

Phenylketonuria

Introductory information

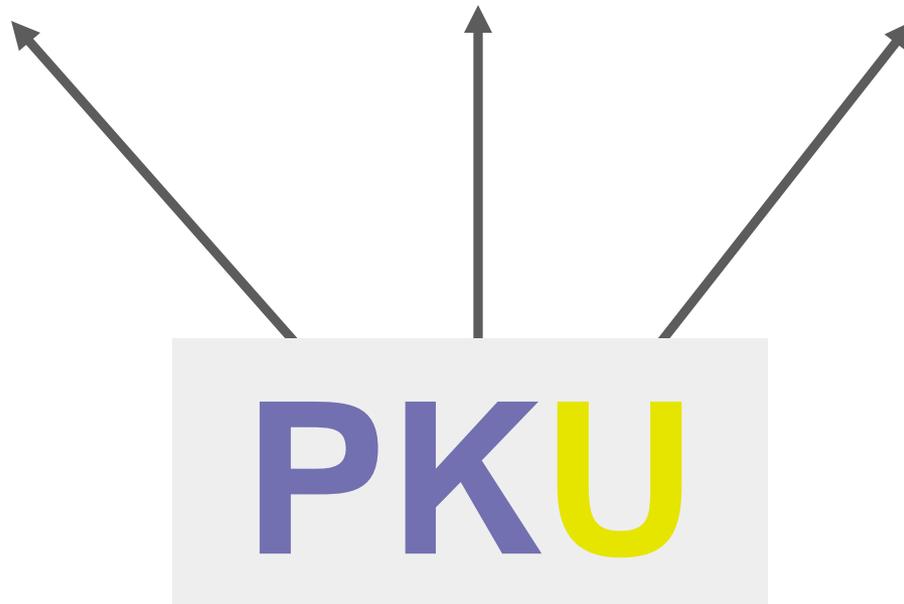
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Tools Enabling Metabolic Parents LEarning

Phenylketonuria



Phenylketonuria

Phenylketones in urine

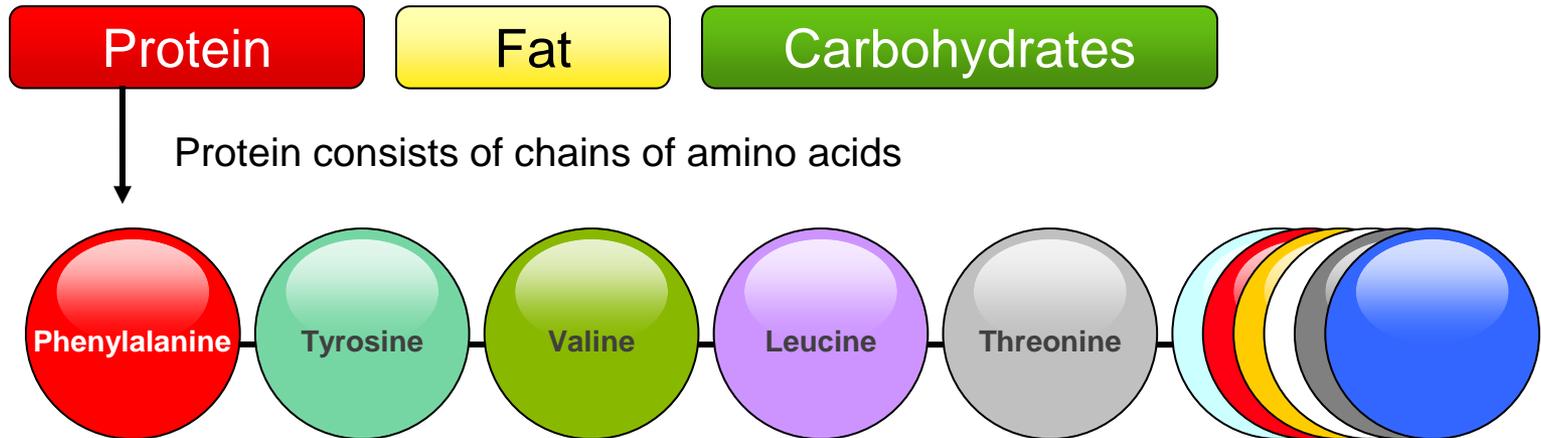
PKU

Hyperphenylalaninemia

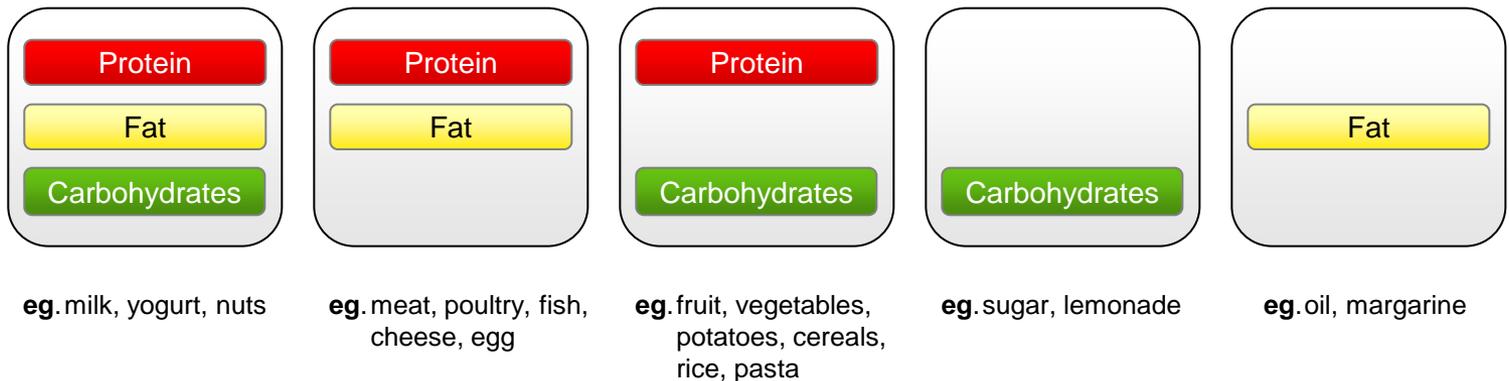
Too much Phenylalanine in blood

HPA

Food – Components of a normal diet



Natural Food



Enzymes

Enzymes are proteins that facilitate various chemical reactions in the body. They are involved in the biosynthesis (anabolism) and the degradation (catabolism) of all the substances in the body. This is called metabolism.

