

# TEMPLE



Tools **E**nabling **M**etabolic **P**arents **L**earning

ADAPTED BY THE DIETITIANS GROUP

**BIMDG**

British Inherited Metabolic Diseases Group



BASED ON THE ORIGINAL TEMPLE WRITTEN BY  
BURGARD AND WENDEL  
VERSION 3, MARCH 2025

## Ornithine transcarbamylase deficiency

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).

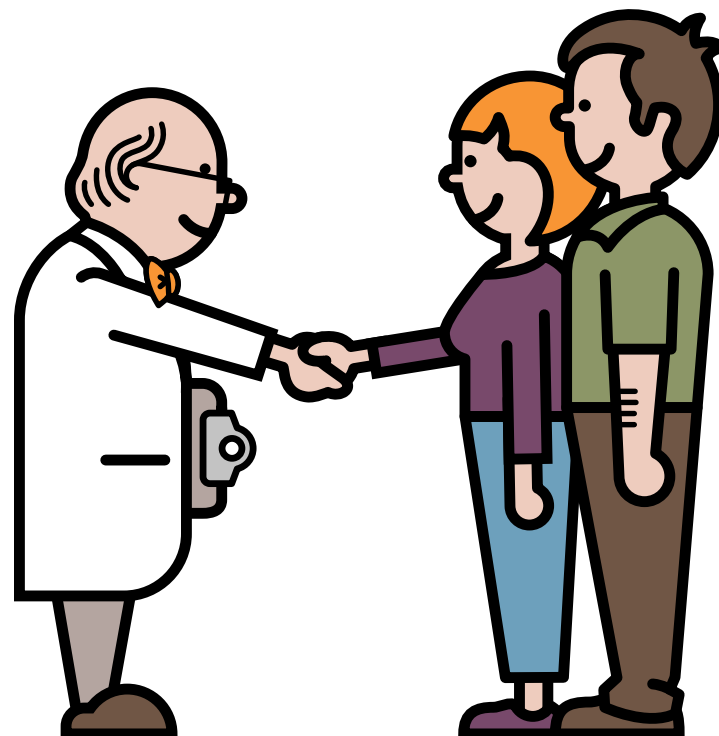
The team are Rachel Skeath, Karen van Wyk, Pat Portnoi and Anita MacDonald. The group is facilitated by Heidi Chan from Nutricia.

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.**

# Ornithine transcarbamylase deficiency

Information for families following a new diagnosis



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**TEMPLE**

Tools Enabling Metabolic Parents LEarning

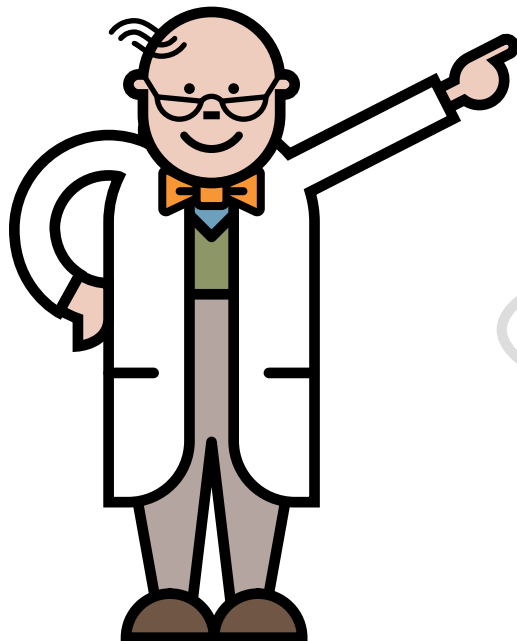


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# What is Ornithine transcarbamylase deficiency?

It is an inherited metabolic condition.

It is shortened to OTC deficiency.



Ornithine Trans Carbamylase deficiency

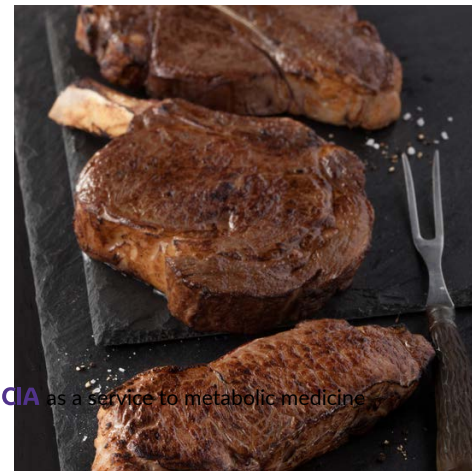
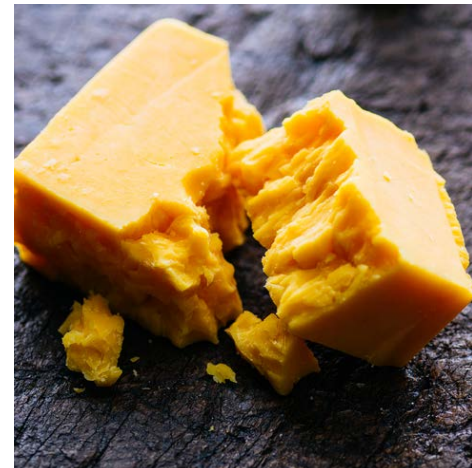
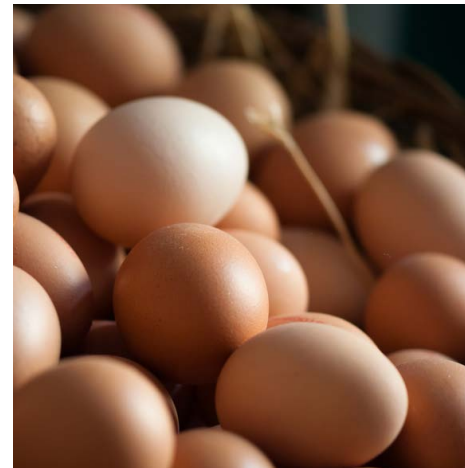
Ornithine Trans Carbamylase deficiency

# What is protein?

Many foods contain protein.

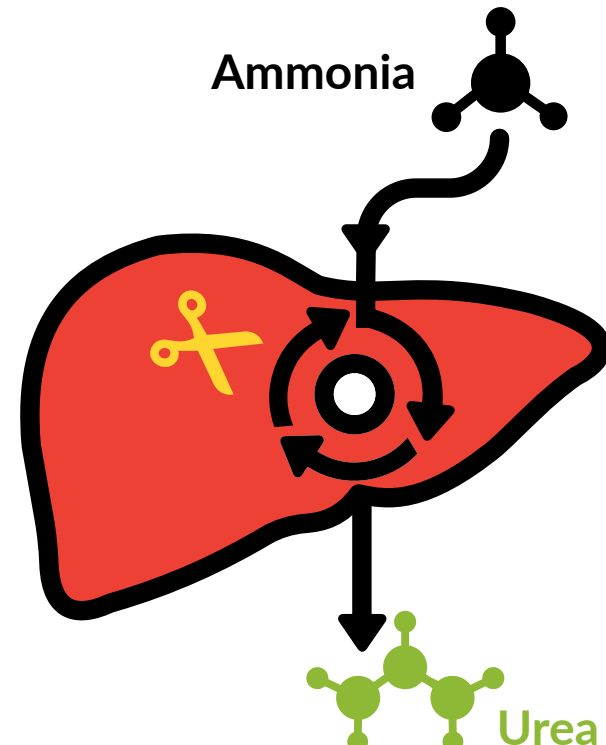
The body needs protein for growth and repair.

Many people eat more protein than the body needs.



# How do we remove waste protein from the body?

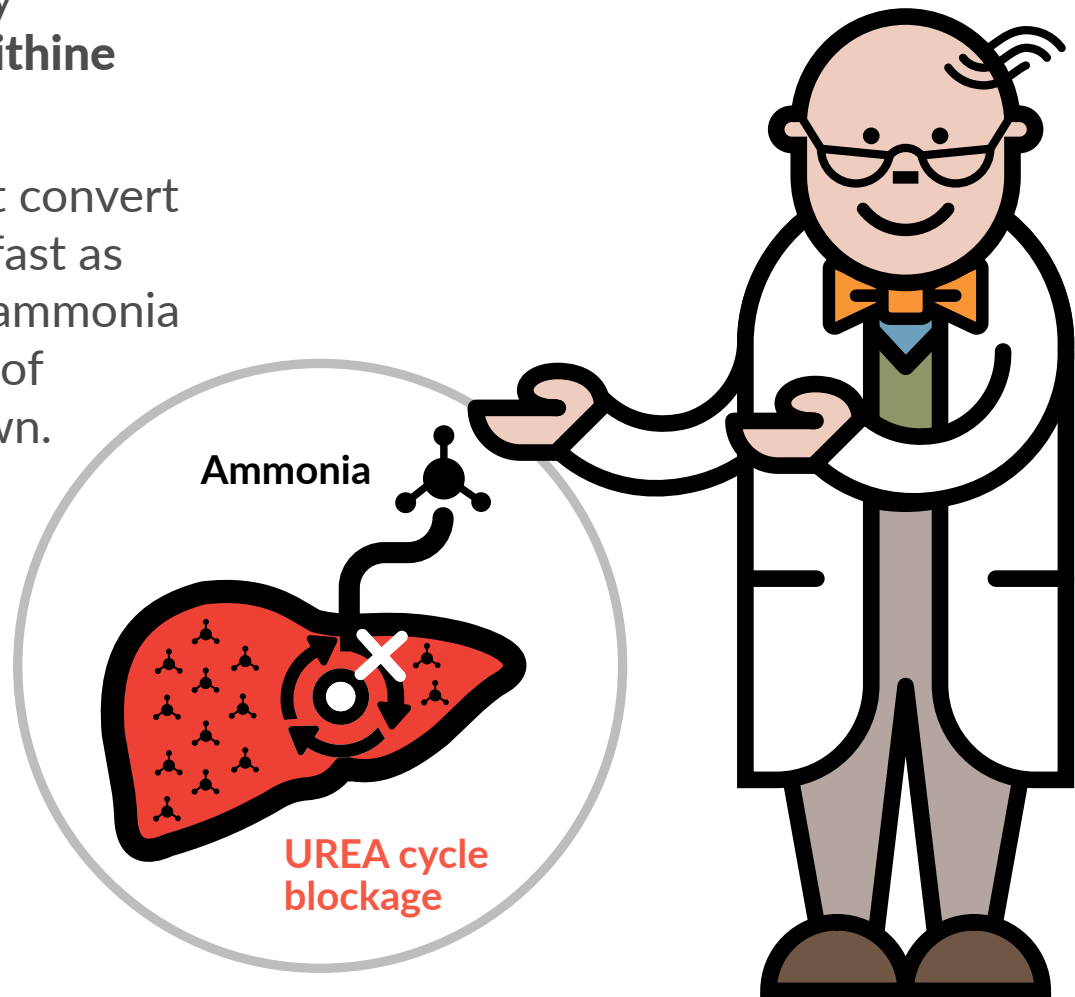
- Firstly, the body converts waste protein to a toxic chemical called **ammonia**
- Ammonia is then converted into a non-toxic chemical (**urea**) in the liver
- This process occurs via the **urea cycle**
- In the urea cycle, several steps have to take place. Each step needs an enzyme (like chemical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



# What happens in OTC deficiency?

In OTC deficiency, the body lacks an enzyme called **ornithine transcarbamylase**.

