

Tools Enabling Metabolic Parents LEarning

ADAPTED BY THE DIETITIANS GROUP



British Inherited Metabolic Diseases Group



BASED ON THE ORIGINAL TEMPLE WRITTEN BY BURGARD AND WENDEL VERSION 4, MARCH 2025





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).

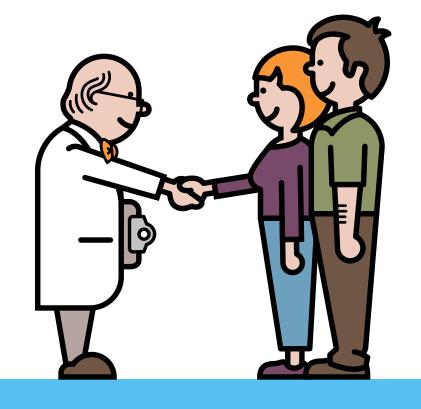
The team are Rachel Skeath, Karen van Wyk, Pat Portnoi and Anita MacDonald. The group is facilitated by Heidi Chan from Nutricia.

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.

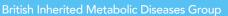
MCAD Deficiency

Information for families following a positive newborn screening



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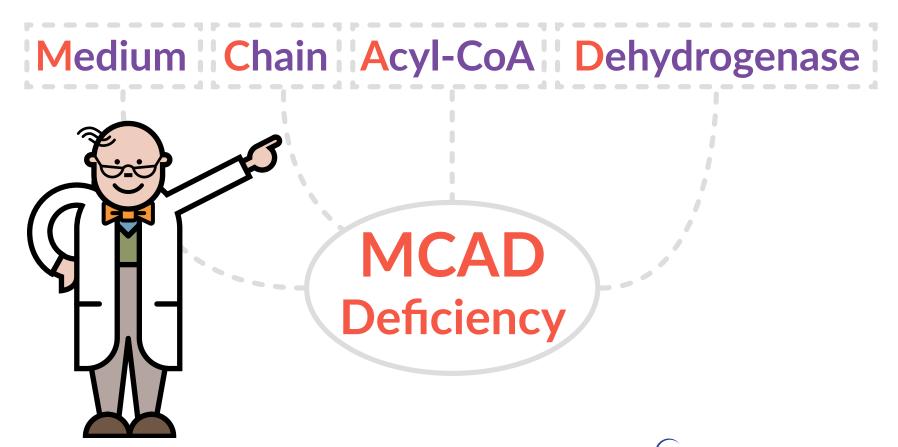




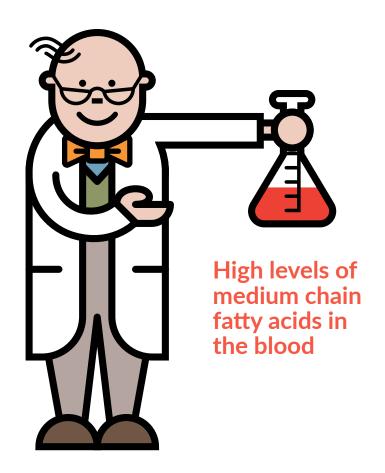
What is MCADD?

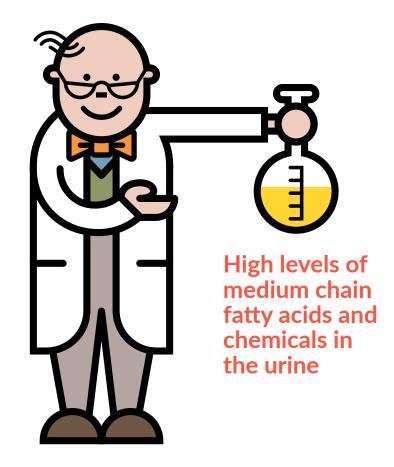
MCADD stands for medium chain acyl-CoA dehydrogenase deficiency

It is an inherited metabolic condition



What is MCADD?



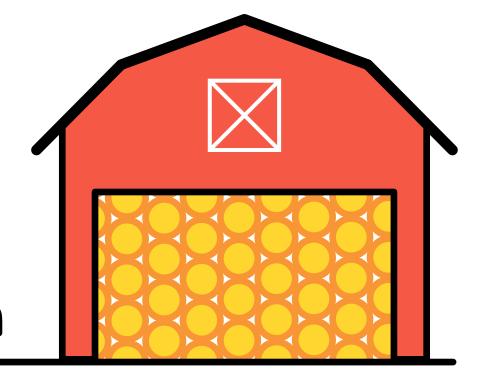


Which foods supply the body with energy?

