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G6PD DEFICIENCY

**PATIENT FAMILY
EDUCATION**



WHAT IS G6PD DEFICIENCY?

- G6PD deficiency is a condition in which the body does not have enough of an enzyme activity called glucose-6-phosphate dehydrogenase (G6PD).
- G6PD enzyme helps red blood cells (RBCs) function normally. The red blood cells are responsible for transporting oxygen from the lung to the body's tissues.
- In G6PD deficiency, some conditions, medications, and substances trigger the destruction of red blood cells. Then, the blood will not carry enough oxygen to the rest of the body.

WHAT ARE THE CAUSES OF G6PD DEFICIENCY?

G6PD deficiency is inherited, and it is passed along in genes from one or both parents who carry the affected gene to a child. It is more common in males.

WHAT ARE THE TRIGGERS OF G6PD DEFICIENCY?

Kids with G6PD deficiency typically do not show any symptoms until their bodies are exposed to certain triggers. Triggers can be:

1. Illness – such as bacterial and viral infections
2. Medications
 - a. Certain antibiotics – especially those that have “sulf” in their names
 - b. Certain medications to treat malaria – especially those that have “quine” in their names

HIGH RISK MEDICATIONS			
Aspirin	Doxorubicin	Mesalazine	Primaquine
Brinzolamide	Furazolidone	Methylene blue	Probenecid
Chloramphenicol	Glimepiride	Moxifloxacin	Rasburicase
Chloroquine	Hydroxychloroquine	Nitrofurantoin	Sulfamethoxazole
Ciprofloxacin	Glyburide	Nalidixic acid	Sulfacetamide
Dapsone	Levofloxacin	Nitrofurazone	Sulfamethoxazole - Trimethoprim
Dimercaprol	Lomefloxacin	Ofloxacin	Sulfasalazine
Dorzolamide	Menadiol	Phenazopyridine	Sulfisoxazole

LOW RISK MEDICATIONS			
Acetaminophen	Methyl Dopa	Pyrimethamine	Sulfadiazine
Ascorbic acid (Vit C)	Norfloxacin	Phytonadione (Vit K)	Trihexyphenidyl
Colchicine	Phenytoin	Quinidine	Trimethoprim
Diphenhydramine	Procainamide	Quinine	Hydralazine
Proguanil	Streptomycin		

Some kids with G6PD deficiency can tolerate the medications in small amounts; others cannot take them at all. Check with your doctor for more specific instructions.

3. Food:
 - a. Fava beans(broad beans) in the form of fowl and falafel
 - b. Other legumes- (beans, black beans, peas, peanuts) and soya beans
Some kids with G6PD deficiency can tolerate some types of legumes. Check with your doctor for more specific instructions.
 - c. Blueberries
4. Other substances can be harmful to kids with this condition when used, or even touched or smelled, such as:
 - a. Naphthalene – A chemical found in moth balls and moth crystals
 - b. Black henna, red Egyptian henna and other related dyes, used for both tattoos and hair dyes.
 - c. Artificial blue food coloring

WHAT ARE THE SYMPTOMS OF G6PD DEFICIENCY?

- The severity of G6PD deficiency varies among affected people.
- In newborn: excessive jaundice (yellowing of skin) reaching dangerous levels
- In serious cases, children may exhibit symptoms of severe anemia (called hemolysis), immediately or within 72 hours from the exposure to triggers.

Symptoms may include

- o Paleness (in darker skinned children paleness is sometimes best seen in the mouth, especially on the lips or tongue)
- o Yellowing of skin and eyes particularly in newborns
- o Extreme tiredness
- o Rapid heart beat
- o Difficulties of breath
- o Dark tea colored urine
- o Mild fever
- o Abdominal pain
- In rare cases, the deficiency can lead to other more serious health problems.

HOW IS G6PD DEFICIENCY DIAGNOSED?

- It is part of national New born blood Screening.
- In most cases, G6PD deficiency remains undiagnosed until a child develops symptoms like jaundice or paleness
- If doctor suspect G6PD deficiency, blood tests usually are done to confirm the diagnosis and to rule out other possible causes of anemia

HOW G6PD DEFICIENCY CAN BE TREATED?

- Treating the symptoms associated with G6PD deficiency is usually as simple as removing the trigger, that is, treating the illness or infection, or stopping the use of a certain medication.
- Phototherapy (specialized light) for the newborn
- However, a child or infant with severe anemia may require treatment in the hospital to receive oxygen, fluids into the vein, and, if needed, blood transfusion

CARING FOR YOUR CHILD

- Inform the doctor if there is a family history.
- The best way to care for a child with G6PD deficiency is to limit exposure to the triggers
- Discuss with your doctors what food to avoid if your child never had a crisis.
- Mother should avoid all triggers while breast feeding.
- You should inform school supervisors and where applicable, the school caterers who provide school lunch.
- Inform all health care providers when you take your child to any health setting.
- It is recommended to carry the “TO AVOID” list and show it to all those who may treat your child.

