

# **Open Access Repository**

www.ssoar.info

# Treatment of child with phenylketonuria: a literature review

Moura, Guilherme César Batista; Carvalho, Jancineide Oliveira de; Carvalho, Francisca Gomes de; Nunes, Carla Maria de Carvalho Leite Leal; Oliveira, Francílio de Carvalho; Carvalho, Moisés Lopes

Veröffentlichungsversion / Published Version Zeitschriftenartikel / journal article

### **Empfohlene Zitierung / Suggested Citation:**

Moura, G. C. B., Carvalho, J. O. d., Carvalho, F. G. d., Nunes, C. M. d. C. L. L., Oliveira, F. d. C., & Carvalho, M. L. (2013). Treatment of child with phenylketonuria: a literature review. *Revista de Pesquisa: Cuidado é Fundamental Online*, *5*(6), 363-371. <a href="https://nbn-resolving.org/urn:nbn:de:0168-ssoar-54927-6">https://nbn-resolving.org/urn:nbn:de:0168-ssoar-54927-6</a>

#### Nutzungsbedingungen:

Dieser Text wird unter einer CC BY-NC Lizenz (Namensnennung-Nicht-kommerziell) zur Verfügung gestellt. Nähere Auskünfte zu den CC-Lizenzen finden Sie hier:

https://creativecommons.org/licenses/by-nc/4.0/deed.de

#### Terms of use:

This document is made available under a CC BY-NC Licence (Attribution-NonCommercial). For more Information see: https://creativecommons.org/licenses/by-nc/4.0





Moura GCB, Carvalho JO, Carvalho FG et al.

Treatment of child with phenylketonuria...

Federal University of Rio de Janeiro State

Journal of Rio de Janeiro State

Pegenf Bio Pegenf Bio

# INTEGRATIVE REVIEW OF THE LITERATURE

Treatment of child with phenylketonuria: a literature review

Triagem neonatal e tratamento de criança com fenilcetonúria: uma revisão integrativa da literatura

Tratamiento del niño con fenilcetonuria: una revisión de la literatura

Guilherme César Batista Moura<sup>1</sup>, Jancineide Oliveira de Carvalho<sup>2</sup>, Francisca Gomes de Carvalho<sup>3</sup>, Carla Maria de Carvalho Leite Leal Nunes<sup>4</sup>, Francílio de Carvalho Oliveira<sup>5</sup>, Moisés Lopes Carvalho<sup>6</sup>

# **ABSTRACT**

**Objective:** To analyze the importance of Neonatal Screening for the treatment of children with phenylketonuria. **Method:** This is an integrative review. To select the studies we looked at the electronic databases Scientific Electronic Library Online - SciELO journal portal and CAPES in September 2013, using the keywords: Phenylketonuria, Triage, Child health. **Results:** The analysis of the articles indicated that in the period 2008-2013, the year 2010 had the highest number of publications. Most studies paused to examine the importance of neonatal screening program to evaluate the tracking phenylketonuria, as well as to characterize the performance of children diagnosed and treated early with phenylketonuria. **Conclusion:** Studies have shown that treatment is significantly more effective when deployed in preclinical stage of the disease and there is a screening test, the screening test, which is simple, efficient, applicable on a large scale and low cost. **Descriptors:** Phenylketonuria, Triage, Child health.

#### RESUMO

Objetivo: Analisar a importância da Triagem Neonatal para o tratamento de crianças com fenilcetonúria. Método: Trata-se de uma revisão integrativa. Para selecionar os estudos, pesquisou-se nas bases de dados eletrônicas Scientific Eletronic Library Online - SCIELO e Portal de Periódicos da CAPES em setembro de 2013, utilizando os descritores: fenilcetonúria, triagem e saúde da criança. Resultados: A análise dos artigos indicou que no período de 2008 a 2013, o ano de 2010 teve o maior número de publicações. A maioria dos estudos deteve-se em analisar a importância da triagem neonatal, avaliar o programa para rastreamento de fenilcetonúria, assim como caracterizar o desempenho de crianças com fenilcetonúria diagnosticadas e tratadas precocemente. Conclusão: Os estudos mostraram que o tratamento é significativamente mais eficaz quando implantado na fase pré-clínica da doença e existe um teste de triagem, o teste do pezinho, que é simples, eficiente, aplicável em larga escala e de baixo custo. Descritores: Fenilcetonúria, Triagem e Saúde da criança.

