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G6PD deficiency

Information for patients & families

Leeds Children's Hospital

Introduction

G6PD (glucose-6-phosphate dehydrogenase) deficiency describes a shortage of an enzyme (chemical) found in the red blood cells. It is very common in certain racial groups, and scientists think there are about 400 million people in the world with G6PD deficiency.

G6PD deficiency does not go away and is a lifelong condition. It is an inherited disease (i.e. passed on from previous generations). You cannot catch it by being in contact with someone else.

It is more common in males and is usually passed on to male children from their mother, even though she has had no symptoms herself. The mother is described as being a carrier of the condition. Your doctor can explain the way in which it is inherited and the tests that can be done to check for the condition.

Most people with G6PD deficiency have a completely normal life as long as they avoid certain foods and drugs. Some people with the condition will get anaemia. Anaemia can make children look pale and have less energy. This may happen after taking one of the drugs or eating the foods listed below, or during an illness such as an infection. Some babies with G6PD deficiency may have jaundice for longer than usual in the first month of life. Jaundice makes the skin look yellow because of the breakdown of red blood cells.

Signs and symptoms

If your child has G6PD deficiency, they should be checked by a doctor whenever any of the following symptoms develop:

- pale skin (pallor)
- persistent and/or severe tiredness
- dark coloured urine (wee)
- jaundice (yellow skin or eyes).

If you are worried or concerned please contact:

Children's Haematology and Oncology Day Unit

Monday - Friday 8.30am - 6pm
Tel: 0113 392 7379

Ward L31

6pm - 8:30am + Weekends and bank holidays
Tel: 0113 392 7431

Care at home

You should always check with your doctor or pharmacist before giving any medication to your child.

In particular your child should avoid the foods, drugs and chemicals on this list:

Antibiotics

- Sulphonamides (check with your doctor)
- Co-trimoxazole (Bactrim, Septrin)
- Dapsone
- Chloramphenicol
- Nitrofurantoin
- Nalidixic acid
- Antimalarials

Always discuss with your doctor before you take any antimalarial medication such as:

- Chloroquine
- Hydroxychloroquine
- Primaquine
- Quinine
- Mepacrine

Chemicals

- Moth balls (naphthalene)
- Methylene blue

Foods

- Fava beans - also called broad beans

(If you are not sure, identify the bean before using. The hospital can help.)

Other drugs

- Sulphasalazine
- Methyldopa
- Large doses of vitamin C
- Hydralazine
- Procainamide
- Quinidine
- Some anti-cancer drugs

Always check the labels of any medications you buy without a prescription.

Be careful about using herbal, naturopathic or other alternative / complementary therapies.

Key points to remember

- G6PD is an inherited condition and cannot be spread from one person to another.
- Most people with G6PD deficiency have a completely normal life as long as they avoid certain foods and drugs.
- Some people with the condition will get anaemia or jaundice, especially after taking medicine or eating food they should avoid, or after an infection.
- Give copies of this factsheet to other people who care for your child (e.g. school, nursery, crèche, babysitters) and take it with you when you visit your GP.

Useful contacts

G6PD Deficiency Association

www.g6pd.org

Children's Haematology and Oncology Day Unit

Level C, Clarendon wing, Leeds Children's Hospital at Leeds General Infirmary

Reception: 0113 392 7179 (To re-arrange, cancel or check appointments)

Nurses: 0113 392 7379 (For medical advice)

Unit Manager: Julie White, 0113 392 8806

Ward L31

Level A, Clarendon Wing, LGI
Tel: 0113 392 7431

Developed by: Mike Richards, Consultant Paediatric Haematologist and Ben Sykes, Clinical Nurse Specialist Paediatric Haematology
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