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.

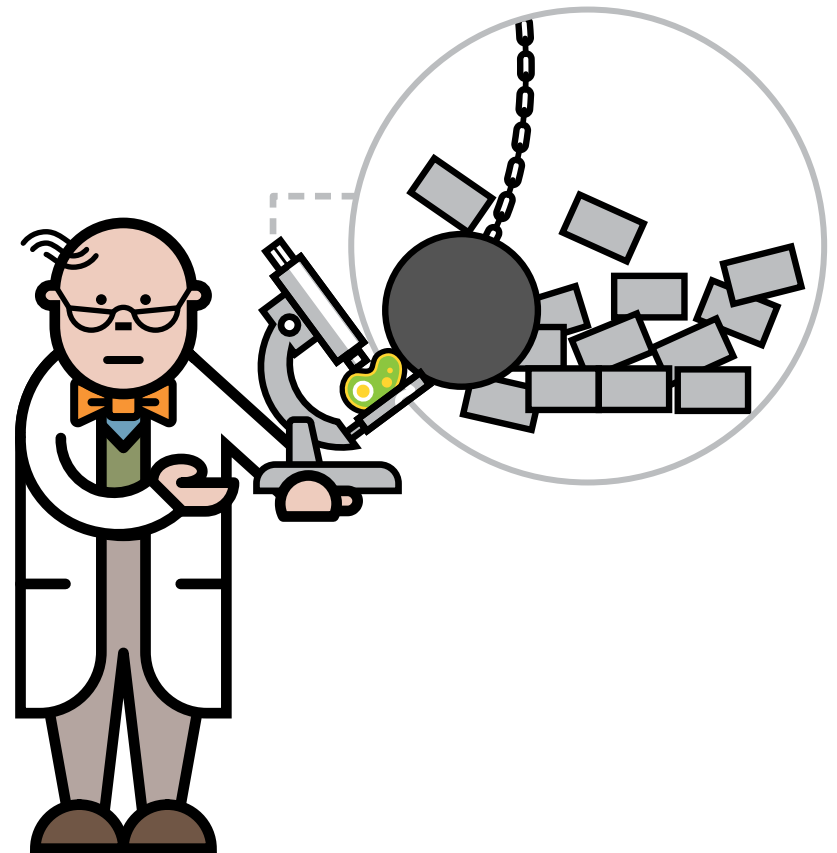


# When does OTC deficiency cause high ammonia levels?

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 OTC deficiency?

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

Signs and symptoms:

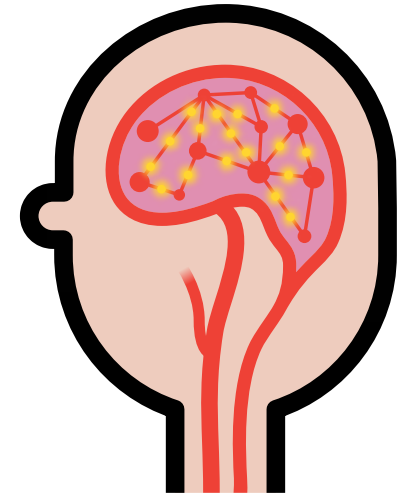
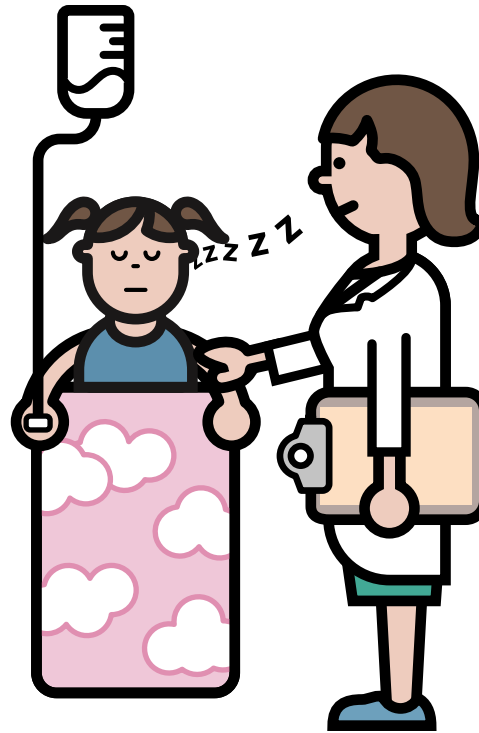
- Poor feeding
- Vomiting
- Floppiness
- Excessive sleepiness
- Rapid breathing
- Dehydration (lack of body fluids)
- Seizures

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

# Some children may be diagnosed at a later stage

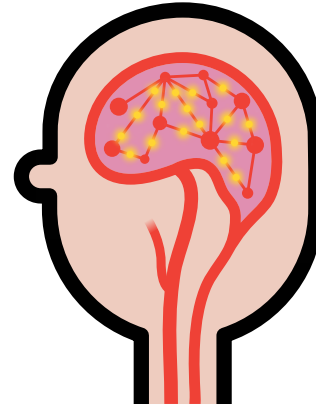
Signs and symptoms:

- Repeated episodes of vomiting, which may lead to sleepiness and coma
- Learning difficulties
- Seizures

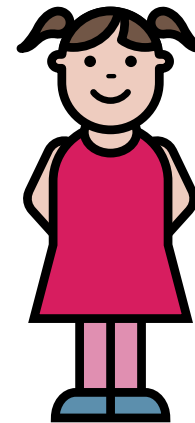


# What are the long term effects of OTC deficiency?

It may cause learning difficulties.

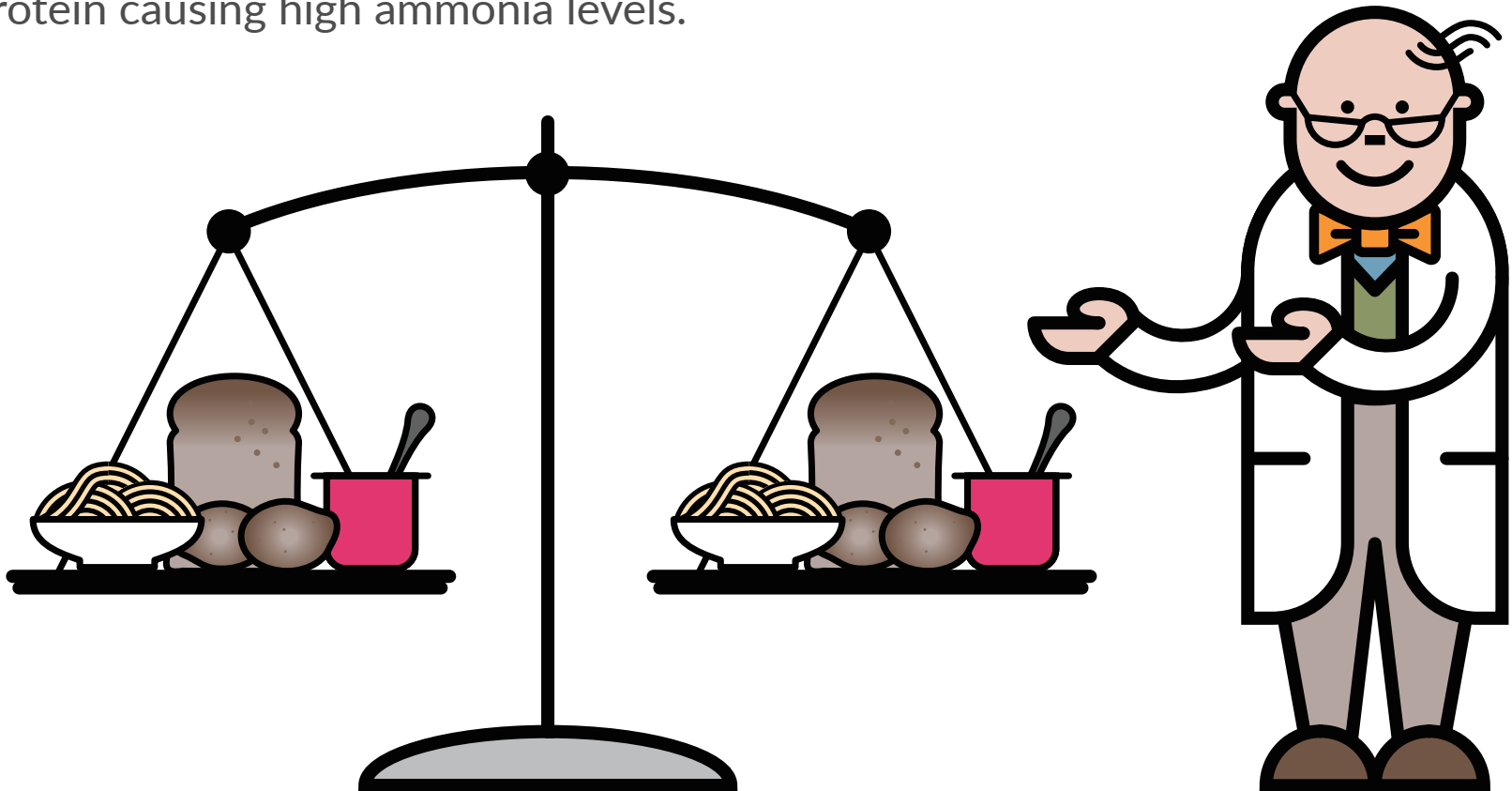


It may also cause delays to normal development like walking and talking.



