

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 1, OCTOBER 2017

Galactosaemia

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

Galactosaemia

Information for families following a new diagnosis in infancy



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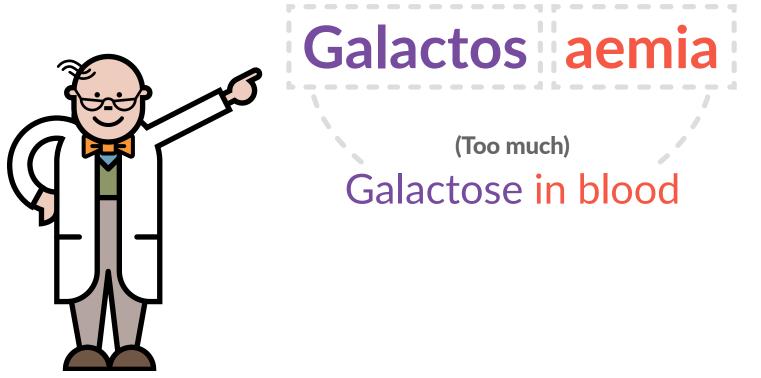




What is Galactosaemia?

It is an inherited metabolic condition.

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



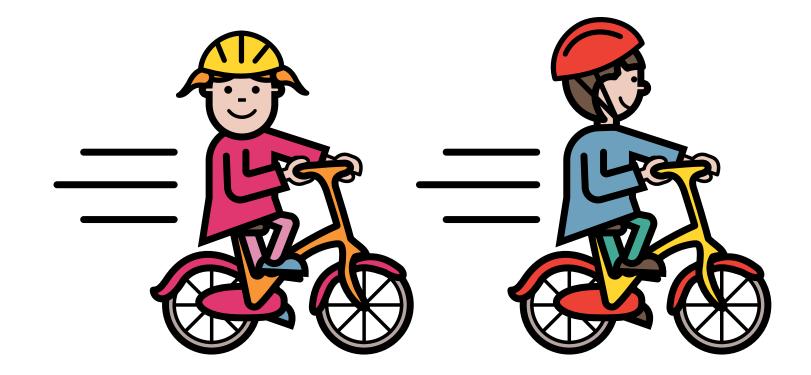
Which foods contain galactose?

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.

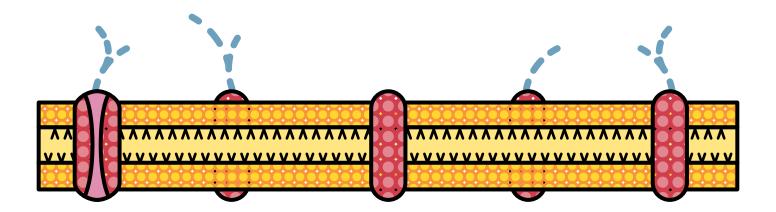


What else does galactose do?

Galactose is a building block of carbohydrate chains.

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

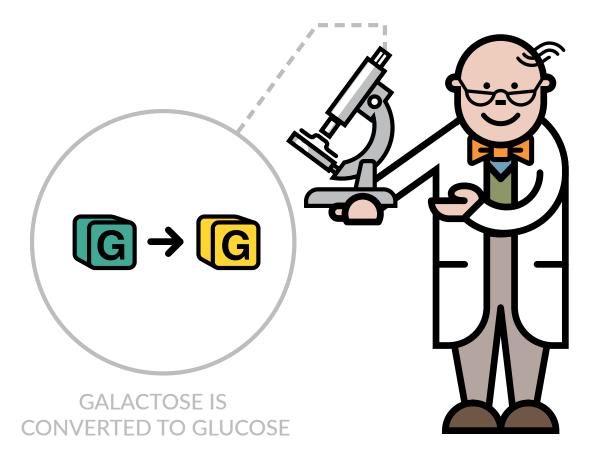
These are important in cell structure.



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**.

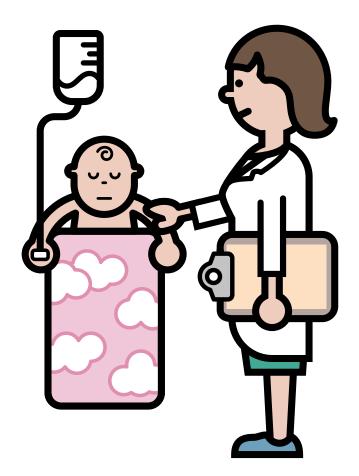
This leads to a build up of galactose and other chemicals leading to symptoms.



