

# PRODUCT BROCHURE

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<b>PKU</b>	Phenylketonuria
<b>HPA</b>	Hyperphenylalaninemia
<b>PAH</b>	Phenylalanine hydroxylase
<b>DBS</b>	Dried blood spot
<b>BMI</b>	Body mass index
<b>WHO</b>	World Health Organization
<b>PHE</b>	Phenylalanine
<b>TYR</b>	Tyrosine
<b>DHA</b>	Docosahexaenoic acid
<b>MSUD</b>	Leucinosi or Maple syrup urine disease
<b>EFSA</b>	European food safety authority
<b>CoA</b>	AcetylCoA
<b>IVA</b>	Isovaleric acidemia
<b>GAI</b>	Glutaric aciduria type 1
<b>FAH</b>	Fumarylacetoacetate hydrolase
<b>TYRI</b>	Tyrosinemia type 1
<b>MMA</b>	Methylmalonic aciduria/acidemia
<b>PA</b>	Propionic aciduria/acidemia
<b>MCM</b>	Methylmalonyl-CoA mutase
<b>PCC</b>	Propionyl-CoA carboxylase
<b>GFR</b>	Glomerular filtration rate
<b>HOM</b>	Classical Homocystinuria
<b>UCD</b>	Urea Cycle Disorders

# Hyperphenylalaninemia (HPA) / phenylketonuria (PKU)

HPA/PKU is an inborn error of metabolism due to deficiency in the enzyme phenylalanine-hydroxylase that affects the metabolism of the amino acid phenylalanine.

If not diagnosed and treated early, the pathology causes progressive and irreversible cerebral damage with onset of psychomotor and mental retardation, albeit with different phenotypic manifestations depending on the type of enzymatic mutation (> 600 possible forms).

The key treatment to prevent the above-mentioned clinical condition is dietary management with low and controlled intake of phenylalanine, based on individual tolerance, through the intake of protein-free products and protein substitutes devoid of phenylalanine, for the purpose of ensuring adequate protein requirements. Protein substitutes are further integrated with micronutrients and essential amino acids.

This dietary therapy must be scrupulously observed throughout one's lifetime and without interruption to ensure that adequate psychomotor development is achieved.

Around 30% of patients with a certain genetic mutation respond to pharmacological treatment with tetrahydrobiopterin (BH4), the only medicinal product used for this pathology to date.

Disease severity is determined by the concentration of phenylalanine in the blood: if it is below 360  $\mu\text{mol/L}$ , no therapeutic intervention is necessary. For higher values, the treatment must be lifelong. Target concentrations to achieve with treatment are as follows: below 350  $\mu\text{mol/L}$  for patients up to 12 years of age, and below 60  $\mu\text{mol/L}$  for patients above 12 years of age (1).

For women who are trying to conceive and during pregnancy (maternal PKU), phenylalanine blood levels must be below 360  $\mu\text{mol/L}$ . High phenylalanine levels are teratogenic for the fetus (1).

» ENZYME	Phenylalanine hydroxylase (PAH) deficiency (12q22-q24.2)
» TRANSMISSION	Autosomal recessive
» INCIDENCE	1: 10,000 in Europe (2)
» OMIM	261200
» TREATMENT	Dietary therapy / pharmacological therapy (if applicable)

**Phenylketonuria (PKU), the most frequent of inborn errors of metabolism, now has European guidelines, the first ever published** (1). The guidelines indicate minimal management and follow-up requirements based on age, compliance to the treatment, and clinical status. Indeed, nutritional, clinical, and biochemical follow-up is necessary for all patients, irrespective of therapy. The message from the guidelines is that a patient with phenylketonuria levels within therapeutic ranges can have an absolutely normal and rewarding life.

**Guidelines are freely accessible at:**

[https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5639803/pdf/13023\\_2017\\_Article\\_685.pdf](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5639803/pdf/13023_2017_Article_685.pdf)

#### References:

1. Van Wegberg, A. M. J. et al. The Complete European Guidelines on Phenylketonuria: Diagnosis and Treatment. *Orphanet Journal of Rare Diseases* 12 (2017): 162. PMC. Web. 6 Mar. 2018.
2. van Spronsen, F. J et al. Key European guidelines for the diagnosis and management of patients with phenylketonuria. *he Lancet Diabetes & Endocrinology*. 2017, Volume 5, Issue 9, 743 - 756.



Ready to use phenylalanine-free drink with long-chain fatty acids, vitamins, and minerals, indicated for dietary management of hyperphenylalaninemia, including newborn phenylketonuria, from birth to the first year of age.

» **INDICATIONS** Ready to use phenylalanine-free drink, with long-chain fatty acids, indicated for the dietary management of newborns suffering from hyperphenylalaninemia including phenylketonuria, from birth up to 12 months of age, or as supplement beyond one year of age.

» **DOSAGE AND ADMINISTRATION** According to the physician's prescription, taking into account age, body weight, clinical condition and nutritional needs of the subject.

» **INSTRUCTIONS FOR USE** Shake the bottle well. Pour the required amount of food product into the baby bottle, heat in a water bath or a microwave oven to the desired temperature (37°C), and administer. After use, close the bottle well. Refrigerate and use within the second day. The product is ready for use and should not be further diluted, unless specifically indicated by a pediatrician.

» **STORAGE CONDITIONS** Store the product in a dry place at a temperature between 5°C and 25°C, away from light and sources of direct heat. The expiry date refers to the product in an unopened, correctly stored package.

» **IMPORTANT WARNINGS** Afenil® Uno must only be taken under medical supervision by individuals with known hyperphenylalaninemia including phenylketonuria. Afenil® Uno can be used as the sole food source. The product can result in health risks if consumed by individuals who do not have the specific disorder for which it is indicated. Keep out of the reach of children. Do not use by parenteral administration.

## NUTRITIONAL INFORMATION

food for special medical purposes

	per 100 ml		per 100 ml
Energy kJ/kcal	287/68	Iron	0.8 mg
Fats	3.20 g	Phosphorus	45 mg
of which saturated fatty acids	1.4 g	Iodine	14 µg
of which Linolic acid (18:2)	0.40 g	Magnesium	6 mg
of which Linolenic acid (18:3)	0.04 g	Manganese	45 µg
of which arachidonic acid	0.03 g	Molybdenum	5 µg
of which docosahexaenoic acid (DHA)	0.02 g	Potassium	75 mg
Carbohydrates	7.9 g	Copper	50 µg
of which sugars	4.2 g	Selenium	3 µg
Fiber	0 g	Sodium	24 mg
Protein equivalent	2.0 g	Zinc	0.9 mg
Salt	0.06 g		
		<b>AMINO ACIDS</b>	
<b>VITAMINS</b>		L-Alanine	0.12 g
Biotin	1.7 µg	L-Arginine	0.15 g
Folic acid	8 µg	Ac. L-Aspartate	0.24 g
Niacin	900 µg	L-Carnitine	2.1 mg
Pantothenic acid (Vitamin B5)	400 µg	L-Cystine	0.06 g
Riboflavin (Vitamin B2)	100 µg	L-Phenylalanine	– g
Thiamine (Vitamin B1)	50 µg	Glycine	0.24 g
Vitamin A	75 µg	L-Isoleucine	0.16 g
Vitamin B6	40 µg	L-Histidine	0.09 g
Vitamin B12	0.23 µg	L-Leucine	0.25 g
Vitamin C	15 mg	L-Lysine	0.17 g
Vitamin D	1.7 µg	L-Methionine	0.04 g
Vitamin E	0.7 mg	L-Proline	0.17 g
Vitamin K	6 µg	L-Serine	0.11 g
		L-Taurine	4.27 mg
<b>MINERALS</b>		L-Tyrosine	0.24 g
Choline	24 mg	L-Threonine	0.16 g
Calcium	60 mg	L-Tryptophan	0.05 g
Chloride	55 mg	L-Valine	0.18 g
Chromium	2 µg		



Phenylalanine-free amino acid mixture indicated for dietary management of hyperphenylalaninemia, including phenylketonuria.

» **INDICATIONS** For dietary management of children from the first year of age and of adults, with confirmed hyperphenylalaninemia including phenylketonuria, and maternal phenylketonuria.

» **DOSAGE AND ADMINISTRATION** Following the physician's prescription, taking into account age, body weight and clinical conditions of the patient.

» **INSTRUCTIONS FOR USE** Take the prescribed quantity of Afenil<sup>®</sup> 2, divided in 3-4 daily doses, in addition to other foods permitted by the diet. Afenil<sup>®</sup> 2 can also be taken as a cold drink, dissolving at first the necessary powder in a small quantity of water (20 ml), then further diluting until obtaining the consistency and the desired volume (80 ml). For dilution, one can use water or other allowed drinks, also flavored. Once prepared, it is recommended that the drink is consumed within 1 hour, or else store in a refrigerator (2-4°C) and consume within 24 hours.

» **STORAGE CONDITIONS** After use, close the tub properly and store in cool and dry place, away from light and sources of direct heat. The expiry date refers to the product correctly stored in its intact package.

» **IMPORTANT WARNINGS** Afenil<sup>®</sup> 2 must be used under medical supervision, by individuals with confirmed hyperphenylalaninemia, including phenylketonuria. Afenil<sup>®</sup> 2 cannot be used as one's sole food source. The product can result in health risks if consumed by individuals who do not have the specific disorder for which it is indicated. Keep out of the reach of children.

## NUTRITIONAL INFORMATION

food for special medical purposes

	per 100 g of powder	per 100 ml reconstituted at 5% (5 g in 100 ml of liquid)
Energy kJ/kcal	1416/333	71/17
Carbohydrates	0.0 g	0.0 g
of which sugars	0.0 g	0.0 g
Fats	0.0 g	0.0 g
of which saturated fatty acids	0.0 g	0.0 g
Protein equivalent	83.3 g	4.2 g
Salt	0.0 g	0.0 g

### AMINO ACIDS

L-Alanine	3.56 g	0.178 g
L-Arginine	5.75 g	0.288 g
Ac. L-Aspartate	9.11 g	0.456 g
L-Carnitine	102.30 mg	5.115 mg
L-Cystine	2.32 g	0.116 g
Glycine	9.07 g	0.454 g
L-Glutamine	7.05 g	0.353 g
L-Isoleucine	6.21 g	0.311 g
L-Histidine	3.55 g	0.178 g
L-Leucine	9.75 g	0.488 g
L-Lysine	6.45 g	0.323 g
L-Methionine	1.72 g	0.086 g
L-Phenylalanine	– g	– g
L-Proline	6.49 g	0.325 g
L-Serine	4.05 g	0.203 g
Taurine	180.00 mg	9.000 mg
L-Tyrosine	9.16 g	0.458 g
L-Threonine	6.30 g	0.315 g
L-Tryptophan	1.95 g	0.098 g
L-Valine	7.19 g	0.360 g

# afenil<sup>®</sup> gel

720 g  
30 per 24 g



PKU

6+



Phenylalanine-free amino acid mixture with vitamins, minerals, selenium, taurine, and carnitine, indicated for dietary management of hyperphenylalaninemia including phenylketonuria.

» INDICATIONS

For the dietary management of infants over six month of age and adults, with known hyperphenylalaninemia including phenylketonuria and maternal phenylketonuria.

» DOSAGE AND ADMINISTRATION

According to the physician's prescription, taking into account age, body weight and clinical condition of the subject.

» INSTRUCTIONS FOR USE

Afenil<sup>®</sup> Gel can be consumed either as a gel or as a beverage.

**To make a gel:** pour the content of an Afenil<sup>®</sup> Gel sachet in a glass; if desired, add flavoring as preferred; add around 30 ml of cold water; mix well for around 10 seconds; to obtain a creamy gel: let it rest for around 2 minutes.

**To make a drink:** pour the content of an Afenil<sup>®</sup> Gel sachet in a glass; if desired, flavored as preferred; add around 80 ml of cold water; mix well for around 10 seconds; drink immediately.

Reconstituted Afenil<sup>®</sup> Gel can be consumed with a spoon or mixed with other allowed foods. For best results, Afenil<sup>®</sup> Gel should be prepared and consumed immediately. When necessary, the reconstituted and unused product can be kept for up to 24 hours in a refrigerator and mixed well before use. Once opened, the powder in the pouch should be completely consumed. Any excess product can be stored in a refrigerator and used within 24 hours.

» STORAGE CONDITIONS

Store in a cool and dry place, away from light and sources of direct heat. The expiry date refers to the product in an unopened, correctly stored package.

» IMPORTANT WARNINGS

Afenil<sup>®</sup> Gel must only be taken under medical supervision by individuals with known hyperphenylalaninemia including phenylketonuria. Afenil<sup>®</sup> Gel must not be used as one's only food source. Keep out of the reach of children. The product can result in health risks if consumed by individuals who do not have the specific disorder for which it is indicated.

NUTRITIONAL INFORMATION

food for special medical purposes

	per 100 g	per 24 g (1 sachet)	MINERALS	per 100 g	per 24 g (1 sachet)
Energy kJ/kcal	1362/326	327/78	Phosphorus	825 mg	198 mg
Fats	0 g	0 g	Iodine	138 µg	33.1 µg
of which saturated fatty acids	0 g	0 g	Magnesium	167 mg	40 mg
Carbohydrates	39.4 g	9.5 g	Manganese	1.7 mg	0.41 mg
of which sugars	25.5 g	6.1 g	Molybdenum	50 µg	12 µg
Protein equivalent	42 g	10 g	Potassium	938 mg	225 mg
Salt	0.95 g	0.23 g	Copper	800 µg	190 µg
			Selenium	35 µg	8.4 µg
			Sodium	379 mg	91 mg
			Zinc	11 mg	2.6 mg

VITAMINS

Biotin	25 µg	6.0 µg
Choline	279 mg	67 mg
Folic acid	208 µg	49.9 µg
Niacin	14 mg	3.4 mg
Pantothenic Acid	5.0 mg	1.2 mg
Riboflavin (Vitamin B2)	1200 µg	290 µg
Thiamine (Vitamin B1)	1000 µg	240 µg
Vitamin A	600 µg (RE)	144 µg (RE)
Vitamin B6	1100 µg	260 µg
Vitamin B12	2.0 µg	0.48 µg
Vitamin C	63 mg	15 mg
Vitamin D	14.6 µg	3.5 µg
Vitamin E	9.0 mg (αTE)	2.2 mg (αTE)
Vitamin K	41 µg	9.8 µg

MINERALS

Calcium	1083 mg	260 mg
Chloride	583 mg	140 mg
Chromium	71 µg	17 µg
Iron	14 mg	3.4 mg

AMINO ACIDS

L-Alanine	1.8 g	0.4 g
L-Arginine	2.9 g	0.7 g
Ac. L-Aspartate	4.6 g	1.1 g
L-Carnitine	46 mg	11 mg
L-Cystine	1.2 g	0.3 g
Glycine	4.6 g	1.1 g
L-Glutamine	3.6 g	0.9 g
L-Isoleucine	3.1 g	0.7 g
L-Histidine	1.8 g	0.4 g
L-Leucine	4.7 g	1.1 g
L-Phenylalanine	– g	– g
L-Lysine	3.3 g	0.8 g
L-Methionine	0.9 g	0.2 g
L-Proline	3.3 g	0.8 g
L-Serine	2.0 g	0.5 g
Taurine	92 mg	22 mg
L-Tyrosine	4.6 g	1.1 g
L-Threonine	3.2 g	0.8 g
L-Tryptophan	1.0 g	0.2 g
L-Valine	3.6 g	0.9 g





Phenylalanine-free amino acid mixture with vitamins, carbohydrates, and minerals, indicated in the dietary management of hyperphenylalaninemia, including phenylketonuria.

» INDICATIONS

For dietary management of children over three years of age and adults, with known hyperphenylalaninemia including phenylketonuria and maternal phenylketonuria.

» DOSAGE AND ADMINISTRATION

According to the physician's prescription, taking into account age, body weight, and clinical conditions of the subject.