# Protein balance is needed in OTC deficiency

In OTC deficiency 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 OTC deficiency 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 a mutation in the OTC gene.



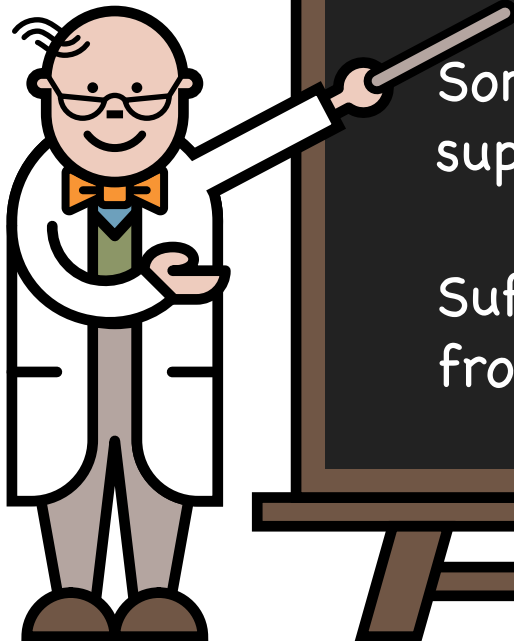
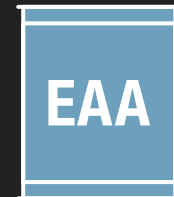
# How is OTC deficiency managed day to day?

OTC deficiency 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



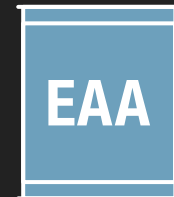
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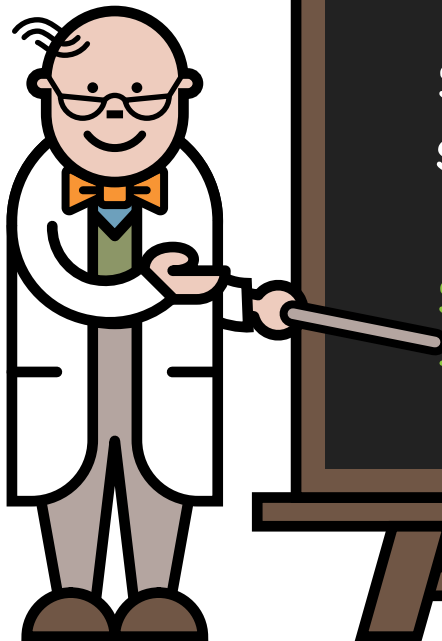
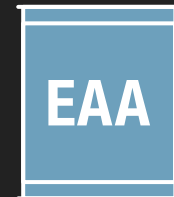
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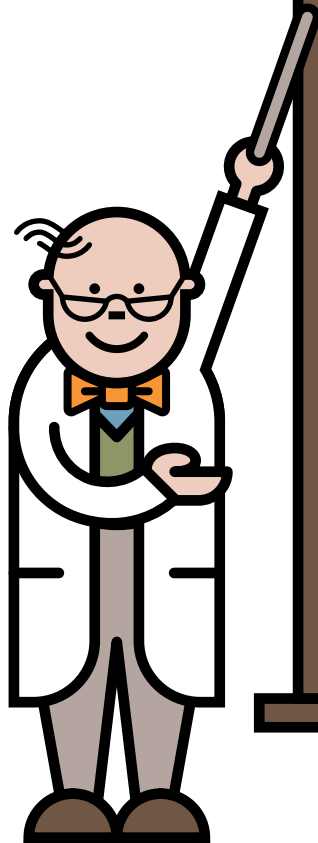
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# How is OTC deficiency managed day to day?



Regular feeding



Arginine or citrulline supplements



Vitamin and mineral supplements



Other medications to control the level of ammonia in the blood



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Regular feeding



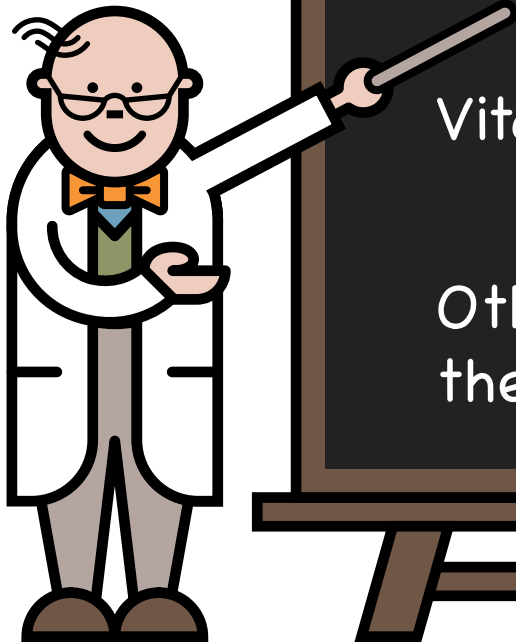
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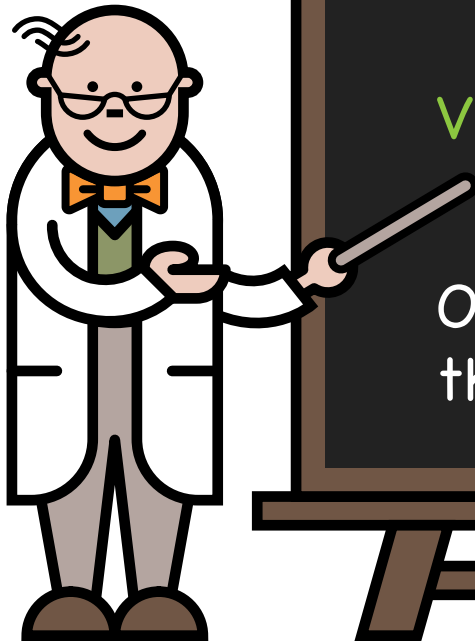
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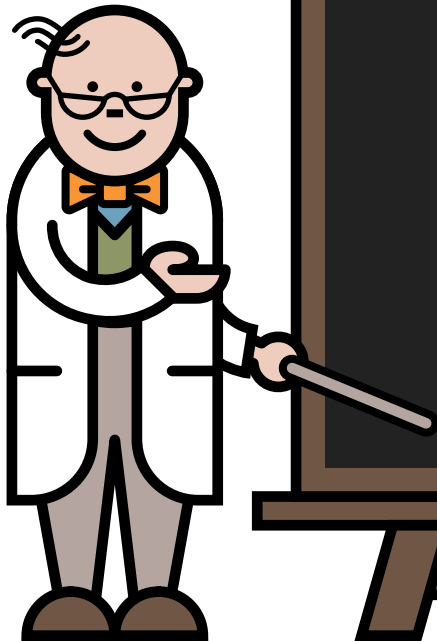
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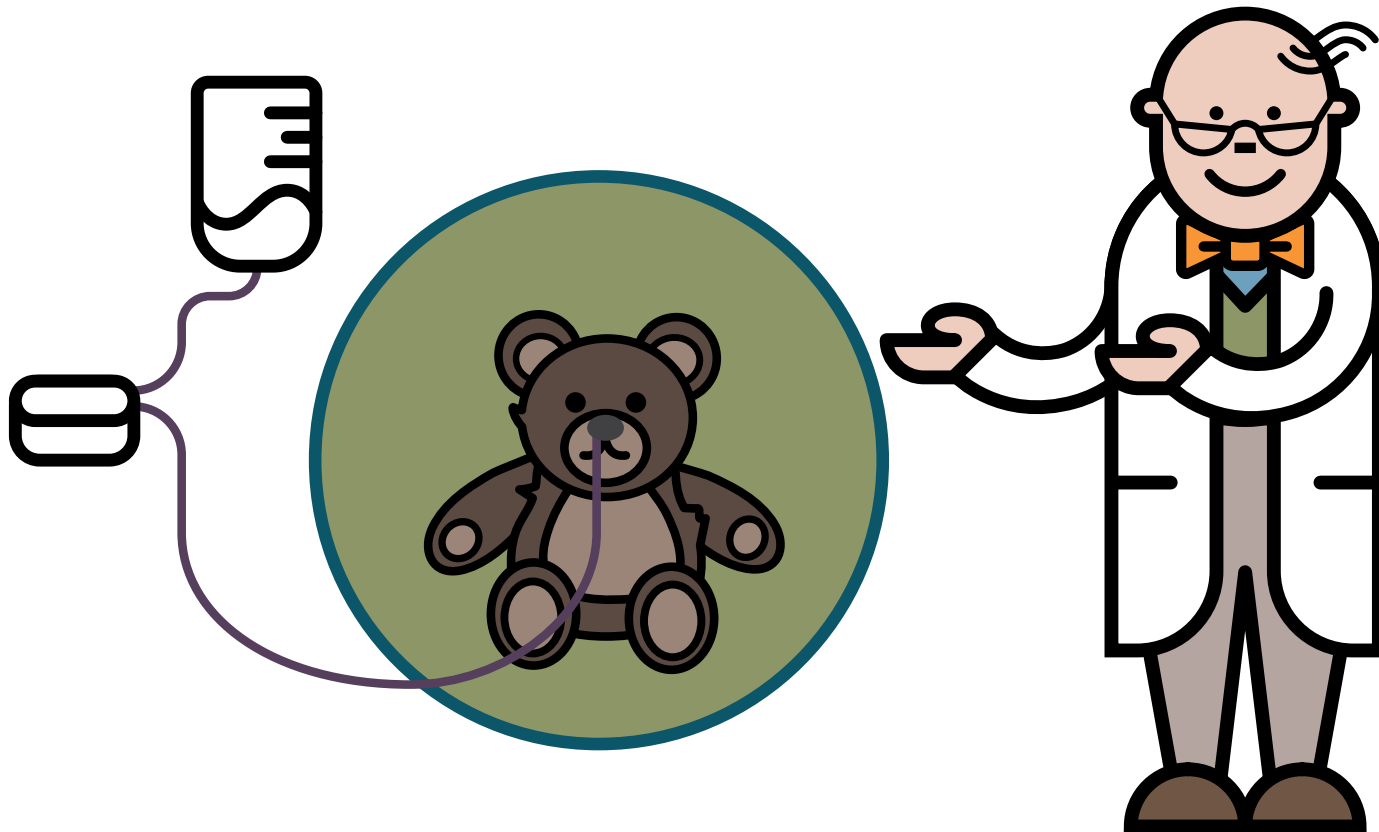