Phenylalanine Hydroxylase (PAH) is the enzyme that converts the amino acid phenylalanine to the amino acid tyrosine.

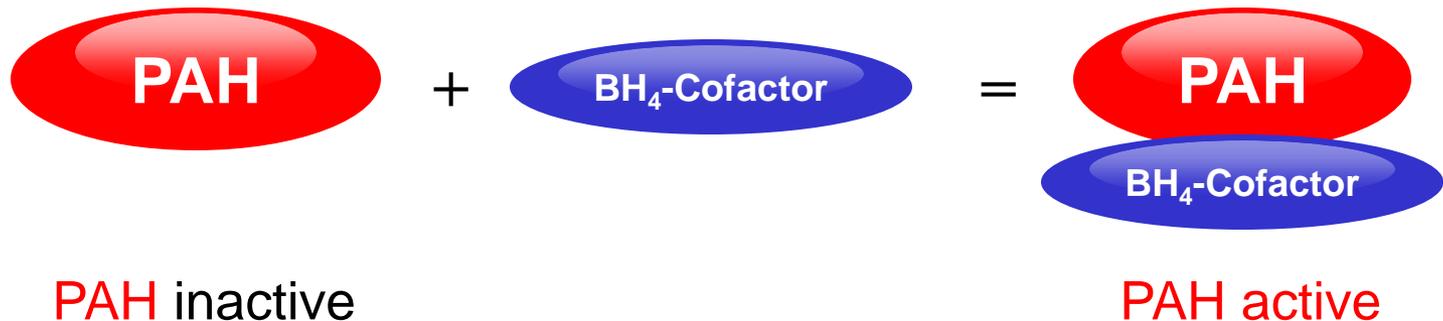
In HPA/PKU, the activity of the **PAH enzyme** is deficient.

Enzymes

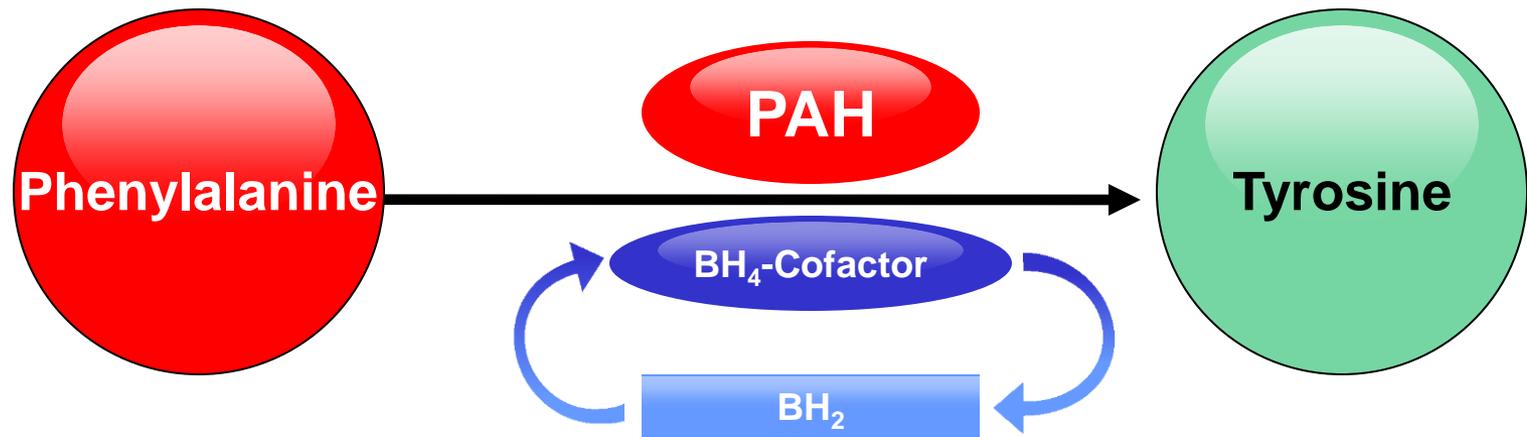
In order to function correctly, some **enzymes** need the help of cofactors (= coenzymes).

PAH is such an **enzyme** and **BH₄** is the cofactor.

PAH requires **BH₄** to become an active enzyme and function properly.



