

Tools Enabling Metabolic Parents LEarning

ADAPTED BY THE DIETITIANS GROUP

British Inherited Metabolic Diseases Group

BIMDG



BASED ON THE ORIGINAL TEMPLE WRITTEN BY BURGARD AND WENDEL

VERSION 2, MARCH 2025

<u>CPT I DEFICIENCY</u>



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.

Carnitine Palmitoyl Transferase I Deficiency

Information for families following a new diagnosis



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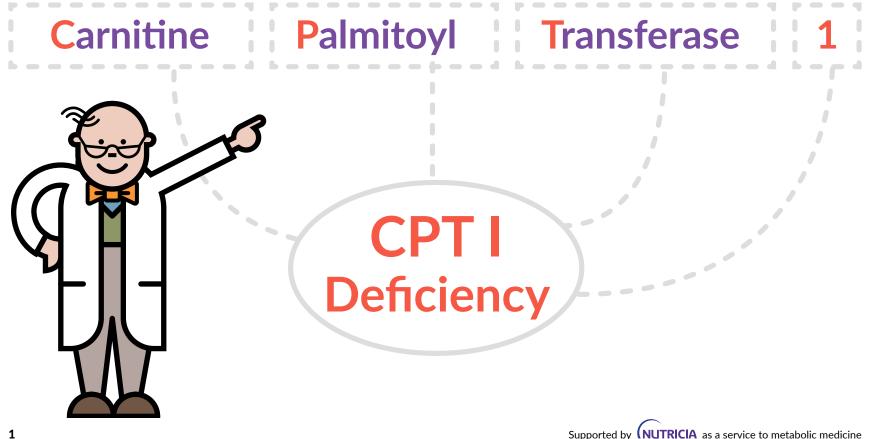




What is CPT I deficiency?

CPT I stands for Carnitine Palmitoyl Transferase 1 deficiency

It is an inherited metabolic condition



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Which foods supply the body with energy?

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

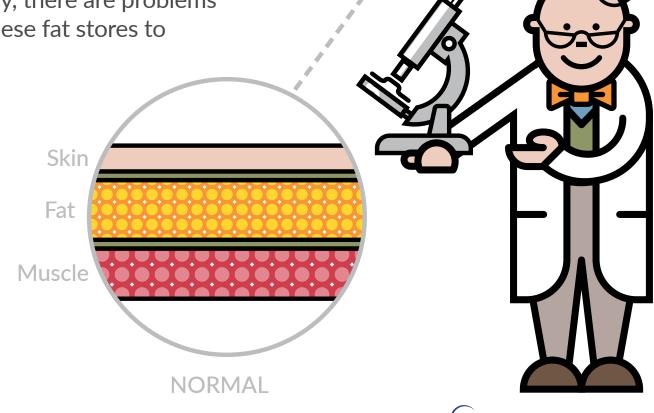
- Carbohydrates (starches and sugars) provide a readily available energy source
- Fats also provide energy. Fat is stored in the body so it can be used as an energy reserve



CPT I deficiency and fat

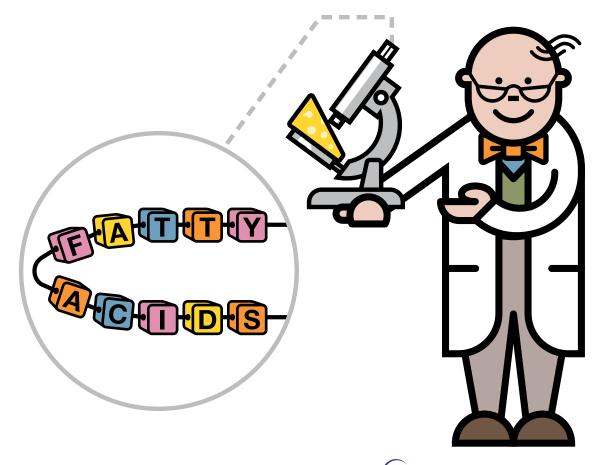
The body uses its own fat stores to provide energy when carbohydrate is depleted.

In CPT I deficiency, there are problems breaking down these fat stores to release energy.



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.

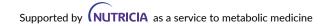


Short chain



Medium chain

Long chain



Fatty acid transport

Fatty acid chains need to be transported into the cells of the body. This enables the body to produce energy in a form which it can use.



What happens in CPT I deficiency?

In CPT I deficiency, the body lacks a chemical (enzyme) that helps convert fat stores into energy.

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

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

This causes a shortage of energy supply.

