

Tools Enabling Metabolic Parents LEarning

ADAPTED BY THE DIETITIANS GROUP



British Inherited Metabolic Diseases Group



Galactosaemia

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



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.

Galactosaemia

Information for families following a new diagnosis



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BIMDG

British Inherited Metabolic Diseases Group



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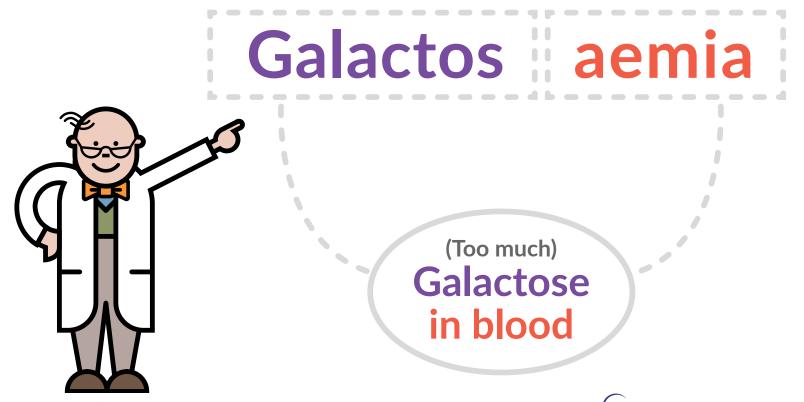




What is Galactosaemia?

It is an inherited metabolic condition.

It affects the way your baby breaks down galactose, a type of sugar found in foods.



Which foods contain galactose?

Galactose mainly comes from lactose. Lactose is the sugar found in milk, milk products, yoghurt and most cheese.



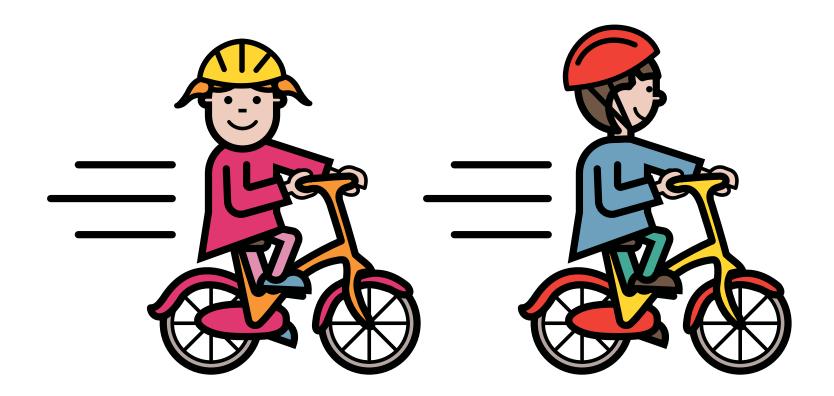






What does galactose do?

Galactose provides energy, but it first needs to be broken down into glucose.

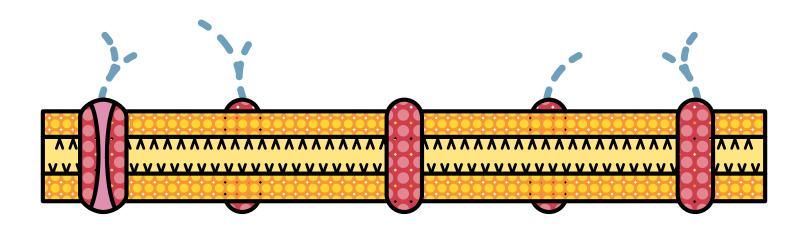


What else does galactose do?

Galactose is a building block of carbohydrate chains.

It joins with proteins to form glycoproteins and fats (lipids) to form glycolipids.

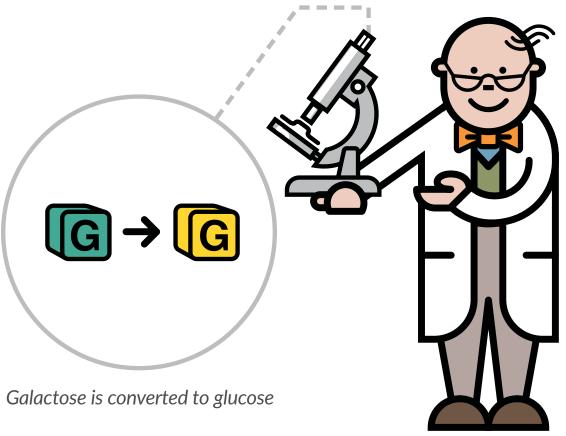
These are important in cell structure.