Other medications to control the level of ammonia in the blood



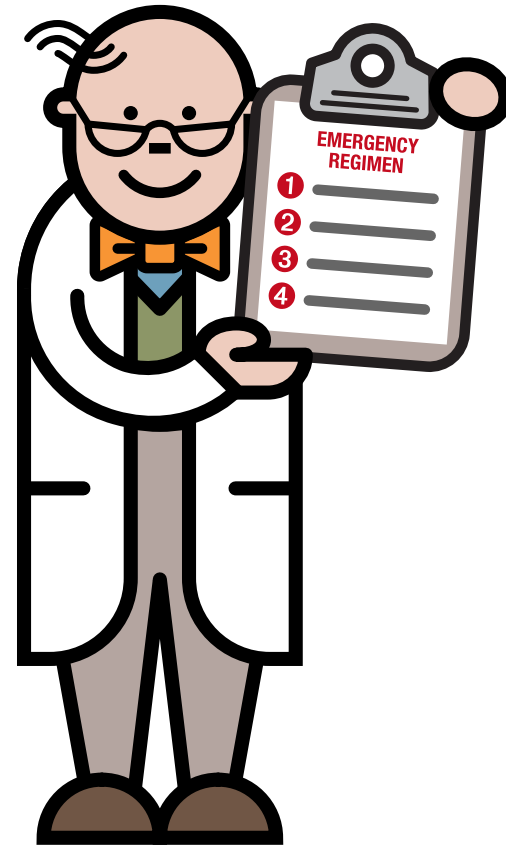
# Is tube feeding needed?

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

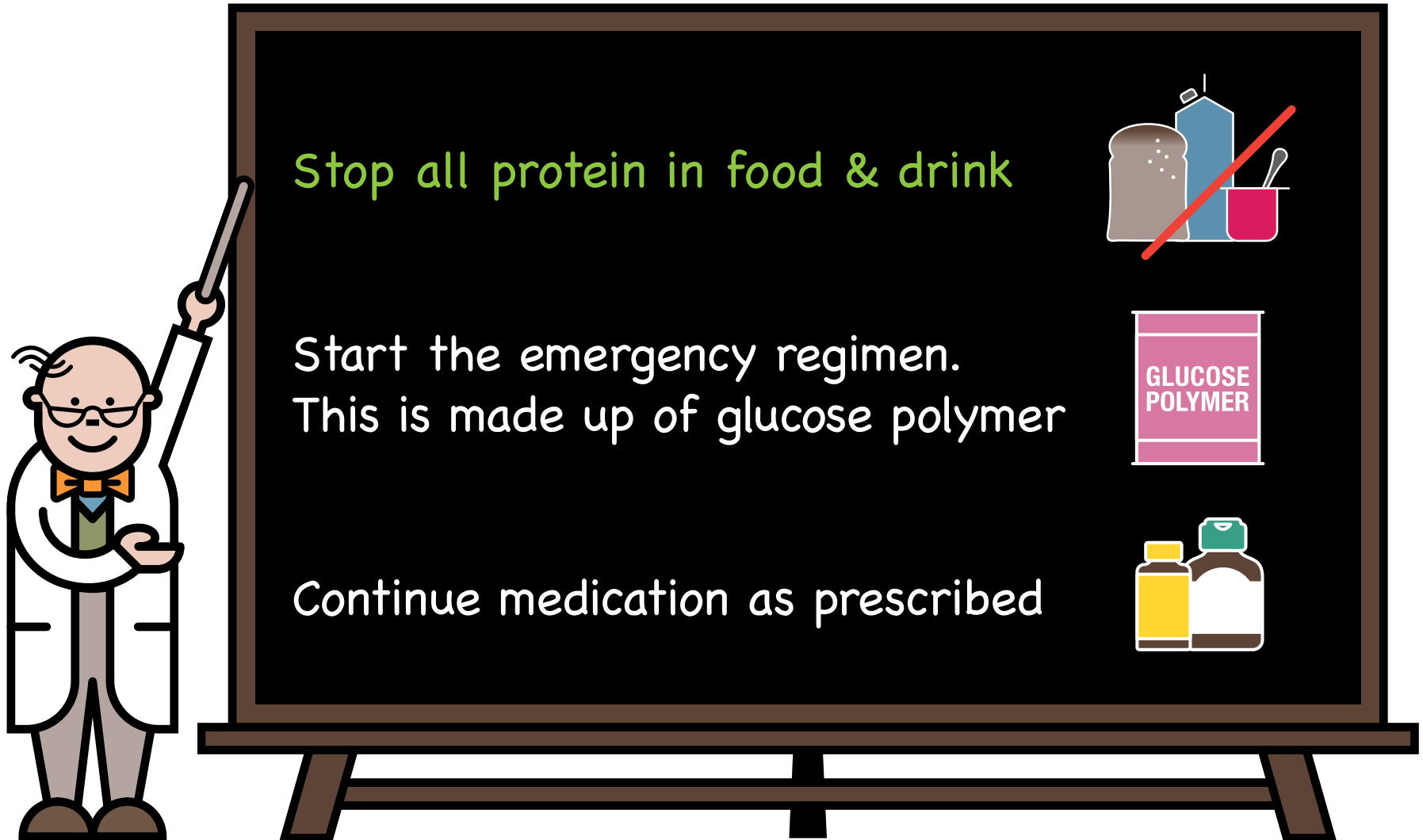


# How is OTC deficiency managed during illness?

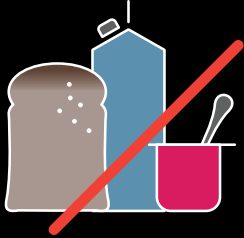
- During any childhood illness, an emergency regimen is given
- This will reduce the break down of protein and the build-up of ammonia




# How is OTC deficiency managed during illness?




Stop all protein in food & drink



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

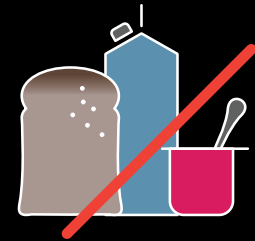


Continue medication as prescribed



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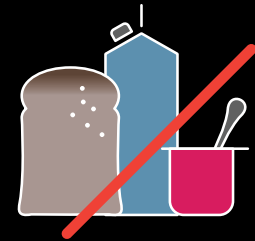
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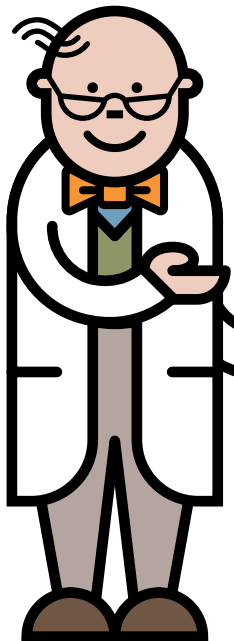
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Continue medication as prescribed



# Checklist for illness

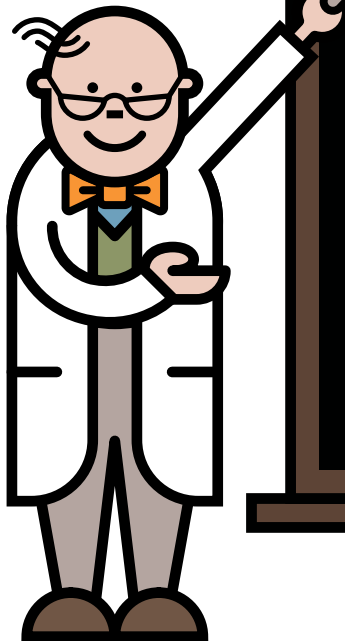
Always take full amounts of  
emergency feeds as prescribed ✓