# **RESUMEN**

Objetivo: Analizar la importancia de Tamizaje Neonatal para el tratamiento de los niños con fenilcetonuria. Método: Se trata de una revisión integradora. Para seleccionar los estudios que analizamos las bases de datos electrónicas Scientific Electronic Library Online - Portal de la revista SciELO y CAPES en septiembre de 2013, utilizando las palabras clave: Fenilcetonuria, Triaje, Salud del Niño. Resultados: El análisis de los artículos se indica que en el período 2008-2013, el año 2010 tuvo el mayor número de publicaciones. La mayoría de los estudios se detuvieron para examinar la importancia del programa de cribado neonatal para evaluar los fenilcetonuria seguimiento, así como para caracterizar el rendimiento de los niños son diagnosticados a tiempo con fenilcetonuria. Conclusión: Los estudios han demostrado que el tratamiento es significativamente más eficaz cuando se despliega en la etapa de pre - clínica de la enfermedad y hay una prueba de detección, la prueba de detección, que es simple, eficaz, aplicable a gran escala y bajo costo. Descriptores: Fenilcetonuria, Triaje, Salud del niño.

<sup>&</sup>lt;sup>1</sup> Graduando do Curso de Odontologia do Centro Universitário UNINOVAFAPI. E-mail: guilherme\_cesar@hotmail.com

<sup>&</sup>lt;sup>2</sup> Professora do Curso de Odontologia do Centro Universitário UNINOVAFAPI. E-mail: jdolicar2@hotmail.com

<sup>&</sup>lt;sup>3</sup> Graduada em Biomedicina no Centro Universitário UNINOVAFAPI. E-mail: fran-mais@hotmail.com

<sup>&</sup>lt;sup>4</sup> Mestre em Educação pela UFPI. Doutoranda em Odontologia pela UNAERP. Professora da UFPI. Professora do Curso de Odontologia do Centro Universitário UNINOVAFAPI. E-mail: cnunes@uninovafapi.edu.br

<sup>&</sup>lt;sup>5</sup> Professor do Curso de Nutrição do Centro Universitário UNINOVAFAPI. E-mail: francilio@uninovafapi.edu.br

<sup>&</sup>lt;sup>6</sup> Graduando de Enfermagem do Centro Universitário UNINOVAFAPI. Bolsista do Programa Institucional de Bolsa de Iniciação Científica do CNPq - PIBIC. Email: mooysescarvalho@hotmail.com

J. res.: fundam. care. online 2013.dec. 5(6): 363-371

DOI: 10.9789/2175-5361.2013v5n2Esp2p363

Moura GCB, Carvalho JO, Carvalho FG et al.

# INTRODUCTION

Phenylketonuria (PKU) is the most common of the inborn errors of amino acid metabolism. Due to a deficiency of phenylalanine hydroxylase, the enzyme that catalyzes the conversion of phenylalanine to tyrosine. The introduction of a diet low in phenylalanine should begin in the first months of life, preferably in the first month, to prevent mental retardation and more severe manifestation of the disease.<sup>1</sup>

The hyperphenylalaninemia (HPA), the generic name given to high levels of phenylalanine (Phe) in blood, is a primary disorder of hydroxylating Phe system, which may be caused by a deficiency of the hepatic enzyme phenylalanine hydroxylase (PAH) or enzymes that synthesize or reduce the tetrahydrobiopterin coenzyme.<sup>2</sup>

Phenylalanine is an essential aromatic amino acid, mainly metabolised in the liver. Phenylalanine which is not required for protein anabolism, tyrosine is hydroxylated by phenylalanine hydroxylase. This has a quaternary structure having four polypeptide chains, each connected to an iron atom, that binds oxygen, to form tyrosine.<sup>3</sup>

Different types of hyperphenylalaninemia can be found, according to the metabolic error involved, forming a heterogeneous group of diseases, including phenylketonuria (PKU) and classical variations of hyperphenylalaninemia (PAHs), as persistent HPA, the mild HPA and atypical PKU.<sup>4</sup>

Currently in the healthcare scenario phenylketonuria has been diagnosed through neonatal screening tests, popularly known as the Guthrie Test, which is mandatory throughout the country since the 80s, after the implementation of J. res.: fundam. care. online 2013.dec. 5(6): 363-371

Treatment of child with phenylketonuria... the National Neonatal Screening Program (NNSP). Thus, all newborns should undergo this test for screening of some metabolic abnormalities, including phenylketonuria, targeting the immediate initiation of treatment. <sup>5,6</sup>

The phenylketonuric subjects are clinically normal at birth, beginning to manifest developmental delays around 6 months of age, with spasms, hypotonia, and rash. Display reduced pigmentation, microcephaly and epilepsy. The excretion of phenylketones provides the urine the characteristic odor.<sup>7</sup>

However, it is known that Brazil is ethnically, socially and economically marked by inequalities, making difficult establishment and development health of programs, as an example of Neonatal Screening for the treatment of phenylketonuria. Thus, the success and effectiveness of neonatal screening programs depend mainly on the involvement of health authorities, educational campaigns including healthcare professionals and the population and investments.