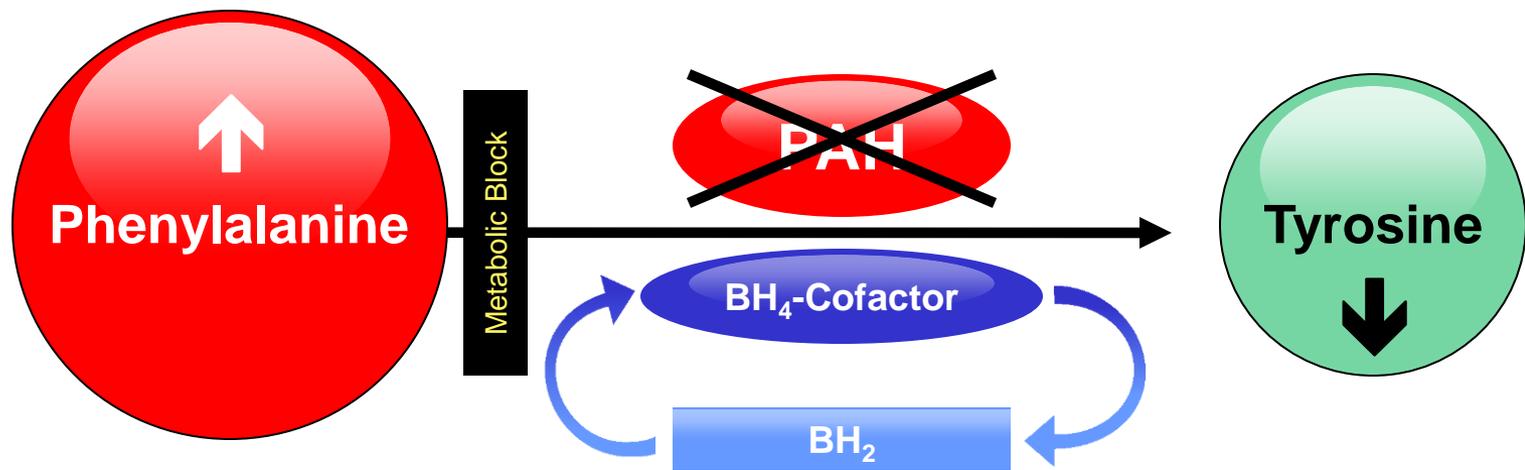
In a person without PKU – PAH works



PAH is functional

BH₄ supply is sufficient

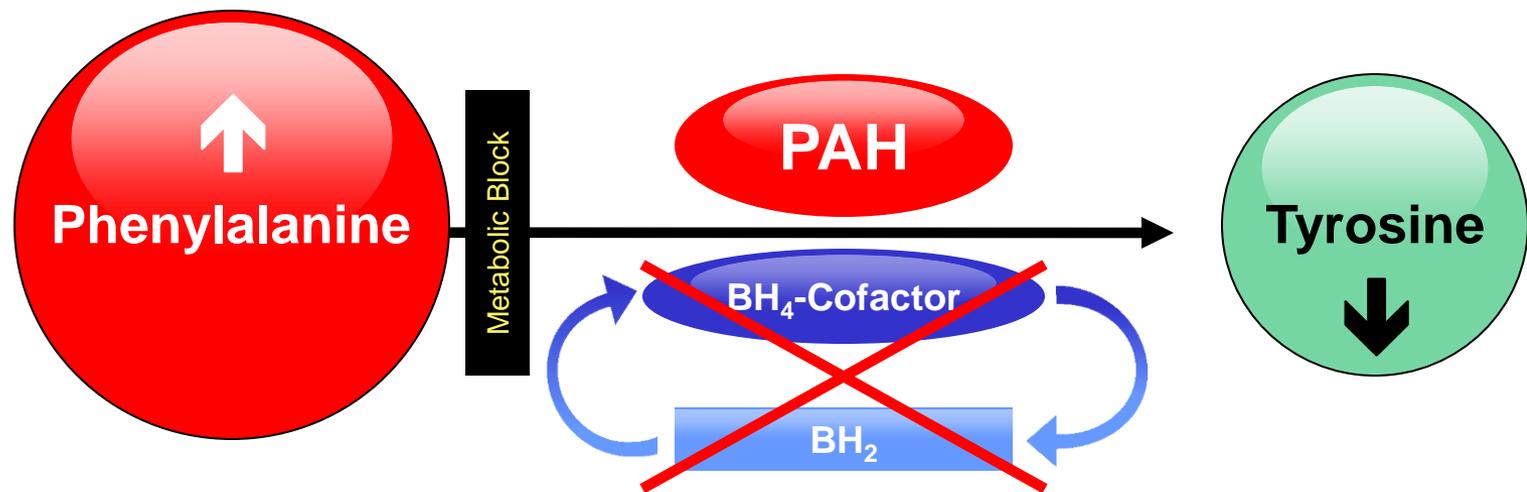
In a person with PKU or HPA – PAH is deficient



PAH is **not functional**

BH₄ supply is sufficient

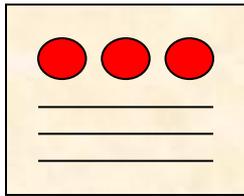
Hyperphenylalaninemias due to BH_4 -deficiency



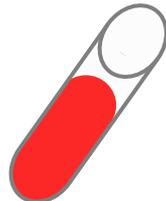
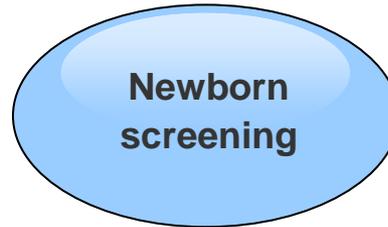
PAH is functional