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



Regularly update your  
metabolic team



# Checklist for illness

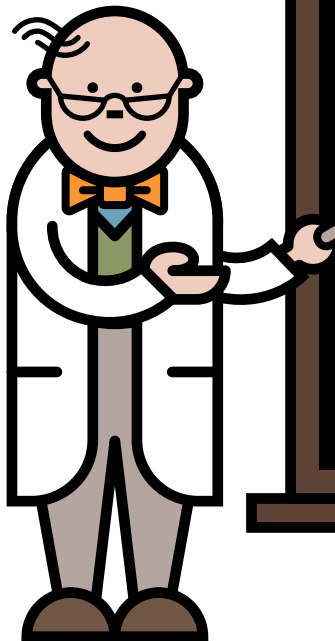
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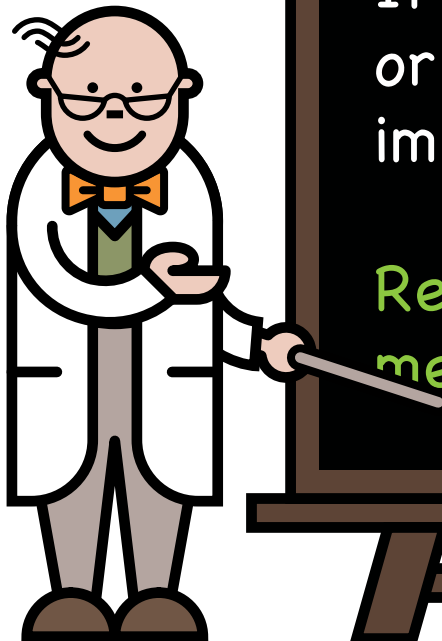
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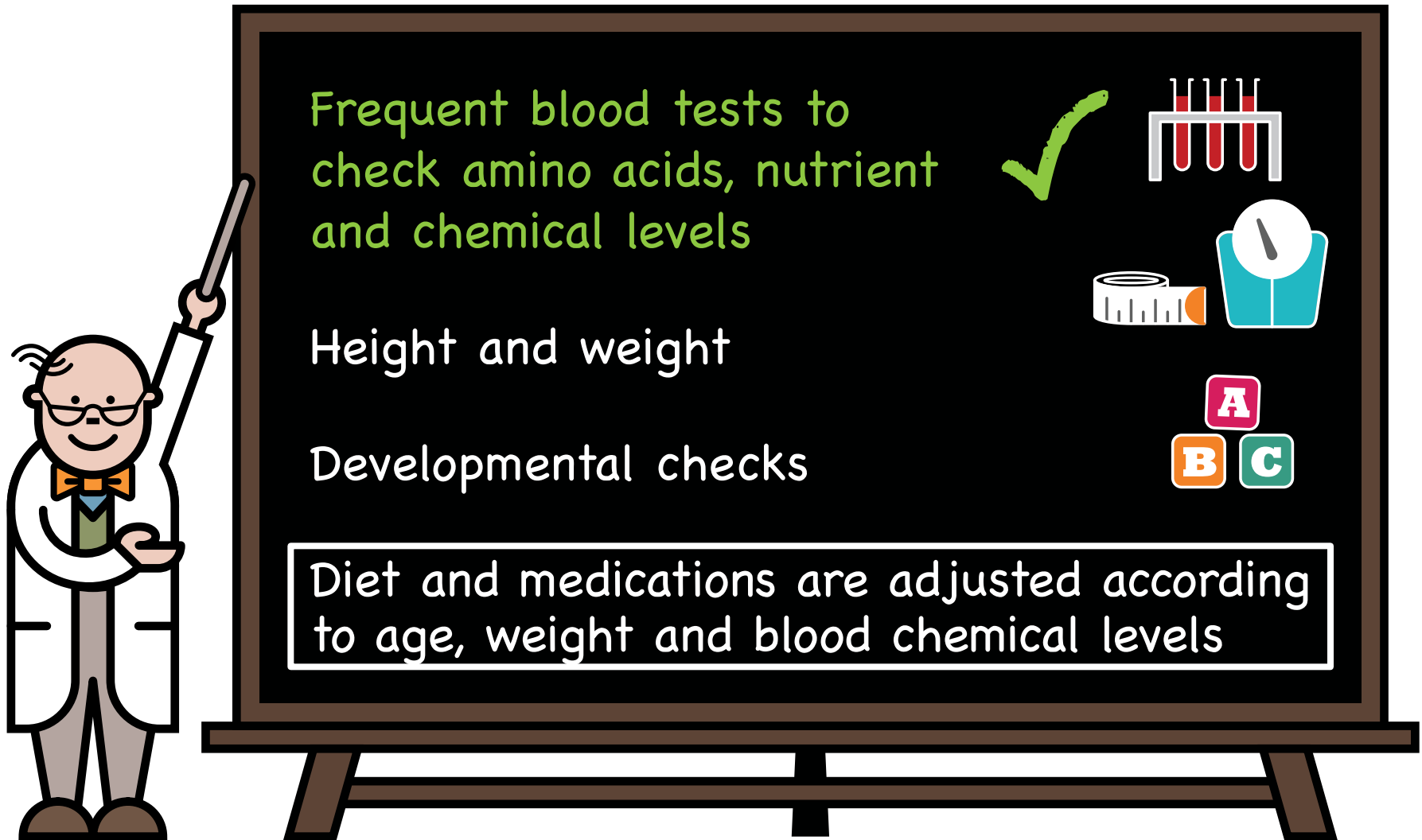


## Key message



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

# How is OTC deficiency monitored?



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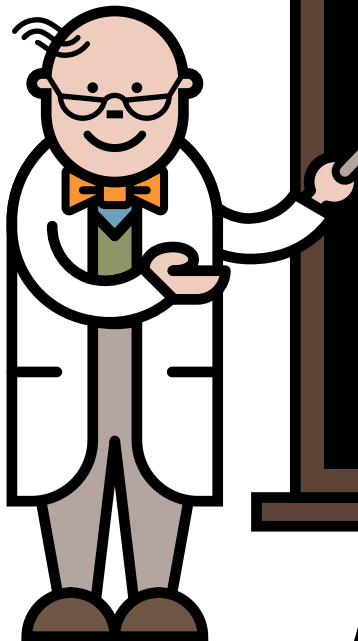
Frequent blood tests to check amino acids, nutrient and chemical levels



Height and weight

Developmental checks

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



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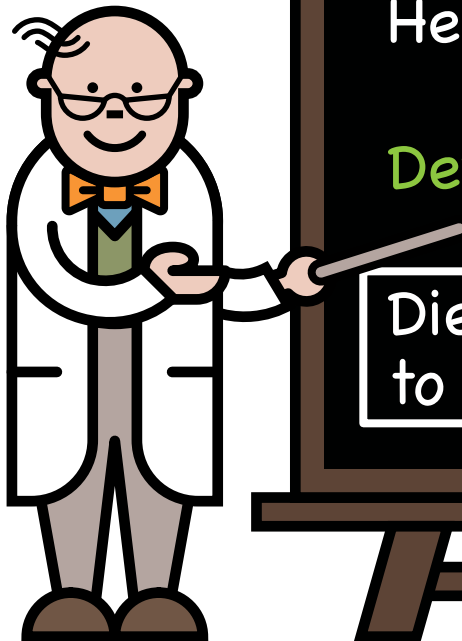
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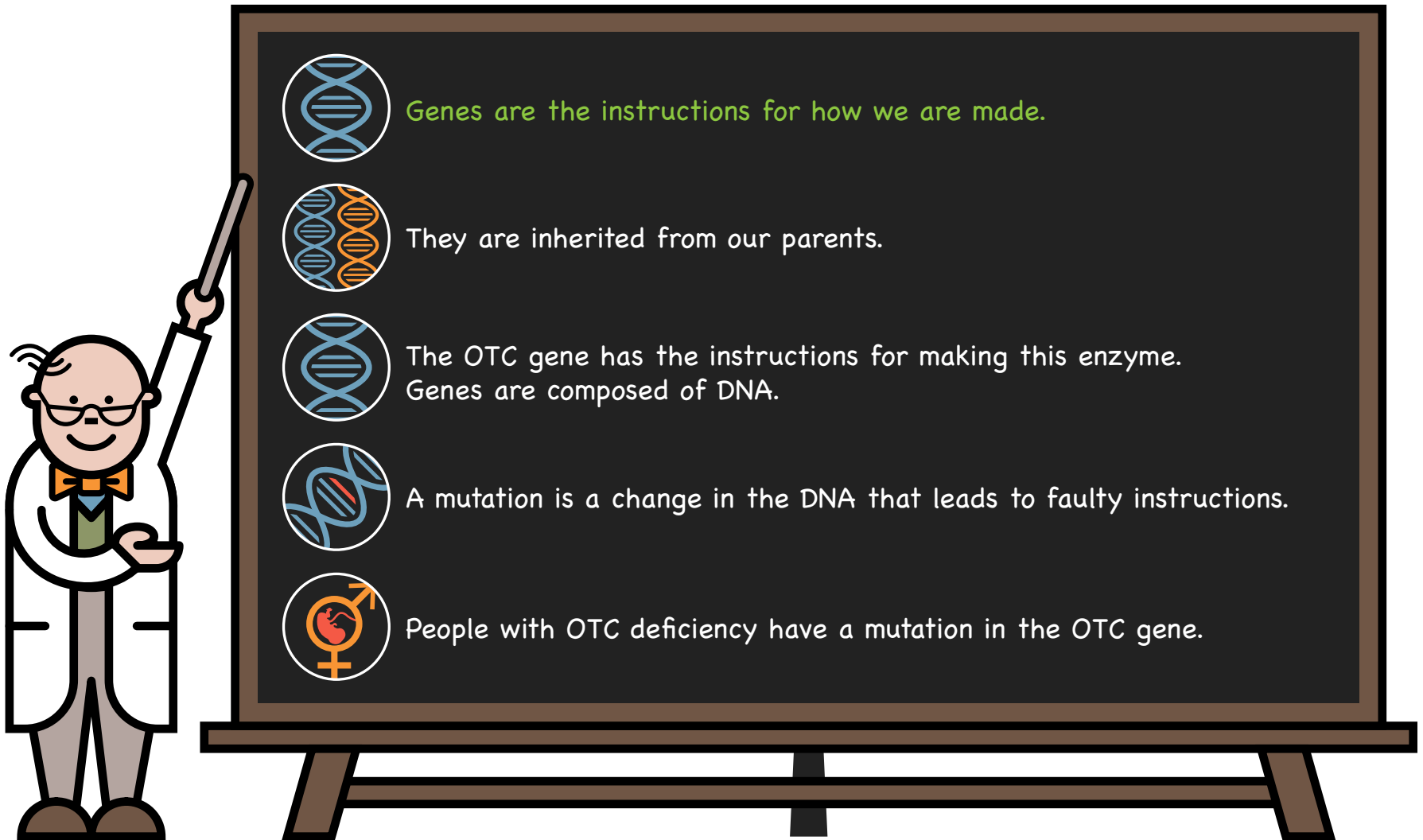