Carbohydrate chains joining with proteins and lipids in the cell wall

Galactose and enzymes

Galactose is converted into glucose by enzymes (enzymes help chemical reactions).



What happens in Galactosaemia?

In galactosaemia, the body is short of the enzyme that converts galactose into glucose.

The enzyme is called **galactose-1-phosphate uridyl transferase**.

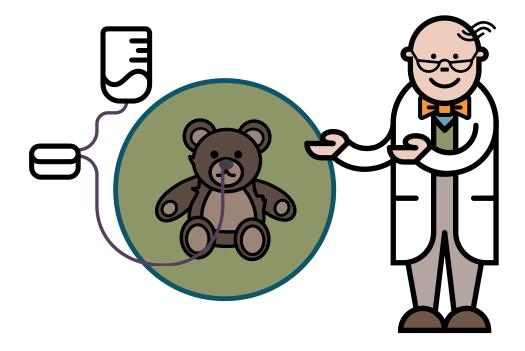
This leads to a build up of galactose and other chemicals leading to symptoms.



What can go wrong in Galactosaemia?

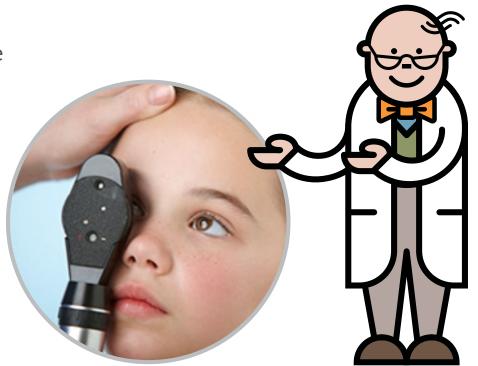
Many babies are very poorly and early symptoms include:

- Vomiting / poor feeding
- Severe jaundice
- Liver dysfunction
- Bacterial infections
- Cataracts (clouding of the lens of the eye)



What happens with management?

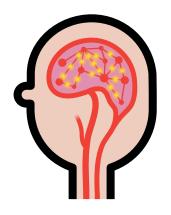
- Once management has been started, babies generally start to improve within a few days
- There should be no long-term liver problems
- Cataracts usually disappear but the doctors will continue to monitor the eyes

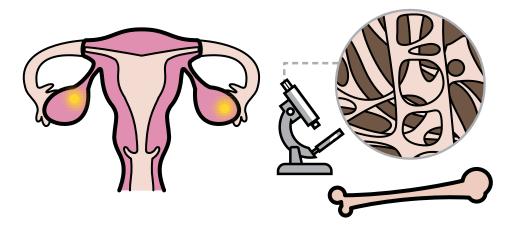


...but even with management

some people have:

- Learning difficulties
- Speech problems
- Ovarian problems causing infertility
- Lower bone density
- A tremor

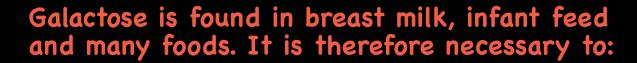




How is Galactosaemia diagnosed?

Galactosaemia is usually diagnosed by looking at enzyme levels in the blood and at the body's genes.



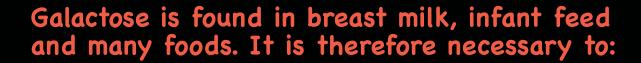


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Ayoid yoghurt, most cheese and milk products

Avoid milk in packet and processed foods



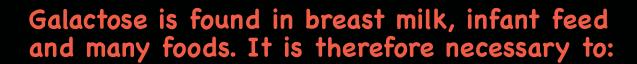


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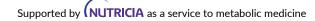