» INSTRUCTIONS FOR USE

Dissolve one pouch of Afenil® Medi 15 in approximately 80 ml of water or other allowed liquids. Afenil® Medi 15 can be flavored as desired. Once reconstituted, the product should be consumed immediately. When necessary, the reconstituted product can be kept for up to 24 hours in the refrigerator and mixed well before use.

» STORAGE CONDITIONS

Store the product in a cool and dry place, away from light and sources of direct heat. Afenil® Medi 15 are single-dose pouches. Any prepared and unused product can be stored in the refrigerator and used within 24 hours, mixing well before use. The expiry date refers to the product in an unopened, correctly stored package.

» IMPORTANT WARNINGS

Afenil® Medi 15 must only be taken under medical supervision by individuals with known hyperphenylalaninemia including phenylketonuria. Afenil® Medi 15 must not be used as one's only food source. Keep out of the reach of children. The product can result in health risks if consumed by individuals who do not have the specific disorder for which it is indicated.



**NUTRITIONAL INFORMATION**

food for special medical purposes

*	per 100 g	per 25 g	MINERALS	per 100 g	per 25 g
Energy kJ/kcal	1274/304	318/76	Calcium	1196 mg	299 mg
Fats	0 g	0 g	Chloride	1004.8 mg	251.2 mg
of which saturated fatty acids	0 g	0 g	Chromium	88 µg	22 µg
Carbohydrates	16.1 g	4 g	Iron	21.6 mg	5.4 mg
of which sugars	1.1 g	0.3 g	Phosphorus	1276 mg	319 mg
Protein equivalent	60 g	15 g	Iodine	252 µg	63 µg
Salt	1.27 g	0.32 g	Magnesium	376 mg	94 mg
			Manganese	3.08 mg	0.77 mg
			Molybdenum	144 µg	36 µg
			Potassium	940 mg	235 mg
			Copper	2240 µg	560 µg
			Selenium	88 µg	22 µg
			Sodium	508 mg	127 mg
			Zinc	21.6 mg	5.4 mg

\* Nutritional Values refer to the neutral flavor.  
 \* Orange flavor, x 100 g: Energy value x100 g 1211/289 kJ/kcal, x25 g: 303/72 kJ/kcal;  
 Carbohydrates: x100 g: 11.9 g, of which sugars 0.6 g, x25 g: 3 g, of which sugars 0.1 g  
 Berries flavor, x 100 g: Energy value x100 g 1216/291 kJ/kcal, x25 g: 304/73 kJ/kcal;  
 Carbohydrates: x100 g: 12.2 g, of which sugars 0.3 g, x25 g: 3.1 g, of which sugars 0.1 g

**VITAMINS**

Biotin	188 µg	47 µg
Choline	600 mg	150 mg
Folic acid	400 µg	100 µg
Pantothenic Acid	8.0 mg	2.0 mg
Niacin	24.8 mg	6.2 mg
Riboflavin (Vitamin B2)	2.3 mg	0.57 mg
Thiamine (Vitamin B1)	2.0 mg	0.50 mg
Vitamin A	832 µg (RE)	208 µg (RE)
Vitamin B12	4.8 µg	1.2 µg
Vitamin B6	2.8 mg	0.7 mg
Vitamin C	108 mg	27 mg
Vitamin D	13.2 µg	3.3 µg
Vitamin E	15.6 mg (αTE)	3.9 mg (αTE)
Vitamin K	100 µg	25 µg

**AMINO ACIDS**

L-Alanine	2.56 g	0.64 g
L-Arginine	4.16 g	1.04 g
Ac. L-Aspartate	6.56 g	1.64 g
L-Carnitine	64 mg	16.0 mg
L-Cystine	1.68 g	0.42 g
Glycine	6.52 g	1.63 g
L-Glutamine	5.12 g	1.28 g
L-Isoleucine	4.48 g	1.12 g
L-Histidine	2.56 g	0.64 g
L-Leucine	7.04 g	1.76 g
L-Lysine	4.64 g	1.16 g
L-Methionine	1.24 g	0.31 g
L-Proline	4.68 g	1.17 g
L-Phenylalanine	– g	– g
L-Serine	2.92 g	0.73 g
Taurine	132 mg	33.0 mg
L-Tyrosine	6.6 g	1.65 g
L-Threonine	4.56 g	1.14 g
L-Tryptophan	1.4 g	0.35 g
L-Valine	5.16 g	1.29 g



Ready to use phenylalanine-free amino acid mixture, enriched with EPA and DHA with vitamins and minerals, indicated in the dietary management of hyperphenylalaninemia, including phenylketonuria.

» **INDICATIONS** For the dietary management of children over three years of age and adults, with known hyperphenylalaninemia including phenylketonuria and maternal phenylketonuria.

» **DOSAGE AND ADMINISTRATION** According to the physician's prescription, taking into account age, body weight and clinical condition of the subject.

» **INSTRUCTIONS FOR USE** Shake well before use. Once the package has been opened, the drink should be consumed within 24 hours.

» **STORAGE CONDITIONS** Store the product in a cool and dry place, away from light and sources of direct heat. The expiry date refers to the product in an unopened, correctly stored package.

» **IMPORTANT WARNINGS** Afenil® Squash 15 must only be taken under medical supervision by individuals with known hyperphenylalaninemia including phenylketonuria. Afenil® Squash 15 must not be used as one's only source of food. Keep out of the reach of children. The product can result in health risks if consumed by individuals who do not have the specific disorder for which it is indicated.



## NUTRITIONAL INFORMATION

food for special medical purposes

*	per 100 ml	per 130 ml (1 sachet)	MINERALS	per 100 ml	per 130 ml (1 sachet)
Energy kJ/kcal	369/87	480/114	Calcium	230 mg	299 mg
Fats	0.34 g	0.44 g	Chloride	140 mg	182 mg
of which saturated fatty acids	0.03 g	0.04 g	Chromium	16.9 µg	22 µg
of which DHA	88.5 mg	115 mg	Iron	4.15 mg	5.4 mg
of which EPA	17.7 mg	23 mg	Phosphorus	205.4 mg	267 mg
Carbohydrates	6.9 g	9 g	Iodine	48.5 µg	63 µg
of which sugars	4.8 g	6.2 g	Magnesium	72.3 mg	94 mg
Protein equivalent	11.5 g	15 g	Manganese	0.6 mg	0.8 mg
Salt	0.25 g	0.32 g	Molybdenum	27.2 µg	35.4 µg
			Potassium	180.8 mg	235 mg
			Copper	420 µg	550 µg
			Selenium	16.9 µg	22 µg
			Sodium	99 mg	129.7 mg
			Zinc	4.15 mg	5.4 mg
			<b>AMINO ACIDS</b>		
			L-Alanine	0.53 g	0.69 g
			L-Arginine	0.86 g	1.12 g
			Ac. L-Aspartate	1.36 g	1.77 g
			L-Carnitine	13 mg	16.9 mg
			L-Cystine	0.35 g	0.46 g
			Glycine	1.35 g	1.76 g
			L-Isoleucine	0.93 g	1.21 g
			L-Histidine	0.53 g	0.69 g
			L-Phenylalanine	– g	– g
			L-Leucine	1.46 g	1.90 g
			L-Lysine	0.96 g	1.25 g
			L-Methionine	0.26 g	0.34 g
			L-Proline	0.97 g	1.26 g
			L-Serine	0.60 g	0.78 g
			Taurine	24.6 mg	32 mg
			L-Tyrosine	1.37 g	1.78 g
			L-Threonine	0.93 g	1.21 g
			L-Tryptophan	0.29 g	0.38 g
			L-Valine	1.07 g	1.39 g
			Choline	115 g	150 g

\* Nutritional Values refer to the orange flavor.  
 Berries flavor, per 100 ml: Energy 399/94 kJ/kcal;  
 per 130 ml (1 sachet): 519/122 kJ/kcal;  
 Carbohydrates per 100 ml: 9.5 g of which sugars  
 5.43 g; per 130 ml (1 sachet): 12.3 g of which  
 sugars 7.03 g

## VITAMINS

Biotin	36.2 µg	47 µg
Choline	115 mg	150 mg
Folic acid	76.9 µg (RE)	100 µg (RE)
Niacin	4.8 mg (NE)	6.2 mg (NE)
Pantothenic acid (Vitamin B5)	1.5 mg	2 mg
Riboflavin (Vitamin B2)	0.4 mg	0.57 mg
Thiamine (Vitamin B1)	0.38 mg	0.5 mg
Vitamin A	160 µg	208 µg
Vitamin B6	0.5 mg	0.7 mg
Vitamin B12	0.9 µg	1.2 µg
Vitamin C	21 mg	27 mg
Vitamin D	5.8 µg	7.5 µg
Vitamin E	3 mg (αTE)	3.7 mg (αTE)
Vitamin K	19.2 µg	25 µg



Slow-release micro-tablets. Phenylalanine-free amino acid mixture with fats and carbohydrates, indicated for the dietary management of hyperphenylalaninemia including phenylketonuria.

### SLOW-RELEASE TECHNOLOGY

» **INDICATIONS** For the dietary management of children and adults with known hyperphenylalaninemia including phenylketonuria and in maternal phenylketonuria. The micro-tablets are suitable for children of all ages in relation to their ability to swallow, as determined by the prescribing physician.

» **DOSAGE AND ADMINISTRATION** Following the physician's prescription, taking into account age, body weight, the clinical condition of the subject, and the fact that the tablets are slow-release. Afenil<sup>®</sup> Micro 3H releases the amino acids contained in the tablets over three hours following intake. The cap of the jar contains about 13 g of micro-tablets (equal to approximately 9 g of protein equivalent).

» **INSTRUCTIONS FOR USE** Take the prescribed amount with water or other allowed liquids. The micro-tablets have no taste; to retain this feature, it is recommended that they are not chewed, pulverized, or dissolved.

» **STORAGE CONDITIONS** After use, close the jar properly. Store in a cool and dry place, away from light and sources of direct heat. The expiry date refers to the product in an unopened, correctly stored package.

» **IMPORTANT WARNINGS** Afenil<sup>®</sup> Micro 3H must only be taken under medical supervision by individuals with known hyperphenylalaninemia including phenylketonuria. Afenil<sup>®</sup> Micro 3H must not be used as one's only source of food. Keep out of the reach of children. The product can result in health risks if consumed by individuals who do not have the specific disorder for which it is indicated.

### NUTRITIONAL INFORMATION

food for special medical purposes

	per 100 g
Energy kJ/kcal	1678/396
Fats	3.6 g
of which saturated fatty acids	3.59 g
Carbohydrates	13 g
of which sugars	0 g
Fiber	3.7 g
Protein equivalent	70.7 g
Salt *	1 g

### AMINO ACIDS

Ac. L-Aspartate	7.76 g
Glycine	7.68 g
L-Alanine	3.07 g
L-Arginine	4.90 g
L-Carnitine	0.08 g
L-Cystine	2.01 g
L-Glutamine	6.02 g
L-Isoleucine	5.31 g
L-Histidine	3.07 g
L-Leucine	8.27 g
L-Lysine	5.50 g
L-Phenylalanine	– g
L-Methionine	1.42 g
L-Proline	5.54 g
L-Serine	3.42 g
Taurine	0.12 g
L-Tyrosine	7.78 g
L-Threonine	5.31 g
L-Tryptophan	1.65 g
L-Valine	6.13 g

\* The salt content is due exclusively to the sodium in the product which equals 0.404 g/100 g



Slow-release micro-tablets. Phenylalanine-free LNAA (Large Neutral Amino Acids) mixture with fats, carbohydrates, arginine, and lysine, indicated for the dietary management of hyperphenylalaninemia including phenylketonuria.

### SLOW-RELEASE TECHNOLOGY

» **INDICATIONS** For the dietary management of children and adults with known hyperphenylalaninemia including phenylketonuria. The micro-tablets are suitable for children of all ages depending on their ability to swallow, as determined by the attending physician.

» **DOSAGE AND ADMINISTRATION** Following the doctor's prescription, taking into account age, body weight, the clinical condition of the subject, and the fact that the tablets are delayed-release. NeutraFenil<sup>®</sup> Micro R releases the amino acids contained in the micro-tablets over a three hour period after it is taken. The cap of a jar contains about 9 g protein equivalents (equal to approximately 13 g of micro-tablets).

» **INSTRUCTIONS FOR USE** Take the prescribed amount with water or other allowed liquids. The micro-tablets have no taste; do not chew, pulverize, or try to put them into solution.

» **STORAGE CONDITIONS** After use, close the jar well. Store in a cool and dry place, away from light and sources of direct heat. The expiry date refers to the product in an unopened, correctly stored package.

» **IMPORTANT WARNINGS** The product must only be taken under medical supervision by individuals with known hyperphenylalaninemia including phenylketonuria. The product must not be used as one's only food source. Keep out of the reach of children. The product can result in health risks if consumed by individuals who do not have the specific disorder for which it is indicated.

### NUTRITIONAL INFORMATION

food for special medical purposes

	per 100 g
Energy kJ/kcal	1686/399
Fats	5.3 g
of which saturated fatty acids	5.3 g
Carbohydrates	12 g
of which sugars	0 g
Fiber	5.8 g
Protein equivalent	70.79 g
Salt	1.6 g

### AMINO ACIDS

L-Arginine	1.92 g
L-Aspartate	4.95 g
L-Phenylalanine	– g
L-Isoleucine	10 g
L-Histidine	3.36 g
L-Leucine	12 g
L-Lysine	5.44 g
L-Methionine	2.72 g
L-Tyrosine	24 g
L-Threonine	2.56 g
L-Tryptophan	8 g
L-Valine	10 g



CREME CARAMEL FLAVOR



Phenylalanine-free amino acid mixture, with sweeteners, indicated for the dietary management of hyperphenylalaninemia, including phenylketonuria.

» **INDICATIONS** For the dietary management of children over three years of age and adults, with known hyperphenylalaninemia including phenylketonuria and maternal phenylketonuria.

» **DOSAGE AND ADMINISTRATION** According to the doctor's prescription, taking into account age, body weight, and clinical condition of the subject.

» **INSTRUCTIONS FOR USE** Afenil<sup>®</sup> Buddy is used to make a cream to be taken with a spoon. To prepare, pour the contents of one sachet into a glass and add at least 80 ml of protein-free drink such as Milco<sup>®</sup>, water or other allowed drinks, depending individual tastes. Sweeten if necessary. Mix well and allow the reconstituted mixture to sit for a couple of minutes. A warm liquid can be used to improve solubility of the product. The reconstituted product can be consumed immediately, stored in a refrigerator as a pudding for 24 hours or in the freezer, and eaten as an ice cream. After consuming, drink water or other allowed drinks.

» **STORAGE CONDITIONS** Store in a cool and dry place, away from light and sources of direct heat. The expiry date refers to the product in an unopened, correctly stored package.

» **IMPORTANT WARNINGS** Afenil<sup>®</sup> Buddy must only be taken under medical supervision by individuals with known phenylalaninemia including phenylketonuria. Afenil<sup>®</sup> Buddy must not be used as one's only source of food. Keep out of the reach of children. The product can result in health risks if consumed by individuals who do not have the specific disorder for which it is indicated.

## NUTRITIONAL INFORMATION

food for special medical purposes

	per 100 g of powder	x 22 g (1 sachet)
Energy kJ/kcal	1409/334	310/73
Fats	< 0.5 g	< 0.5 g
of which saturated fatty acids	< 0.1 g	< 0.1 g
Carbohydrates	28 g	6 g
of which sugars	2.9 g	0.6 g
Dietary fiber	21 g	5 g
Protein equivalent	45 g	10 g
Salt	0.48 g	0.1 g
Sodium equivalent	0.19 g	0.04 g

### AMINO ACIDS

L-Alanine	1.81 g	0.40 g
L-Arginine	2.89 g	0.64 g
Ac. L-Aspartate	4.58 g	1.01 g
L-Carnitine	45 mg	9.9 mg
L-Cystine	1.19 g	0.26 g
Glycine	4.52 g	0.99 g
L-Glutamine	3.55 g	0.78 g
L-Isoleucine	3.13 g	0.69 g
L-Histidine	1.81 g	0.4 g
L-Leucine	4.87 g	1.07 g
L-Lysine	3.24 g	0.71 g
L-Phenylalanine	– g	– g
L-Methionine	0.83 g	0.18 g
L-Proline	3.27 g	0.72 g
L-Serine	2.01 g	0.44 g
Taurine	70 mg	15.4 mg
L-Tyrosine	4.58 g	1.01 g
L-Threonine	3.13 g	0.69 g
L-Tryptophan	0.97 g	0.21 g
L-Valine	3.61 g	0.79 g



Phenylalanine-free amino acid mixture indicated for the dietary management of phenylketonuria for children from 3 years of age and in adults.