There are two main food groups that supply the body with energy:

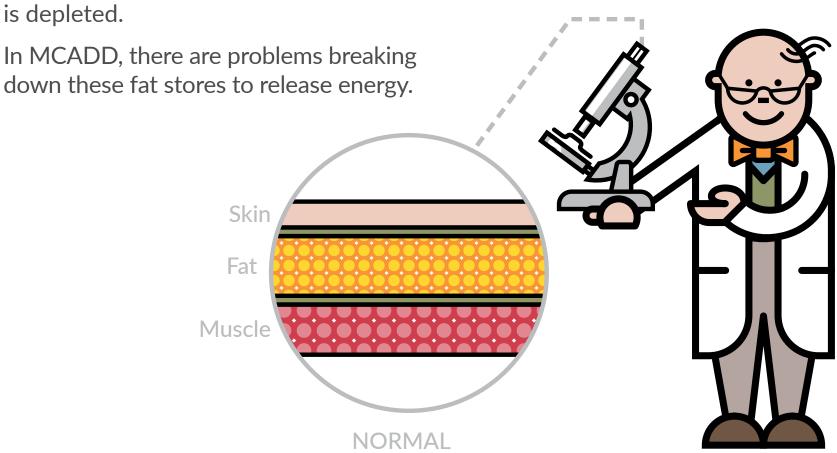
 Carbohydrates (starches and sugars) provide a readily available energy source

 Fats also provide energy. Fat is stored in the body and used as an energy reserve



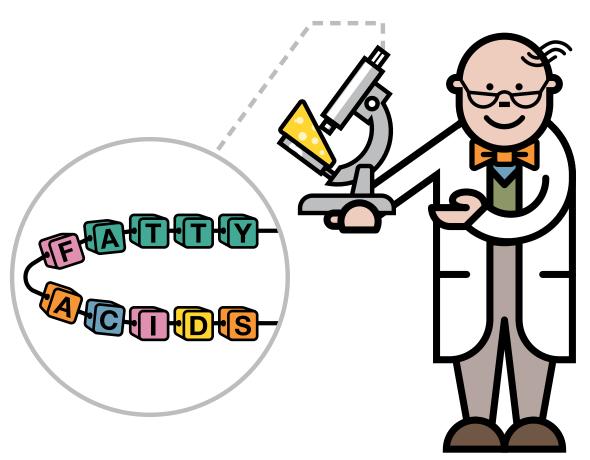
MCADD and fat

The body uses its own fat stores to provide energy when carbohydrate is depleted.



Breaking down fat stores for energy

Body fat stores are broken down into fatty acids.



What are fatty acids?

Fatty acids are made up of carbon atoms joined together to form chains of many different lengths.



Short chain



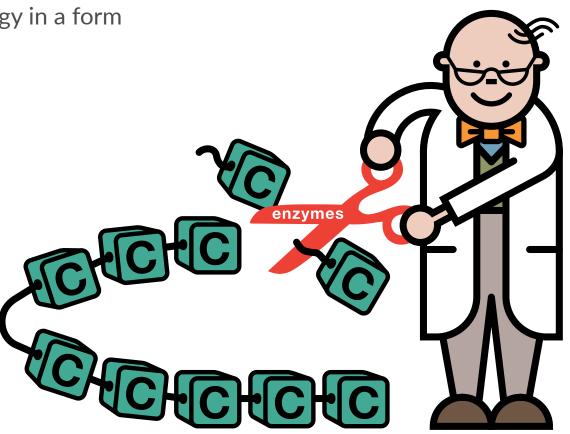
Medium chain



Long chain

Fatty acids and enzymes

Fatty acid chains are then broken down into smaller units by enzymes (which are like chemical scissors). This enables the body to produce energy in a form which it can use.



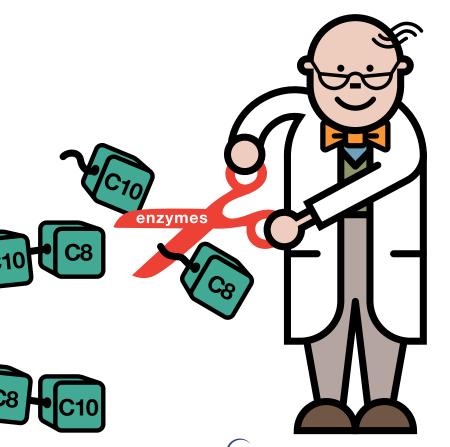
What happens in MCADD?

In MCADD, the body lacks an enzyme that helps convert fat stores into energy.

This **stops** the medium chain fats from being used for energy.

There is only a problem when it is necessary to break down fats quickly.

This occurs when there is a shortage of energy supply.



What can go wrong in MCADD?

There can be shortage of energy supply and a build up of harmful chemicals during illness or with lack of food.

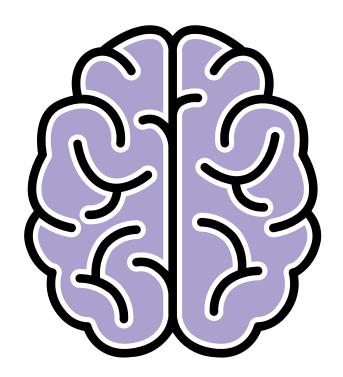
Symptoms include:

- poor feeding
- excessively sleepy
- rapid breathing
- seizures
- low blood sugar

What can go wrong in MCADD?

If a shortage of energy supply is left unmanaged, it can result in coma, brain damage, and may become life threatening.

However, please remember, this can all be prevented with timely and correct management.