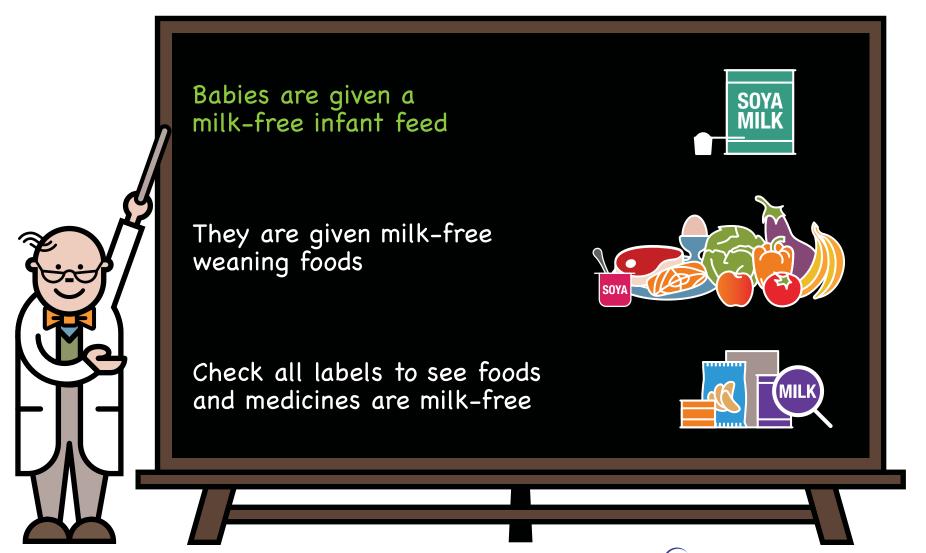
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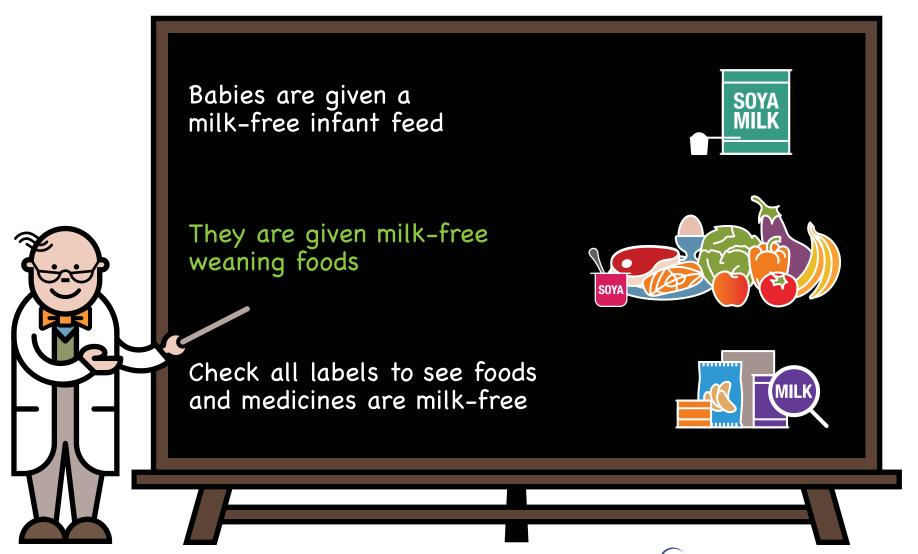
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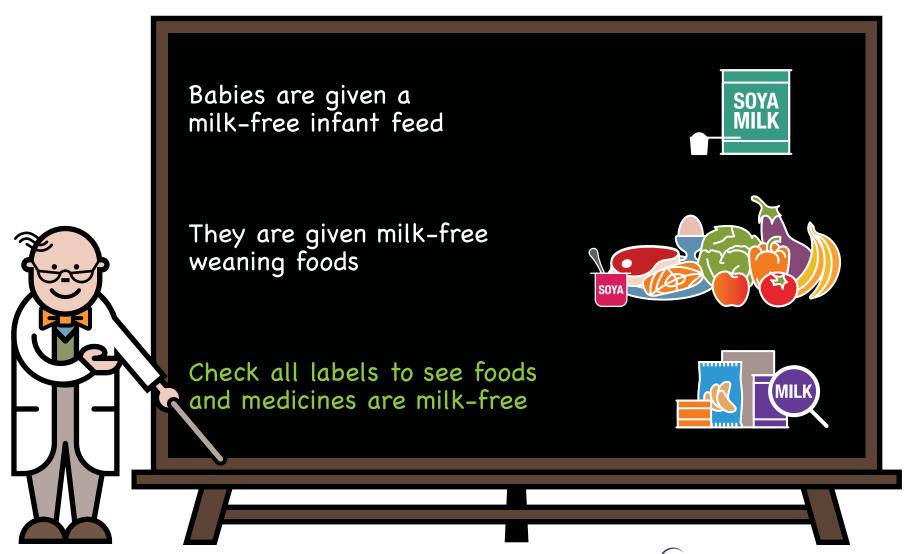
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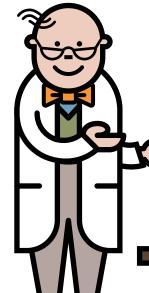