» **INDICATIONS** For the dietary management of adults and children over the age of three, with confirmed hyperphenylalaninemia including phenylketonuria and maternal phenylketonuria.

» **DOSAGE AND ADMINISTRATION** Following the physician's prescription, taking into account age, body weight and clinical conditions of the patient.

» **INSTRUCTIONS FOR USE** Dissolve one sachet of Afenil® Lime in approximately 80 ml of water or other allowed liquids. Once reconstituted, the product should be consumed immediately. When necessary, the reconstituted product can be kept for up to 24 hours in the refrigerator and mixed well before use.

» **STORAGE CONDITIONS** Store in a cool and dry place, away from light and sources of direct heat. The expiry date refers to the product in an unopened, correctly-stored package.

» **IMPORTANT WARNINGS** Afenil® Lime must only be taken under medical supervision by individuals with confirmed hyperphenylalaninemia, including phenylketonuria. Afenil® Lime cannot be used as one's sole food source. The product can result in health risks if consumed by individuals who do not have the specific disorder for which it is indicated. Keep out of the reach of children.

#### NUTRITIONAL INFORMATION

food for special medical purposes

	per 100 g of powder	per 14 g (1 sachet)
Energy kJ/kcal	1381/325	193/45
Fats	0.4 g	0.1 g
of which saturated fatty acids	0 g	0 g
Carbohydrates	0.4 g	0 g
of which sugars	0 g	0 g
Proteine equivalenti	74 g	10 g
Salt	0 g	0 g

#### AMINO ACIDS

L-Alanine	3.13 g	0.44 g
L-Arginine	5.01 g	0.70 g
Ac. L-Aspartate	8.99 g	1.26 g
L-Carnitine	89.8 mg	12.6 mg
L-Cystine	2.04 g	0.29 g
Glycine	7.97 g	1.12 g
L-Glutamine	6.2 g	0.87 g
L-Isoleucine	5.46 g	0.76 g
L-Histidine	3.13 g	0.44 g
L-Leucine	8.57 g	1.20 g
L-Lysine	5.67 g	0.79 g
L-Methionine	1.51 g	0.21 g
L-Proline	5.71 g	0.80 g
L-Serine	3.56 g	0.50 g
Taurine	158 mg	22 mg
L-Tyrosine	8.04 g	1.13 g
L-Threonine	5.53 g	0.77 g
L-Tryptophan	1.72 g	0.24 g
L-Valine	6.32 g	0.88 g

# afenil<sup>®</sup> GMP UP

bars coconut

1800 g  
30 x 60 g



PKU

3+



Low-phenylalanine protein substitute with Glycomacropeptide (GMP) isolated from casein with a selected blend of essential and no-essential amino acids, carbohydrates, vitamins and minerals, with sweetener.

» **INDICATIONS** For the dietary management of adults and children over three years of age, with confirmed hyperphenylalaninemia including phenylketonuria.

» **DOSAGE AND ADMINISTRATION** Following the physician's prescription, taking into account age, body weight, and clinical conditions of the subject.

» **INSTRUCTIONS FOR USE** Ready-to-eat bars.

» **STORAGE CONDITIONS** Store well closed in a cool and dry place, at a temperature below 25 °C, away from light, humidity and sources of direct heat. The date of minimum durability refers to the product in an unopened, correctly-stored package..

» **IMPORTANT WARNINGS** Afenil<sup>®</sup> GMP UP must only be taken under medical supervision by individuals with confirmed hyperphenylalaninemia, including phenylketonuria. Afenil<sup>®</sup> GMP UP cannot be used as one's sole food source. The product can result in health risks if consumed by individuals who do not have the specific disorder for which it is indicated. Protein substitutes based on GMP are a natural source of phenylalanine. Keep out of the reach of children.

## NUTRITIONAL INFORMATION

food for special medical purposes

	per 100 g	per 60 g (1 bar)	MINERALS	per 100 g	per 60 g (1 bar)
Energy kJ/kcal	1473/349	884/210	Calcium	332 mg	199 mg
Fats	7.2 g	4.3 g	Chloride	279 mg	167 mg
of which saturated fatty acids	5.7 g	3.4 g	Chromium	24 µg	15 µg
Carbohydrates	50 g	30.2 g	Iron	6 mg	3.6 mg
of which sugars	20 g	12 g	Phosphorus	354 mg	213 mg
Protein equivalent	16.7 g	10 g	Iodine	70 µg	42 µg
Fiber	8.4 g	5 g	Magnesium	104 mg	63 mg
Salt	0.35 g	0.21 g	Manganese	0.9 mg	0.51 mg
			Molybdenum	40 µg	24 µg
			Potassium	261 mg	157 mg
			Copper	622 µg	373 µg
			Selenium	24 µg	15 µg
			Sodium	141 mg	85 mg
			Zinc	6 mg	4 mg
			<b>VITAMINS</b>		
Biotin	52 µg	31 µg			
Folic acid	111 µg	67 µg	<b>AMINO ACIDS</b>		
Pantothenic acid	2.2 mg	1.3 mg	L-Alanine	0.75 g	0.45 g
Niacin	7 mg (NE)	4.1 mg (NE)	L-Arginine	0.9 g	0.54 g
Riboflavin (Vitamin B2)	0.6 mg	0.38 mg	L-Aspartic Acid/ L-Asparagine	11 g	0.66 g
Thiamine (Vitamin B1)	0.6 mg	0.3 mg	L-Cystine	10.52 mg	6.31 mg
Vitamin A	231 µg (RE)	139 µg (RE)	L-Phenylalanine	21.03 mg	12.62 mg
Vitamin B12	1 µg	0.8 µg	Glycine	0.13 g	0.08 g
Vitamin B6	0.8 mg	0.5 mg	L-Glutamine/ L-Glutamic acid	2.5 g	1.5 g
Vitamin C	30 mg	18 mg	L-Isoleucine	1.27 g	0.76 g
Vitamin D	4 µg	2.2 µg	L-Histidine	0.68 g	0.41 g
Vitamin E	4 mg (αTE)	2.6 mg (αTE)	L-Leucine	2.15 g	1.29 g
Vitamin K	28 µg	17 µg	L-Lysine	1.3 g	0.78 g
			L-Methionine	0.23 g	0.14 g
			L-Proline	1.47 g	0.88 g
			L-Serine	0.95 g	0.57 g
			L-Tyrosine	2.38 g	1.43 g
			L-Threonine	2.12 g	1.27 g
			L-Tryptophan	0.37 g	0.22 g
			L-Valine	1.35 g	0.81 g
			Choline	167 mg	100 mg

afenil®  
**GMP UP**  
bars cream-mou

1500 g  
30 x 50 g



PKU

3+



Low-phenylalanine protein substitute with Glycomacropeptide (GMP) isolated from casein with a selected blend of essential and no-essential amino acids, carbohydrates, vitamins and minerals, with sweetener.

» **INDICATIONS** For the dietary management of adults and children over three years of age, with confirmed hyperphenylalaninemia including phenylketonuria.

» **DOSAGE AND ADMINISTRATION** Following the physician's prescription, taking into account age, body weight, and clinical conditions of the subject.

» **INSTRUCTIONS FOR USE** Ready-to-eat bars.

» **STORAGE CONDITIONS** Store well closed in a cool and dry place, at a temperature below 25 °C, away from light, humidity and sources of direct heat. The date of minimum durability refers to the product in an unopened, correctly-stored package.

» **IMPORTANT WARNINGS** Afenil® GMP UP must only be taken under medical supervision by individuals with confirmed hyperphenylalaninemia, including phenylketonuria. Afenil® GMP UP cannot be used as one's sole food source. The product can result in health risks if consumed by individuals who do not have the specific disorder for which it is indicated. Protein substitutes based on GMP are a natural source of phenylalanine. Keep out of the reach of children.

**NUTRITIONAL INFORMATION**

food for special medical purposes

	per 100 g	x 50 g (1 bar)	<b>MINERALS</b>	per 100 g	x 50 g (1 bar)
Energy kJ/kcal	1322/313	661/156	Calcium	399 mg	199 mg
Fats	7.2 g	0.9 g	Chloride	335 mg	167 mg
of which saturated fatty acids	5.7 g	0.4 g	Chromium	29 µg	15 µg
Carbohydrates	50 g	24.7 g	Iron	7 mg	3.6 mg
of which sugars	20 g	6.2 g	Phosphorus	425 mg	213 mg
Protein equivalent	16.7 g	10 g	Iodine	84 µg	42 µg
Fiber	8.4 g	5 g	Magnesium	125 mg	63 mg
Salt	0.35 g	0.21 g	Manganese	1 mg	0.51 mg
			Molybdenum	48 µg	24 µg
			Potassium	313 mg	157 mg
			Copper	747 µg	373 µg
<b>VITAMINS</b>			Selenium	29 µg	15 µg
Biotin	63 µg	31 µg	Sodium	169 mg	85 mg
Folic acid	133 µg	67 µg	Zinc	7 mg	4 mg
Pantothenic acid	2.7 mg	1.3 mg			
Niacin	8 mg (NE)	4.1 mg (NE)	<b>AMINO ACIDS</b>		
Riboflavin (Vitamin B2)	0.76 mg	0.38 mg	L-Alanine	0.9 g	0.45 g
Thiamine (Vitamin B1)	0.67 mg	0.3 mg	L-Arginine	1.08 g	0.54 g
Vitamin A	277 µg (RE)	139 µg (RE)	L-Aspartic Acid/ L-Asparagine	1.32 g	0.66 g
Vitamin B12	2 µg	0.8 µg	L-Cystine	12.62 mg	6.31 mg
Vitamin B6	0.9 mg	0.5 mg	L-Phenylalanine	25.24 mg	12.62 mg
Vitamin C	36 mg	18 mg	Glycine	0.16 g	0.08 g
Vitamin D	4 µg	2.2 µg	L-Glutamine/ L-Glutamic acid	3 g	1.5 g
Vitamin E	5 mg (αTE)	2.6 mg (αTE)	L-Isoleucine	1.52 g	0.76 g
Vitamin K	33 µg	17 µg	L-Histidine	0.82 g	0.41 g
			L-Leucine	2.58 g	1.29 g
			L-Lysine	1.56 g	0.78 g
			L-Methionine	0.28 g	0.14 g
			L-Proline	1.76 g	0.88 g
			L-Serine	1.14 g	0.57 g
			L-Tyrosine	2.86 g	1.43 g
			L-Threonine	2.54 g	1.27 g
			L-Tryptophan	0.44 g	0.22 g
			L-Valine	1.62 g	0.81 g
			Choline	200 mg	100 mg



# afenil<sup>®</sup> GMP UP

shake

750 g  
30 x 25 g



PKU

3+

MILK OR ORANGE FLAVOR



Low-phenylalanine protein substitute with Glycomacropeptide (GMP) isolated from casein with a selected blend of essential and no-essential amino acids, carbohydrates, vitamins and minerals, with sweetener.

#### » INDICATIONS

For the dietary management of adults and children over three years of age with confirmed hyperphenylalaninemia, including phenylketonuria.

#### » DOSAGE AND ADMINISTRATION

Following the physician's prescription, taking into account age, body weight, and clinical conditions of the subject.

#### » INSTRUCTIONS FOR USE

Dissolve one sachet of Afenil<sup>®</sup> GMP UP Shake in at least 80 ml of water or other allowed liquids. Mix well. For an optimal result, the use of a shaker is recommended. Once reconstituted, the product should be consumed immediately. When necessary, the reconstituted product can be kept for up to 6 hours in the refrigerator and mixed well before use.

#### » STORAGE CONDITIONS

Store in a cool and dry place, away from light and sources of direct heat. The date of minimum durability refers to the product in an unopened package.

#### » IMPORTANT WARNINGS

Afenil<sup>®</sup> GMP UP Shake must only be taken under medical supervision by individuals with confirmed hyperphenylalaninemia, including phenylketonuria. Afenil<sup>®</sup> GMP UP Shake cannot be used as one's sole food source. The product can result in health risks if consumed by individuals who do not have the specific disorder for which it is indicated. All mixtures based on GMP are a natural source of phenylalanine. Use with caution in children aged 3-6 years. Keep out of the reach of children.



#### NUTRITIONAL INFORMATION

food for special medical purposes

*	per 100 g	per 25 g (1 sachet)	MINERALS	per 100 g	per 25 g (1 sachet)
Energy kJ/kcal	1342/318	335/80	Calcium	797 mg	199 mg
Fats	0.2 g	0.1 g	Chloride	670 mg	167.5 mg
of which saturated fatty acids	0.1 g	0 g	Chromium	59 µg	15 µg
Carbohydrates	39.1 g	9.8 g	Iron	14.4 mg	3.6 mg
of which sugars	2.4 g	0.6 g	Phosphorus	851 mg	213 mg
Protein equivalent	40 g	10 g	Iodine	168 µg	42 µg
Salt	0.85 g	0.21 g	Magnesium	251 mg	63 mg
			Manganese	2.05 mg	0.51 mg
			Molybdenum	96 µg	24 µg
			Potassium	627 mg	157 mg
			Copper	1493 µg	373 µg
			Selenium	59 µg	15 µg
			Sodium	339 mg	85 mg
			Zinc	14.4 mg	3.6 mg

\* Nutritional Values refer to the milk flavor.  
Orange flavor, x 25 g: Energy 334/79 kJ/kcal, Fats 0.1 g of which saturated fatty acids 0 g, Carbohydrates 9.7 g of which sugars 0.6 g, Protein equivalent 10 g, Salt 0.21 g.  
Orange flavor, x 100 g: Energy 1336/316 kJ/kcal, Fats 0.2 g of which saturated fatty acids 0.1 g, Carbohydrates 38.8 g of which sugars 2.4 g, Protein equivalent 40 g, Salt 0.85 g.

#### VITAMINS

Biotin	125 µg	31 µg
Folic acid	267 µg	67 µg
Pantothenic acid	5 mg	1.33 mg
Niacin	16.5 mg (NE)	4.13 mg (NE)
Riboflavin (Vitamin B2)	1.5 mg	0.38 mg
Thiamine (Vitamin B1)	1.3 mg	0.33 mg
Vitamin A	555 µg (RE)	139 µg (RE)
Vitamin B12	3.2 µg	0.8 µg
Vitamin B6	1.9 mg	0.47 mg
Vitamin C	72 mg	18 mg
Vitamin D	8.8 µg	2.2 µg
Vitamin E	10.4 mg (αTE)	2.6 mg (αTE)
Vitamin K	67 µg	17 µg

#### AMINO ACIDS

L-Alanine	1.82 g	0.45 g
L-Arginine	2.17 g	0.54 g
L-Aspartic Acid/ L-Asparagine	2.65 g	0.66 g
L-Cystine	25.23 mg	6.31 mg
L-Phenylalanine	50.46 mg	12.62 mg
Glycine	0.33 g	0.08 g
L-Glutamine/ L-Glutamic acid	5.98 g	1.5 g
L-Isoleucine	3.05 g	0.76 g
L-Histidine	1.63 g	0.41 g
L-Leucine	5.17 g	1.29 g
L-Lysine	3.11 g	0.78 g
L-Methionine	0.56 g	0.14 g
L-Proline	3.51 g	0.88 g
L-Serine	2.27 g	0.57 g
L-Tyrosine	5.73 g	1.43 g
L-Threonine	5.07 g	1.27 g
L-Tryptophan	0.86 g	0.22 g
L-Valine	3.25 g	0.81 g
Choline	400 mg	100 mg

# L-tyrosina

30 capsules



PKU



Food supplement.