Metabolic crisis

- A metabolic crisis triggers the MCADD symptoms
- There is a lack of energy supply and build up of toxic chemicals
- It is usually precipitated by childhood infections or viruses causing high temperatures, vomiting, and diarrhoea
- Avoidance of a metabolic crisis is essential



How is MCADD diagnosed?

MCADD is diagnosed by newborn screening. High levels of medium chain fatty acids and other chemicals are found in the blood.



How is MCADD managed?

In babies, it is managed by **avoiding** long periods without feeding, even when well.

The length of time babies can go without feeds is known as **the safe fasting time**.

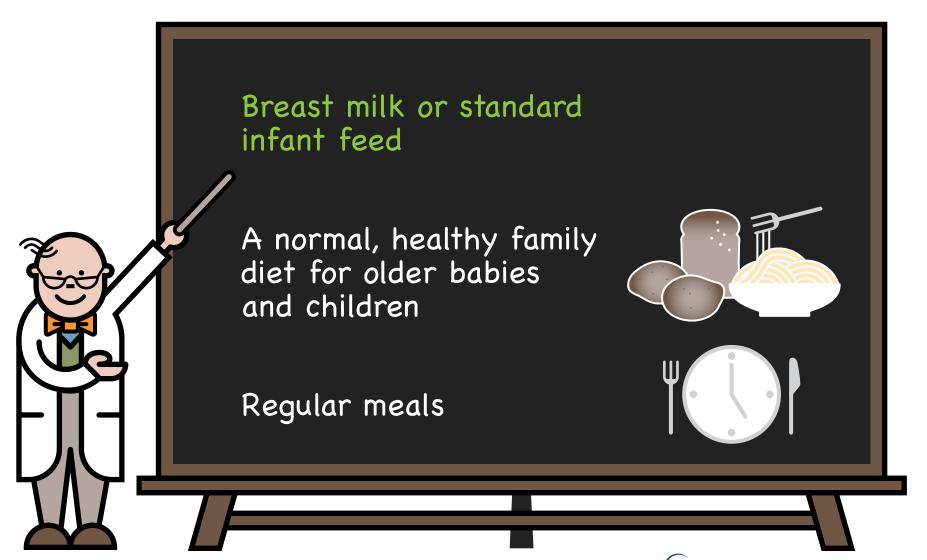
The **safe fasting time** increases with age

and it should be normal

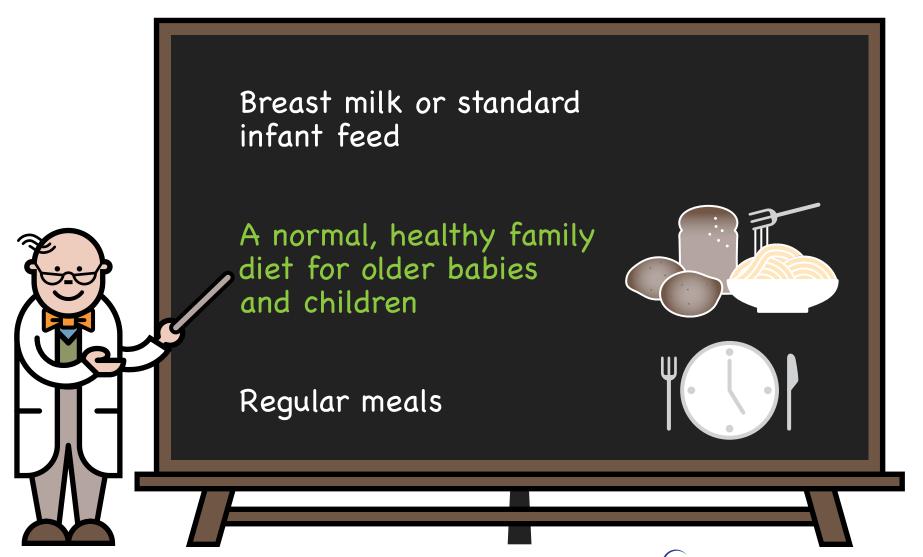
in older children when well.



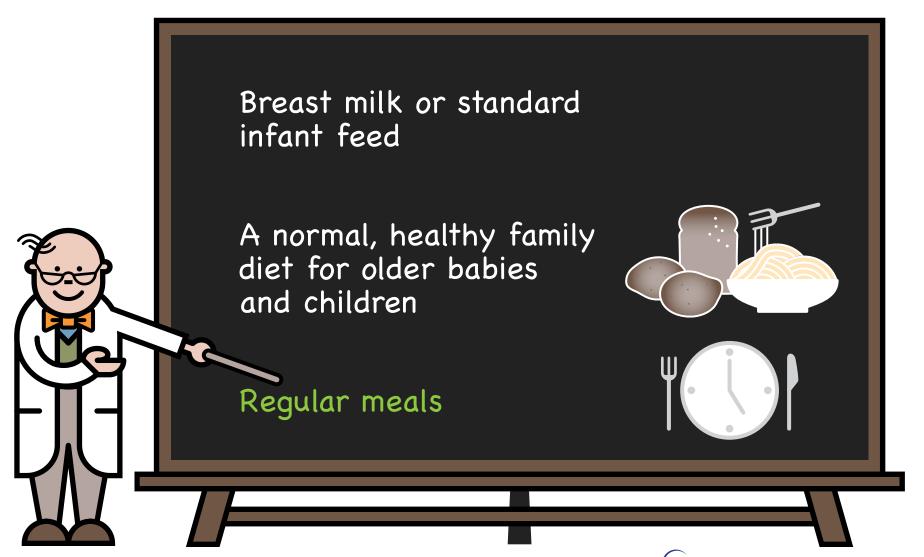
How is MCADD managed day to day?