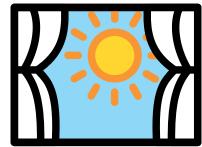


What can go wrong in CPT I deficiency in infants?

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

Symptoms include:

- poor feeding
- excessive sleepiness
- rapid breathing
- seizures
- low blood sugar
- floppiness
- liver problems
- heart problems





What can go wrong in CPT I deficiency?

If there is a shortage of energy and this is not corrected, it can lead to coma and brain damage and it may be life threatening.

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



Metabolic crisis

- A **metabolic crisis** triggers the CPT I deficiency symptoms
- This leads to a lack of energy and build up of toxic chemicals
- It is usually triggered by childhood infections causing high temperatures, vomiting, and diarrhoea
- It can also be caused by going a very long time without food
- Avoidance of a metabolic crisis is essential



How is CPT I deficiency diagnosed?

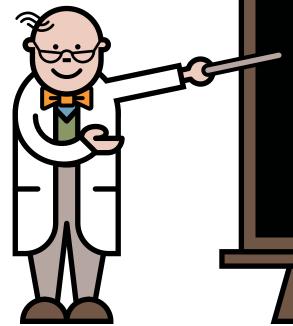
CPT I deficiency is suspected because of the pattern of chemicals (acylcarnitines and organic acids) found in the blood and urine. The diagnosis is confirmed by finding mutations in the CPT I gene.



How is CPT I deficiency managed?

In babies, it is managed day to day 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**.



SAFE FASTING TIMES

- The safe fasting time varies for each baby with CPT I deficiency. Your metabolic team will advise.
- It is important they receive regular feeds during the day and at night.
- They should not miss scheduled feeds.

Special formula containing a fat called medium chain triglycerides (MCT)

Low fat diet

MCT oil for cooking or MCT as a supplement may be used

Regular mealtimes as recommended by your metabolic team

MCT

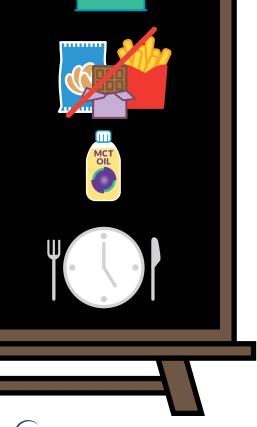
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Supported by (NUTRICIA as a service to metabolic medicine

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CPT I deficiency and fat

The diet needs to be low in fat.

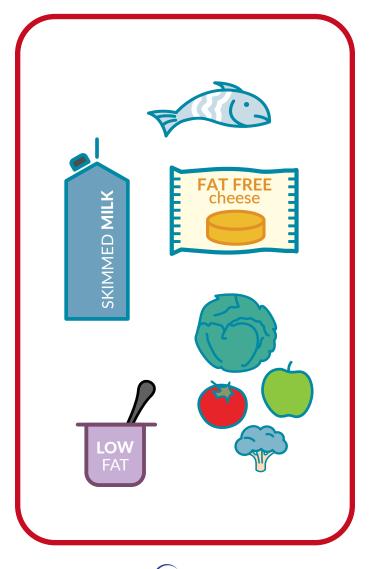
Foods high in fat are avoided. Many foods are high in fat e.g. full fat milk, full fat cheese, fatty meat, eggs, ice cream, chips, crisps and chocolate.



Low fat foods

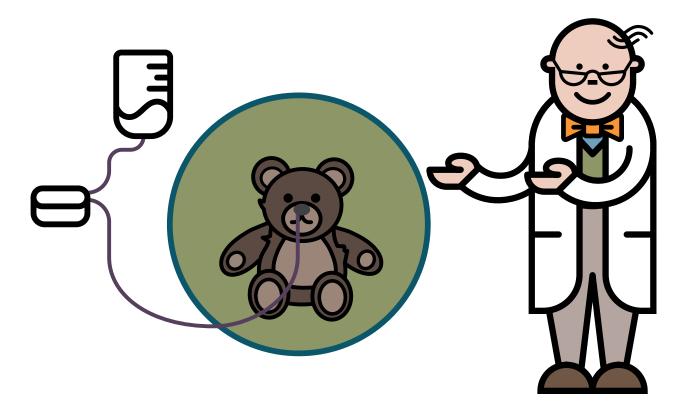
The diet needs to be low in fat.

Low fat foods are permitted. There is a wide range of low fat foods available e.g. skimmed milk, low fat yoghurt/cheese, white fish, fruit and vegetables.