Given this issue the study aims to analyze the importance of Neonatal Screening for the treatment of children with phenylketonuria.

# **METHODOLOGY**

This study is an integrative review. For its construction the following steps were covered: establishment of hypothesis and objectives of the integrative review, establishment of criteria for inclusion and exclusion of articles (sample selection); definition of information to be extracted from the selected articles, analysis of results, discussion and presentation the results and the last stage consisted of submitting the review.<sup>8</sup>

Moura GCB, Carvalho JO, Carvalho FG *et al*. The guiding question for the construction of this integrative review was "What is the importance of Neonatal Screening for the treatment of phenylketonuria?". To select the references we looked at the electronic databases Scientific Electronic Library Online - SciELO and Periodical Portal CAPES in September 2013.

In search for articles by standardized Descriptors in Health Sciences Headings (DECs) were to be used descriptors, which were: Child and neonatal phenylketonuria.

After application of the descriptors the following results were found: in the database SCIELO sixty-six (26) Articles and Portal CAPES center and eighty (180) articles. The articles were subjected to cuts, which may be below Viewed in figure 1.

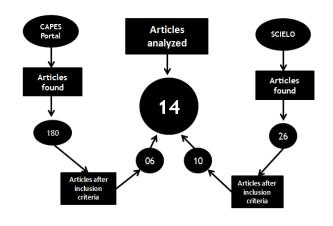


Figure 1: search the banks of SCIELO and CAPES Portal Data Strategy. Teresina, 2013

Following the electronic search, in order to identify items considered relevant and exclude those who did not meet the inclusion criteria, were selected survey regarding guiding question, full text, with humans (children), with reference to treatment of children with phenylketonuria and published since 2008.

After identifying the related study material sorting the items, by reading the titles and abstracts was performed. Being excluded from jobs as editorials, thesis, dissertations, book reviews and interviews. After this step remained for the

J. res.: fundam. care. online 2013.dec. 5(6): 363-371

Treatment of child with phenylketonuria... final sample of this review 14 articles. Studies that met the inclusion criteria were obtained in full.

For the final analysis of the study an instrument that includes the following items was prepared: identifying the original methodological characteristics of the study, methodological rigor assessment of the interventions measured and the results. In the next step, the data were subjected to critical analysis and further discussion and description of the results.

# **RESULTS AND DISCUSSION**

Frame 1 presents data on the articles analyzed for year, database, the publication title and magazines. The results indicated that 14 articles were published in the period 2008-2013, with the year 2010 a large number of publications with four, followed by 2009 and 2012 with three two respectively. Have 2011 and 2013 had two publications each year. In reference to thematic of 2008 showed up with smaller publication, highlighting just one article.

Regarding indexing of publications related to the theme was highlight the database SCIELO with nine published articles, followed by CAPES Portal with five. The more related to disclosures of research journal was the Brazilian Metabolic Endocrinology file with three articles and the rest were distributed in different journals that are synoptically highlighted in the table below.

Moura GCB, Carvalho JO, Carvalho FG et al.

Frame 1 - Details of the articles analyzed according to the database, year of publication, title of the article and periodicals of the publication. Teresina (PI), 2013.

Order				
of the	Database	Year of	Title of the article	Periodicals of the
Articles	Database	publication	Title of the article	publication
Al titles	P. CAPES	2008	Neonatal screening: what pediatricians	Journal of
AI	F. CAPLS	2000	should know	Pediatrics 01
A2	P. CAPES	2009	Newborn Screening Program, Hospital	
AZ	P. CAPES	2009		Reports in public
			das Clinicas, Faculty of Medicine of	health
			Ribeirão Preto, University of São Paulo,	
			Brazil	
A3	SCIELO	2009	Metabolism of calcium in	Brazilian Journal
			phenylketonuria	of Nutrition
A4	SCIELO	2009	Evaluation of Reference Service for	Brazilian Archives
			Neonatal Screening for congenital	of Endocrinology
			hypothyroidism and phenylketonuria in	& Metabolism
			Mato Grosso, Brazil.	
A5	SCIELO	2010	Audiological findings in children with	Revista da
			phenylketonuria.	Sociedade
				Brasileira de
				Fonoaudiologia
A6	SCIELO	2010	Child development in phenylketonuria:	Revista CEFAC
			speech therapy.	
A/	SCIELO	2010	Performance of children with	Pró-Fono Revista
			phenylketonuria in the Denver	de Atualização
			Development Screening Test - II.	Científica
A8	P. CAPES	2010	Newborn screening - the challenge of	Ciencia & Saude
			universal and effective coverage	Coletiva
Α9	P. CAPES	2011	Performance Analysis of Newborn	Reports in Public
			Screening Program in the State of Rio de	Health
			Janeiro, Brazil, 2005-2007	
A10	SCIELO	2011	Clinical and demographic aspects of	Journal of
			phenylketonuria in the State of Bahia	Pediatrics
A11	P. CAPES	2012	Phenylketonuria, congenital	Reports in Public
			hypothyroidism and	Health
			hemoglobinopathies: public health	
			issues for a program of neonatal	
			screening Brazilian	
A12	SCIELO	2012	Nutritional status and ingestion of	Journal of
			selenium in children with	Pediatrics
			phenylketonuria in Minas Gerais, Brazil	
A13	SCIELO	2013	Prevalence of pathologies detected by	Brazilian Archives
			newborn screening in Santa Catarina	of Endocrinology
				& Metabolism
A14	SCIELO	2013	Evolution of the neonatal screening	Brazilian Archives
			program in the state of Tocantins	of Endocrinology
				& Metabolism