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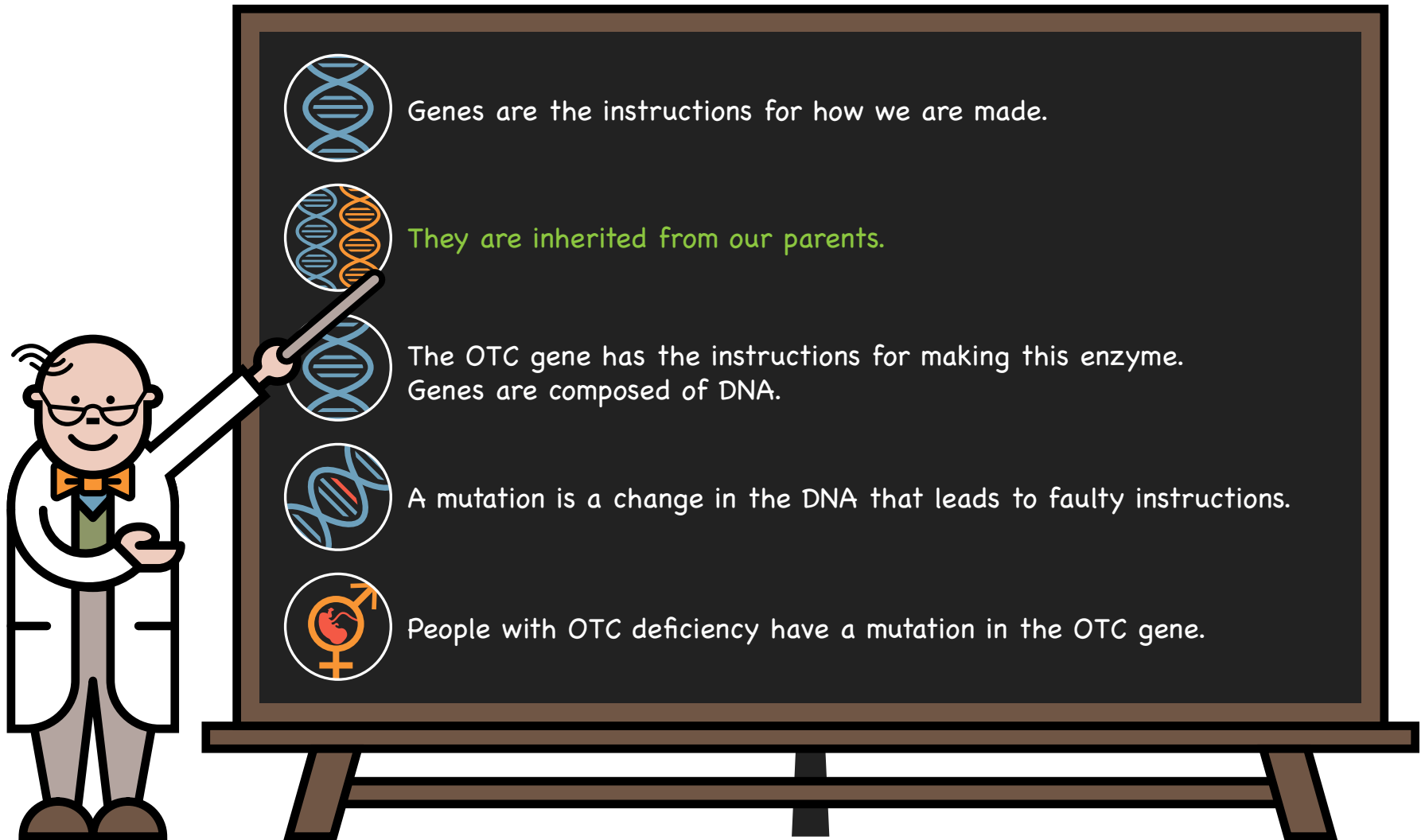




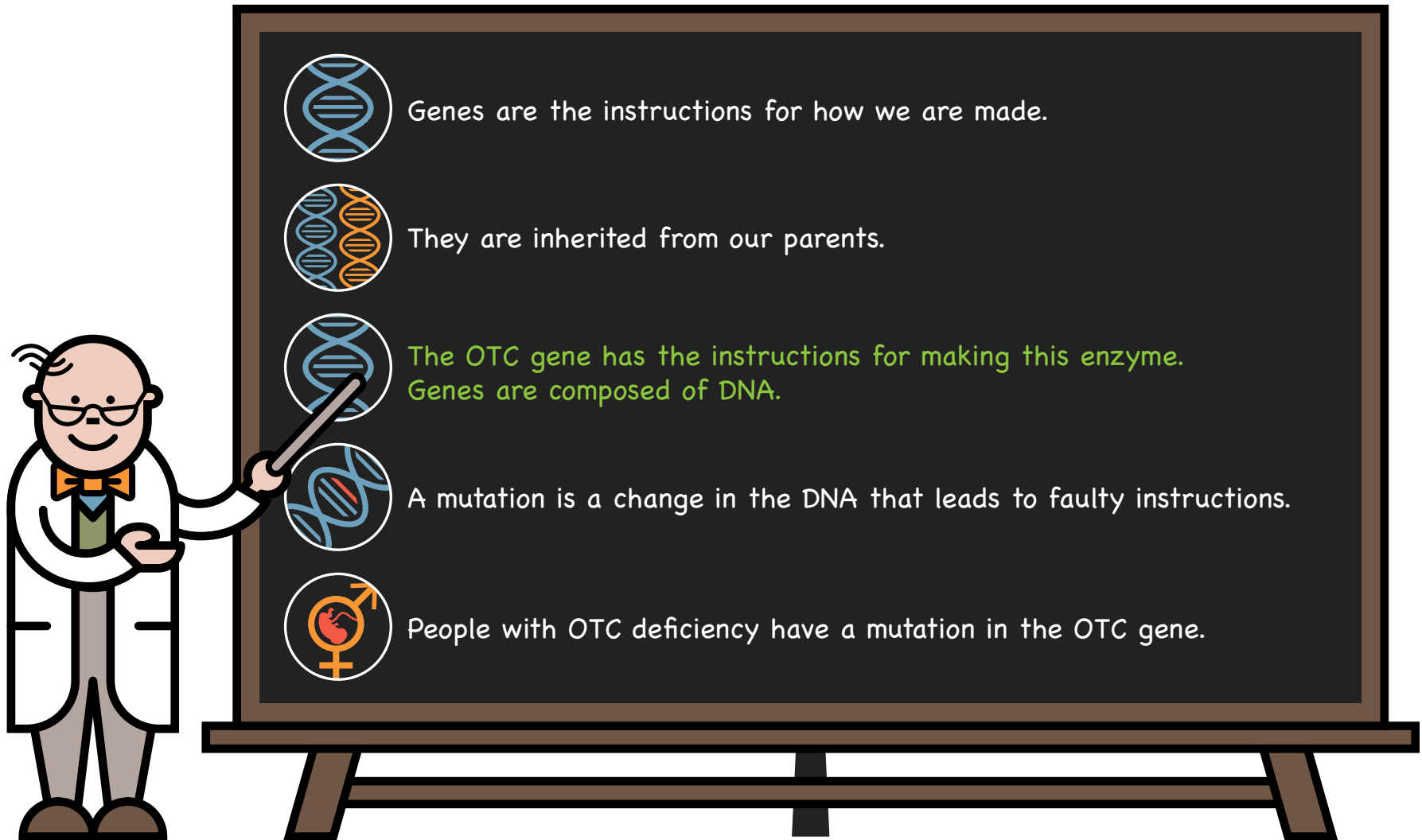
# Chromosomes, genes, mutations



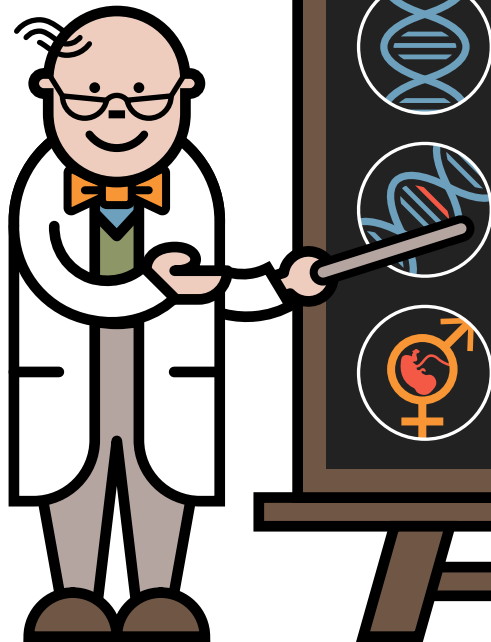
# Chromosomes, genes, mutations



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Genes are the instructions for how we are made.



They are inherited from our parents.



The OTC gene has the instructions for making this enzyme.  
Genes are composed of DNA.

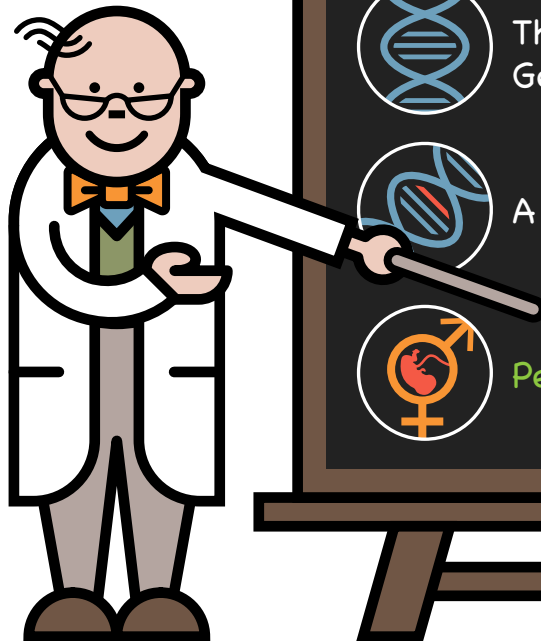


A mutation is a change in the DNA that leads to faulty instructions.



People with OTC deficiency have a mutation in the OTC gene.

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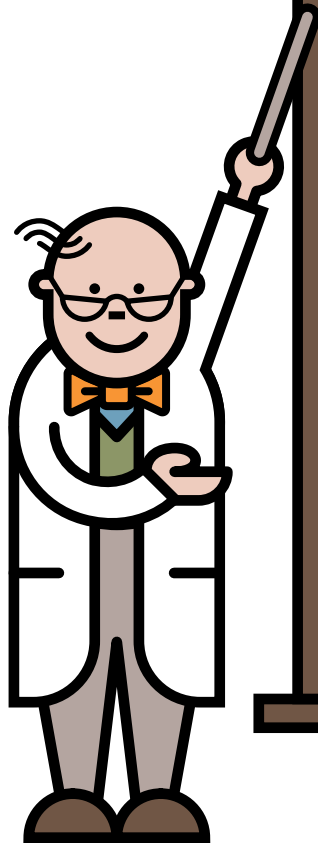


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# Inheritance



Our genes are arranged on chromosomes.

