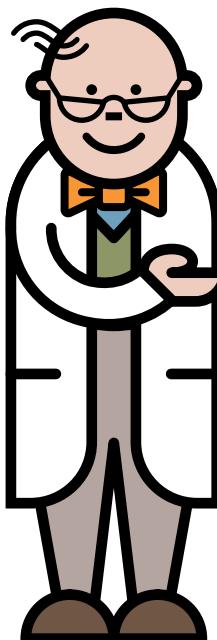
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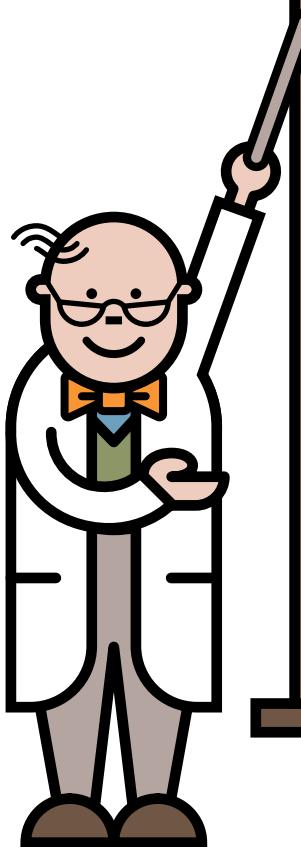


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Helpful hints



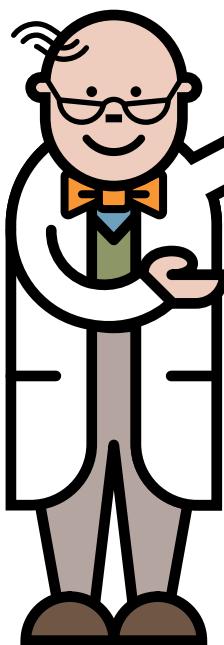
Always ensure you have a good supply of your dietary products and medicines and that they are in date

Your dietary products and medications are prescribed. These are obtained via a pharmacy or home delivery

Always ensure you have your emergency feed products and a written emergency plan

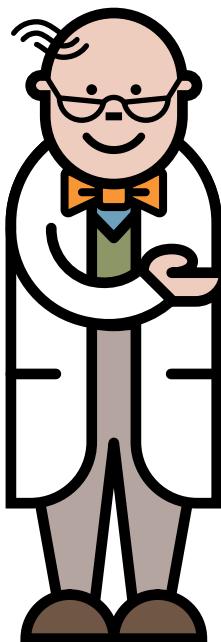
Medications to control fever should be given as normally recommended – always keep supplies available

Helpful hints



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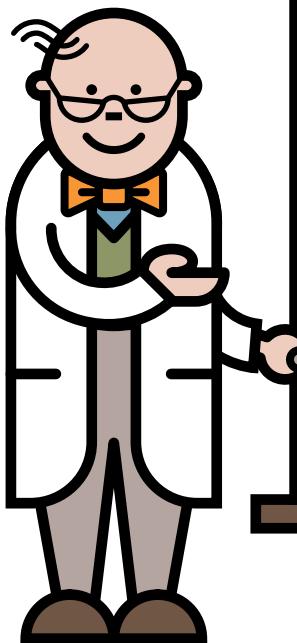
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Who's who

- My dietitians
- My nurses
- My doctors
 - Contact details, address, photos

Visit www.lowproteinconnect.com and register to get access to support and practical advice for those living on a low protein diet.

The site also provides information on upcoming events and personal stories from others on a low protein diet.