Source: Direct, Search 2013. Legend: A-Article, E-Portal.

Frame 2 is envisioned that the studies stopped to check the importance of screening of children diagnosed with PKU, the clinical and epidemiological characteristics, treatment, causes, demographic characteristics and clinical findings. Thus, the main objectives were related to: verify the importance of newborn screening for metabolic disorders and to evaluate the preventive and health promotion of children with phenylketonuria actions, analyze the causes, symptoms and dietary treatment of PKU infants; assess the national and international prevalence of phenylketonuria; characterize the performance, clinical and demographic characteristics of children with phenylketonuria.

J. res.: fundam. care. online 2013.dec. 5(6): 363-371

Treatment of child with phenylketonuria...

Frame 2 - Details of the articles analyzed in accordance with objectives of the studies. Teresina (PI), 2013.

Order of Articles	STUDIES OBJECTIVES
A1	Evaluate the state of newborn screening in the world and in Brazil. Define t
	role of pediatricians in neonatal screening programs.
A2	Evaluate the Newborn Screening Program, Hospital das Clinicas, Faculty
	Medicine of Ribeirão Preto from 1994 to 2005, mainly on the range of coverage
	the time elapsed between birth and time of the examination, the examinati
	arrival to the laboratory and release of results as well as the children's ages
	the onset of treatment.
A3	Understanding the need of calcium supplementation for children w
	phenylketonuria, in order to promote proper bone mineralization.
A4	Evaluate the Reference Service for Neonatal Screening for congeni
	hypothyroidism and phenylketonuria in the State of Mato Grosso.
A5	To investigate changes in hearing of children with phenylketonuria diagnos
	and treated early and compare the results with those found in the audito
	evaluation of normal children of the same age.
A6	Show developmental disorders observed in scientific studies with individu
	with phenylketonuria and reflect upon skills related to language developmen
Α/	Characterize the performance of children with phenylketonuria diagnosed a
	treated early through the Denver II Screening Test Development and blo
	levels of phenylalanine.
A8	Make a more extensive search possible on the status of NSP coverage in seve
	regions in the world, as well as issues concerning the time of collection, seek
	to draw a parallel between the situation of the Brazilian program and
	equivalents in other countries.
Α9	Analyze performance in achieving the common goals such as coverage a
	effectiveness of the steps of collecting the diagnostic confirmation, contrasti
	strategies used in each step for each model.
A10	Describe the clinical and demographic characteristics of patients w
	hyperphenylalaninemia accompanied the Reference Service for Neona
	Screening of Bahia.
A11	To analyze the frequency of detection of congenital hypothyroidis
	phenylketonuria and hemoglobinopathies in Newborn Screening Program of t
	State of Rio de Janeiro, Brazil, between 2005 and 2007.
A12	Estimate dietary intake and nutritional status in selenium in patients w
	phenylketonuria.
A13	To evaluate the prevalence of diseases phenylketonuria (FNC), congeni
	hypothyroidism (CH), cystic fibrosis (CF), hemoglobin (HB) and congeni
	adrenal hyperplasia (CAH) in the State of Santa Catarina, in order to outline t
	profile of the population in Santa Catarina in relation to these pathologies.

Source: Direct, Search 2013. Legend: A-Article, E-Portal.

In reference to the results of the studies can be inferred that the same reported various aspects of the importance of newborn screening, referring to the main consequences brought about by the condition and the effectiveness of the screening program to treat the disease, among other relations presented in frame 3.