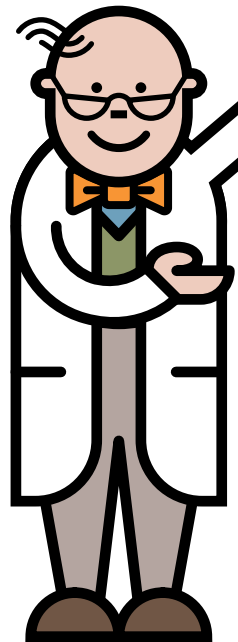
Each chromosome carries hundreds of genes. Humans have 23 pairs of chromosomes. In females, this includes a pair of X chromosomes.

Males have one X chromosome and one Y chromosome.

This means males only have one copy of the genes on the X chromosome.

Cells are designed to have one working copy of the X chromosome so, in females, one X chromosome is inactivated in each cell.

# Inheritance



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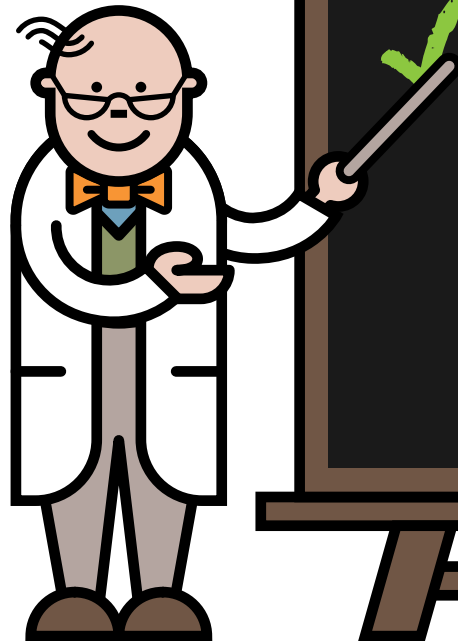
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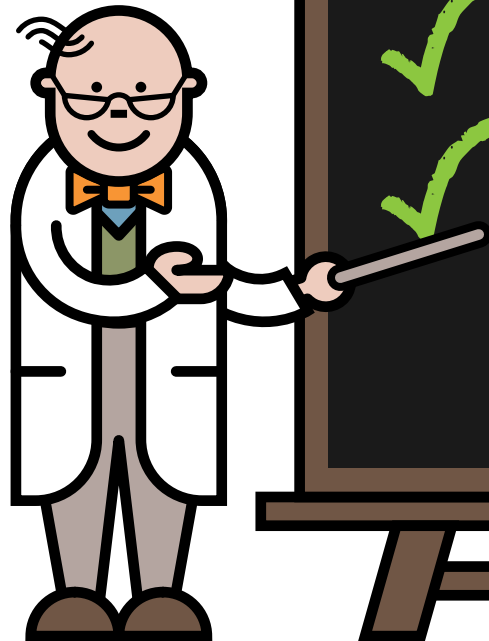
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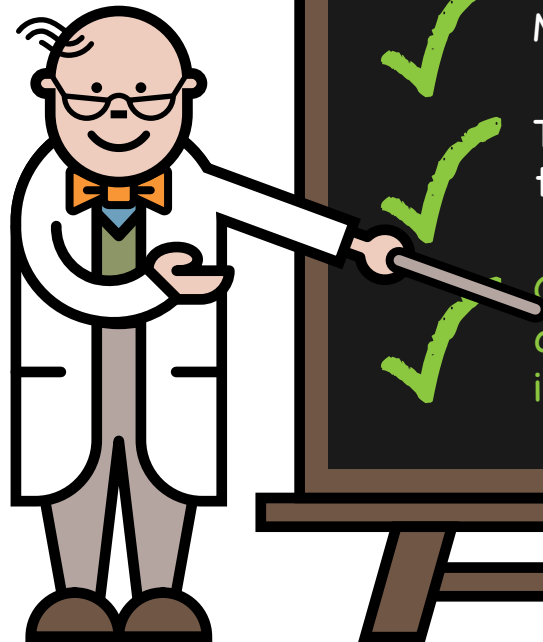
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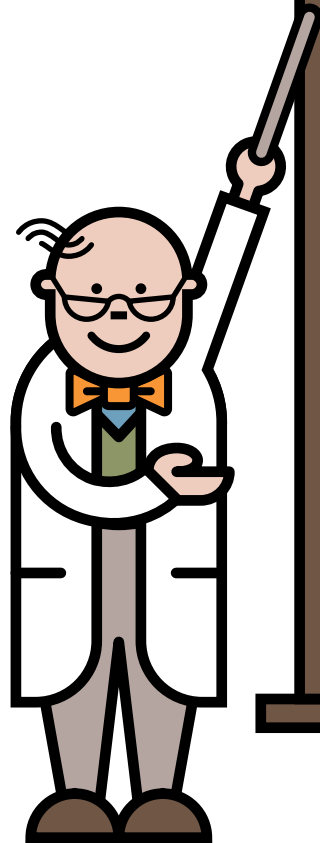
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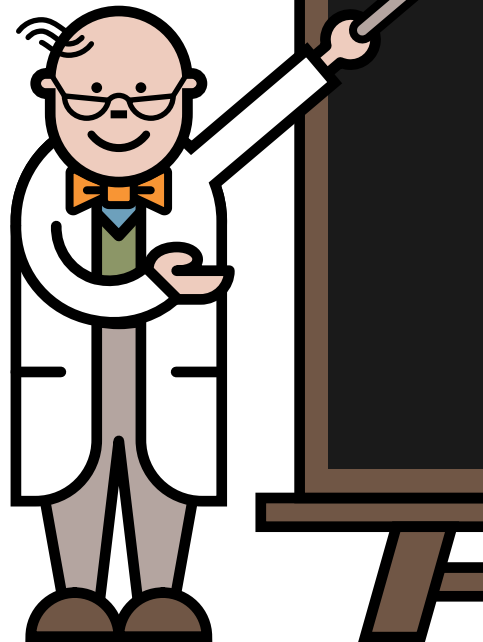
All males with OTC deficiency are expected to have problems because they have no normal copies of the gene.

Females with a mutation of the OTC gene may never get problems, because their second copy of the gene is normal. They are said to be carriers.

Some carrier females do get problems; they are said to be manifesting carriers.

This happens if the X chromosome with the normal copy of the OTC gene has been inactivated in most of their cells.