BH_4 supply is **insufficient**

Diagnosis of PKU

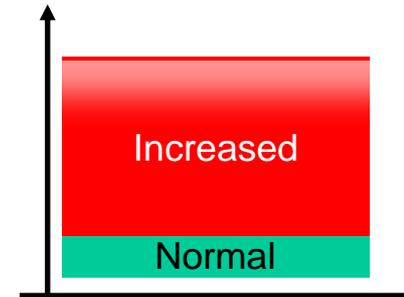


Dried blood spots

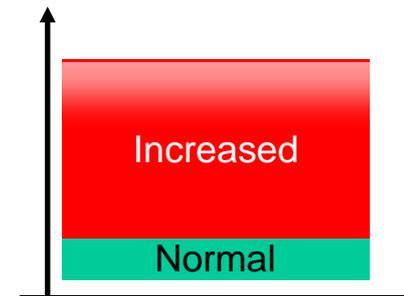


Venous blood

Phenylalanine in dried blood spots



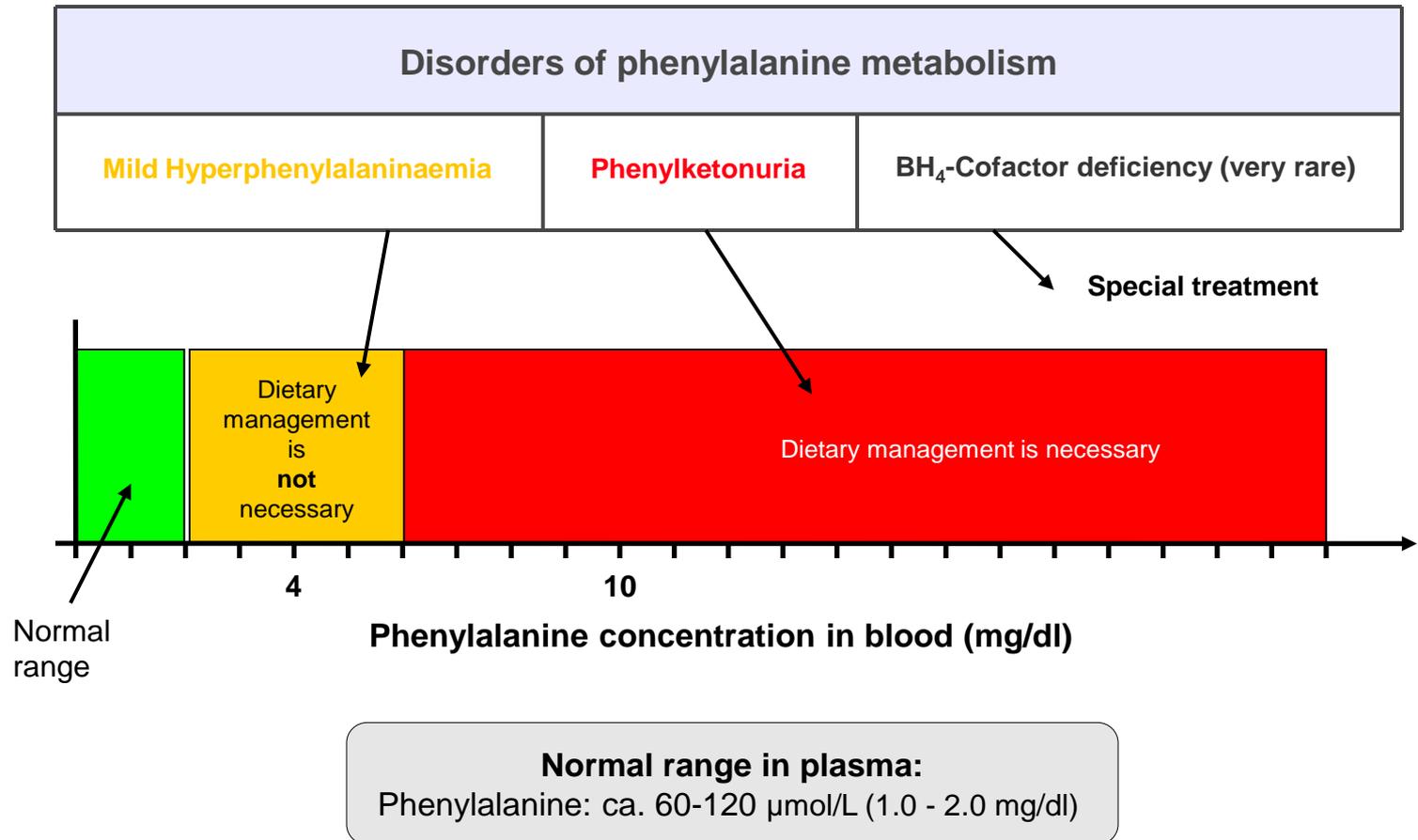
Phenylalanine in plasma



At confirmation of hyperphenylalaninaemia: plasma phenylalanine concentrations range from 2.0 mg/dl to > 20 mg/dl (120 μ mol/L to > 1200 μ mol/L)

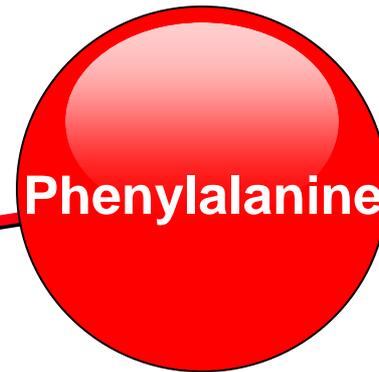
Conversion of phenylalanine:
1 mg/dl \approx 60 μ mol/L