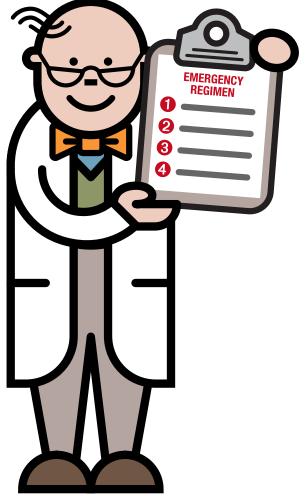


Is tube feeding needed?

In babies with the most severe forms of CPT I deficiency, tube feeding may be necessary. This will ensure energy, nutrient and fluid needs are met.



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



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

 This must be given regularly day and night
 Image: Comparison of the polymer

 Phone your metabolic team for help if your child is unwell
 Image: Comparison of the polymer

Do not use sugar-free drinks during illness

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

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Checklist for illness



Checklist for illness



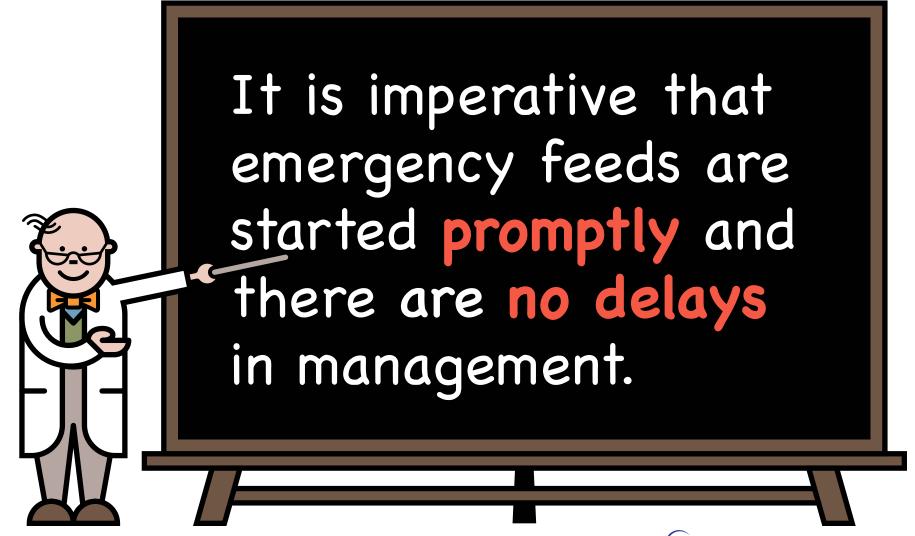
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Checklist for illness



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Key message

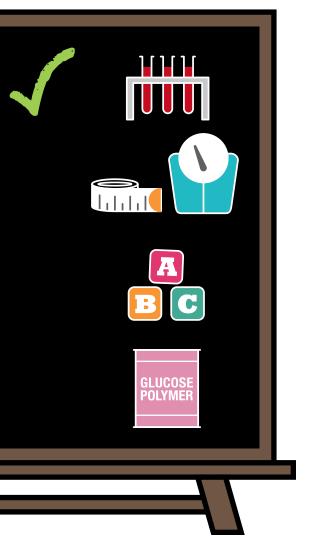


Blood tests to check nutrient levels

Height and weight

Developmental checks & other medical checks

Emergency feeds are adjusted with age



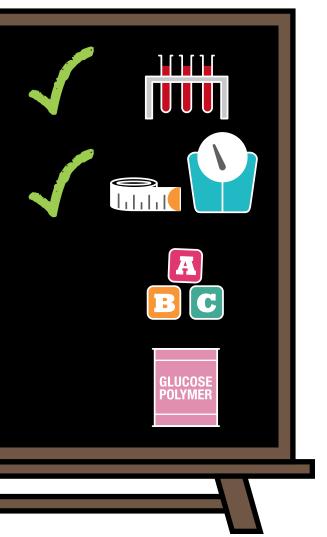
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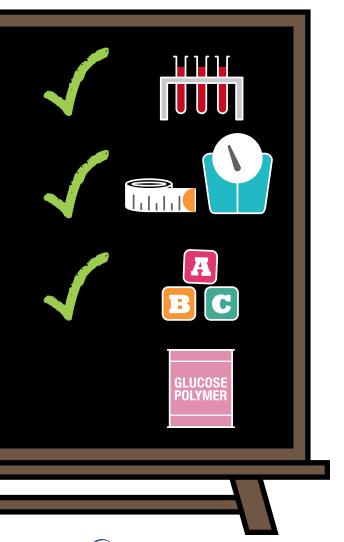