Moura GCB, Carvalho JO, Carvalho FG et al.

Frame 3 - Details of articles analyzed according to the authors and the principal considerations identified in the studies. Teresina (PI), 2013.

Order			
of	AUTHORS	PRINCIPAL CONSIDERATIONS	
articles	AUTHORS	PRINCIPAL CONSIDERATIONS	
A1	, -	In Brazil, the National Newborn Screening Program was set up in 2001, against	
	MJB	screening for phenylketonuria, congenital hypothyroidism, sickle cell anemia	
		and cystic fibrosis.	
A2	Magalhaes PKR;		
	Turcato MF; Angulo	established in 1994 has already diagnosed by 2005, 76 children with	
	IL et al.	congenital hypothyroidism, phenylketonuria and 10 to 25 with	
		hemoglobinopathies.	
A3	Martins FF; Mendes	The diet as a strategy for reducing the levels of phenylalanine in the blood of	
	AB; Cruz WMS et	patients with phenylketonuria, if not followed, then leads to long-term	
	al.	problems in bone formation.	
A4	Stranien I; Takano	Of total screening tests in Reference Service for Newborn Screening for	
	0A	congenital hypothyroidism and phenylketonuria in the State of Mato Grosso,	
		stands out a population coverage below 70%.	
A5	Mancini PC;	In the group with phenylketonuna, 66./% of children had normal hearing and	
	Starling ALP; Penna	33.3% with conductive hearing loss.	
	LM; Ramos CAV et		
	al.		
A6	Lamonica DAC;	Individuals with phenylketonuna, even treated early, may show changes in	
	Geião MG: Ferreira	cognitive, language, motor and social-behavioral functions.	
	AT et al.		
A/	Silva GK; Lamonica	Children with phenylketonuna diagnosed and treated early showed deficits in	
	DAC	personal-social and language areas.	
A8	Camacho JB:	The results of the study showed that Canada had coverage of /1% in 2006. The	
	Bastos LA; Cruz MM	European coverage was 69% in 2004, with data from 38 countries. In Asia and	
	et al.	the Pacific, there was data from nineteen countries. Middle East and North	
		Africa, there were data from four countries. In Latin America, coverage was	
		49% in 2005, with data from fourteen countries. In Brazil, the coverage was	
		80% in 2005.	
A9	Botler J; Camacho	In performance analysis of NSP from 2005 to 2007, coverage was increased	
	LAB; Cruz MM	and reached 80.4%, with 33.8% of collections made within 7 days.	
A10	Amonm I; Boa-	The incidence of hyperphenylalaninemia in Bahia was one case per 16,334 live	
	Sorte N; Leite MEQ	births, with coverage of 91%. Among the patients, 82% were diagnosed by	
	et al.	neonatal screening, and 11 families had more than one case.	
A11	Botler J; Camacho	In 2007, coverage of the Newborn Screening Program of the State of Rio de	
A	LAB; Cruz MM.	Janeiro has reached 80.7%. The increase in the incidence of congenital	
	Entry Grazinini	hypothyroidism (1:1.030 in 2007) was attributed to the decrease in TSH cutoff	
		value over time.	
A12	Alves MRA; Starling	The average time of supplementation of selenium, in particular formula, was	
A12	ALP: Kanufre VC et	122.2 + 25.1 days. The amino acid mixture supplemented with mineral	
	al.	represented 72.9% of the daily supply of selenium.	
A13	Nunes AKC;	The coverage of the program in the period analyzed scores a 90%, so the	
Als		prevalence of pathologies derived from the screened population can be	
	Wachholz RG; Rover MRM et al.	extrapolated to the prevalence found in the entire population of Santa	
	KUYET MKM EL dL		
A14	Hander! ("Lantas	Catarina.	
A14	Mendes LC; Santos	Coverage of neonatal screening increased from 32.3% to 76.6% after	
	TT; Bringel FA.	implementation of the National Newborn Screening Program.	