» **INDICATIONS** As a food supplement for individuals with a deficiency or increased requirement for the amino acid tyrosine.

» **INSTRUCTIONS FOR USE** It is recommended that 1-2 capsules are taken twice a day with water after a meal.

» **STORAGE CONDITIONS** Store the product in a fresh and dry place, at room temperature; avoid exposure to localized sources of heat, sun, and contact with water. The expiry date refers to the product in an unopened, correctly stored package.

» **IMPORTANT WARNINGS** Keep out of reach of children under three years of age. Do not exceed the recommended daily dose. Food supplements should not be intended as substitutes for a varied and balanced diet and a healthy lifestyle.

» **NUTRITIONAL INFORMATION**  
food supplement

	per capsule	per 100 g
L-Tyrosine	500 mg	79 g





# Tyrosinemia type 1

Hereditary tyrosinemia type 1 (HT-1) is a hereditary recessive autosomal disease caused by a congenital defect of an enzyme involved in the catabolism of tyrosine, namely fumarylacetoacetate hydrolase (FAH). The incidence is estimated to range between 1:100,000 and 1:120,000 live births. Even though the pathology is extremely rare, its incidence is higher in some areas of North Europe and North America (1).

Type 1 tyrosinemia is characterized mainly by hepatorenal symptoms, although clinical manifestations of the pathology can vary considerably depending on the clinical form of the disease:

**Acute form:** the most common, manifesting before 6 months of age with severe and often fulminant hepatic involvement: in untreated children death by liver failure usually occurs within 2-8 months. Other symptoms of the disease, in its acute form, are growth retardation, vomit, diarrhea, and fever.

**Sub-acute form:** manifests between 6 months and one year of age, with slower clinical progression compared to the acute form and with similar symptoms, even if less severe than the latter. The sub-acute form is characterized by chronic progressive hepatopathy, tubular renal dysfunction (Fanconi syndrome), hypophosphatemia, growth retardation, rickets, hepatomegaly and easy formation of ecchymosis.

**Chronic form:** slow progression of the disease, which manifests after 12 months of age. This form is mostly characterized by rickets and tubulopathy.

The therapy is based upon two pillars that radically improve prognosis and natural evolution of patients: diet with low and controlled intake of tyrosine, phenylalanine, and methionine, and pharmacological therapy with nitisinone (NTBC). This pharmacological approach can lead to an increase in tyrosine blood levels, which must be kept under control with an adequate dietary regime, and to be continued throughout the patient's lifetime.

Once the patient has started therapy, he/she must be regularly undergo clinical, blood chemistry, and instrumental investigation. The interval between controls will vary depending on the severity of initial symptoms, time of diagnosis, and response to therapy. Given that dietary therapy can expose the patient to nutritional deficiency risks, it is fundamental to assess the nutritional state. Finally, long-term monitoring must include assessment of normal bone mineralization, as well as adequate neuro-psychomotor development.

» ENZYME	Fumarylacetoacetate hydrolase (FAH, 15q23-q25) deficiency
» TRANSMISSION	Autosomal recessive
» INCIDENCE	1:100,000-120,000 (1)
» OMIM	276700
» TREATMENT	Dietary therapy / pharmacological therapy with Nitisinone

**Recommendations for management of patients suffering from type 1 tyrosinemia** were recently published (1), and provide detailed recommendations on management of patients along with extensive information on clinical studies. **The recommendations can be freely accessed at:**  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3558375/pdf/1750-1172-8-8.pdf>

#### References:

1. De Laet, C. et al. Recommendations for the Management of Tyrosinaemia Type 1." *Orphanet Journal of Rare Diseases* 8 (2013): 8. PMC. Web. 6 Mar. 2018.



Amino acid mixture free of phenylalanine and tyrosine, recommended for dietary management of Tyrosinemia type 1.

» **INDICATIONS** For dietary management of children from the first year of age to adults, with known type 1 Tyrosinemia.

» **DOSAGE AND ADMINISTRATION** Following the physician's prescription, taking into account age, body weight and clinical conditions of the patient. Recommended 5% w/v dilution (5 g of reconstituted product per 100 ml of liquid).

» **INSTRUCTIONS FOR USE** Take the prescribed quantity of TYR Medi 2, divided in 3-4 daily doses, dissolved in water or other allowed cold liquids, even flavored or added to food.

» **STORAGE CONDITIONS** After use, close the container properly and store in a cool and dry place, away from light and sources of direct heat. The expiry date refers to the product correctly stored in its intact package.

» **IMPORTANT WARNINGS** TYR Medi 2 must be used under medical supervision, by individuals with known type 1 Tyrosinemia. TYR Medi 2 cannot be used as the only source of food.

The product can result in health risks if taken by individuals that do not have the specific disorder for which it is indicated. Keep out of the reach of children.

## NUTRITIONAL INFORMATION

food for special medical purposes

	per 100 g of powder	per 100 ml reconstituted at 5% (5 g in 100 ml of liquid)
Energy kJ/kcal	1416/333	71/17
Fats	0.0 g	0.0 g
of which saturated fatty acids	0.0 g	0.0 g
Carbohydrates	0.0 g	0.0 g
of which sugars	0.0 g	0.0 g
Protein equivalent	83.3 g	4.2 g
Salt	0.0 g	0.0 g

### AMINO ACIDS

L-Alanine	6.24 g	312.0 mg
L-Arginine	7.86 g	393.0 mg
Ac. L-Aspartate	11.10 g	555.0 mg
L-Carnitine	92.00 mg	4.6 mg
L-Cystine	2.86 g	143.0 mg
L-Phenylalanine	– g	– mg
Glycine	6.24 g	312.0 mg
L-Glutamine	7.58 g	379.0 mg
L-Isoleucine	6.96 g	348.0 mg
L-Histidine	4.18 g	209.0 mg
L-Leucine	10.50 g	525.0 mg
L-Lysine	7.94 g	397.0 mg
L-Methionine	1.78 g	89.0 mg
L-Proline	6.42 g	321.0 mg
L-Serine	4.90 g	245.0 mg
Taurine	184.00 mg	9.2 mg
L-Tyrosine	– g	– mg
L-Threonine	5.34 g	267.0 mg
L-Tryptophan	2.22 g	111.0 mg
L-Valine	7.58 g	379.0 mg





Amino acid mixture free of Phenylalanine and Tyrosine with vitamins and minerals, indicated for the dietary management of type 1 Tyrosinemia.

» **INDICATIONS** For the dietary management of children from three years of age upwards and adults with known type 1 tyrosinemia.

» **DOSAGE AND ADMINISTRATION** According to the physician's prescription, taking into account age, body weight, and clinical condition of the subject.

» **INSTRUCTIONS FOR USE** Dissolve one sachet of TYR Medi 15 in approximately 80 ml of water or other allowed liquids. TYR Medi 15 can be flavored to taste. Once reconstituted, the product should be consumed immediately. When necessary, the reconstituted product can be kept for up to 24 hours in the refrigerator and mixed well before use.

» **STORAGE CONDITIONS** Store the product in a cool and dry place, away from light and sources of direct heat.

TYR Medi 15 are single-dose sachets. Any prepared and unused product can be stored in the refrigerator and used within 24 hours. The expiry date refers to the product in an unopened, correctly stored package.

» **IMPORTANT WARNINGS** TYR Medi 15 must only be taken under medical supervision by individuals with known type 1 tyrosinemia. TYR Medi 15 must not be used as one's only source of food.

The product can result in health risks if taken by individuals who do not have the specific disorder for which it is indicated. Keep out of the reach of children.

## NUTRITIONAL INFORMATION

food for special medical purposes

	per 100 g of powder	per 25 g (1 sachet)	<b>MINERALS</b>	per 100 g of powder	per 25 g (1 sachet)
Energy kJ/kcal	1550/365	388/91	Calcium	1196 mg	299 mg
Fats	0 g	0 g	Chloride	728 mg	182 mg
of which saturated fatty acids	0 g	0 g	Chromium	88 µg	22 µg
Carbohydrates	20 g	5 g	Iron	21.6 mg	5.4 mg
of which sugars	2.7 g	0.7 g	Phosphorus	1068 mg	267 mg
Protein equivalent	60 g	15 g	Iodine	252 µg	63 µg
Salt	1.2 g	0.3 g	Magnesium	376 mg	94 mg
			Manganese	3.2 mg	0.80 mg
			Molybdenum	144 µg	36 µg
			Potassium	940 mg	235 mg
			Copper	2.2 mg	0.55 mg
			Selenium	88 µg	22 µg
			Sodium	508 mg	127 mg
			Zinc	21.6 mg	5.4 mg
			<b>VITAMINS</b>		
Biotin	188 µg	47 µg			
Choline	600 mg	150 mg			
Folic acid	400 µg	100 µg			
Pantothenic acid	8.0 mg	2.0 mg			
Niacin	24.8 mg	6.2 mg			
Riboflavin (Vitamin B2)	2.3 mg	0.57 mg			
Thiamine (Vitamin B1)	2.0 mg	0.50 mg			
Vitamin A	832 µg (RE)	208 µg (RE)			
Vitamin B12	4.8 µg	1.2 µg			
Vitamin B6	2.8 mg	0.7 mg			
Vitamin C	108 mg	27 mg			
Vitamin D	13.2 µg	3.3 µg			
Vitamin E	15.6 mg (αTE)	3.9 mg (αTE)			
Vitamin K	100 µg	25 µg			
			<b>AMINO ACIDS</b>		
			Ac. L-Aspartate	7.99 g	1998.0 mg
			L-Leucine	7.56 g	1890.0 mg
			L-Lysine	5.71 g	1429.2 mg
			L-Arginine	5.65 g	1414.8 mg
			L-Glutamine	5.45 g	1364.4 mg
			L-Valine	5.45 g	1364.4 mg
			L-Isoleucine	5.01 g	1252.8 mg
			L-Proline	4.62 g	1155.6 mg
			L-Alanine	4.49 g	1123.2 mg
			Glycine	4.49 g	1123.2 mg
			L-Threonine	3.84 g	961.2 mg
			L-Serine	3.52 g	882.0 mg
			L-Histidine	3.01 g	752.4 mg
			L-Cystine	2.05 g	514.8 mg
			L-Tryptophan	1.59 g	399.6 mg
			L-Methionine	1.28 g	320.4 mg
			Taurine	0.13 g	33.1 mg
			L-Carnitine	0.06 g	16.6 mg

# TYR medimicro3H

440 g  
4 per 110 g



TYR

3+



Slow-release micro-tablets.

Amino acid mixture free of tyrosine and phenylalanine, indicated for the dietary management of type 1 Tyrosinemia.

SLOW-RELEASE TECHNOLOGY

» **INDICATIONS** For the dietary management of subjects starting from three years of age with ascertained type 1 tyrosinemia. Micro-tablets are suitable for children from three years of age upwards, depending on their ability to swallow, as determined by the attending physician.

» **DOSAGE AND ADMINISTRATION** According to the physician's prescription, taking into account age, body weight, the clinical condition of the subject, and the fact that the tablets are delayed-release. After being taken, TYR Medimicro 3H releases the amino acids in the tablets over a three hour period. The cap of the jar contains about 13 g of micro-tablets (equal to approximately 8 g of protein equivalent).

» **INSTRUCTIONS FOR USE** Take the prescribed amount with water or other allowed liquids. The micro-tablets have no taste; to retain this feature, it is recommended that they are not chewed, pulverized, or dissolved.

» **STORAGE CONDITIONS** After use, close the jar properly and store it in a cool and dry place below 25°C, away from light and sources of direct heat. The expiry date refers to the product in an unopened, correctly stored package.

» **IMPORTANT WARNINGS** TYR Medimicro 3H must only be taken under medical supervision by individuals with known type 1 tyrosinemia. TYR Medimicro 3H must not be used as one's only source of food. The product can result in health risks if consumed by individuals who do not have the specific disorder for which it is indicated. Keep out of the reach of children.

## NUTRITIONAL INFORMATION

food for special medical purposes

per 100 g of micro-tablets

Energy kJ/kcal	1628/389
Fats	2.6 g
of which saturated fatty acids	2.6 g
Carbohydrates	12 g
of which sugars	0 g
Protein equivalent	65 g
Fiber	10 g
Salt	1 g

### AMINO ACIDS

L-Aspartic acid	8.6 g
L-Alanine	5 g
L-Arginine	6.1 g
L-Cystine	2.2 g
Glycine	5 g
L-Glutamine	6 g
L-Isoleucine	5.4 g
L-Histidine	3.2 g
L-Leucine	8.2 g
L-Lysine	6.2 g
L-Methionine	1.4 g
L-Proline	5 g
L-Serine	3.8 g
L-Threonine	4.1 g
L-Tryptophan	1.7 g
L-Valine	6 g
L-Phenylalanine	– g
L-Tyrosine	– g
Taurine	143 mg
L-Carnitine	71 mg







# Glutaric Aciduria type 1 (GA)

Type 1 glutaric aciduria (GA-1) is a hereditary metabolic disease caused by glutaryl Co-A dehydrogenase deficiency involving metabolism of L-lysine, L-hydroxylysine, and L-tryptophan, leading to progressive neurological deterioration.

The enzymatic defect results in elevated concentrations of glutaric acid (GA), 3-hydroxyglutaric acid (3-OH-GA), glutaconic acid, and glutarylcarnitine.

Worldwide prevalence is of 1 of 100,000 newborns. It is more common in Amish communities of the Old Order, Irish nomads, Ojib-Cree natives of Canada, and Lumbee Americans (Orphanet).

The majority of untreated subjects experience acute encephalopathies during the first 6 years of life, which are triggered by infectious diseases and febrile reactions to vaccinations and surgery. These crises provoke striatal lesions and dystonic movement disorders. In some patients, neurological disease can also develop without clinically apparent crises, at any age.

The possibility for neonatal screening of this pathology, which in Europe is available only in some countries, is of primary importance, since early diagnosis allows metabolic therapy to start immediately.

Treatment consists of a low lysine content diet with carnitine, associated with emergency treatment in the presence of concurrent diseases (catabolic activation). Treatment is effective and improves neurological outcomes in individuals who are promptly diagnosed; however, treatment after symptoms arise is less effective.

Dietary management must be adapted depending on the individual's age, through the intake of protein-free products and lysine-free amino acid mixtures with low tryptophan content, in order to meet the patient's protein requirements. This dietary therapy must be scrupulously observed for one's entire lifetime without interruption.

» ENZYME	Glutaryl Co-A dehydrogenase (1.3.99.7) deficiency
» TRANSMISSION	Autosomal recessive
» INCIDENCE	1:110,000 (1)
» OMIM	231670
» TREATMENT	Dietary therapy

**New recommendations for diagnosis and management of patients suffering from GA-1** were recently published (second revision) (1). The main objective of the second revision was to re-evaluate previous recommendations (2) and update with the latest data and important clinical aspects (1).

**The recommendations can be accessed at:**

**<https://link.springer.com/article/10.1007%2Fs10545-016-9999-9>**

#### References:

1. Boy, N. et al. Proposed recommendations for diagnosing and managing individuals with glutaric aciduria type 1: second revision. *J Inherit Metab Dis.* 2017 Jan;40(1):75-101.
2. Kölker et al., *J Inherit Metab Dis* 30: 5-22, 2007b; *J Inherit Metab Dis* 34: 677-694, 2011.



Amino acid mixture,  
free of lysine-derived and with a low  
content of tryptophan for dietary  
management of glutaric aciduria type 1.

» **INDICATIONS** For dietary management of children from the first year of age to adults, with known type 1 glutaric aciduria.

» **DOSAGE AND ADMINISTRATION** Following the physician's prescription, taking into account age, body weight, and clinical conditions of the patient. Recommended 5% w/v dilution (5 g of reconstituted product per 100 ml of liquid).

» **INSTRUCTIONS FOR USE** Take the prescribed quantity of GA Medi 2, divided in 3-4 daily doses, dissolved in water or other allowed cold liquids, even flavored or added to food.

» **STORAGE CONDITIONS** After use, close the container properly and store in a cool and dry place, away from light and sources of direct heat. The expiry date refers to the product correctly stored in its intact package.