How is MCADD managed day to day?



How is MCADD managed day to day?



- During any childhood illness, an emergency regimen is given
- This provides energy and prevents build up of harmful chemicals that cause a metabolic crisis





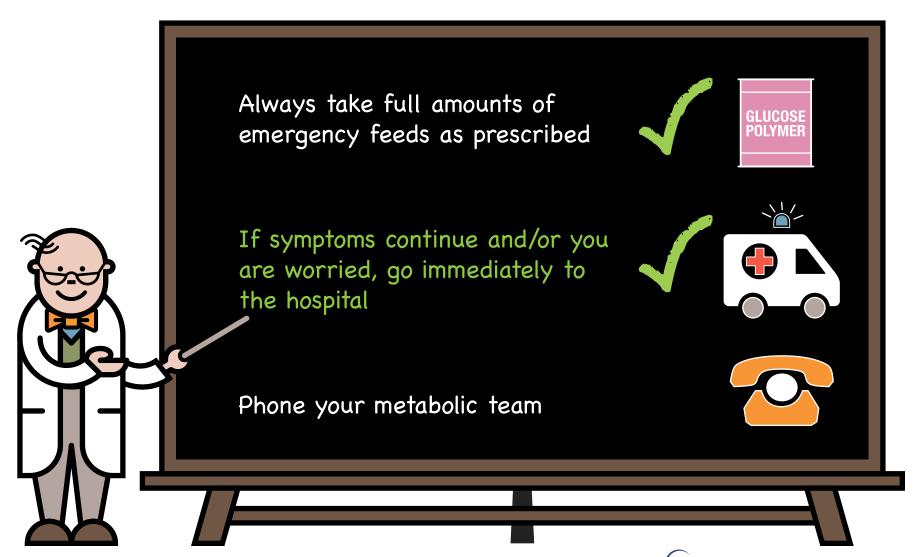