Source: Direct, Search 2013. Legend: A-Article

After analysis it was realized that Brazil has a Newborn Screening Program that follows international guidelines, which appears to be irreversible, since it represents a considerable technical advance, being known worldwide as the largest public health program linked to genetics. But its consolidation is subject to certain medical and ethical issues that need to be discussed, because the progress of the program are new challenges as new issues and diseases are introduced into the diseases screened panel.<sup>9</sup>

But to the Newborn Screening Program can fully achieve its objectives, it is essential that some goals are met, as: collection of the blood J. res.: fundam. care. online 2013.dec. 5(6): 363-371

Treatment of child with phenylketonuria... sample obtained properly and in adequate time; fast referral of sample to the reference laboratory, conduct of examinations by laboratory obeying strict quality control, quick communication of test results; reference center endowed with doctor (s) trained (s) to establish (in) accurate diagnosis and structure for clinical follow-up of affected children; periodic evaluations of the quality program, reporting their results to the authorities, so that any improvements can be implemented. 10 Thus, is emphatic to highlight that the process of newborn screening is not limited to collecting material for analysis, but is secondary to this, because without the dialogue with the other aforementioned steps, the program is limited and its proposal for early screening for the actual outcome / treatment and prevention of sequelae for child development become ineffective. 11

Furthermore, within your functioning healthcare team involved has a role of great value, especially pediatricians and speech therapists occupy an important position in the treatment, the possible changes in referrals and improving the quality of life of these children, however data show that scientific knowledge pediatrician about the diseases screened, treatment and prognosis is still not concrete hampering the progress and establishment of some program issues, as well as children effective treatment of phenylketonuria through diagnostic screening. 9,12 Nationwide access to newborn screening is very heterogeneous, for example, in 2007 in the state of Rio de Janeiro coverage reached 80.7%, unlike other cities. 13,14

Thus, states with less government involvement have a lower coverage, and those who have a position where the respective administrative bodies are more active, have greater coverage. Therefore, the involvement of health, government and local authorities and professional societies are critical milestones, not

Moura GCB, Carvalho JO, Carvalho FG *et al*. only for the scope of coverage, but also with respect to the degree of opportunity of the collections.<sup>11</sup>

In this perspective it is important to emphasize that the Newborn Screening Program continually goes through reviews should meet the minimum requirements recommended by the Ministry of Health in the state of Tocantins, for example, the data indicate a significant evolution of the coverage rate, showing that the prevalence of diseases such as phenylketonuria and congenital hypothyroidism possessed lower rate than the national average, in turn, in Santa Catarina phenylketonuria was lower than the national prevalence, while the second condition was similar to global and national values. <sup>15,16</sup>

Also according to program evaluations collection of the first blood sample and initiation of treatment in many cases still occurs at a higher time than recommended by the Ministry of Health and delays that accumulate in various stages of the screening process can nullify the benefits of early detection, precept of a neonatal screening program. <sup>14</sup> Despite this evidence in literature suggests a positive perception of parents about the deployment, quality and evolution of the Newborn Screening Program, but there is controversy about the need for greater government support for such a program is optimized and can advance to the next stages. <sup>16</sup>

In this regard it is worth noting that the Newborn Screening Program is critical both for early screening of diseases that previously were not known, especially PKU, but mainly for the improvement and reduction in infant mortality from other diseases of genetic imprint.

But the early screening of diseases such as phenylketonuria achieved by the program does not guarantee a cure, as an example, it is important to highlight that individuals with phenylketonuria, even with early treatment, may J. res.: fundam. care. online 2013.dec. 5(6): 363-371

Treatment of child with phenylketonuria... show changes in cognitive functions, language, motor and social-behavioral. Thus scientific findings justify the referral of new proposals to the Ministry of Health with a view to hiring Speech Therapists in Newborn Screening Programs credentialed for full monitoring of individuals with this condition, ensuring less commitment and more effective treatment.<sup>17</sup>

Moreover, even with treatment and appropriate follow-up is still physiological changes caused primarily by dietary treatment, resulting from the disability and severe restriction on the consumption of foods containing the amino acid phenylalanine and secondary to this, other nutrients. This results in low intake of several nutrients, including selenium and calcium. Even with supplementation with formulas that seek to meet the needs of vitamins, minerals and essential amino acids, nutritional deficiencies are not discarded. 18,19

However, scientific evidence showed that dietary treatment did not influence physiological changes in children with phenylketonuria, with an emphasis on auditory changes. Thus more studies showing the relationship of certain mixtures to recover possible deficiencies found and to ensure treatment and quality of life more suited to patients with phenylketonuria is needed.<sup>12</sup>

It is unquestionable that the Newborn Screening Program is extremely relevant for screening and early treatment of children diagnosed with PKU, however is noticeable through the scientific literature that changes accompanying the life cycle of these individuals, especially in the personal-social interaction, language and fine motor adaptive. In this sense, its long development is marked by changes that continually undermine your communication, social integration and learning.<sup>20</sup>

Thus the strengthening of the management of current health care to the

DOI: 10.9789/2175-5361.2013v5n2Esp2p363

Moura GCB, Carvalho JO, Carvalho FG *et al*. minimum requirements of the program in order to mimic the delay in diagnosis and increase the initiation of treatment for confirmed cases of diseases for diagnostic screening with special look is needed in this research for phenylketonuria, seeking to develop strategies to improve the operation, promoting a greater agility in the whole process and the start of treatment occurs in adequate time.<sup>21,22</sup>

# **CONCLUSION**

Studies have shown that treatment is significantly more effective when deployed in the preclinical phase of the disease, because of their minimum requirements and maintaining its efficiency applicable on a large scale and low cost.