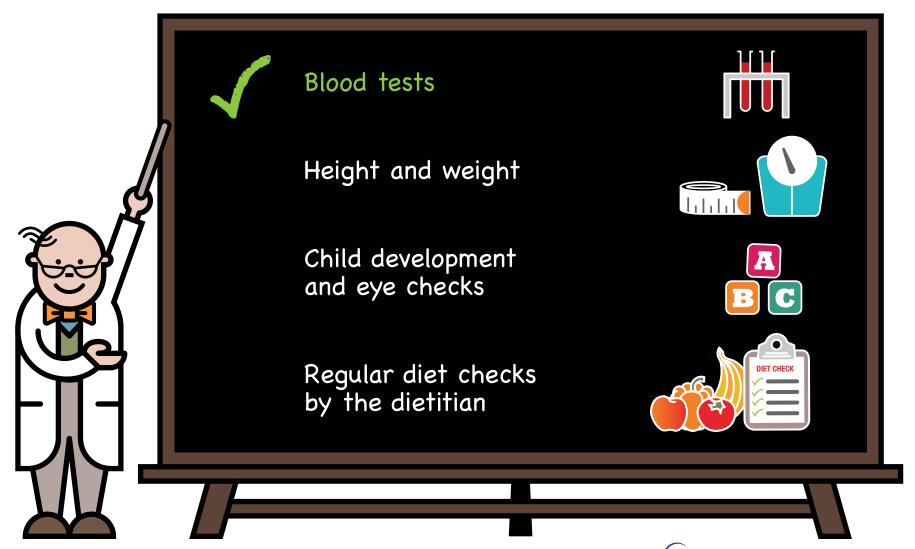


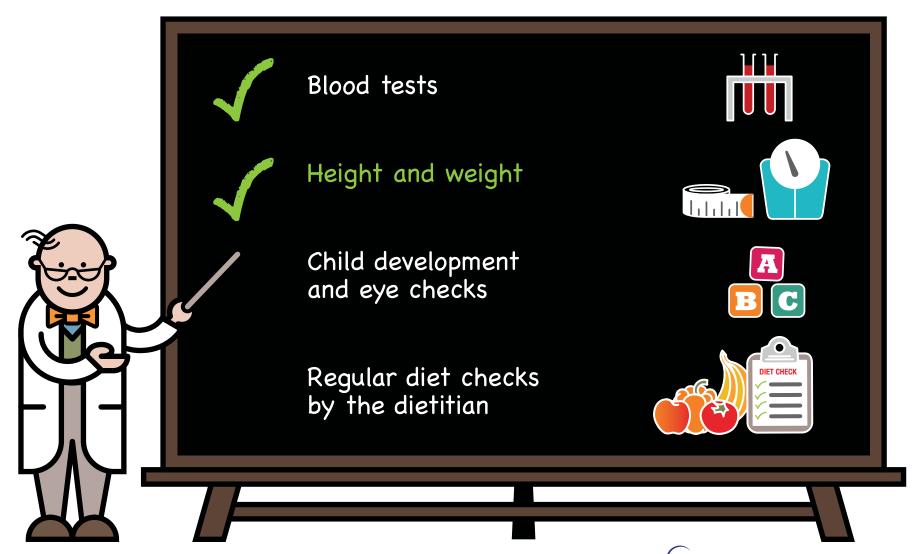
Key message

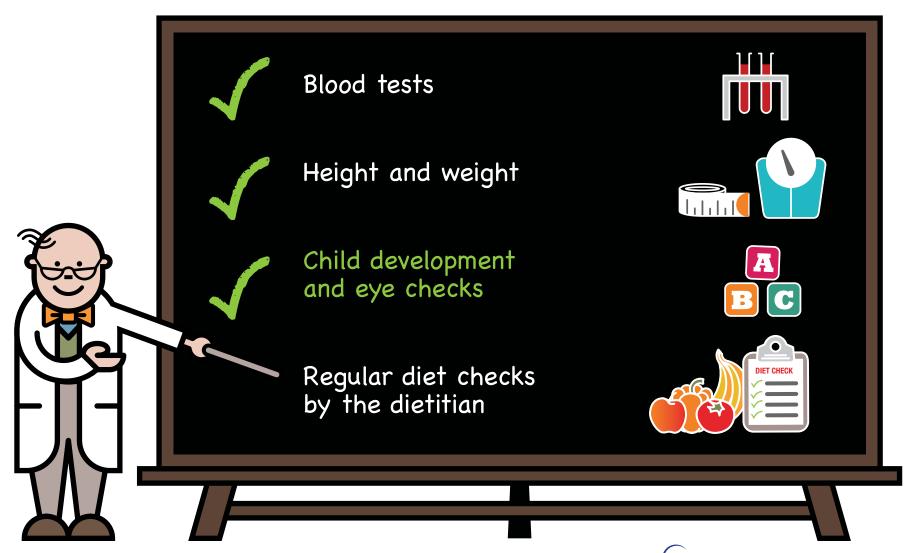
It is essential that <u>breast</u> milk and all standard infant formula is stopped.

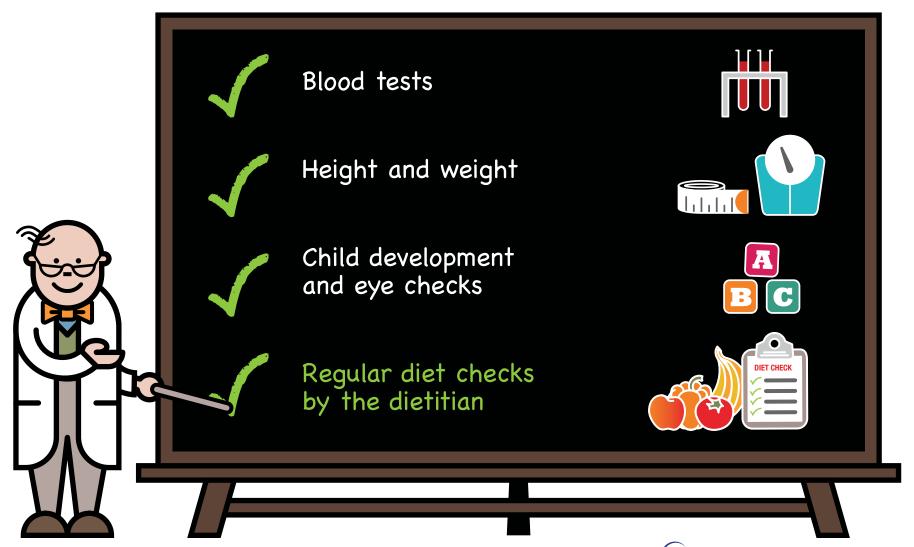
Your baby will be given a special milk-free formula instead.













Humans have chromosomes composed of DNA



Genes are pieces of DNA that carry the genetic instruction. Each chromosome may have several thousand genes



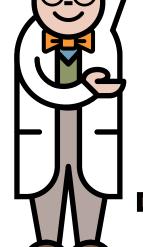
The word mutation means a change or error in the genetic instruction