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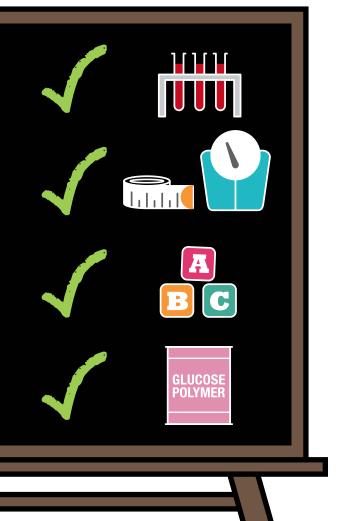
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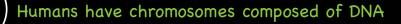
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Chromosomes, genes, mutations



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

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



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



The genes on those chromosomes carry the instructions that determines characteristics, which are a combination of the parents

Chromosomes, genes, mutations

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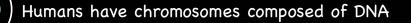
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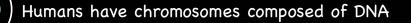
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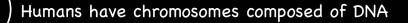


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CPT | deficiency is an inherited condition. There is nothing that could have been done to prevent your baby from having CPT | deficiency

Everyone has a pair of genes that make the Carnitine Palmitoyl Transferase I enzyme. In children with CPT I deficiency, neither of these genes works correctly. These children inherit one non-working CPT I gene from each parent

Parents of children with CPT | deficiency are carriers of the condition

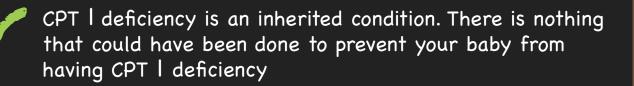
Carriers do not have CPT I deficiency because the other gene of this pair is working correctly

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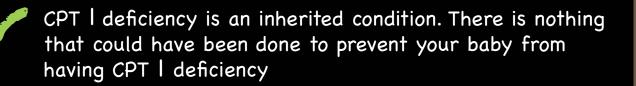
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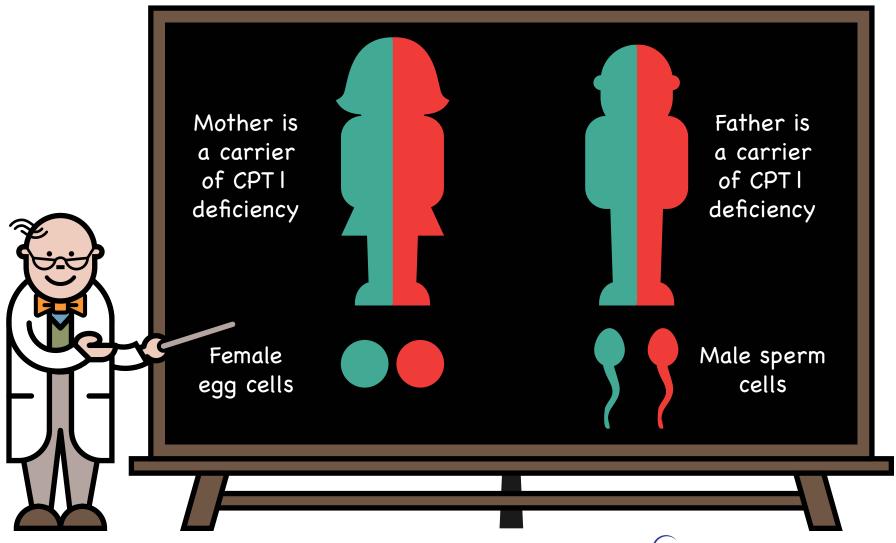