It is inferred after analysis that the Newborn Screening Program is extremely relevant for screening and early treatment of children diagnosed with PKU, but this does not guarantee a cure, since genetic diseases deserve further studies and even with proper treatment still there is the presence of many losses in lives of children with phenylketonuria, especially in personal-social, language and adaptive fine motor areas. Thus, it is hoped through this study a contribution to scientific production and fostering new research related to this theme.

# **REFERENCES**

- 1. Mira NVM, Marquez UML. Importância do diagnóstico e tratamento da fenilcetonúria. Rev. Saúde Pública [Periódico na Internet]. 2000 Feb; 34(1): 86-96. Disponível em: http://www.scielo.br/scielo.php?script=sci\_arttext &pid=S0034-89102000000100016&lng=en.
- J. res.: fundam. care. online 2013.dec. 5(6): 363-371

- Treatment of child with phenylketonuria... 2. Champe PC, Harvey RA. Metabolic defects in amino acid metabolism. In: Champe PC, Harvey RA. Biochemistry. 2<sup>a</sup> ed. Philadelphia: JB Lippincott; 1994.
- 3. Murray RK, Graner DK, Mayes PA et al. Harper's Biotechemistry. 24 edição. United States of américa: Pentric Hall Internacional. Inc; 1996.
- 4. Freitas O F, Gilberto JP, Luciano V, Jose ES, Jose EDO, Lewis J. Greene. Characterization of protein hydrolysates prepared for enteral nutrition. J. Agric. Food Chem [Periódico na Internet]. 1993 Sep; 41(9): 1432-1438
- 5. Starling ALP, Aguiar MJB, Kanufre VC, Ferreira S. Fenilcetonúria/Phenylketonuria. Rev. méd. Minas Gerais. 1999 Jul; 9(3): p. 106-110, jul.-set. 1999.
- 6. Brasil. Ministério da Saúde (BR). Manual de Normas Técnicas e Rotinas Operacionais do Programa Nacional de Triagem Neonatal. Brasília: MS; 2003.
- 7. Matalon KM.Developments in Phenyilketonuria. Topics in Clinical Nutrition 2001;16(4):41-50.
- 8. Mendes KDS, Silveira RCCP, Galvão CM. Revisão integrativa: método de pesquisa para a incorporação de evidências na saúde e na enfermagem. Texto Contexto Enferm [Periódico na Internet]. 2008 Dec; 17(4): 758-764. Disponível em: http://www.scielo.br/scielo.php?script=sci\_arttext &pid=S0104-07072008000400018&lng=en
- 9. Leão LL, Aguiar MJB. Triagem neonatal: o que os pediatras deveriam saber. J. Pediatr. [Periódico na Internet]. 2008 Aug; 84(4Suppl): 80- 90. Disponível em:

http://www.scielo.br/scielo.php?script=sci\_arttext &pid=S0021-75572008000500012&lng=en.

DOI: 10.9789/2175-5361.2013v5n2Esp2p363

Moura GCB, Carvalho JO, Carvalho FG et al.

- 10. Magalhães PKR, Turcato MF, Angulo IL, Maciel LMZ. Programa de Triagem Neonatal do Hospital das Clínicas da Faculdade de Medicina de Ribeirão Preto, Universidade de São Paulo, Brasil. Cad. Saúde Pública [Periódico na Internet]. 2009 Feb; 25(2): 445-454. Disponível em: http://www.scielo.br/scielo.php?script=sci\_arttext &pid=S0102-311X2009000200023&lng=en.
- 11. Botler J, Camacho LAB, Cruz MM, George P. Triagem neonatal: o desafio de uma cobertura universal e efetiva. Ciênc. saúde coletiva. [Periódico na Internet]. 2010 Mar; 15(2): 493-508. Disponível em: http://www.scielo.br/scielo.php?script=sci\_arttext &pid=S1413-81232010000200026&lng=en.
- 12. Mancini PC, Starling ALP, Penna LM, Ramos CAV, Ferreira MIO, Iório MCM. Achados audiológicos em crianças com fenilcetonúria. Rev. soc. bras. fonoaudiol. [Periódico na Internet]. 2010; 15(3): 383-389. Disponível em: http://www.scielo.br/scielo.php?script=sci\_arttext &pid=S1516-80342010000300012&lng=en.
- 13. Botler J, Camacho LAB, Cruz MM. Análise de desempenho do Programa de Triagem Neonatal do Estado do Rio de Janeiro, Brasil, de 2005 a 2007. Cad. Saúde Pública. [Periódico na Internet]. 2011 Dec; 27(12): 2419-2428. Disponível em: http://www.scielo.br/scielo.php?script=sci\_arttext &pid=S0102-311X2011001200013&lng=en.
- 14. Botler J. Camacho LAB. Cruz MM. congênita Fenilcetonúria, Hipotireoidismo Hemoglobinopatia: questões de saúde pública para um programa de triagem neonatal brasileiro. Cad. Saúde Pública. [Periódico na Internet]. 2012 Sep; 28(9): 1623-1631. Disponível em: J. res.: fundam. care. online 2013.dec. 5(6): 363-371

