Diet Recommendations for Duarte Galactosemia (D/G)

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Dear Doctor,

Duarte Galactosemia is a benign variant galactosemia. Infants with D/G galactosemia usually have a galactose -1- phosphate uridytransferase (GALT) activity between 5 and 20% of control values. These infants have inherited one gene for classic galactosemia from one parent and one gene for the Duarte variant from the other parent. There is a short video available on our website which provides additional explanation of Duarte galactosemia.

(www.peds.ufl.edu/peds2/divisions/genetics/caw/programs_newborn_screening.htm).

Infants with Duarte Galactosemia who receive milk based formulas or breast milk do not have symptoms of classic galactosemia. Lactose restriction in the first year of life does not appear to make any difference in DG galactosemics’ biochemical, clinical, and developmental outcomes up to 5 years of age (Ficicioglu C. et al., Molecular Genetics and Metabolism, 95 (2008), 206-212).

Because there is no convincing evidence that galactose restriction is beneficial in Duarte Galactosemia, we have developed the following recommendations:

1) **For Breast-fed Babies:** Continue breastfeeding. If the parent desires, RBC Galactose-1-Phosphate (Gal-1-P) levels can be monitored. Preservation of breast feeding is optimal.

2) **For Formula-fed Babies:** Either soy-based or milk-based formula can be used.

In breast fed or milk formula fed infants, the Gal-1-P level is expected to normalize by one year. There are no known clinical manifestations associated with elevated gal-1-P levels in patients with Duarte Galactosemia.

We are happy to discuss treatment recommendations with you or with your patient’s family. Our clinical physicians (Charles Williams, MD, Roberto Zori, MD and Daniel Driscoll MD) and our dietitians (Helen McCune, MS, RD and Lindsay Raub, MS, RD) are available to provide consultation. We can be reached at 352 294-5050 or through the Shands Consult Center at 1-888-4UF-SHANDS.