» **IMPORTANT WARNINGS** GA Medi 2 must be used under medical supervision, by individuals with known type 1 glutaric aciduria. GA Medi 2 cannot be used as the only source of food.

The product can result in health risks if taken by individuals that do not have the specific disorder for which it is indicated. Keep out of the reach of children.

## NUTRITIONAL INFORMATION

food for special medical purposes

	per 100 g of powder	per 100 ml reconstituted at 5% (5 g in 100 ml of liquid)
Energy kJ/kcal	1416/333	71/17
Fats	0.0 g	0.0 g
of which saturated fatty acids	0.0 g	0.0 g
Carbohydrates	0.0 g	0.0 g
of which sugars	0.0 g	0.0 g
Protein equivalent	83.3 g	4.2 g
Salt	0.0 g	0.0 g

### AMINO ACIDS

L-Alanine	8.14 g	407.0 mg
L-Arginine	6.60 g	330.0 mg
Ac. L-Aspartate	5.28 g	264.0 mg
L-Carnitine	192.00 mg	9.6 mg
L-Cystine	3.06 g	153.0 mg
L-Phenylalanine	6.10 g	305.0 mg
Glycine	5.28 g	264.0 mg
L-Glutamine	6.02 g	301.0 mg
L-Isoleucine	7.32 g	366.0 mg
L-Histidine	3.71 g	185.5 mg
L-Leucine	11.72 g	586.0 mg
L-Lysine	– g	– mg
L-Methionine	2.24 g	112.0 mg
L-Proline	7.12 g	356.0 mg
L-Serine	5.60 g	280.0 mg
Taurine	184.00 mg	9.2 mg
L-Tyrosine	7.10 g	355.0 mg
L-Threonine	6.10 g	305.0 mg
L-Tryptophan	0.10 g	4.7 mg
L-Valine	8.14 g	407.0 mg



NEUTRAL FLAVOR



Amino acid mixture free from lysine and with low tryptophan content with vitamins, minerals, selenium, taurine, and carnitine, indicated for the dietary management of type I Glutaric Aciduria.

» INDICATIONS

For the dietary management of children from six months of age and adults with known type I glutaric aciduria.

» DOSAGE AND ADMINISTRATION

According to the physician's prescription, taking into account age, body weight, and clinical conditions of the subject.

» INSTRUCTIONS FOR USE

GA Medigel can be consumed either as a gel or as a beverage.

**To make a gel:** pour the contents of one sachet of GA Medigel into a glass; if desired, add flavor to taste; add approximately 30 ml of cold water; mix well for about 10 seconds; to obtain a creamy gel, let the product stand for about 2 minutes.

**To make a drink:** pour the contents of one GA Medigel sachet into a glass; if desired, add flavor to taste; add approximately 80 ml of cold water; mix well for about 10 seconds; drink immediately.

GA Medigel can be consumed as is with a spoon or mixed with other allowed foods. For best results, when possible, GA Medigel should be prepared and consumed immediately. When necessary, the reconstituted and unused product can be kept for up to 24 hours in a refrigerator and mixed well before use. Once opened, the powder in the pouch should be completely consumed. Any excess product can be stored in a refrigerator and used within 24 hours.

» STORAGE CONDITIONS

Store in a cool and dry place, away from light and sources of direct heat. The expiry date refers to the product in an unopened, correctly stored package.

» IMPORTANT WARNINGS

GA Medigel must be taken under medical supervision by individuals with known type I Glutaric Aciduria. GA Medigel must not be used as one's only source of food.

The product can result in health risks if taken by individuals who do not have the specific disorder for which it is indicated. Keep out of the reach of children.



NUTRITIONAL INFORMATION

food for special medical purposes

	per 100 g	per 24 g (1sachet)	MINERALS	per 100 g	per 24 g (1sachet)
Energy kJ/kcal	1595/375	383/90	Calcium	1083 mg	260 mg
Fats	0 g	0 g	Chloride	583 mg	140 mg
of which saturated fatty acids	0 g	0 g	Chromium	71 µg	17 µg
Carbohydrates	45 g	11 g	Iron	14 mg	3.4 mg
of which sugars	25 g	6 g	Phosphorus	825 mg	198 mg
Protein equivalent	41.7 g	10 g	Iodine	138 µg	33.1 µg
Salt	1.1 g	0.3 g	Magnesium	167 mg	40 mg
			Manganese	1.7 mg	0.41 mg
			Molybdenum	50 µg	12 µg
			Potassium	938 mg	225 mg
			Copper	0.80 mg	0.19 mg
			Selenium	35 µg	8.4 µg
			Sodium	379 mg	91 mg
			Zinc	11 mg	2.6 mg
			<b>VITAMINS</b>		
Biotin	25 µg	6.0 µg			
Choline	279 mg	67 mg			
Folic acid	208 µg	49.9 µg			
Niacin	14 mg	3.4 mg			
Pantothenic acid	5.0 mg	1.2 mg			
Riboflavin (Vitamin B2)	1.2 mg	0.29 mg			
Thiamine (Vitamin B1)	1.0 mg	0.24 mg			
Vitamin A	600 µg (RE)	144 µg (RE)			
Vitamin B6	1.1 mg	0.26 mg			
Vitamin B12	2.0 µg	0.48 µg			
Vitamin C	63 mg	15 mg			
Vitamin D	14.6 µg	3.5 µg			
Vitamin E	9.0 mg (αTE)	2.2 mg (αTE)			
Vitamin K	41 µg	9.8 µg			
			<b>AMINO ACIDS</b>		
			Ac. L-Aspartate	2.64 g	633.6 mg
			L-Alanine	4.07 g	976.8 mg
			L-Arginine	3.3 g	792 mg
			L-Carnitine	0.096 g	23.04 mg
			L-Cystine	1.53 g	367.2 mg
			L-Phenylalanine	3.05 g	732 mg
			Glycine	2.64 g	633.6 mg
			L-Glutamine	3.01 g	722.4 mg
			L-Isoleucine	3.66 g	878.4 mg
			L-Histidine	1.855 g	445.2 mg
			L-Leucine	5.86 g	1406.4 mg
			L-Lysine	– g	– mg
			L-Methionine	1.12 g	268.8 mg
			L-Proline	3.56 g	854.4 mg
			L-Serine	2.8 g	672 mg
			L-Tyrosine	3.55 g	852 mg
			L-Threonine	3.05 g	732 mg
			L-Tryptophan	0.047 g	11.28 mg
			L-Valine	4.07 g	976.8 mg
			Taurine	0.092 g	22.08 mg



Lysine-free amino acid mixture with low tryptophan content with vitamins and minerals, indicated for dietary management of type 1 glutaric aciduria.

- » **INDICATIONS** For dietary management of children from three years of age upwards and adults with known type 1 glutaric aciduria.
- » **DOSAGE AND ADMINISTRATION** According to the physician's prescription, taking into account age, body weight and clinical condition of the subject.
- » **INSTRUCTIONS FOR USE** Dissolve one sachet of GA Medi 15 in approximately 80 ml of water or other allowed liquids. GA Medi 15 can be flavored to taste. Once reconstituted, the product should be consumed immediately. When necessary, the reconstituted product can be kept for up to 24 hours in the refrigerator and mixed well before use.
- » **STORAGE CONDITIONS** Store the product in a cool and dry place, away from light and sources of direct heat. GA Medi 15 are single-dose sachets. Any prepared and unused product can be stored in the refrigerator and used within 24 hours. The expiry date refers to the product in an unopened, correctly stored package.
- » **IMPORTANT WARNINGS** GA Medi 15 must be taken under medical supervision by individuals with known type 1 glutaric aciduria. GA Medi 15 must not be used as one's only source of food. The product can result in health risks if taken by individuals who do not have the specific disorder for which it is indicated. Keep out of the reach of children.

## NUTRITIONAL INFORMATION

food for special medical purposes

	per 100 g of powder	per 25 g (1 sachet)	<b>MINERALS</b>	per 100 g of powder	per 25 g (1 sachet)
Energy kJ/kcal	1550/365	388/91	Calcium	1196 mg	299 mg
Fats	0 g	0 g	Chloride	728 mg	182 mg
of which saturated fatty acids	0 g	0 g	Chromium	88 µg	22 µg
Carbohydrates	20 g	5 g	Iron	21.6 mg	5.4 mg
of which sugars	2.7 g	0.7 g	Phosphorus	1068 mg	267 mg
Protein equivalent	60 g	15 g	Iodine	252 µg	63 µg
Salt	1.2 g	0.3 g	Magnesium	376 mg	94 mg
			Manganese	3.2 mg	0.80 mg
			Molybdenum	144 µg	36 µg
			Potassium	940 mg	235 mg
			Copper	2.2 mg	0.55 mg
			Selenium	88 µg	22 µg
			Sodium	508 mg	127 mg
			Zinc	21.6 mg	5.4 mg
			<b>VITAMINS</b>		
Biotin	188 µg	47 µg			
Choline	600 mg	150 mg			
Folic acid	400 µg	100 µg			
Pantothenic acid	8.0 mg	2.0 mg	<b>AMINO ACIDS</b>		
Niacin	24.8 mg	6.2 mg	L-Alanine	5.86 g	1465.2 mg
Riboflavin (Vitamin B2)	2.3 mg	0.57 mg	L-Arginine	4.75 g	1188.0 mg
Thiamine (Vitamin B1)	2.0 mg	0.50 mg	Ac. L-Aspartate	3.80 g	950.4 mg
Vitamin A	832 µg (RE)	208 µg (RE)	L-Carnitine	140 mg	34.6 mg
Vitamin B12	4.8 µg	1.2 µg	L-Cystine	2.20 g	550.8 mg
Vitamin B6	2.8 mg	0.7 mg	L-Phenylalanine	4.39 g	1098.0 mg
Vitamin C	108 mg	27 mg	Glycine	3.80 g	950.4 mg
Vitamin D	13.2 µg	3.3 µg	L-Glutamine	4.33 g	1083.6 mg
Vitamin E	15.6 mg (αTE)	3.9 mg (αTE)	L-Isoleucine	5.27 g	1317.6 mg
Vitamin K	100 µg	25 µg	L-Histidine	2.67 g	667.8 mg
			L-Leucine	8.44 g	2109.6 mg
			L-Lysine	– g	– mg
			L-Methionine	1.61 g	403.2 mg
			L-Proline	5.13 g	1281.6 mg
			L-Serine	4.03 g	1008.0 mg
			Taurine	132 mg	33.1 mg
			L-Tyrosine	5.11 g	1278.0 mg
			L-Threonine	4.39 g	1098.0 mg
			L-Tryptophan	0.07 g	16.9 mg
			L-Valine	5.86 g	1465.2 mg



Slow-release micro-tablets.  
Lysine-free amino acid mixture with  
low tryptophan content indicated  
for the dietary management of type 1  
glutaric aciduria.

### SLOW-RELEASE TECHNOLOGY

» **INDICATIONS** For dietary management of subjects starting from three years of age with ascertained type 1 glutaric aciduria. Micro-tablets are suitable for children from three years of age upwards, depending on their ability to swallow, as determined by the attending physician.

» **DOSAGE AND ADMINISTRATION** Following the physician's prescription, taking into account age, body weight, clinical condition of the subject, and the fact that the tablets are delayed-release. After being taken, GA Medimicro 3H releases the amino acids in the tablets over a three hour period. The cap of the jar contains about 13 g of micro-tablets (equal to approximately 8 g of protein equivalent).

» **INSTRUCTIONS FOR USE** Take the prescribed amount with water or other allowed liquids. The micro-tablets have no taste; to retain this feature, it is recommended that they are not chewed, pulverized, or dissolved.

» **STORAGE CONDITIONS** After use, close the jar properly and store it in a cool and dry place, below 25°C, away from light and sources of direct heat. The expiry date refers to the product in an unopened, correctly stored package.

» **IMPORTANT WARNINGS** GA Medimicro 3H must only be taken under medical supervision by individuals with known type 1 glutaric aciduria. GA Medimicro 3H must not be used as one's only source of food. The product can result in health risks if taken by individuals who do not have the specific disorder for which it is indicated. Keep out of the reach of children.

### NUTRITIONAL INFORMATION

food for special medical purposes

	per 100 g of micro-tablets
Energy kJ/kcal	1628/389
Fats	2.6 g
of which saturated fatty acids	2.6 g
Carbohydrates	12 g
of which sugars	0 g
Protein equivalent	65 g
Salt	0.02 g
of which sodium	7.9 mg
Fiber	10 g

### AMINO ACIDS

L-Alanine	6.4 g
L-Arginine	5.0 g
Ac. L-Aspartate	4.0 g
L-Carnitine	152 mg
L-Cystine	2.4 g
L-Phenylalanine	4.8 g
Glycine	4.0 g
L-Glutamine	4.8 g
L-Isoleucine	5.8 g
L-Histidine	2.9 g
L-Leucine	9.3 g
L-Lysine	– g
L-Methionine	1.8 g
L-Proline	5.6 g
L-Serine	4.4 g
Taurine	145 mg
L-Tyrosine	5.5 g
L-Threonine	4.8 g
L-Tryptophan	0.1 g
L-Valine	6.4 g





# Leucinosi or Maple Syrup Urine Disease (MSUD)

Maple Syrup Urine Disease (MSUD), most commonly termed “leucinosi”, is a rare defect affecting the metabolism of branched-chain amino acids (BCAA). In particular, MSUD is due to the mutation of genes coding for E1a, E1b, and E2 subunits of the branched-chain alpha-keto acid dehydrogenase (BCKAD) complex, involved in the second step of enzymatic degradation of amino acids leucine, isoleucine, and valine.

The prevalence is estimated at around 1/150,000 newborns, based on published and unpublished data obtained from neonatal screening (Orphanet).

MSUD is typically characterized by difficulty feeding, lethargy, vomit, and wax, noticed immediately after birth (and later urine), that smells of maple syrup, followed, in the absence of treatment, by progressive encephalopathy and central respiratory failure. The four overlapping phenotypic subtypes are classic, intermediate, intermittent and thiamine-sensitive MSUD. Classic MSUD is the most serious form of MSUD and probably the most frequent (around 50-75% of cases).

In newborns, classic MSUD constitutes a medical emergency. Treatment of the acute phase requires considerable strengthening of protein anabolism through administration of glucose and insulin, and intravenous administration of lipids, monitoring of amino acids in plasma, and supplementation with isoleucine and valine. Hemodialysis is often necessary. Stabilized newborns need hypercaloric powdered milk without BCAA, restricted dietary intake of leucine, and careful outpatient monitoring.

Patients must follow a rigorous diet for their entire life, with low and controlled BCAA intake, depending on individual tolerance, through intake of protein-free products and amino acid mixtures devoid of BCAA, in order to meet the patient's protein requirements (1).

» ENZYME	Branched-chain alpha-keto acid dehydrogenase (BCKAD) deficiency
» TRANSMISSION	Autosomal recessive
» INCIDENCE	1:185,000 (1)
» OMIM	24860
» TREATMENT	Dietary therapy

**Guidelines for nutritional management of MSUD (1)** have been recently developed.

**They can be freely accessed at:**

[www.mgmjournal.com/article/S1096-7192\(14\)00160-7/pdf](http://www.mgmjournal.com/article/S1096-7192(14)00160-7/pdf)

*References:*

1. Frazier, D. M. et al. Nutrition management guideline for maple syrup urine disease: An evidence- and consensus-based approach. *Mol Genet Metab.* 2014 Jul;112(3):210-7





Amino acid mixture free of leucine, valine, and isoleucine, indicated for dietary management of leucinosis.

- » **INDICATIONS** For dietary management of children from the first year of age to adults, with known Leucinosis.
  
- » **DOSAGE AND ADMINISTRATION** Following the doctor's prescription, taking into account age, body weight and clinical conditions of the patient. Recommended 5% w/v dilution (5 g of reconstituted product per 100 ml of liquid).
  
- » **INSTRUCTIONS FOR USE** Take the prescribed quantity of MSUD Medi 2, divided in 3-4 daily doses, dissolved in water or other allowed cold liquids, even flavored or added to food.
  