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





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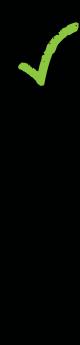
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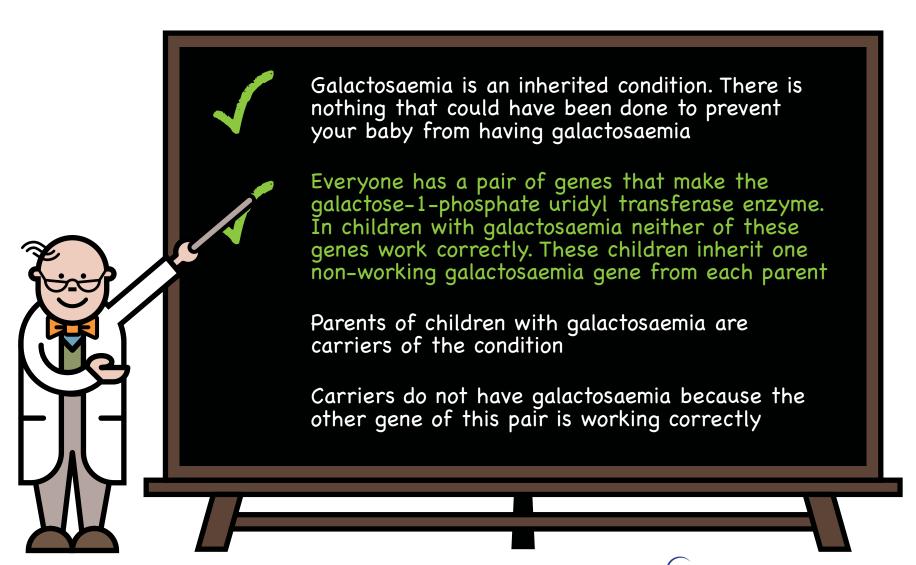


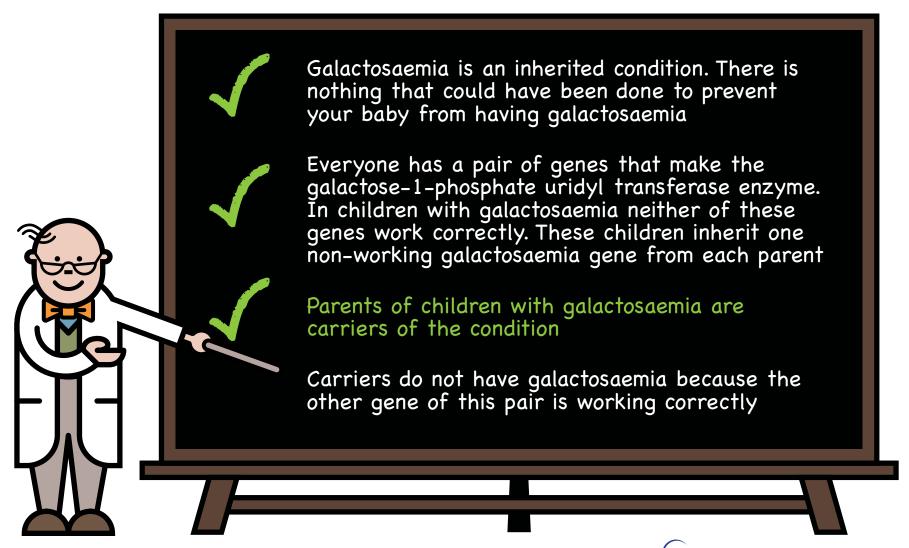
Galactosaemia is an inherited condition. There is nothing that could have been done to prevent your baby from having galactosaemia

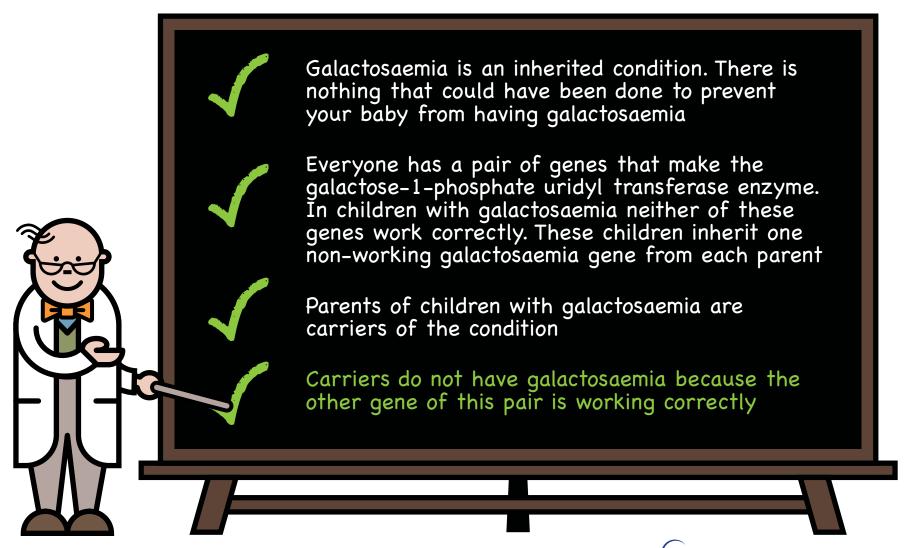
Everyone has a pair of genes that make the galactose-1-phosphate uridyl transferase enzyme. In children with galactosaemia neither of these genes work correctly. These children inherit one non-working galactosaemia gene from each parent