Diagnosis of PKU



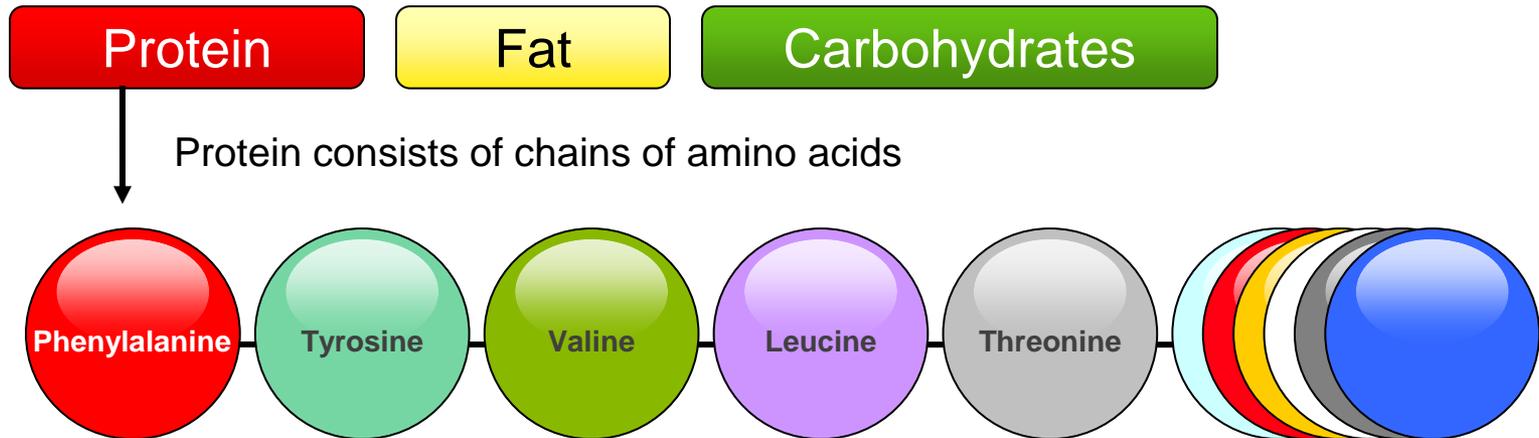
Pathogenesis

High concentrations of phenylalanine damage the brain

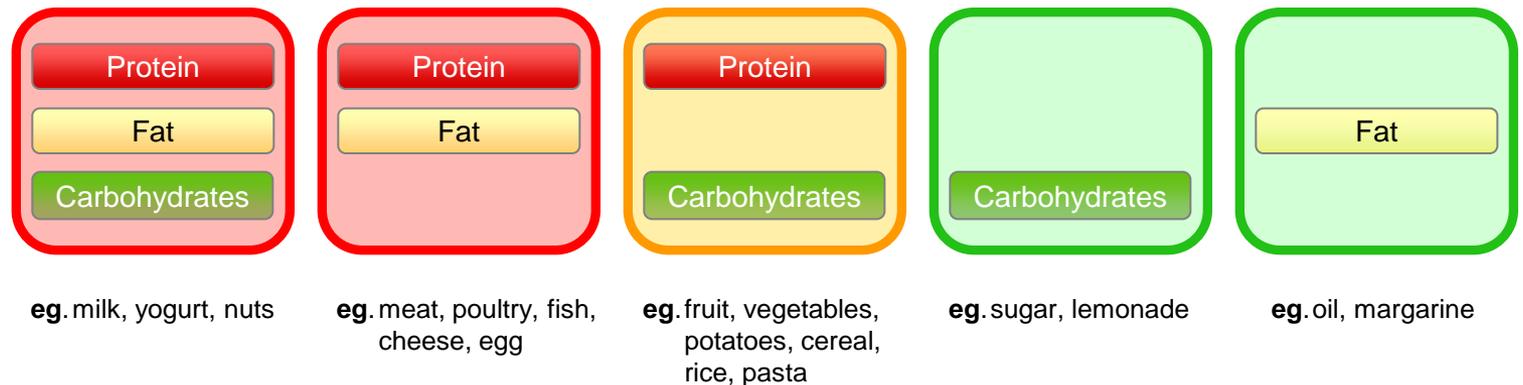


- > **Impairment of brain development and function**
- > **Behavioral and intellectual disabilities**
- > **Information processing impairment**