Treatment of child with phenylketonuria... http://www.scielo.br/scielo.php?script=sci\_arttext &pid=S0102-311X2012000900002&lng=en.

- 15. Nunes AKC, Wachholz RG, Rover MRM, Souza LC. Prevalência de patologias detectadas pela triagem neonatal em Santa Catarina. Arq Bras Endocrinol Metab. [Periódico na Internet]. 2013 Jul; 57(5): 360-367. Disponível em: http://www.scielo.br/scielo.php?script=sci\_arttext &pid=S0004-27302013000500005&lng=en.
- 16. Mendes LC, Santos TT, Bringel FA. Evolução do programa de triagem neonatal no estado do Tocantins. Arq Bras Endocrinol Metab. [Periódico na Internet]. 2013 Mar; 57(2): 112-119. Disponível em:

http://www.scielo.br/scielo.php?script=sci\_arttext &pid=S0004-27302013000200003&lng=en.

- 17. Lamônica DAC, Gejão MG, Ferreira AT, Silva GK, Anastácio-Pessan FL. Desenvolvimento infantil na fenilcetonúria: atuação fonoaudiológica. Rev. CEFAC [Periódico na Internet]. 2010 Apr; 12(2): 326-330. Disponível em: http://www.scielo.br/scielo.php?script=sci\_arttext &pid=S1516-18462010000200020&lng=en. Epub Nov 20,2009.
- 18. Martins FF, Mendes AB, Cruz WMS, Boa-ventura GT. Metabolismo do cálcio na fenilcetonúria. Rev. Nutr. [Periódico na Internet]. 2009 Jun; 22(3): 419-428. Disponível em: http://www.scielo.br/scielo.php?script=sci\_arttext &pid=S1415-52732009000300012&lng=en.
- 19. Alves MRA, Starling ALP, Kanufre VC, Soares RDL, Norton RC, Aguiar MJB et al. Estado nutricional e ingestão de selênio em crianças com fenilcetonúria em Minas Gerais, Brasil. J. Pediatr. [Periódico na Internet]. 2012 Oct; 88(5): 396-400. Disponível em:

ISSN 2175-5361

Moura GCB, Carvalho JO, Carvalho FG *et al*. http://www.scielo.br/scielo.php?script=sci\_arttext &pid=S0021-75572012000500007&lng=en.

20. Silva GK, Lamônica DAC. Desempenho de crianças com fenilcetonúria no Teste de Screening de Desenvolvimento Denver - II. Pró-Fono R. Atual. Cient. [Periódico na Internet]. 2010 Sep; 22(3): 345-350. Disponível em: http://www.scielo.br/scielo.php?script=sci\_arttext &pid=S0104-56872010000300031&lng=en.

21. Stranieri I, Takano OA. Avaliação do Serviço de Referência em Triagem Neonatal para hipotireoidismo congênito e fenilcetonúria no Estado de Mato Grosso, Brasil. Arq Bras Endocrinol Metab. [Periódico na Internet]. 2009 Jun; 53(4): 446-452. Disponível em: http://www.scielo.br/scielo.php?script=sci\_arttext &pid=S0004-27302009000400010&lng=en.

22. Amorim T, Boa-Sorte N, Leite MEQ, Acosta AX. Aspectos clínicos e demográficos da fenilcetonúria no Estado da Bahia. Rev. paul. pediatr. [Periódico na Internet]. 2011 Dec; 29(4): 612-617. Disponível em:

http://www.scielo.br/scielo.php?script=sci\_arttext &pid=S0103-05822011000400022&lng=en.

Received on: 10/07/2013
Required for review: no
Approved on: 25/10/2013
Published on: 27/12/2013

Treatment of child with phenylketonuria...

DOI: 10.9789/2175-5361.2013v5n2Esp2p363