Parents of children with galactosaemia are carriers of the condition

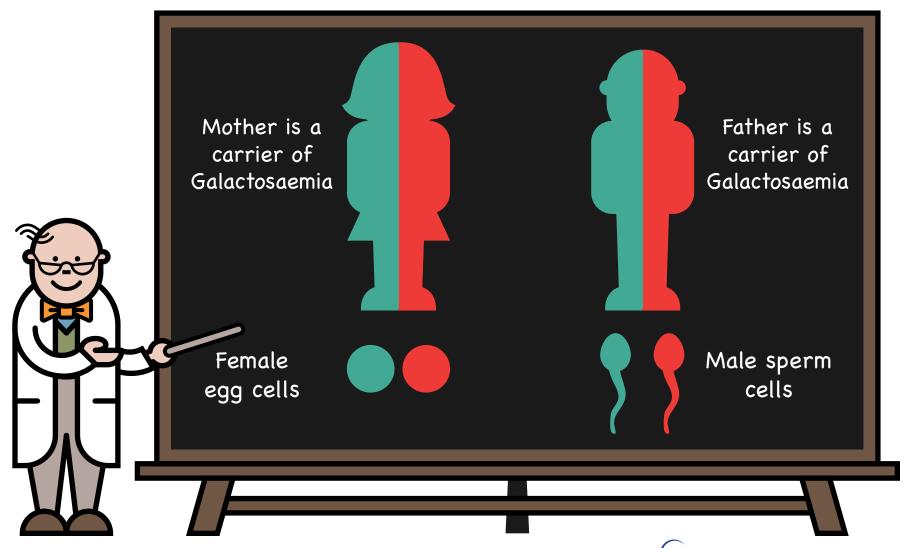
Carriers do not have galactosaemia because the other gene of this pair is working correctly