Food – Components of a normal diet

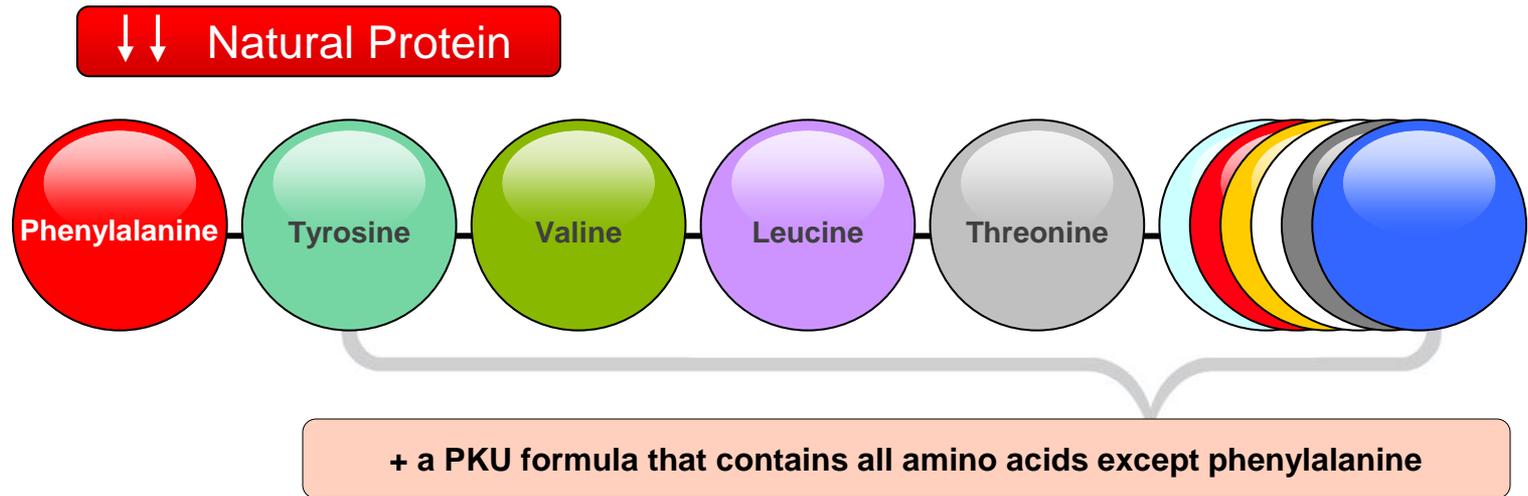


Natural Food

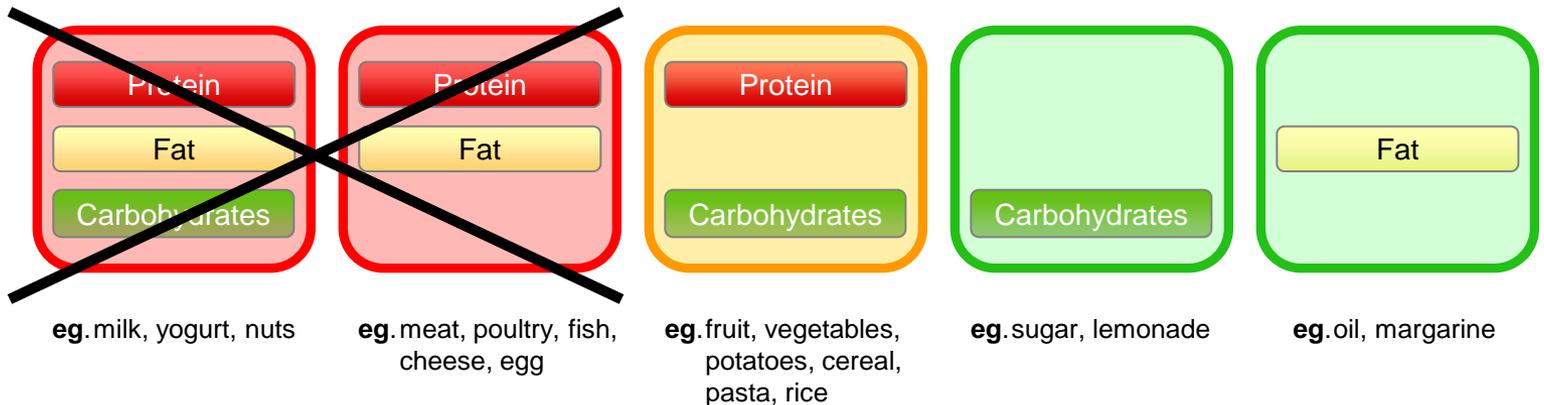


Principles of management

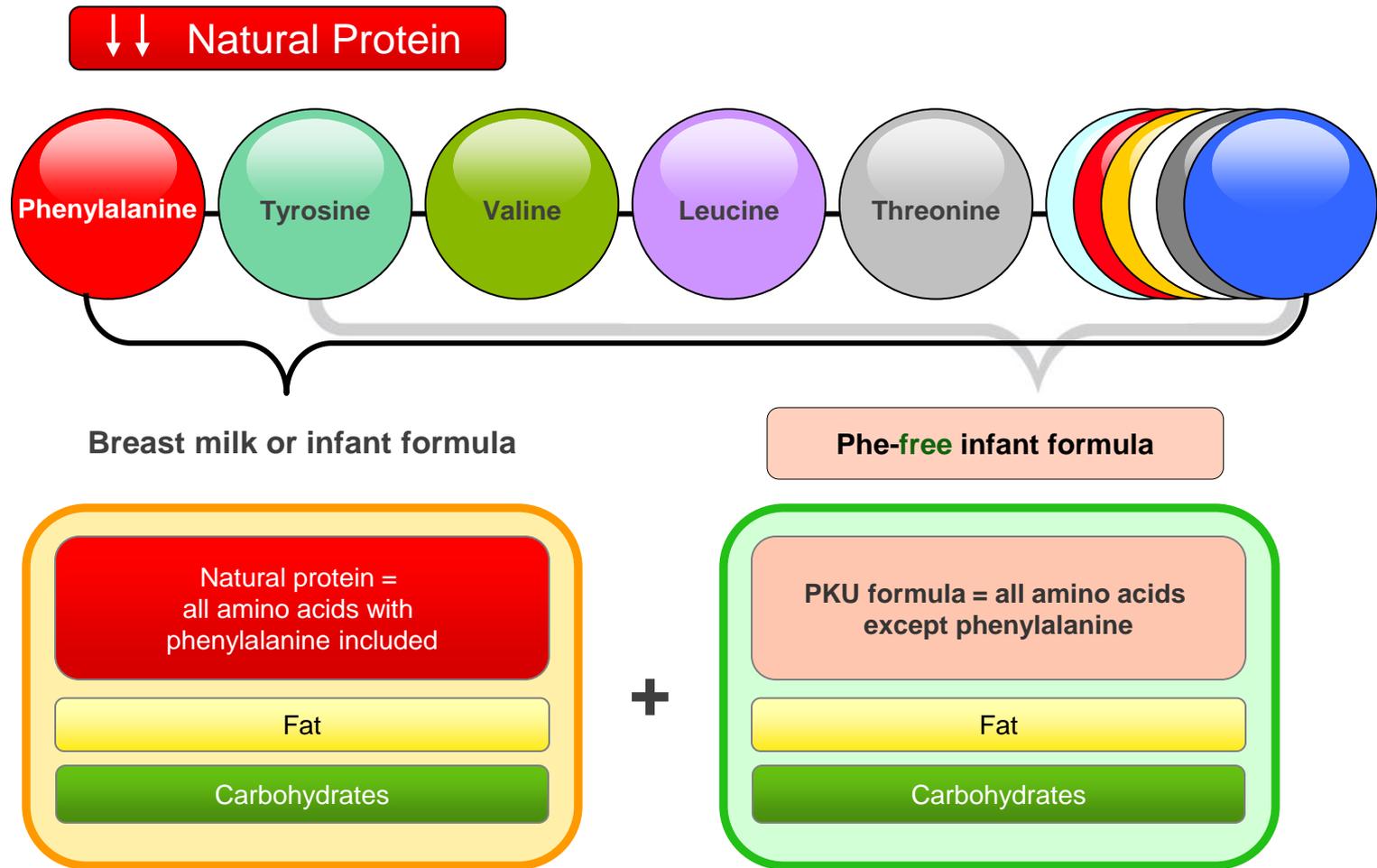
Diet is very low in natural protein + metabolic formula that does not contain phenylalanine



Natural Food

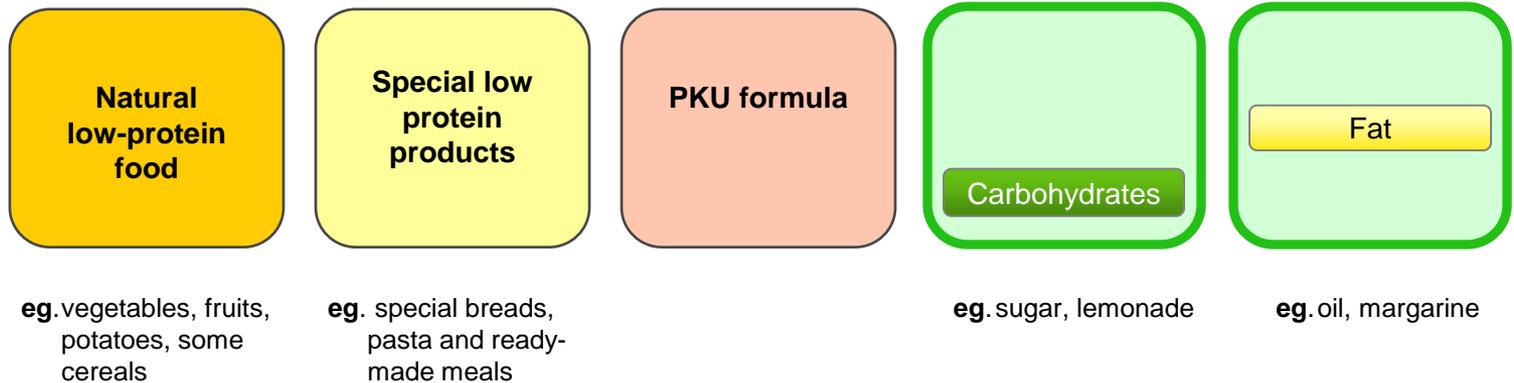
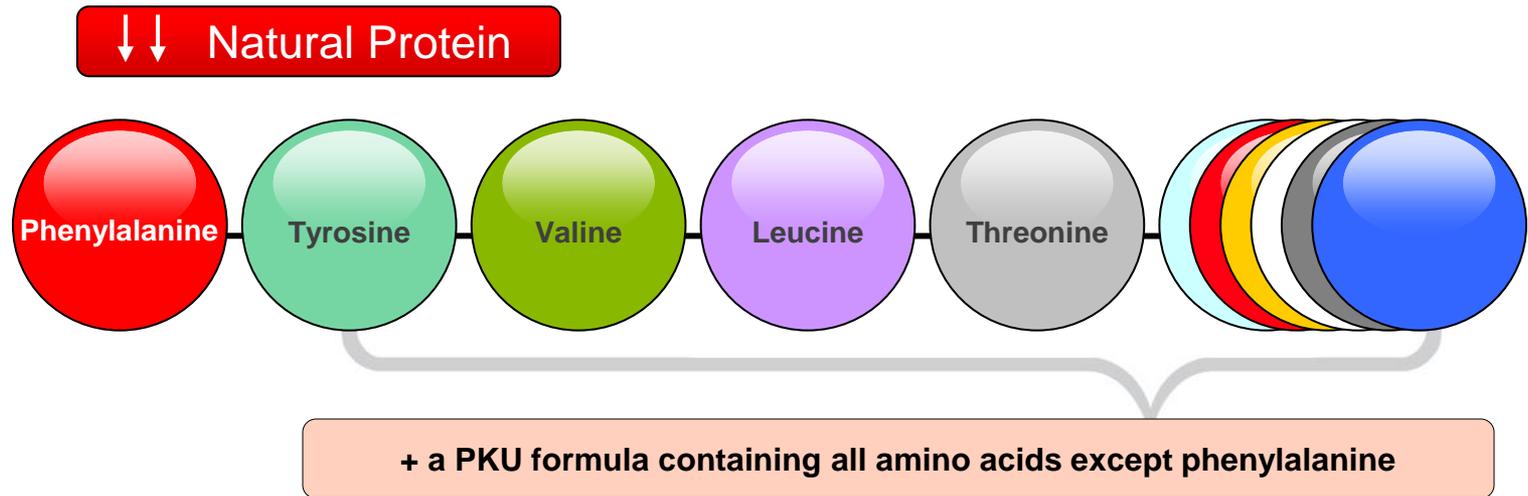