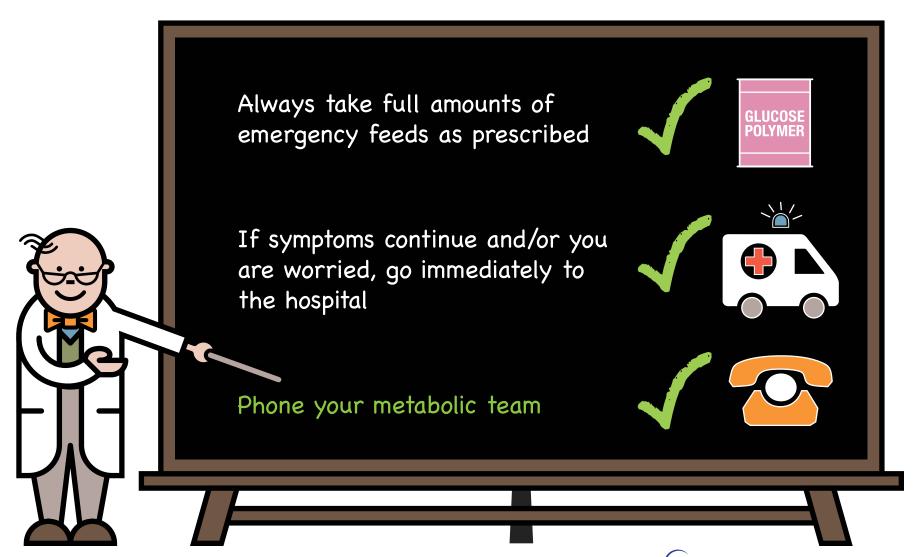
Checklist for illness



Checklist for illness

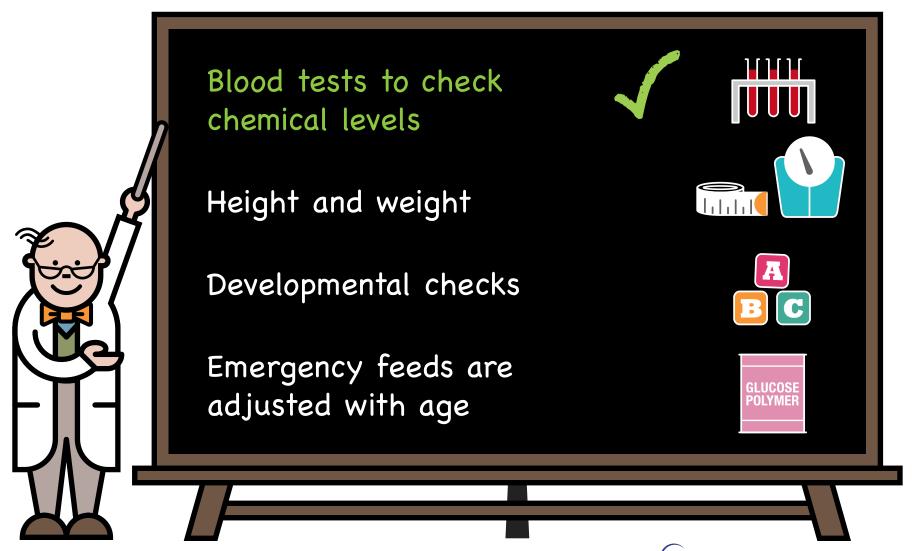


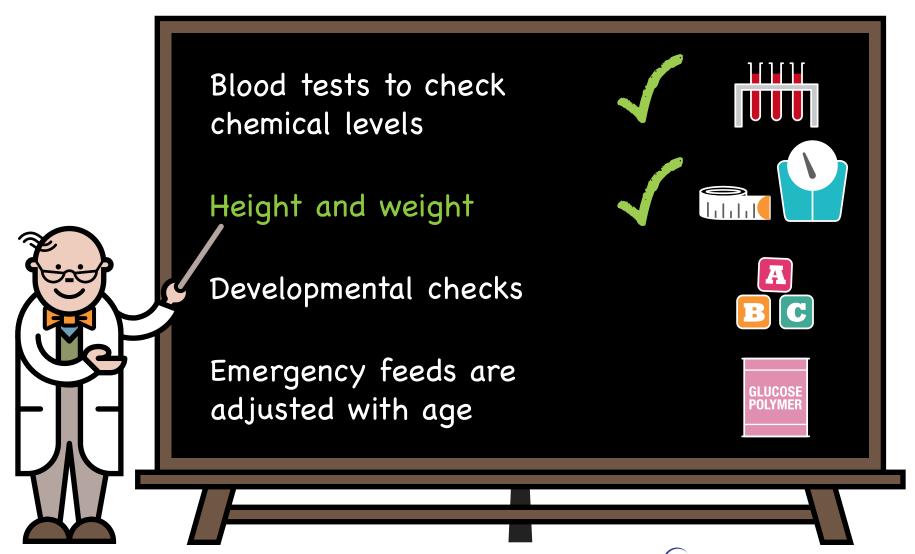
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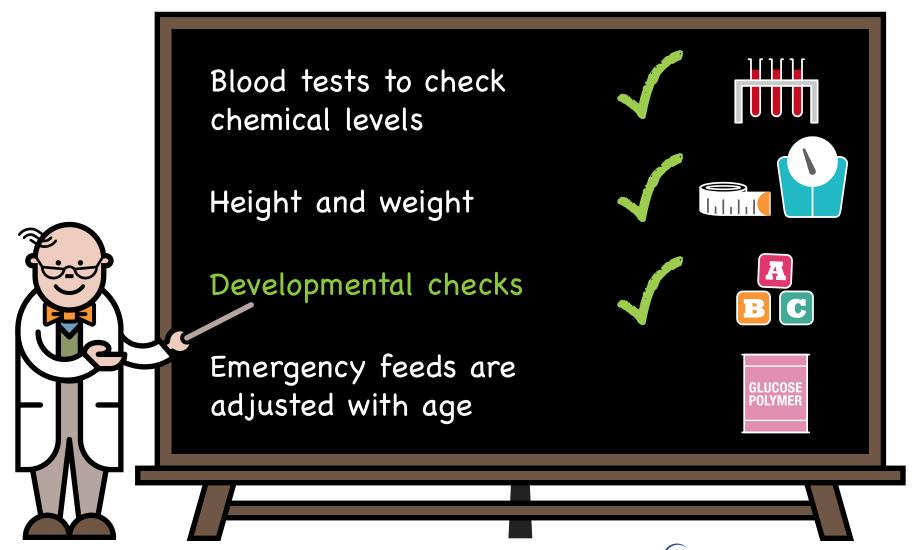