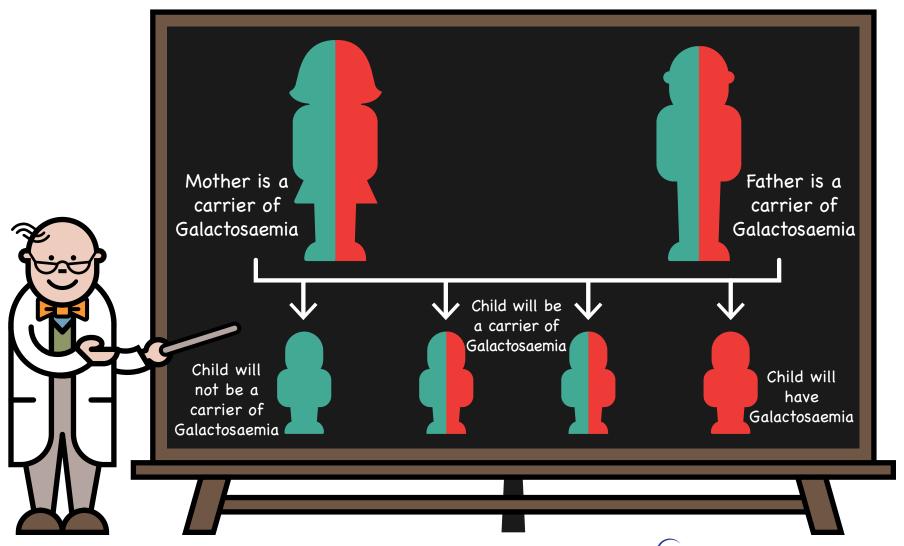




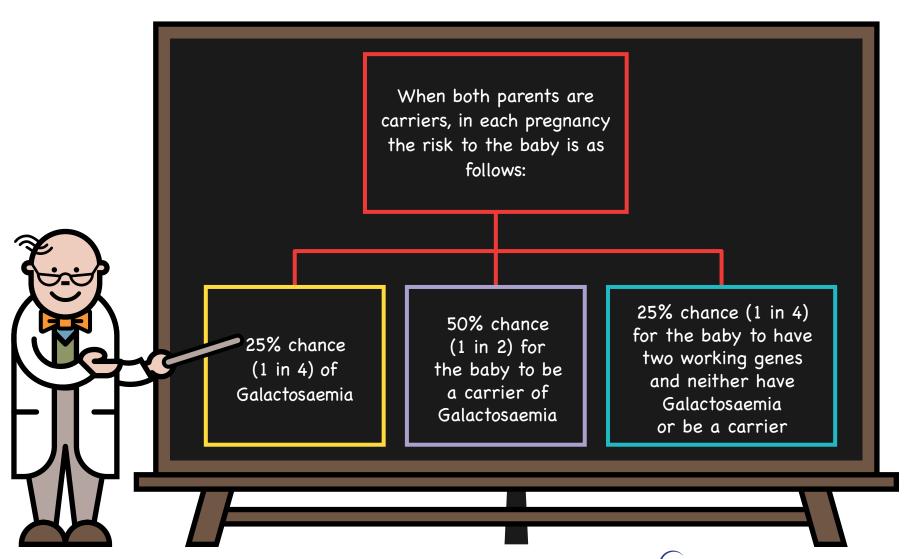
Inheritance – Autosomal-recessive (carriers of Galactosaemia)



Inheritance – Autosomal recessive – possible combinations



Future pregnancies





Galactosaemia is a serious inherited metabolic disorder that may cause life threatening symptoms if left untreated

Symptoms will improve if treated with a milk-free special formula and milk-free diet

Milk and milk containing products are avoided.
All food labels must be checked

People with galactosaemia should lead healthy and active lives, but some may develop learning difficulties and fertility problems

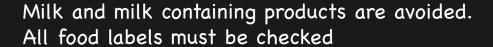




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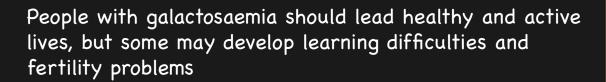
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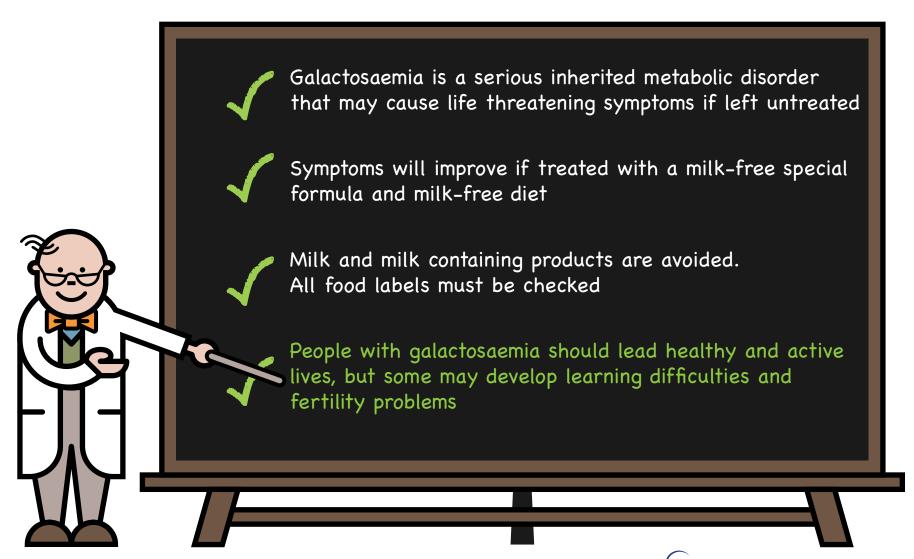


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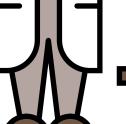




Always ensure you have a good supply of your milk-free formula and it is in date

Your special milk-free formula is prescribed by your GP. This is obtained via a pharmacy

Check all medications for lactose or galactose on the ingredient list

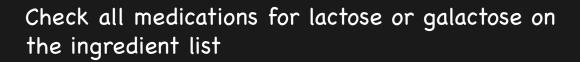




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Who's who

My dietitians

My nurses

My doctors

- Contact details, address, photos







www.bimdg.org.uk

www.nutricia.co.uk

www.galactosaemia.org