- » **STORAGE CONDITIONS** After use, close the container properly and store in a cool and dry place, away from light and sources of direct heat. The expiry date refers to the product correctly stored in its intact package.
  
- » **IMPORTANT WARNINGS** MSUD Medi 2 must be used under medical supervision, by individuals with known leucinosis. MSUD Medi 2 cannot be used as the only source of food. The product can result in health risks if taken by individuals that do not have the specific disorder for which it is indicated. Keep out of the reach of children.

## NUTRITIONAL INFORMATION

food for special medical purposes

	per 100 g of powder	per 100 ml reconstituted at 5% (5 g in 100 ml of liquid)
Energy kJ/kcal	1416/333	71/17
Fats	0.0 g	0.0 g
of which saturated fatty acids	0.0 g	0.0 g
Carbohydrates	0.0 g	0.0 g
of which sugars	0.0 g	0.0 g
Protein equivalent	83.3 g	4.2 g
Salt	0.0 g	0.0 g

## AMINO ACIDS

L-Alanine	10.22 g	511.0 mg
L-Arginine	9.70 g	485.0 mg
Ac. L-Aspartate	11.26 g	563.0 mg
L-Carnitine	92.00 mg	4.6 mg
L-Cystine	2.90 g	145.0 mg
L-Phenylalanine	5.46 g	273.0 mg
Glycine	8.12 g	406.0 mg
L-Glutamine	10.80 g	540.0 mg
L-Isoleucine	– g	– mg
L-Histidine	3.48 g	174.0 mg
L-Leucine	– g	– mg
L-Lysine	7.30 g	365.0 mg
L-Methionine	2.10 g	105.0 mg
L-Proline	8.58 g	429.0 mg
L-Serine	5.80 g	290.0 mg
Taurine	184.00 mg	9.2 mg
L-Tyrosine	5.80 g	290.0 mg
L-Threonine	5.22 g	261.0 mg
L-Tryptophan	2.90 g	145.0 mg
L-Valine	– g	– mg

# MSUD medigel

720 g  
30 per 24 g



NEUTRAL FLAVOR



Amino acid mixture free of valine, leucine and isoleucine with vitamins, minerals, selenium, taurine, and carnitine, indicated for the dietary management of leucinosis.

» **INDICATIONS** For the dietary management of children from six months of age and of adults with known leucinosis.

» **DOSAGE AND ADMINISTRATION** According to the physician's prescription, taking into account age, body weight, and clinical conditions of the subject.

» **INSTRUCTIONS FOR USE** MSUD Medigel can be consumed as either a gel or a beverage. **To make a gel:** pour the contents of one MSUD Medigel sachet into a glass; if desired, add flavor to taste; add approximately 30 ml of cold water; mix well for about 10 seconds; to obtain a creamy gel, let it stand for about 2 minutes.

**To make a drink:** pour the content of a MSUD Medigel sachet in a glass; if desired, add flavor as preferred; add around 80 ml of cold water; mix well for around 10 seconds; drink immediately.

MSUD Medigel can be consumed as is with a spoon or mixed with other allowed foods. For best results, where possible, MSUD Medigel should be prepared and consumed immediately. When necessary, the reconstituted and unused product can be kept for up to 24 hours in a refrigerator and mixed well before use. Once opened, the powder in the pouch should be completely consumed. Any excess product can be stored in a refrigerator and used within 24 hours.

» **STORAGE CONDITIONS** Store in a cool and dry place, away from light and sources of direct heat. The expiry date refers to the product in an unopened, correctly stored package.

» **IMPORTANT WARNINGS** MSUD Medigel must only be taken under medical supervision by individuals with known leucinosis. MSUD Medigel cannot be used as the sole source of nutrition. The product can result in health risks if consumed by individuals who do not have the specific disorder for which it is indicated. Keep out of the reach of children.



## NUTRITIONAL INFORMATION

food for special medical purposes

	per 100 g	per 24 g (1 sachet)	MINERALS	per 100 g	per 24 g (1 sachet)
Energy kJ/kcal	1595/375	383/90	Calcium	1083 mg	260 mg
Fats	0 g	0 g	Chloride	583 mg	140 mg
of which saturated fatty acids	0 g	0 g	Chromium	71 µg	17 µg
Carbohydrates	45 g	11 g	Iron	14 mg	3.4 mg
of which sugars	25 g	6 g	Phosphorus	825 mg	198 mg
Protein equivalent	41.7 g	10 g	Iodine	138 µg	33.1 µg
Salt	1.1 g	0.3 g	Magnesium	167 mg	40 mg
			Manganese	1.7 mg	0.41 mg
			Molybdenum	50 µg	12 µg
			Potassium	938 mg	225 mg
			Copper	0.80 mg	0.19 mg
			Selenium	35 µg	8.4 µg
			Sodium	379 mg	91 mg
			Zinc	11 mg	2.6 mg
			<b>VITAMINS</b>		
Biotin	25 µg	6.0 µg			
Choline	279 mg	67 mg			
Folic acid	208 µg	49.9 µg			
Niacin	14 mg	3.4 mg			
Pantothenic acid	5.0 mg	1.2 mg			
Riboflavin (Vitamin B2)	1.2 mg	0.29 mg			
Thiamine (Vitamin B1)	1.0 mg	0.24 mg			
Vitamin A	600 µg (RE)	144 µg (RE)			
Vitamin B6	1.1 mg	0.26 mg			
Vitamin B12	2.0 µg	0.48 µg			
Vitamin C	63 mg	15 mg			
Vitamin D	14.6 µg	3.5 µg			
Vitamin E	9.0 mg (αTE)	2.2 mg (αTE)			
Vitamin K	41 µg	9.8 µg			
			<b>AMINO ACIDS</b>		
			Ac. L-Aspartate	5.63 g	1351.20 mg
			L-Alanine	5.11 g	1226.40 mg
			L-Arginine	4.85 g	1164.00 mg
			L-Carnitine	0.046 g	11.04 mg
			L-Cystine	1.45 g	348.00 mg
			L-Phenylalanine	2.73 g	655.20 mg
			Glycine	4.06 g	974.40 mg
			L-Glutamine	5.4 g	1296.00 mg
			L-Isoleucine	– g	– mg
			L-Histidine	1.74 g	417.60 mg
			L-Leucine	– g	– mg
			L-Lysine	3.65 g	876.00 mg
			L-Methionine	1.05 g	252.00 mg
			L-Proline	4.29 g	1029.60 mg
			L-Serine	2.9 g	696.00 mg
			L-Tyrosine	2.9 g	696.00 mg
			L-Threonine	2.61 g	626.40 mg
			L-Tryptophan	1.45 g	348.00 mg
			L-Valine	– g	– mg
			Taurine	0.092 g	22.08 mg



Amino acid mixture free of isoleucine, leucine, and valine with vitamins and minerals, indicated for the dietary management of leucinosi.

» **INDICATIONS** For the dietary management of children from three years of age upwards and of adults with known leucinosi.

» **DOSAGE AND ADMINISTRATION** According to the physician's prescription, taking into account age, body weight, and clinical condition of the subject.

» **INSTRUCTIONS FOR USE** Dissolve one sachet of MSUD Medi 15 in approximately 80 ml of water or other allowed liquids. MSUD Medi 15 can be flavored to taste. Once reconstituted, the product should be consumed immediately. When necessary, the reconstituted product can be kept for up to 24 hours in the refrigerator and mixed well before use.

» **STORAGE CONDITIONS** Store the product in a cool and dry place, away from light and sources of direct heat. MSUD Medi 15 are single-dose sachets. Any prepared and unused product can be stored in the refrigerator and used within 24 hours. The expiry date refers to the product in an unopened, correctly stored package.

» **IMPORTANT WARNINGS** MSUD Medi 15 must only be taken under medical supervision by individuals with known leucinosi. MSUD Medi 15 cannot be used as one's only source of food. The product can result in health risks if taken by individuals who do not have the specific disorder for which it is indicated. Keep out of the reach of children.

## NUTRITIONAL INFORMATION

food for special medical purposes

	per 100 g of powder	per 25 g (1 sachet)
Energy kJ/kcal	1550/365	388/91
Fats	0 g	0 g
of which saturated fatty acids	0 g	0 g
Carbohydrates	20 g	5 g
of which sugars	2.7 g	0.7 g
Protein equivalent	60 g	15 g
Salt	1.2 g	0.3 g

### VITAMINS

Biotin	188 µg	47 µg
Choline	600 mg	150 mg
Folic acid	400 µg	100 µg
Pantothenic acid	8.0 mg	2.0 mg
Niacin	24.8 mg	6.2 mg
Riboflavin (Vitamin B2)	2.3 mg	0.57 mg
Thiamine (Vitamin B1)	2.0 mg	0.50 mg
Vitamin A	832 µg (RE)	208 µg (RE)
Vitamin B12	4.8 µg	1.2 µg
Vitamin B6	2.8 mg	0.7 mg
Vitamin C	108 mg	27 mg
Vitamin D	13.2 µg	3.3 µg
Vitamin E	15.6 mg (αTE)	3.9 mg (αTE)
Vitamin K	100 µg	25 µg

### MINERALS

	per 100 g of powder	per 25 g (1 sachet)
Calcium	1196 mg	299 mg
Chloride	728 mg	182 mg
Chromium	88 µg	22 µg
Iron	21.6 mg	5.4 mg
Phosphorus	1068 mg	267 mg
Iodine	252 µg	63 µg
Magnesium	376 mg	94 mg
Manganese	3.2 mg	0.80 mg
Molybdenum	144 µg	36 µg
Potassium	940 mg	235 mg
Copper	2.2 mg	0.55 mg
Selenium	88 µg	22 µg
Sodium	508 mg	127 mg
Zinc	21.6 mg	5.4 mg

### AMINO ACIDS

L-Alanine	7.36 g	1839.6 mg
L-Arginine	6.98 g	1746.0 mg
Ac. L-Aspartate	8.11 g	2026.8 mg
L-Carnitine	66 mg	16.6 mg
L-Cystine	2.09 g	522.0 mg
L-Phenylalanine	3.93 g	982.8 mg
Glycine	5.85 g	1461.6 mg
L-Glutamine	7.78 g	1944.0 mg
L-Isoleucine	– g	– mg
L-Histidine	2.51 g	626.4 mg
L-Leucine	– g	– mg
L-Lysine	5.26 g	1314.0 mg
L-Methionine	1.51 g	378.0 mg
L-Proline	6.18 g	1544.4 mg
L-Serine	4.18 g	1044.0 mg
Taurine	132 mg	33.1 mg
L-Tyrosine	4.18 g	1044.0 mg
L-Threonine	3.76 g	939.6 mg
L-Tryptophan	2.09 g	522.0 mg
L-Valine	– g	– mg

# MSUD medimicro3H

440 g  
4 per 110 g



MSUD

3+



Slow-release micro-tablets.  
Amino acid mixture free of isoleucine,  
leucine, and valine, indicated for the  
dietary management of leucinosis.

## SLOW-RELEASE TECHNOLOGY

» **INDICATIONS** For the dietary management of subjects starting from three years of age with ascertained leucinosis. Micro-tablets are suitable for children from three years of age upwards, depending on their ability to swallow, as determined by the attending physician.

» **DOSAGE AND ADMINISTRATION** According to the physician's prescription, taking into account age, body weight, clinical condition of the subject, and the fact that the tablets are slow-release. After being taken, MSUD Medimicro 3H releases the amino acids in the tablets over a three hour period. The cap of the jar contains about 13 g of micro-tablets (equal to approximately 8 g of protein equivalents).

» **INSTRUCTIONS FOR USE** Take the prescribed amount with water or other allowed liquids. The micro-tablets have no taste; to retain this feature, it is recommended that they are not chewed, pulverized, or dissolved.

» **STORAGE CONDITIONS** After use, close the container properly and store it in a cool and dry place, below 25°C, away from light and sources of direct heat. The expiry date refers to the product in an unopened, correctly stored package.

» **IMPORTANT WARNINGS** MSUD Medimicro 3H must only be taken under medical supervision by individuals with known leucinosis. MSUD Medimicro 3H must not be used as one's only source of food. The product can result in health risks if taken by individuals who do not have the specific disorder for which it is indicated. Keep out of the reach of children.

## NUTRITIONAL INFORMATION

food for special medical purposes

	per 100 g of micro-tablets
Energy kJ/kcal	1628/389
Fats	2.6 g
of which saturated fatty acids	2.6 g
Carbohydrates	12 g
of which sugars	0 g
Protein equivalent	65 g
Fiber	10 g
Salt	1 g

## AMINO ACIDS

L-Aspartic acid	9 g
L-Alanine	8 g
L-Arginine	7.5 g
L-Cystine	2.3 g
L-Phenylalanine	4.2 g
Glycine	6.5 g
L-Glutamine	8.5 g
L-Histidine	2.7 g
L-Lysine	5.7 g
L-Methionine	1.6 g
L-Proline	6.7 g
L-Serine	4.5 g
L-Tyrosine	4.5 g
L-Threonine	4 g
L-Tryptophan	2.3 g
L-Leucine	– g
L-Isoleucine	– g
L-Valine	– g
Taurine	143 mg
L-Carnitine	71 mg





# Classical Homocystinuria (HOM)

Classical homocystinuria or cystathionine beta-synthase (CBS) deficiency is a multi-systemic disease, involving the eyes, skeleton, nervous system, and vascular apparatus.

CBS deficiency occurs worldwide, but its prevalence varies considerably depending on the ethnic group and investigation method. The actual population frequency is unknown, with estimates ranging between 1: 1800 and 1: 900,000, based on the incidence of birth of patients detected by neonatal screening and/or estimates from clinically confirmed patients (1).

CBS deficiency compromises the conversion of homocysteine to cystathione and leads to its accumulation. Patients with classical homocystinuria show a wide spectrum of severity. Some patients show severe multi-systemic disease that develops during childhood, while others are asymptomatic in adulthood. Patients show normal growth; in the absence of therapy, the disease is progressive. Eye anomalies include ectopic crystalline lens (85% of cases), associated with significant myopia. Skeletal alterations include genu valgum and high arches, dolichostenomelia, pectus excavatum or pectus carinatum, kyphosis or scoliosis, and osteoporosis. Thromboembolic complications, which affect small and large arteries and veins constitute the main cause of morbidity and mortality. Mental retardation rarely manifests before the first-second year of life. In 51% of cases, a clinically significant psychiatric illness was found. Liver, skin, and hair can be affected.

For patients diagnosed early, the treatment aims at preventing all complications of CBS deficiency, while maintaining normal growth and nutrition and allowing a good quality of life. For patient with a late diagnosis, the objective is to prevent further complications, in particular thromboembolism (1).

Three types of treatment are currently available. For patients who respond to pyridoxine, treatment involves the use of pyridoxine at pharmacological doses, in combination with supplementation with folic acid and vitamin B12. In patients who do not respond to pyridoxine, the recommended treatment involves a methionine-poor and cystine-rich diet, in combination with supplementation with pyridoxine, folic acid, and vitamin B12. Anhydrous betaine is a methyl donor, lowering homocysteine levels in patients; for this reason, it can be considered to complement one's diet.

Dietary management must be taken into consideration for all patients with CBS deficiency, unless homocysteine target levels are reached entirely by supplementation of pyridoxine. Diet can be used as either the sole treatment or additional therapy together with pyridoxine and/or betaine (1). The majority of patients who do not respond to pyridoxine require a low natural protein content diet, with methionine-free L-AA mixes. Lifelong treatment is required (1).

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» ENZYME	Cystathionine beta synthase (CBS) deficiency
» TRANSMISSION	Autosomal recessive
» INCIDENCE	Da 1:1,800 a 1: 900,000 (1)
» OMIM	236200
» TREATMENT	For patients who respond to pyridoxine, treatment involves the use of pyridoxine at pharmacological doses, in combination with supplementation with folic acid and vitamin B12. In patients who do not respond to pyridoxine, the recommended treatment involves a methionine-poor and cystine-rich diet, in combination with supplementation with pyridoxine, folic acid, and vitamin B12.





Amino acid mixture free of methionine, indicated for the dietary management of homocystinuria.