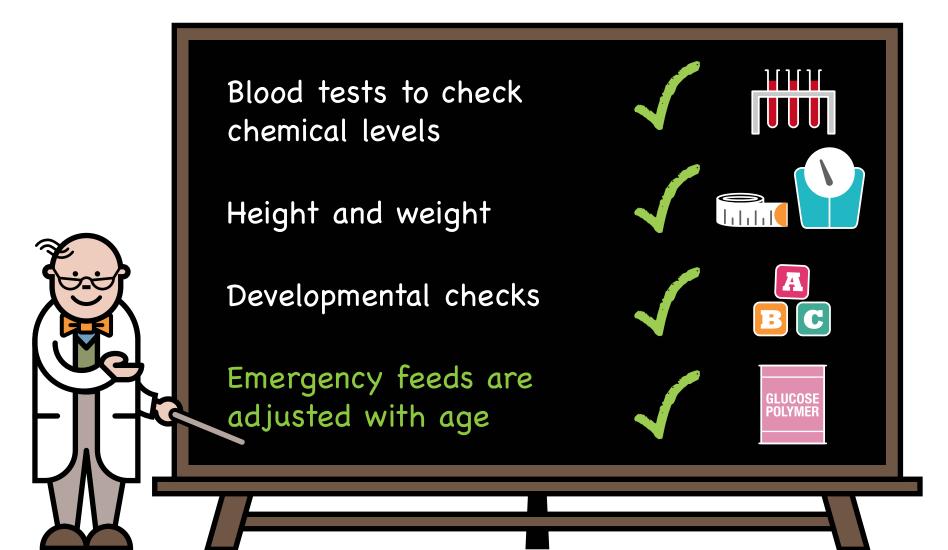
Key message

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











Humans have chromosomes composed of DNA



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

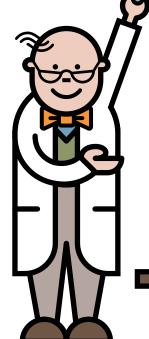


The word mutation means a change or error in the genetic instruction



We inherit particular chromosomes from the egg of the mother and sperm of the father







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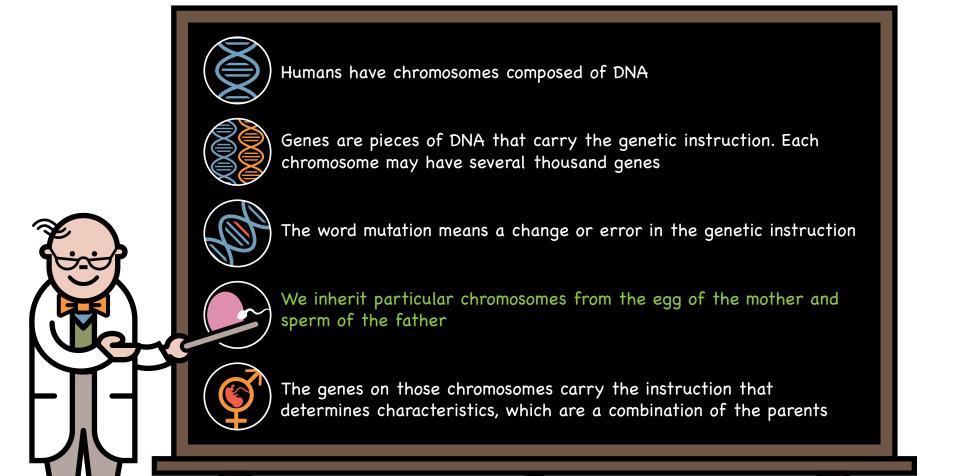
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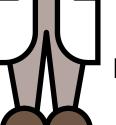


MCADD is an inherited condition. There is nothing that could have been done to prevent your baby from having MCADD

Everyone has a pair of genes that make the medium chain acyl-CoA dehydrogenase enzyme. In children with MCADD, neither of these genes works correctly. These children inherit one non-working MCADD gene from each parent

Parents of children with MCADD are carriers of the condition

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





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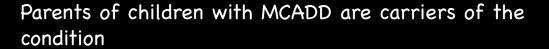
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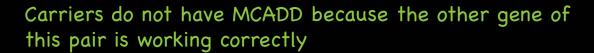


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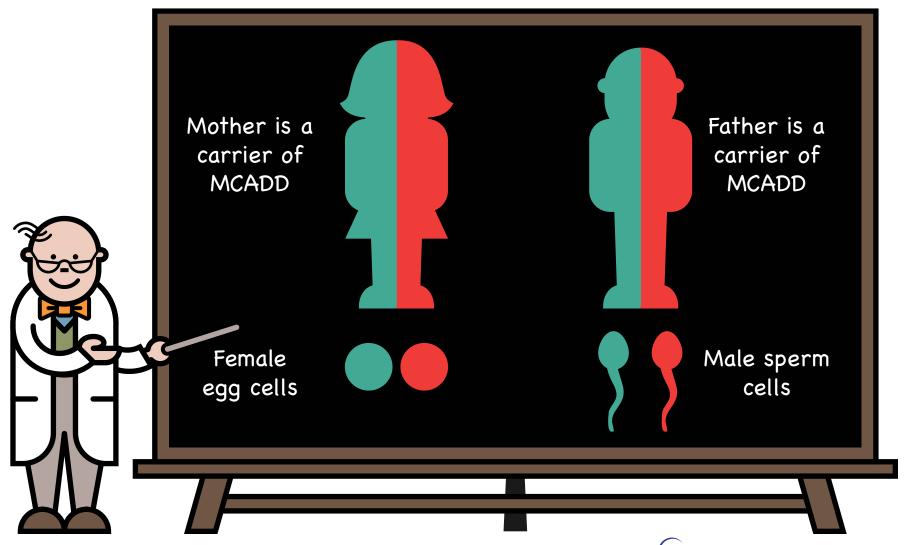
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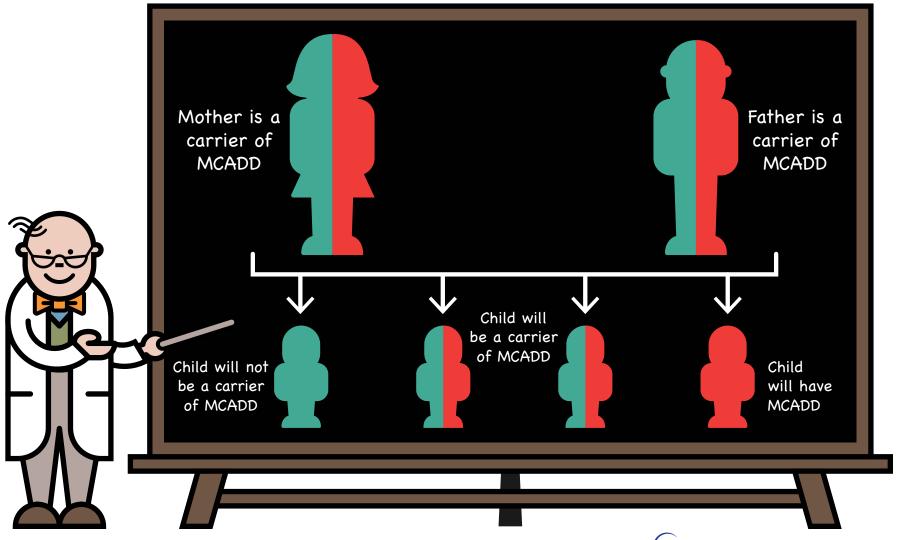