Dietary management during the first 4 to 6 months of life



Foods + special low-protein products + PKU formula

Nutritional components of the PKU diet once the baby is weaned and solids are introduced



Goals for management of PKU

PKU-diet

Very low-protein natural foods
+ special low-protein products
+ PKU formula

Management Goals for all ages

Long-term phenylalanine concentrations in blood should be:
2 to 6 mg/dl (120 to 360 $\mu\text{mol/L}$)

Blood phenylalanine levels need to be measured frequently!

Conversion of phenylalanine: 1 mg/dl \approx 60 $\mu\text{mol/L}$

Monitoring the diet

Remember!

- Your child's blood phenylalanine (phe) level needs to be checked frequently to prevent blood levels that are too high or too low.
- The metabolic team will check your child's clinical status and growth regularly.
- The metabolic dietitian will regularly assess the diet to assure that all nutrients (protein, fat, carbohydrates, vitamins and minerals) meet the recommendations for your child's age.

Treatment with **BH₄**

Pharmacological doses of BH₄ can reduce the blood phenylalanine levels in some individuals with PKU. This is called BH₄-responsive PKU. This may mean that the amount of phenylalanine in the diet can be increased, or for some, the PKU diet may not be needed at all.

With BH₄ treatment, the goals for blood phenylalanine levels remain the same as for those managed with diet only.

BH₄ is approved for infants, children and adults.

Chromosomes, Genes, Mutations

A **chromosome** is like a cookbook.

A **gene** is like a recipe in the cookbook.

A **mutation** is like an error in the recipe or even a complete lack of a recipe.

The **enzyme PAH** is produced constantly in the body following a specific recipe (**gene**). If the gene contains abnormal **mutations**, the **enzyme** cannot function correctly or be properly produced.