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)



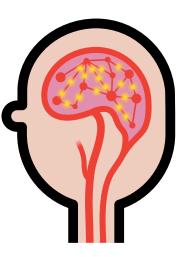
What happens with treatment?

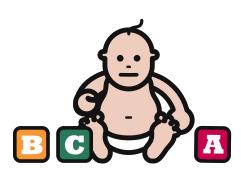
- Once treatment has been started, babies generally start to improve within a few days
- There should be no long-term liver problems
- Cataracts usually disappear but the doctors will continue to monitor the eyes

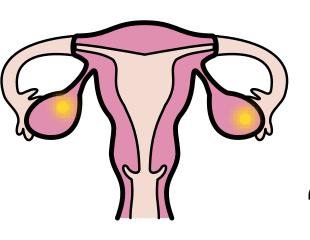
...but even with treatment

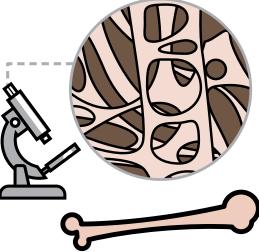
some people have:

- 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.



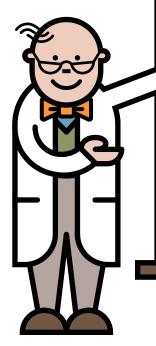
Galactose is found in breast milk, infant formula and many foods. It is therefore necessary to:

Avoid all animal milk (including breast milk)

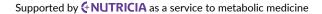
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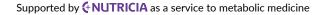
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Babies are given a milk-free infant formula

They are given milk-free weaning foods

Check all labels to see foods and medicines are milk-free







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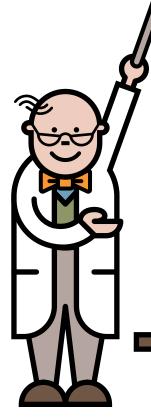




Key message

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.