# Inheritance



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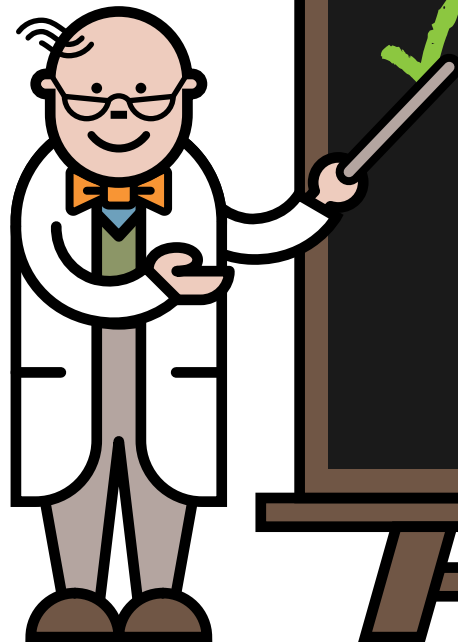
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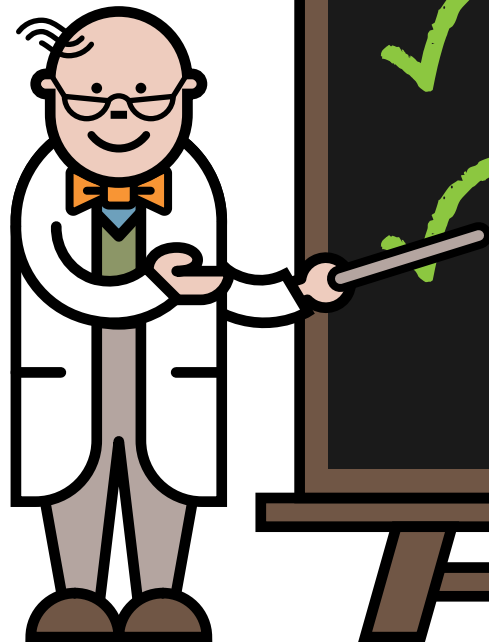
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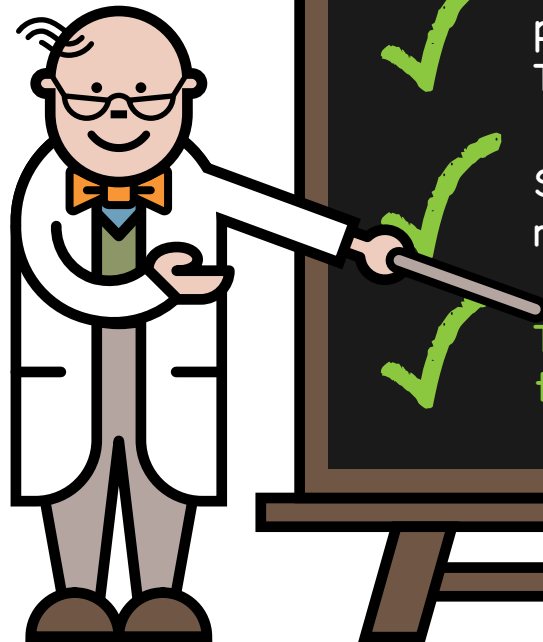
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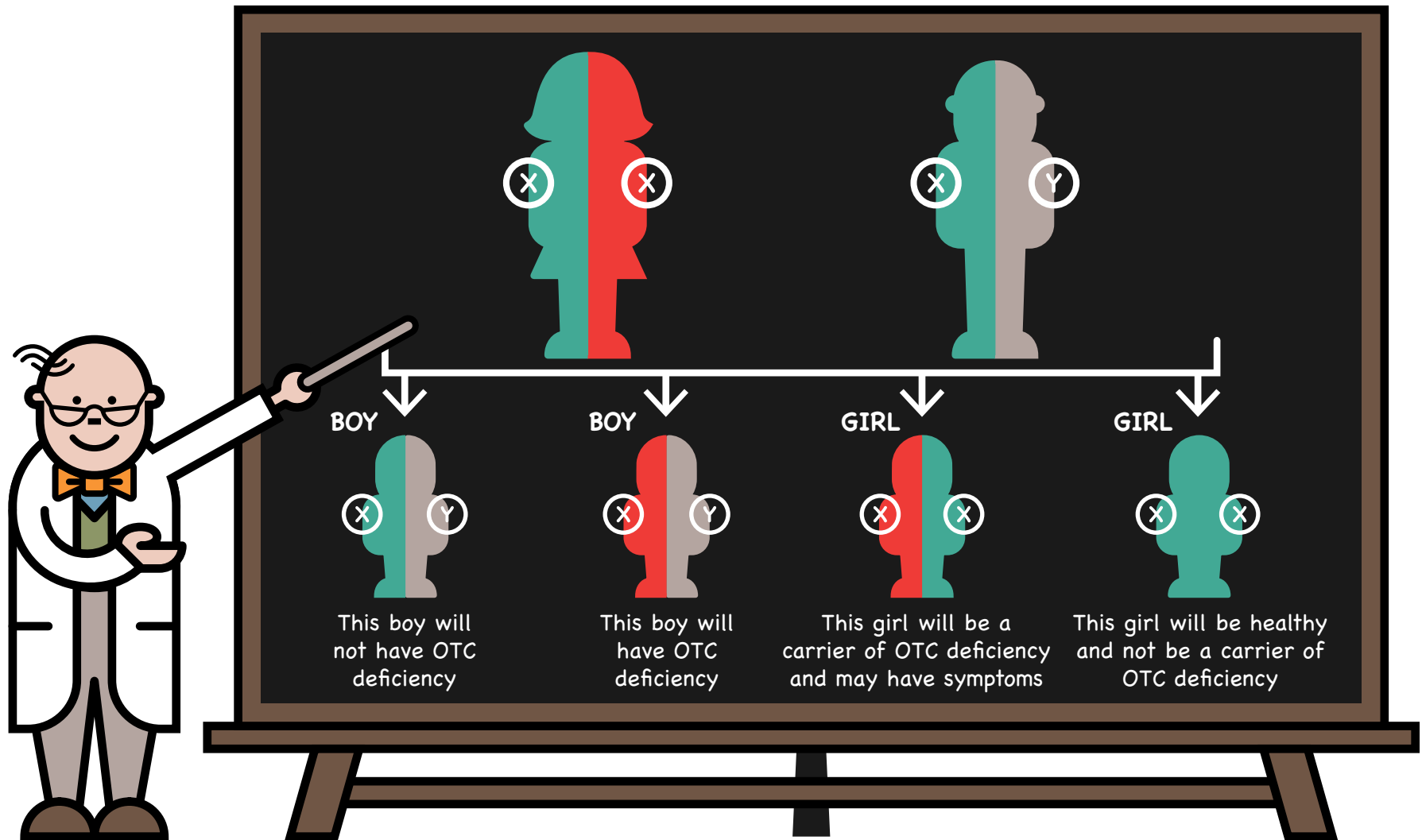
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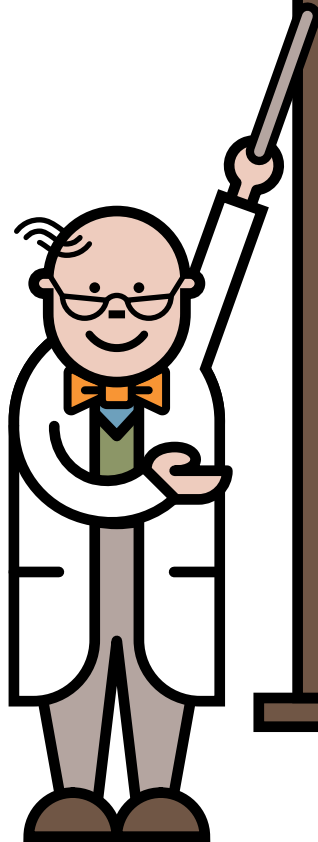
# Inheritance

—Future pregnancies:  
possible outcomes if the mother is a carrier





# Take home messages

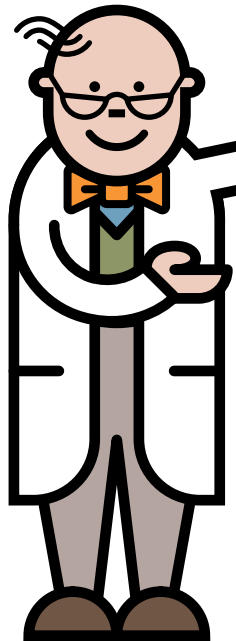


✓ OTC deficiency is a serious inherited metabolic disorder that can lead to severe problems

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



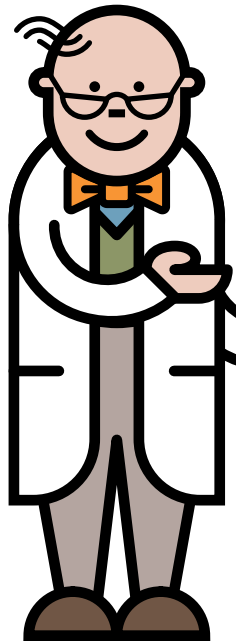
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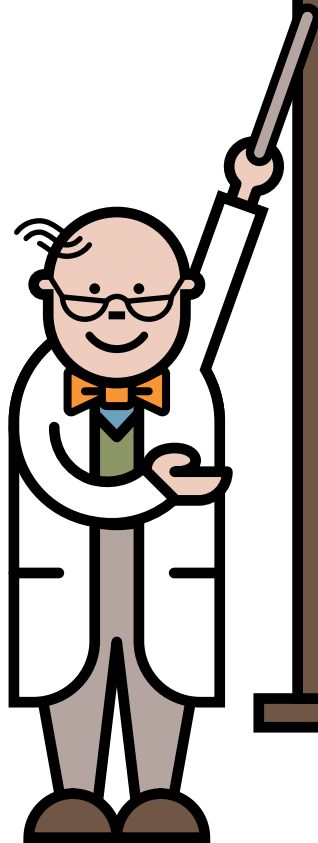
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# Take home messages



- ✓ OTC deficiency 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

# Helpful hints



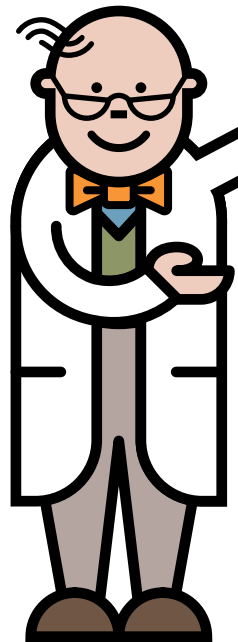
Always ensure you have a good supply of your dietary products and medicines and that they are in date

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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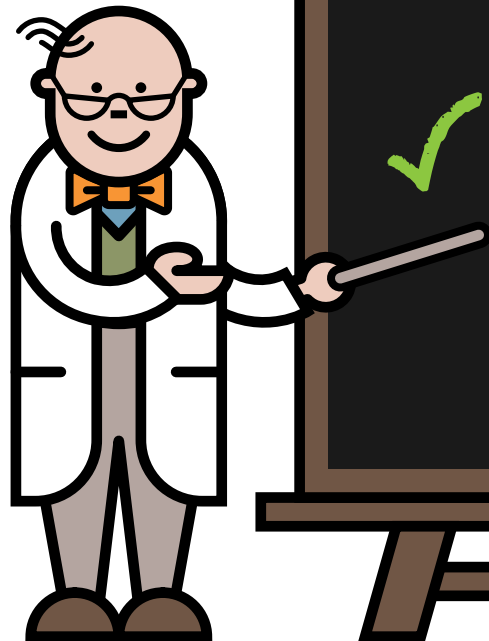


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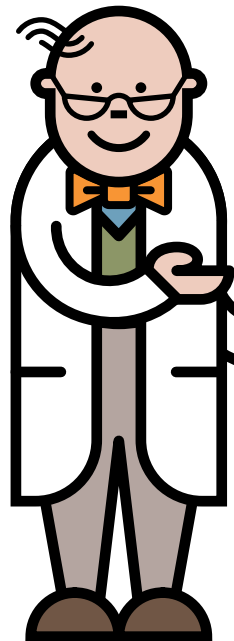
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# Helpful hints



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- ✓ 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

# 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](http://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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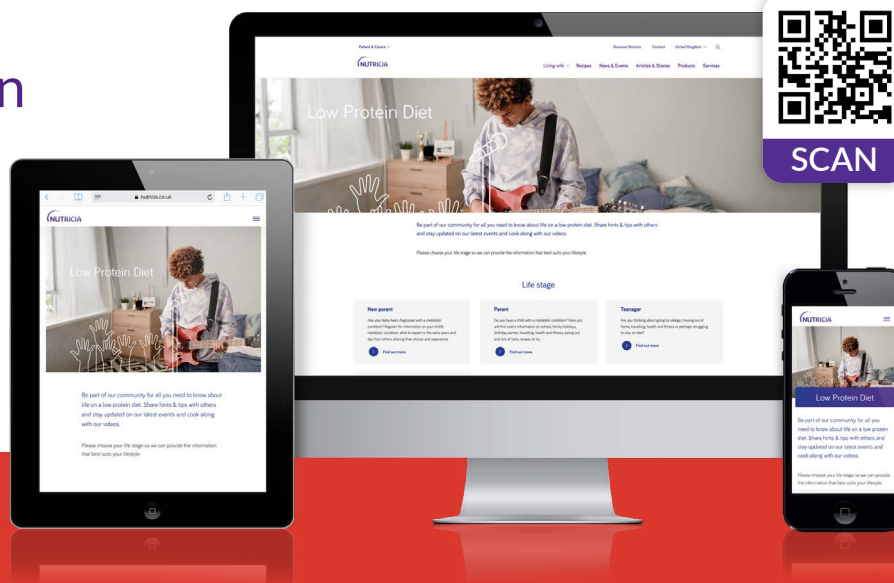
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SCAN



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