Inheritance of HPA/PKU

Both parents are carriers in autosomal-recessive inheritance

Mother is a carrier of
HPA/PKU

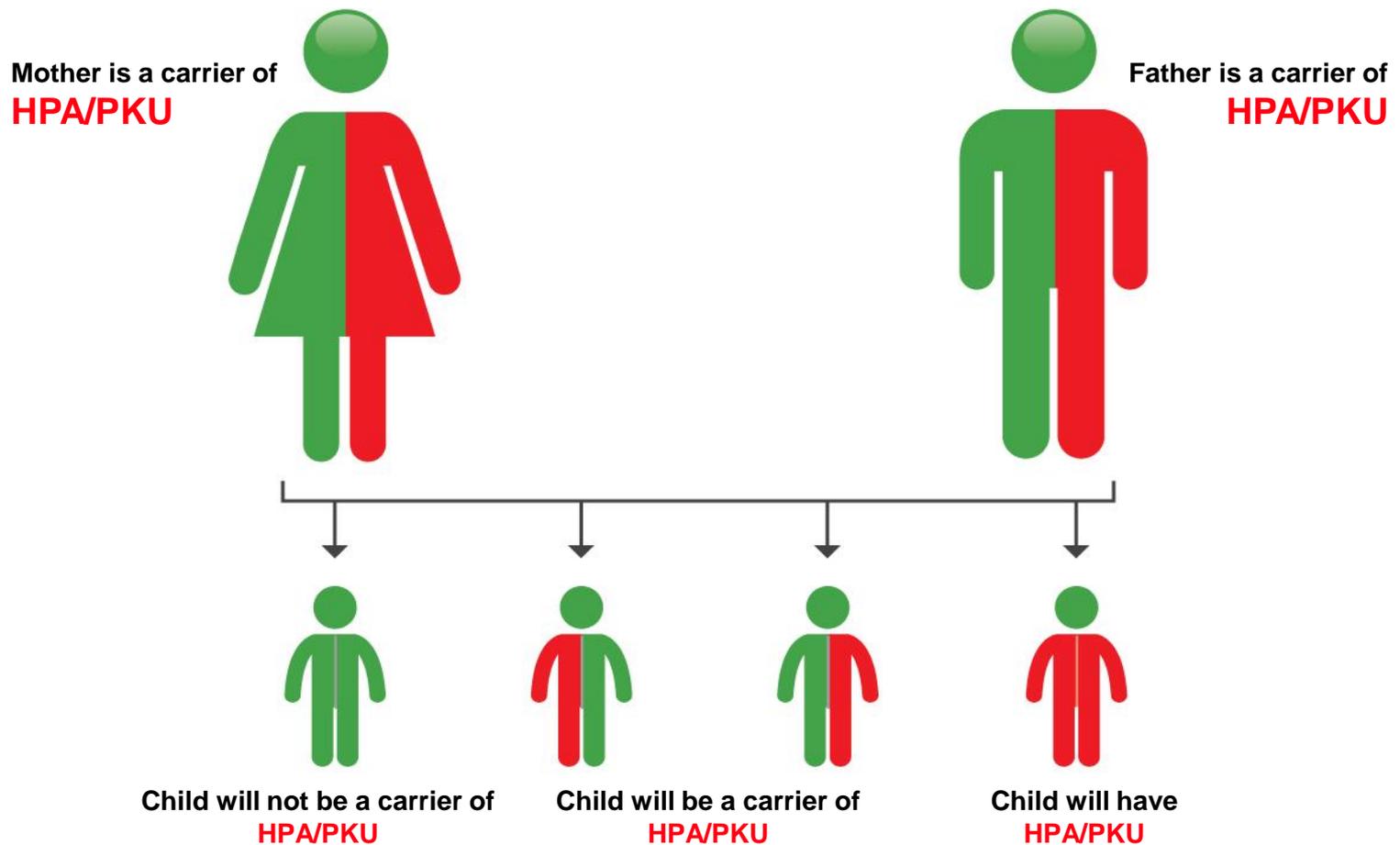


Father is a carrier of
HPA/PKU



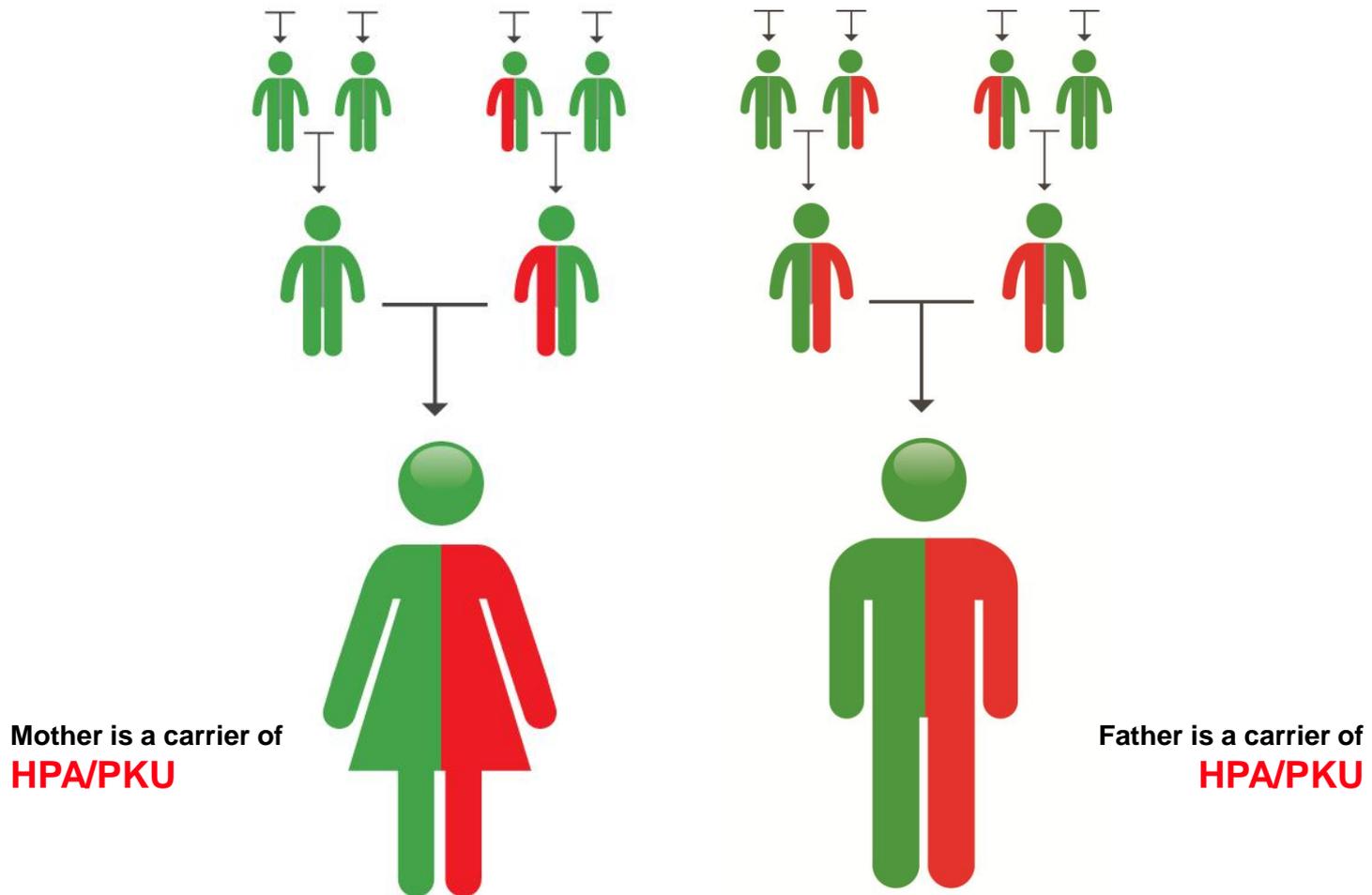
Inheritance of HPA/PKU

There are 4 possible combinations for any child born to parents who are carriers



Inheritance of HPA/PKU

How HPA/PKU is inherited in families



Summary

What is PKU?	An enzyme defect causing high phenylalanine levels in the blood
	↑ Phenylalanine

Optimal Management

Dietary management reduces blood phe levels to the goal range

Result

Normal neurological and cognitive development

Monitoring

Lab
Frequent phenylalanine and other amino acids
Other routine lab tests

Physical development
Height, weight, head circumference

Nutrition
Frequent adjustment of the diet

Development
Neuropsychology
Intelligence (IQ)

Insufficient Management

Poor dietary management increases blood phenylalanine concentrations above the goal range

Result

Impairment of neurological and intellectual development