» **INDICATIONS** For dietary management in children from the first year of age to adults, with known homocystinuria.

» **DOSAGE AND ADMINISTRATION** Following the physician's prescription, taking into account age, body weight, and clinical conditions of the patient. Dilution recommended at 5% w/v (5 g of reconstituted product at 100 ml per 100 ml of liquid).

» **INSTRUCTIONS FOR USE** Take the prescribed quantity of HOM Medi 2, divided in 3-4 daily doses, dissolved in water or other allowed cold liquids, even flavored or added to food.

» **STORAGE CONDITIONS** After use, close the container properly and store in a cool and dry place, away from light and sources of direct heat. The expiry date refers to the product correctly stored in its intact package.

» **IMPORTANT WARNINGS** HOM Medi 2 must be used under medical supervision, by individuals with known homocystinuria. HOM Medi 2 cannot be used as the only source of food.

The product can result in health risks if taken by individuals that do not have the specific disorder for which it is indicated. Keep out of the reach of children.

## NUTRITIONAL INFORMATION

food for special medical purposes

	per 100 g of powder	per 100 ml reconstituted at 5% (5 g in 100 ml of liquid)
Energy kJ/kcal	1416/333	71/17
Fats	0.0 g	0.0 g
of which saturated fatty acids	0.0 g	0.0 g
Carbohydrates	0.0 g	0.0 g
of which sugars	0.0 g	0.0 g
Protein equivalent	83.3 g	4.2 g
Salt	0.0 g	0.0 g

### AMINO ACIDS

L-Alanine	4.10 g	205.0 mg
L-Arginine	6.82 g	341.0 mg
Ac. L-Aspartate	9.12 g	456.0 mg
L-Carnitine	92.00 mg	4.6 mg
L-Cystine	2.74 g	137.0 mg
L-Phenylalanine	4.96 g	248.0 mg
Glycine	6.00 g	300.0 mg
L-Glutamine	7.90 g	395.0 mg
L-Isoleucine	6.42 g	321.0 mg
L-Histidine	4.28 g	214.0 mg
L-Leucine	10.50 g	525.0 mg
L-Lysine	7.18 g	359.0 mg
L-Methionine	– g	– mg
L-Proline	6.26 g	313.0 mg
L-Serine	4.80 g	240.0 mg
Taurine	184.00 mg	9.2 mg
L-Tyrosine	4.92 g	246.0 mg
L-Threonine	4.50 g	225.0 mg
L-Tryptophan	2.14 g	107.0 mg
L-Valine	7.06 g	353.0 mg



# HOM medigel

720 g  
30 per 24 g



NEUTRAL FLAVOR



Amino acid mixture free of methionine with vitamins, minerals, selenium, taurine, and carnitine, indicated for the dietary management of homocystinuria.

» **INDICATIONS** For the dietary management of children from six months of age and of adults with known homocystinuria.

» **DOSAGE AND ADMINISTRATION** According to the physician's prescription, taking into account age, body weight, and clinical condition of the subject.

» **INSTRUCTIONS FOR USE** HOM Medigel can be consumed as either a gel or a beverage.  
**To make a gel:** pour the contents of one pouch of HOM Medigel into a glass; if desired, add flavor to taste; add approximately 30 ml of cold water; mix well for about 10 seconds; to obtain a creamy gel, let stand for about 2 minutes.

**To make a drink:** pour the contents of one HOM Medigel sachet into a glass; if desired, add flavor to taste; add approximately 80 ml of cold water; mix well for about 10 seconds; drink immediately. HOM Medigel can be consumed as is with a spoon or mixed with other allowed foods. For best results, when possible, HOM Medigel should be prepared and consumed immediately. When necessary, the reconstituted and unused product can be kept for up to 24 hours in a refrigerator and mixed well before use. Once opened, the powder in the pouch should be completely consumed. Any excess product can be stored in a refrigerator and used within 24 hours.

» **STORAGE CONDITIONS** Store in a cool and dry place, away from light and sources of direct heat. The expiry date refers to the product in an unopened, correctly stored package.

» **IMPORTANT WARNINGS** HOM Medigel must only be taken under medical supervision by individuals with known homocystinuria. HOM Medigel must not be used as one's only source of food. The product can result in health risks if consumed by individuals who do not have the specific disorder for which it is indicated. Keep out of the reach of children.



## NUTRITIONAL INFORMATION

food for special medical purposes

	per 100 g	per 24 g (1 sachet)	MINERALS	per 100 g	per 24 g (1 sachet)
Energy kJ/kcal	1595/375	383/90	Calcium	1083 mg	260 mg
Fats	0 g	0 g	Chloride	583 mg	140 mg
of which saturated fatty acids	0 g	0 g	Chromium	71 µg	17 µg
Carbohydrates	45 g	11 g	Iron	14 mg	3.4 mg
of which sugars	25 g	6 g	Phosphorus	825 mg	198 mg
Protein equivalent	41.7 g	10 g	Iodine	138 µg	33.1 µg
Salt	1.1 g	0.3 g	Magnesium	167 mg	40 mg
			Manganese	1.7 mg	0.41 mg
			Molybdenum	50 µg	12 µg
			Potassium	938 mg	225 mg
			Copper	0.80 mg	0.19 mg
			Selenium	35 µg	8.4 µg
			Sodium	379 mg	91 mg
			Zinc	11 mg	2.6 mg
			<b>VITAMINS</b>		
Biotin	25 µg	6.0 µg			
Choline	279 mg	67 mg			
Folic acid	208 µg	49.9 µg			
Niacin	14 mg	3.4 mg			
Pantothenic acid	5.0 mg	1.2 mg			
Riboflavin (Vitamin B2)	1.2 mg	0.29 mg			
Thiamine (Vitamin B1)	1.0 mg	0.24 mg			
Vitamin A	600 µg (RE)	144 µg (RE)			
Vitamin B6	1.1 mg	0.26 mg			
Vitamin B12	2.0 µg	0.48 µg			
Vitamin C	63 mg	15 mg			
Vitamin D	14.6 µg	3.5 µg			
Vitamin E	9.0 mg (αTE)	2.2 mg (αTE)			
Vitamin K	41 µg	9.8 µg			
			<b>AMINO ACIDS</b>		
			Ac. L-Aspartate	4.56 g	1094.4 mg
			L-Alanine	2.05 g	492 mg
			L-Arginine	3.41 g	818.4 mg
			L-Carnitine	0.046 g	11.04 mg
			L-Cystine	1.37 g	328.8 mg
			L-Phenylalanine	2.48 g	595.2 mg
			Glycine	3 g	720 mg
			L-Glutamine	3.95 g	948 mg
			L-Isoleucine	3.21 g	770.4 mg
			L-Histidine	2.14 g	513.6 mg
			L-Leucine	5.25 g	1260 mg
			L-Lysine	3.59 g	861.6 mg
			L-Methionine	– g	– mg
			L-Proline	3.13 g	751.2 mg
			L-Serine	2.4 g	576 mg
			L-Tyrosine	2.46 g	590.4 mg
			L-Threonine	2.25 g	540 mg
			L-Tryptophan	1.07 g	256.8 mg
			L-Valine	3.53 g	847.2 mg
			Taurine	0.092 g	22.08 mg



Amino acid mixture free of methionine with vitamins and minerals, indicated for the dietary management of homocystinuria.

- » **INDICATIONS** For the dietary management of children from three years of age upwards and of adults with known homocystinuria.
- » **DOSAGE AND ADMINISTRATION** According to the physician's prescription, taking into account age, body weight, and clinical condition of the subject.
- » **INSTRUCTIONS FOR USE** Dissolve one sachet of HOM Medi 15 in approximately 80 ml of water or other allowed liquids. HOM Medi 15 can be flavored to taste. Once reconstituted, the product should be consumed immediately. When necessary, the reconstituted product can be kept for up to 24 hours in the refrigerator and mixed well before use.
- » **STORAGE CONDITIONS** Store the product in a cool and dry place, away from light and sources of direct heat. HOM Medi 15 are single-dose sachets. Any prepared and unused product can be stored in the refrigerator and used within 24 hours. The expiry date refers to the product in an unopened, correctly stored package.
- » **IMPORTANT WARNINGS** HOM Medi 15 must only be taken under medical supervision by individuals with known homocystinuria. HOM Medi 15 must not be used as one's only food source. The product can result in health risks if consumed by individuals who do not have the specific disorder for which it is indicated. Keep out of the reach of children.

## NUTRITIONAL INFORMATION

food for special medical purposes

	per 100 g of powder	per 25 g (1 sachet)	MINERALS	per 100 g of powder	per 25 g (1 sachet)
Energy kJ/kcal	1550/365	388/91	Calcium	1196 mg	299 mg
Fats	0 g	0 g	Chloride	728 mg	182 mg
of which saturated fatty acids	0 g	0 g	Chromium	88 µg	22 µg
Carbohydrates	20 g	5 g	Iron	21.6 mg	5.4 mg
of which sugars	2.7 g	0.7 g	Phosphorus	1068 mg	267 mg
Protein equivalent	60 g	15 g	Iodine	252 µg	63 µg
Salt	1.2 g	0.3 g	Magnesium	376 mg	94 mg
			Manganese	3.2 mg	0.80 mg
			Molybdenum	144 µg	36 µg
			Potassium	940 mg	235 mg
			Copper	2.2 mg	0.55 mg
			Selenium	88 µg	22 µg
			Sodium	508 mg	127 mg
			Zinc	21.6 mg	5.4 mg
			<b>VITAMINS</b>		
Biotin	188 µg	47 µg	Biotin	188 µg	47 µg
Choline	600 mg	150 mg	Choline	600 mg	150 mg
Folic acid	400 µg	100 µg	Folic acid	400 µg	100 µg
Pantothenic acid	8.0 mg	2.0 mg	Pantothenic acid	8.0 mg	2.0 mg
Niacin	24.8 mg	6.2 mg	Niacin	24.8 mg	6.2 mg
Riboflavin (Vitamin B2)	2.3 mg	0.57 mg	Riboflavin (Vitamin B2)	2.3 mg	0.57 mg
Thiamine (Vitamin B1)	2.0 mg	0.50 mg	Thiamine (Vitamin B1)	2.0 mg	0.50 mg
Vitamin A	832 µg (RE)	208 µg (RE)	Vitamin A	832 µg (RE)	208 µg (RE)
Vitamin B12	4.8 µg	1.2 µg	Vitamin B12	4.8 µg	1.2 µg
Vitamin B6	2.8 mg	0.7 mg	Vitamin B6	2.8 mg	0.7 mg
Vitamin C	108 mg	27 mg	Vitamin C	108 mg	27 mg
Vitamin D	13.2 µg	3.3 µg	Vitamin D	13.2 µg	3.3 µg
Vitamin E	15.6 mg (αTE)	3.9 mg (αTE)	Vitamin E	15.6 mg (αTE)	3.9 mg (αTE)
Vitamin K	100 µg	25 µg	Vitamin K	100 µg	25 µg
			<b>AMINO ACIDS</b>		
			L-Alanine	2.95 g	738.0 mg
			L-Arginine	4.91 g	1227.6 mg
			Ac. L-Aspartate	6.57 g	1641.6 mg
			L-Carnitine	66 mg	16.6 mg
			L-Cystine	1.97 g	493.2 mg
			L-Phenylalanine	3.57 g	892.8 mg
			Glycine	4.32 g	1080.0 mg
			L-Glutamine	5.69 g	1422.0 mg
			L-Isoleucine	4.62 g	1155.6 mg
			L-Histidine	3.08 g	770.4 mg
			L-Leucine	7.56 g	1890.0 mg
			L-Lysine	5.17 g	1292.4 mg
			L-Methionine	– g	– mg
			L-Proline	4.51 g	1126.8 mg
			L-Serine	3.46 g	864.0 mg
			Taurine	132 mg	33.1 mg
			L-Tyrosine	3.54 g	885.6 mg
			L-Threonine	3.24 g	810.0 mg
			L-Tryptophan	1.54 g	385.2 mg
			L-Valine	5.08 g	1270.8 mg

# HOM medimicro3H

440 g  
4 per 110 g



Slow-release micro-tablets.  
Methionine-free amino acid mixture  
indicated for the dietary management  
of homocystinuria.

## SLOW-RELEASE TECHNOLOGY

» **INDICATIONS** For the dietary management of subjects starting from three years of age with ascertained homocystinuria. Micro-tablets are suitable for children from three years of age upwards, depending on their ability to swallow, as determined by the attending physician.

» **DOSAGE AND ADMINISTRATION** According to the physician's prescription, taking into account age, body weight, the clinical condition of the subject, and the fact that the tablets are slow-release. After being taken, HOM Medimicro 3H releases the amino acids in the tablets over a three hour period. The cap of the container contains about 13 g of microtablets (equal to approximately 8 g of protein equivalent).

» **INSTRUCTIONS FOR USE** Take the prescribed amount with water or other allowed liquids. The micro-tablets have no taste; to retain this feature, it is recommended that they are not chewed, pulverized, or dissolved.

» **STORAGE CONDITIONS** After use, close the jar properly and store it in a cool and dry place, at a temperature below 25°C, away from light and sources of direct heat. The expiry date refers to the product in an unopened, correctly stored package.

» **IMPORTANT WARNINGS** HOM Medimicro 3H must only be taken under medical supervision by individuals with known Homocystinuria. HOM Medimicro 3H must not be used as one's only source of food. The product can result in health risks if consumed by individuals who do not have the specific disorder for which it is indicated. Keep out of the reach of children.

## NUTRITIONAL INFORMATION

food for special medical purposes

per 100 g of micro-tablets

Energy kJ/kcal	1628/389
Fats	2.6 g
of which saturated fatty acids	2.6 g
Carbohydrates	12 g
of which sugars	0 g
Protein equivalent	65 g
Fiber	10 g
Salt	1 g

## AMINO ACIDS

L-Aspartic acid	7.1 g
L-Alanine	3.2 g
L-Arginine	5.4 g
L-Cystine	2.1 g
L-Phenylalanine	4 g
Glycine	4.7 g
L-Glutamine	6.1 g
L-Isoleucine	5 g
L-Histidine	3.3 g
L-Leucine	8.2 g
L-Lysine	5.6 g
L-Proline	5 g
L-Serine	3.7 g
L-Tyrosine	4 g
L-Threonine	3.5 g
L-Tryptophan	1.7 g
L-Valine	5.5 g
L-Methionine	– g
Taurine	143 mg
L-Carnitine	71 mg





# Urea Cycle Disorders (UCD)

Urea Cycle Disorders (UCDs) comprise a group of rare genetic disorders caused by a partial or total deficiency in mitochondrial enzymes or transporters involved in this metabolic pathway. Even though genetically distinct, UCDs share important features (metabolic imbalances with severe increase in blood ammonium levels) and are thus generally considered as a group. They are usually diagnosed at birth (neonatal onset), but can be identified later in life (late onset).

All defects underpinning the different disorders are transmitted through a recessive autosomal hereditary mechanism, with the exception of ornithine transcarbamylase (OTC) deficiency, whose inheritance is associated with the X chromosome. Among all disorders, OTC is the most commonly diagnosed deficiency (>50%) (1).

Unfortunately, there currently is no published information on with prevalence of the disease in the Italian population, and global prevalence data are not clear (1). The difficulty calculating prevalence lies in the fact that the available data does not allow identification of undiagnosed patients or those who die before enrolment (1). The available data suggests that the general frequency of urea cycle deficiencies and the distribution of each is similar in Europe and North America (1).

Overall, according to a recent study, based on neonatal screening data on more than 6 million births in the United States (US) and on data obtained by the two largest accredited registries on urea cycle (American and European), the total incidence for urea cycle disorders, including the late onset forms, is around 1: 35,000 (1).

The most important clinical manifestations, shared by all urea cycle disorders, can be attributed to hyperammonemia. Hyperammonemia is a toxic condition, and a delay in diagnosis and treatment can lead to severe and irreversible neurological damage, comprising

neurocognitive alterations, convulsion, cerebral paralysis, and even death if left untreated; for this reason, early diagnosis and prompt therapeutic intervention must be considered a priority.