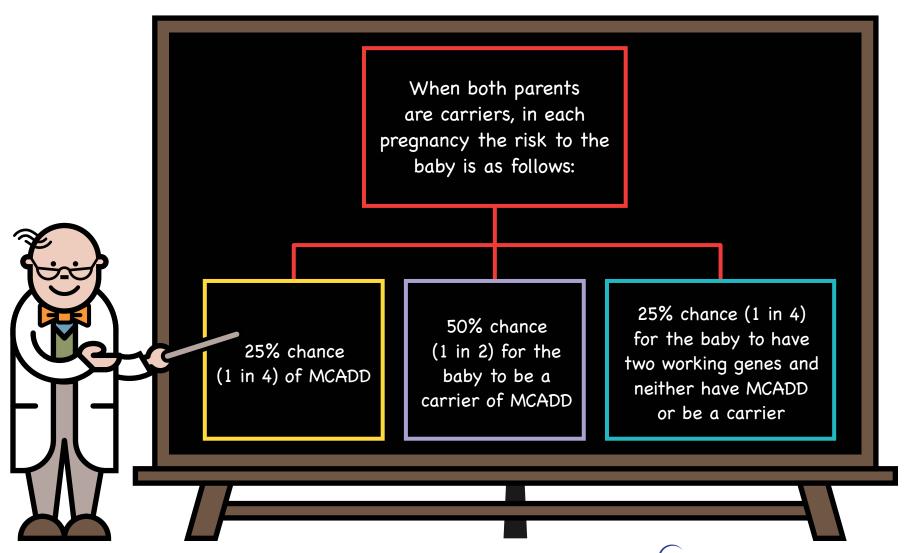
Inheritance – Autosomal recessive (carriers of MCADD)



Inheritance – Autosomal recessive – possible combinations



Future pregnancies





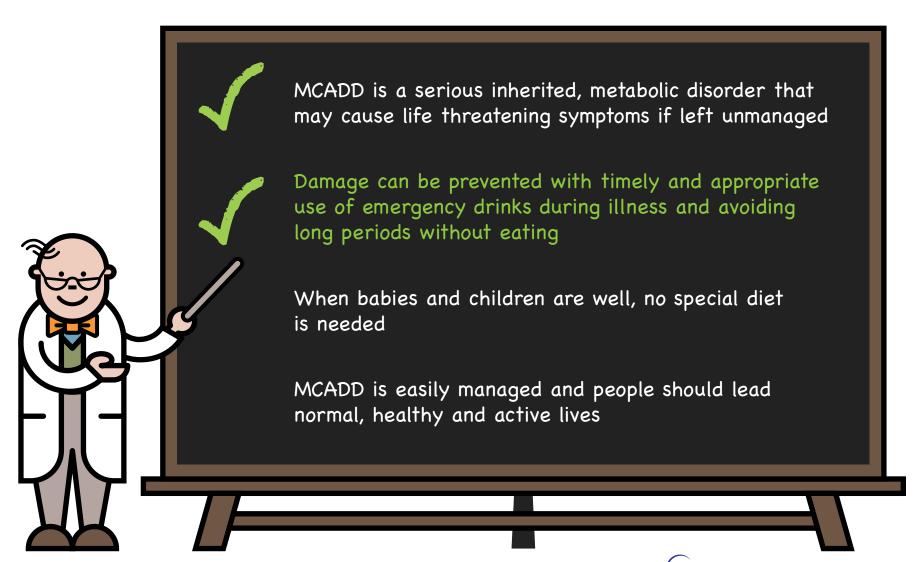
MCADD is a serious inherited metabolic condition that causes life threatening symptoms if left unmanaged