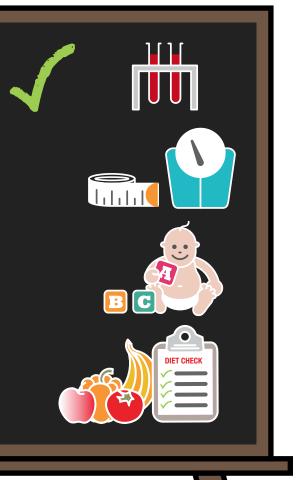


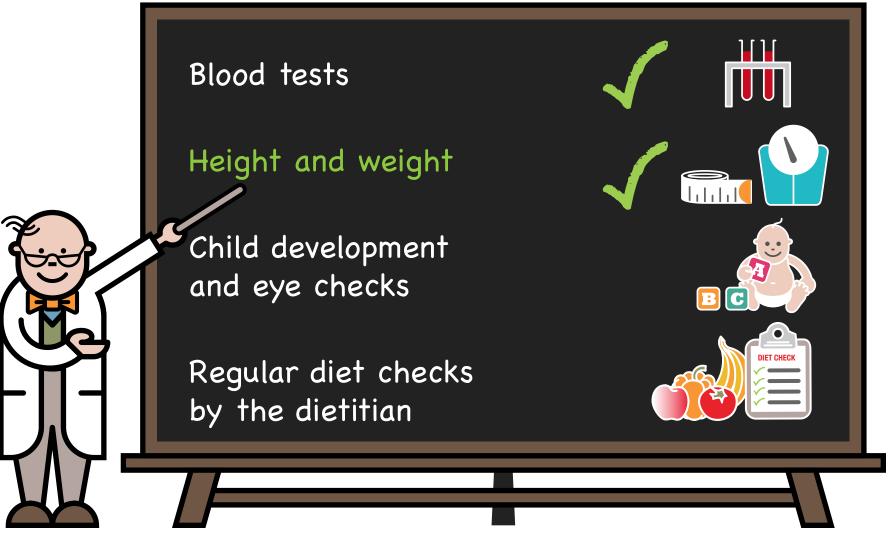
Blood tests

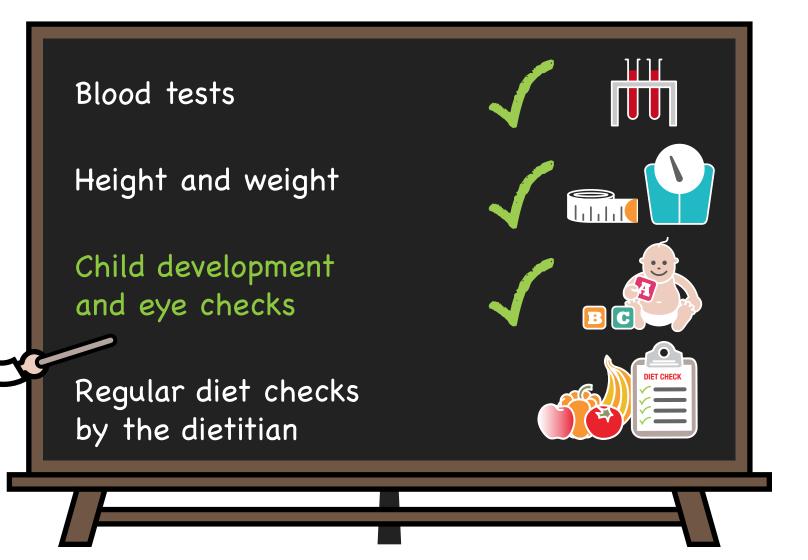
Height and weight

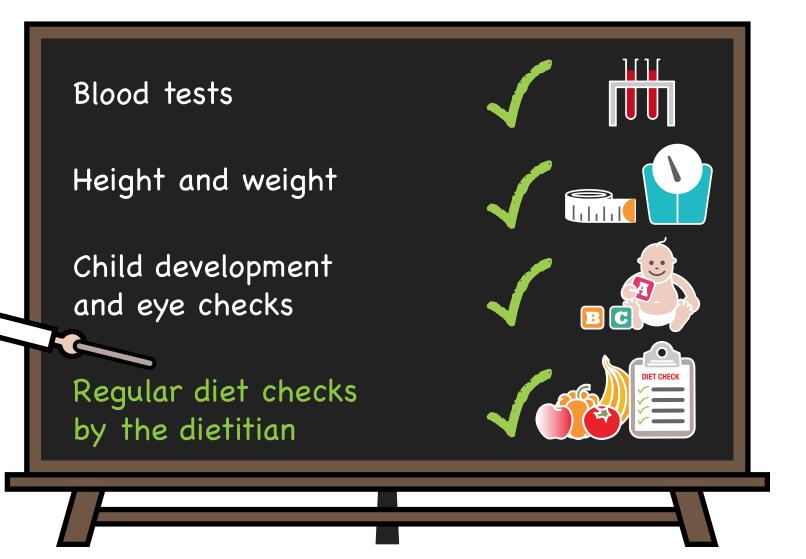
Child development and eye checks

Regular diet checks by the dietitian











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.



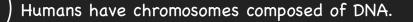


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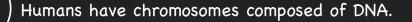


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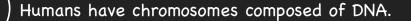


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Galactosaemia is an inherited condition. There is nothing that could have been done to prevent your baby from having galactosaemia.

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.

