

Adjuvant Treatment for Phenylketonuria: Future Research Needs: Future Research Needs Paper Number 21



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(Toby Baumbach)

ADJUVANT TREATMENT FOR PHENYLKETONURIA: FUTURE RESEARCH NEEDS: FUTURE RESEARCH NEEDS PAPER NUMBER 21

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Createspace. Paperback. Book Condition: New. This item is printed on demand. Paperback. 104 pages. Dimensions: 11.0in. x 8.5in. x 0.2in. Phenylketonuria (PKU) is a metabolic disorder in which an inability to properly metabolize the amino acid phenylalanine (Phe) leads to a buildup of Phe in the blood, causing neurotoxicity and resulting in intellectual disability, delayed speech, seizures and behavior abnormalities. PKU is typically diagnosed at birth following abnormal newborn screening results. With adherence to a Phe-restricted diet, poor outcomes can be mitigated. Nonetheless, management of PKU can be difficult and onerous for the patient and the family, leading to interest in identifying new ways of managing this lifelong condition. The mainstay for treatment of PKU is a diet that restricts the intake of Phe to control the Phe concentration in the blood. In 2007 the United States Food and Drug Administration approved sapropterin dihydrochloride (Kuvan, formerly known as Phenoptin) for the treatment of PKU under the stipulation that studies regarding the drug's efficacy and long-term safety continue. Sapropterin dihydrochloride (hereafter, BH4) is presumed to work by enhancing residual enzyme activity present in some individuals with PKU. In addition to a Phe-restricted diet and BH4, another potential treatment for PKU is large neutral amino acids (LNAA). In theory, LNAA decrease the brain Phe concentration by competing with Phe for shared amino acid transporters to cross the blood-brain barrier. The Vanderbilt Evidence-based Practice Center completed an Agency for Healthcare Research and Quality (AHRQ)-funded systematic review of adjuvant treatments (BH4, LNAA) for PKU. The report focused on Key Questions related to outcomes and harms of adjuvant treatment with BH4 and LNAA in individuals with PKU, including pregnant women with PKU, and effects in subgroups (defined by demographic, clinical, genotypic, and adherence-related variables such as age, disease severity, genetic mutations, and dietary status). Key Questions...



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