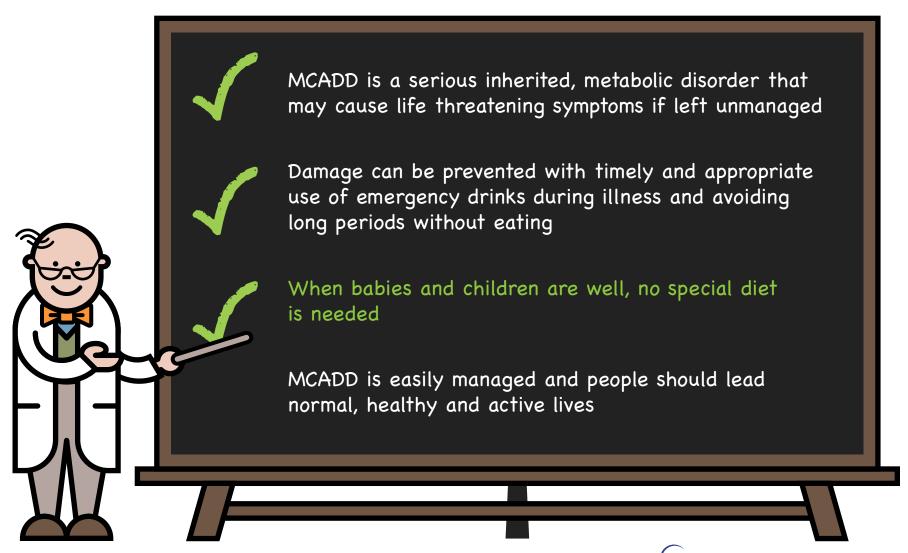
Damage can be prevented with timely and appropriate use of emergency drinks during illness and avoiding long periods without eating

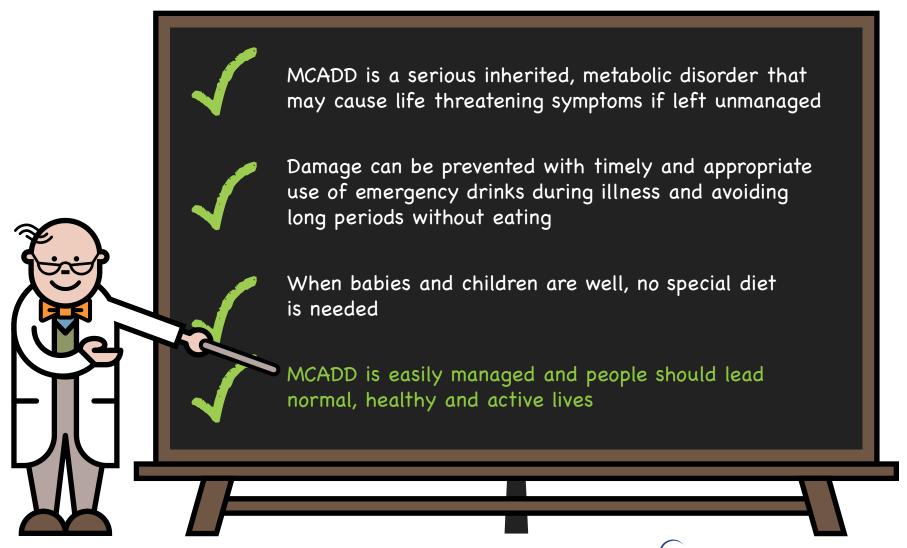
When babies and children are well, no special diet is needed

MCADD is easily managed and people should lead normal, healthy and active lives









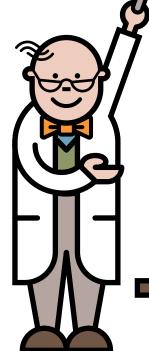


Always ensure you have a good supply of your emergency glucose polymer powder and it is in date

Your glucose polymer powder is prescribed by your GP and you obtain it from your pharmacy or home delivery

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

Remember to keep contact numbers of your metabolic team to hand

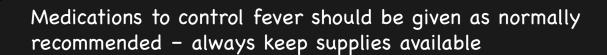




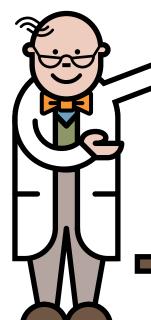
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Who's who

My dietitians

My nurses

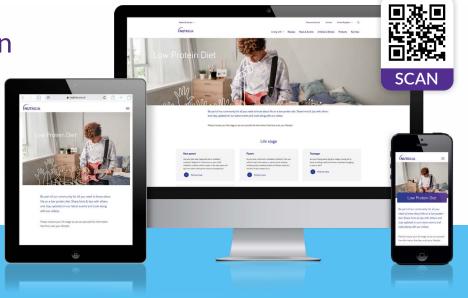
My doctors

- Contact details, address, photos

Visit www.nutricia.co.uk/patients-carers/living-with/low-protein-diet.html
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.











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