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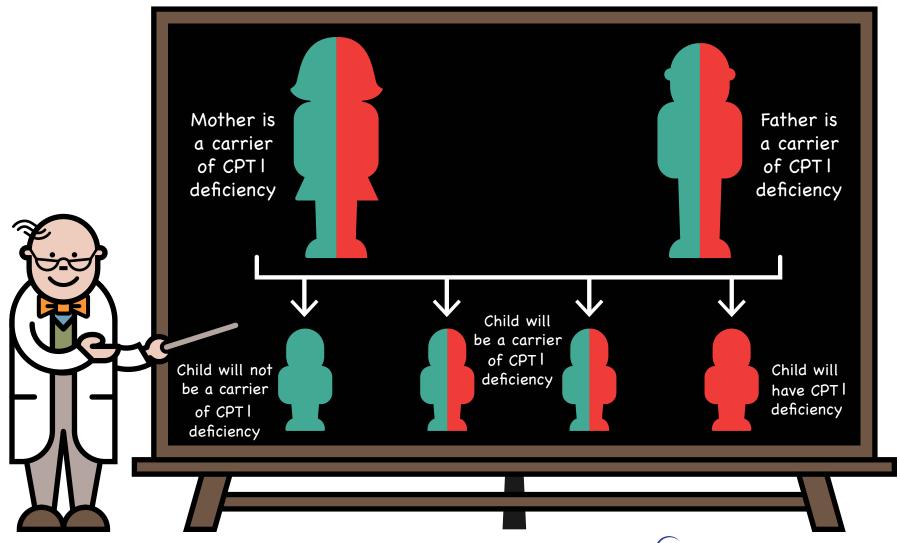
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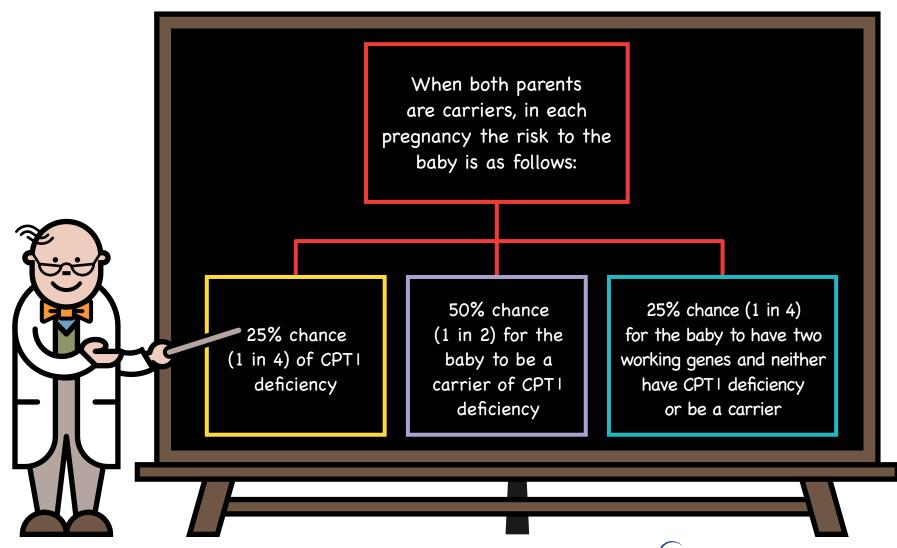
Inheritance – Autosomal recessive (carriers of CPT1 deficiency)



Inheritance – Autosomal recessive – possible combinations



Future pregnancies



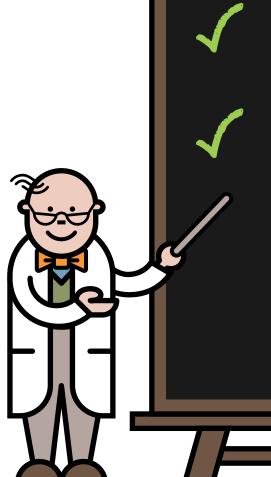


CPTI deficiency is a serious inherited metabolic condition that causes life threatening symptoms if left unmanaged

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

Infants with CPTI deficiency are managed with MCT formula. Older children need regular meals and some may also require a low fat diet and MCT oil

People with CPTI deficiency should lead normal, healthy and active lives

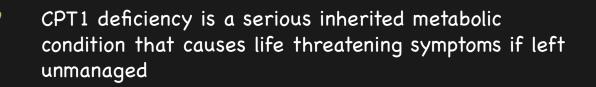


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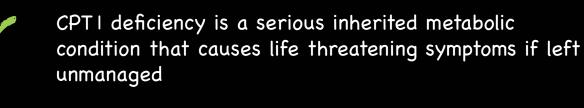
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Remember, during illness, it is imperative that emergency feeds are started promptly, followed strictly and there are no delays

Infants with CPTI deficiency are managed with MCT formula. Older children need regular meals and some may also require a low fat diet and MCT oil

People with CPTI deficiency 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

Special feeds and dietary products are prescribed by your GP and you obtain them 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

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

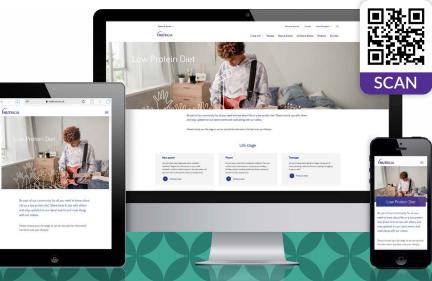
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