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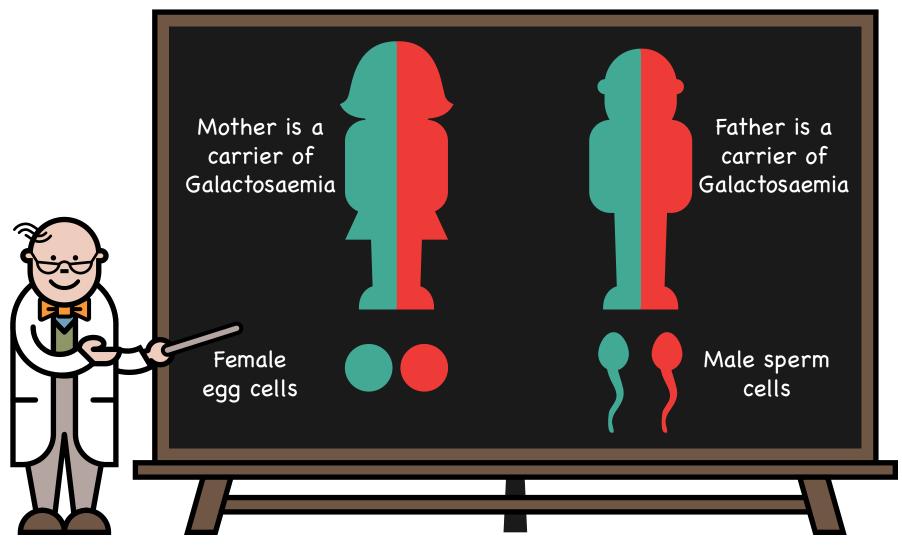
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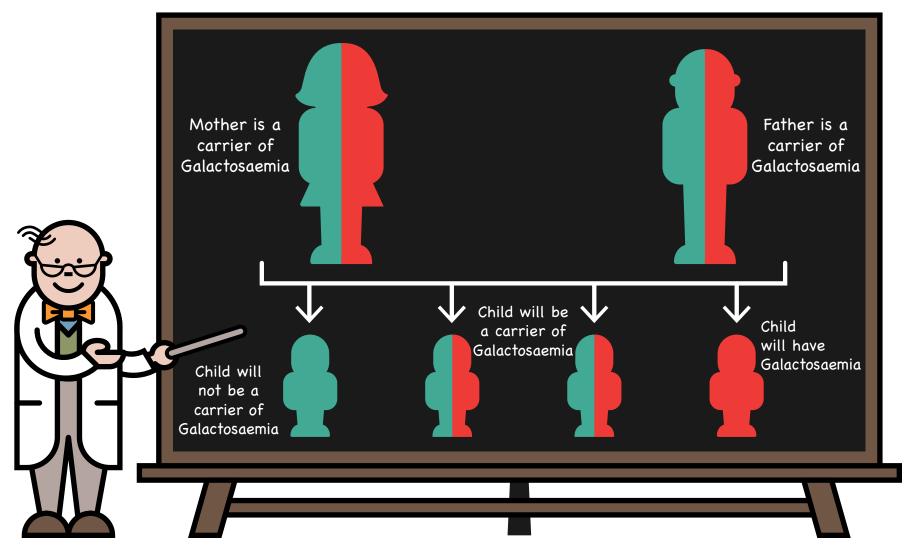
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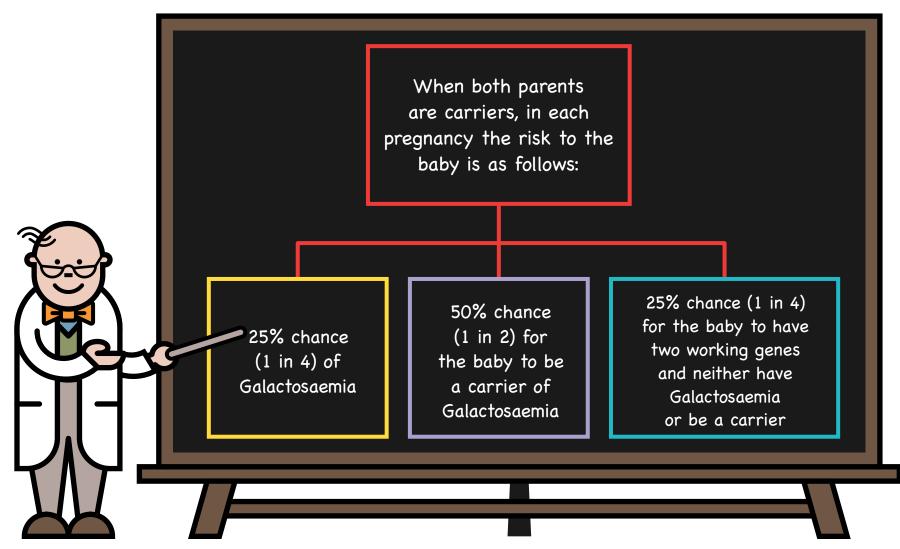
Inheritance – Autosomal-recessive (carriers of Galactosaemia)



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.

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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