Long-term treatment (excluding the acute phase one, which is a genuine medical emergency) of patients with UCDs has the purpose of maintaining a metabolic compensation condition that ensures normal psycho-physical development and blocks repeated crises of hyperammonemia. In this context, diet undoubtedly plays an important role: to reduce nitrogen load on the urea cycle, a low-protein diet is necessary to ensure both a sufficient level of protein intake to allow normal growth, especially in pediatric patients, and adequate metabolism by various tissues and systems.

Even though some milder UCD forms can be treated exclusively through a restriction of proteins in food, combined with supplementation with specific amino acids (arginine, citrulline), in the majority of UCDs this approach is insufficient: it is necessary to intervene with the use of medicinal products that favor the removal of nitrogen through alternative routes to the urea cycle, which is a nitrogen scavenger (2).

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» ENZYME	Variable, depends on the specific pathology
» TRANSMISSION	Autosomal recessive / X-Linked (OTC)
» INCIDENCE	1: 35,000 (1)
» OMIM	/
» TREATMENT	Dietary therapy / pharmacological therapy (if applicable)



UCDs are extremely serious pathologies, for which prompt diagnosis is essential. In order to promote awareness of these disorders, standardized treatment and the dissemination of best practice **European guidelines have been published, which were written by an international team of specialists** (2).

**The document, published in the Orphanet Journal of Rare Diseases, has the objective of providing sufficient tools to manage acute and chronic episodes, guide diagnosis and monitoring, and assess the outcomes and psychosocial and ethical issues associated with UCDs** (2).

**Guidelines for the management and diagnosis of urea cycle disorders can be freely accessed at:**

**<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3488504/pdf/1750-1172-7-32.pdf>**

#### NOTES

#### References:

1. Summar, M. L. et al. "The Incidence of Urea Cycle Disorders." *Molecular genetics and metabolism* 110.0 (2013): 179–180. PMC. Web. 7 Mar. 2018.
2. Häberle, J. et al. "Suggested Guidelines for the Diagnosis and Management of Urea Cycle Disorders." *Orphanet Journal of Rare Diseases* 7 (2012): 32. PMC. Web. 7 Mar. 2018.



Essential amino acid mixture indicated for the dietary management of urea cycle disorders.

- » **INDICATIONS** For dietary management of children from the first year of age to adults, with a known urea cycle disorder.
- » **DOSAGE AND ADMINISTRATION** Following the doctor's prescription, taking into account age, body weight, and clinical conditions of the patient. Dilution recommended at 5% w/v (5 g of reconstituted product at 100 ml per 100 ml of liquid).
- » **INSTRUCTIONS FOR USE** Take the prescribed quantity of UCD Medi 2, divided in 3-4 daily doses, dissolved in water or other allowed cold liquids, even flavored or added to food.
- » **STORAGE CONDITIONS** After use, close the container properly and store in a cool and dry place, away from light and sources of direct heat. The expiry date refers to the product correctly stored in its intact package.
- » **IMPORTANT WARNINGS** UCD Medi 2 must be used under medical supervision, by individuals with known urea cycle disorder. UCD Medi 2 cannot be used as the only source of food. The product can result in health risks if taken by individuals that do not have the specific disorder for which it is indicated. Keep out of the reach of children.

## NUTRITIONAL INFORMATION

food for special medical purposes

	per 100 g of powder	per 100 ml reconstituted at 5% (5 g in 100 ml of liquid)
Energy kJ/kcal	1416/333	71/17
Fats	0.0 g	0.0 g
of which saturated fatty acids	0.0 g	0.0 g
Carbohydrates	0.0 g	0.0 g
of which sugars	0.0 g	0.0 g
Protein equivalent	83.3 g	4.2 g
Salt	0.0 g	0.0 g

## AMINO ACIDS

L-Leucine	18.08 g	904.0 mg
L-Valine	14.20 g	710.0 mg
L-Lysine	12.90 g	645.0 mg
L-Threonine	10.40 g	520.0 mg
L-Isoleucine	10.10 g	505.0 mg
L-Tyrosine	9.40 g	470.0 mg
L-Phenylalanine	6.10 g	305.0 mg
L-Histidine	3.80 g	190.0 mg
L-Methionine	3.60 g	180.0 mg
L-Cystine	3.50 g	175.0 mg
L-Tryptophan	2.30 g	115.0 mg
L-Carnitine	0.30 g	15.0 mg

# UCD medigel

720 g  
30 per 24 g



UCD

6+ months

NEUTRAL FLAVOR



Essential amino acid mixture with vitamins and minerals, indicated for the dietary management of urea cycle disorders.

» **INDICATIONS** For the dietary management of children from six months of age and of adults with known urea cycle disorder.

» **DOSAGE AND ADMINISTRATION** According to the physician's prescription, taking into account age, body weight, and clinical condition of the subject.

» **INSTRUCTIONS FOR USE** UCD Medigel can be consumed as either a gel or as a beverage.  
**To make a gel:** pour the contents of one sachet of UCD Medigel into a glass; if desired, add flavor to taste; add approximately 30 ml of cold water; mix well for about 10 seconds; to obtain a creamy gel, let stand for about 2 minutes.

**To make a drink:** pour the content of an UCD Medigel sachet in a glass; if desired, add flavor as preferred; add around 80 ml of cold water; mix well for around 10 seconds; drink immediately.

UCD Medigel can be consumed as is with a spoon or mixed with other allowed foods. For best results, when possible, UCD Medigel should be prepared and consumed immediately. When necessary, the reconstituted and unused product can be kept for up to 24 hours in a refrigerator and mixed well before use. Once opened, the powder in the pouch should be completely consumed. Any excess product can be stored in a refrigerator and used within 24 hours.

» **STORAGE CONDITIONS** Store in a cool and dry place, away from light and sources of direct heat. The expiry date refers to the product in an unopened, correctly stored package.

» **IMPORTANT WARNINGS** UCD Medigel must be taken under medical supervision by individuals with known urea cycle disorder. UCD Medigel must not be used as one's only source of food. The product can result in health risks if taken by individuals who do not have the specific disorder for which it is indicated. Keep out of the reach of children.



## NUTRITIONAL INFORMATION

food for special medical purposes

	per 100 g	per 24 g (1 sachet)		per 100 g	per 24 g (1 sachet)
Energy kJ/kcal	1595/375	383/90	<b>MINERALS</b>	Calcium	1083 mg / 260 mg
Fats	0 g	0 g		Chloride	583 mg / 140 mg
of which saturated fatty acids	0 g	0 g		Chromium	71 µg / 17 µg
Carbohydrates	45 g	11 g		Iron	14 mg / 3.4 mg
of which sugars	25 g	6 g		Phosphorus	825 mg / 198 mg
Protein equivalent	41.7 g	10 g		Iodine	138 µg / 33.1 µg
Salt	1.1 g	0.3 g		Magnesium	167 mg / 40 mg
				Manganese	1.7 mg / 0.41 mg
				Molybdenum	50 µg / 12 µg
				Potassium	938 mg / 225 mg
				Copper	0.80 mg / 0.19 mg

## VITAMINS

Biotin	25 µg	6.0 µg
Choline	279 mg	67 mg
Folic acid	208 µg	49.9 µg
Niacin	14 mg	3.4 mg
Pantothenic acid	5.0 mg	1.2 mg
Riboflavin (Vitamin B2)	1.2 mg	0.29 mg
Thiamine (Vitamin B1)	1.0 mg	0.24 mg
Vitamin A	600 µg (RE)	144 µg (RE)
Vitamin B6	1.1 mg	0.26 mg
Vitamin B12	2.0 µg	0.48 µg
Vitamin C	63 mg	15 mg
Vitamin D	14.6 µg	3.5 µg
Vitamin E	9.0 mg (αTE)	2.2 mg (αTE)
Vitamin K	41 µg	9.8 µg

## AMINO ACIDS

L-Leucine	9.04 g	2169.56 mg
L-Lysine	6.45 g	1548.00 mg
L-Valine	7.10 g	1704.00 mg
L-Threonine	5.20 g	1248.00 mg
L-Isoleucine	5.05 g	1212.00 mg
L-Tyrosine	4.70 g	1128.00 mg
L-Phenylalanine	3.05 g	732.00 mg
L-Histidine	1.90 g	456.00 mg
L-Methionine	1.80 g	432.00 mg
L-Cystine	1.75 g	420.00 mg
L-Tryptophan	1.15 g	276.00 mg
L-Carnitine	0.15 g	36.00 mg





Essential amino acid mixture with vitamins and minerals indicated for the dietary management of urea cycle disorders.

- » **INDICATIONS** For the dietary management of children beyond 3 months of age and of adults with a known urea cycle disorder.
- » **DOSAGE AND ADMINISTRATION** According to the physician's prescription, taking into account age, body weight and clinical condition of the subject.
- » **INSTRUCTIONS FOR USE** Dissolve one sachet of UCD Medi 15 in approximately 80 ml of water or other allowed liquids. UCD Medi 15 can be flavored to taste. Once reconstituted, the product should be consumed immediately. Where necessary, the reconstituted product can be stored for 24 hours in the refrigerator and mixed well before use.
- » **STORAGE CONDITIONS** Store the product in a cool and dry place, away from light and sources of direct heat. UCD Medi 15 are single-dose sachets. Any prepared and unused product can be stored in the refrigerator and used within 24 hours. The expiry date refers to the product in an unopened, correctly stored package.
- » **IMPORTANT WARNINGS** UCD Medi 15 must be taken under medical supervision by individuals with a known urea cycle disorder. UCD Medi 15 must not be used as one's only source of food. The product can result in health risks if taken by individuals who do not have the specific disorder for which it is indicated. Keep out of the reach of children.

## NUTRITIONAL INFORMATION

food for special medical purposes

	per 100 g of powder	per 25 g (1 sachet)	<b>MINERALS</b>	per 100 g of powder	per 25 g (1 sachet)
Energy kJ/kcal	1550/365	388/91	Calcium	1196 mg	299 mg
Fats	0 g	0 g	Chloride	728 mg	182 mg
of which saturated fatty acids	0 g	0 g	Chromium	88 µg	22 µg
Carbohydrates	20 g	5 g	Iron	21.6 mg	5.4 mg
of which sugars	2.7 g	0.7 g	Phosphorus	1068 mg	267 mg
Protein equivalent	60 g	15 g	Iodine	252 µg	63 µg
Salt	1.2 g	0.3 g	Magnesium	376 mg	94 mg
			Manganese	3.2 mg	0.80 mg
			Molybdenum	144 µg	36 µg
			Potassium	940 mg	235 mg
			Copper	2.2 mg	0.55 mg
			Selenium	88 µg	22 µg
			Sodium	508 mg	127 mg
			Zinc	21.6 mg	5.4 mg
			<b>AMINO ACIDS</b>		
			L-Leucine	13,017 g	3254.3 mg
			L-Valine	10,224 g	2556.0 mg
			L-Lysine	9,288 g	2322.0 mg
			L-Threonine	7,488 g	1872.0 mg
			L-Isoleucine	7,272 g	1818.0 mg
			L-Tyrosine	6,768 g	1692.0 mg
			L-Phenylalanine	4,392 g	1098.0 mg
			L-Histidine	2,736 g	684.0 mg
			L-Methionine	2,592 g	648.0 mg
			L-Cystine	2,52 g	630.0 mg
			L-Tryptophan	1,656 g	414.0 mg
			L-Carnitine	0,216 g	54.0 mg

## VITAMINS

Biotin	188 µg	47 µg
Choline	600 mg	150 mg
Folic acid	400 µg	100 µg
Pantothenic acid	8.0 mg	2.0 mg
Niacin	24.8 mg	6.2 mg
Riboflavin (Vitamin B2)	2.3 mg	0.57 mg
Thiamine (Vitamin B1)	2.0 mg	0.50 mg
Vitamin A	832 µg (RE)	208 µg (RE)
Vitamin B12	4.8 µg	1.2 µg
Vitamin B6	2.8 mg	0.7 mg
Vitamin C	108 mg	27 mg
Vitamin D	13.2 µg	3.3 µg
Vitamin E	15.6 mg (αTE)	3.9 mg (αTE)
Vitamin K	100 µg	25 µg

# UCD medimicro3H

440 g  
4 per 110 g



UCD

3+



Slow-release micro-tablets.  
Essential amino acid mixture indicated  
in the dietary management of urea  
cycle disorders.

## SLOW-RELEASE TECHNOLOGY

» **INDICATIONS** For the dietary management of subjects starting from three years of age with ascertained urea cycle disorder. Micro-tablets are suitable for children from three years of age upwards, depending on their ability to swallow, as determined by the attending physician.

» **DOSAGE AND ADMINISTRATION** Following the physician's prescription, taking into account age, body weight, the clinical condition of the subject, and the fact that the tablets are slow-release. After being taken, UCD Medimicro 3H releases the amino acids in the tablets over a three hour period. The cap of the jar contains about 13 g of micro-tablets (equal to approximately 8 g of protein equivalent).

» **INSTRUCTIONS FOR USE** Take the prescribed amount with water or other allowed liquids. The micro-tablets have no taste; to retain this feature, it is recommended that they are not chewed, pulverized, or dissolved.

» **STORAGE CONDITIONS** After use, close the container properly and store it in a cool and dry place, at a temperature below 25°C, away from light and sources of direct heat. The expiry date refers to the product in an unopened, correctly stored package.

» **IMPORTANT WARNINGS** UCD Medimicro 3H must be taken under medical supervision by individuals with a known urea cycle disorder. UCD Medimicro 3H must not be used as one's only source of food. The product can result in health risks if taken by individuals who do not have the specific disorder for which it is indicated. Keep out of the reach of children.

## NUTRITIONAL INFORMATION

food for special medical purposes

	per 100 g of micro-tablets
Energy kJ/kcal	1628/389
Fats	2.6 g
of which saturated fatty acids	2.6 g
Carbohydrates	12 g
of which sugars	0 g
Protein equivalent	65 g
Fiber	10.0 g
Salt	0.02 g
of which sodium	7.9 mg

## AMINO ACIDS

L-Cystine	3.03 g
L-Phenylalanine	5.15 g
L-Isoleucine	8.33 g
L-Histidine	3.26 g
L-Leucine	14.61 g
L-Lysine	10.45 g
L-Methionine	3.11 g
L-Tyrosine	7.80 g
L-Threonine	8.56 g
L-Tryptophan	2.13 g
L-Valine	11.58 g
L-Carnitine	250 mg





# Isovaleric acidemia (IVA)

Isovaleric acidemia (IVA) is an organic aciduria with recessive autosomal transmission, associated with isovaleryl CoA-dehydrogenase deficiency, associated with variable clinical profile, with onset at birth, with acute vomiting episodes, growth retardation, epileptic seizures, lethargy, acute pancreatitis, and mild-severe development retardation, or, with onset during childhood, with metabolic acidosis (provoked by prolonged fasting, greater intake of high-protein food or infections). In the absence of immediate treatment, it can be lethal. Intermittent chronic cases and asymptomatic individuals have also been described.

The main objective of IVA management is to reduce production and increase excretion of isovaleryl-CoA. This is obtained by (1):

1. limiting the intake of leucine through a low protein diet. If necessary, protein requirements are met by supplementing the diet with a leucine-free mixture of amino acids;
2. improvement of alternative metabolic pathways using carnithine and glycine (pharmacological treatment), conjugating isovaleryl-CoA to produce the non-toxic compounds isovalerylglycine and isovalerylcarnithine;
3. implementation of an emergency management protocol during episodes of metabolic stress (e.g. illness and fasting).

Accumulation of organic acids can lead to urea cycle inhibition with ensuing hyperammonemia. Hyperammonemia is a genuine medical emergency and treated in a specialist intensive care unit. The main objective of therapy is to rapidly reduce ammonium levels and prevent possible cerebral damage. Carglumic acid can be used in the treatment of IVA-linked hyperammonemia.

» ENZYME	Isovaleric acid CoA dehydrogenase deficiency.
» TRANSMISSION	Autosomal recessive
» INCIDENCE	Da 1: 62,500 a 1: 250,000 (EIMD)
» OMIM	243500
» TREATMENT	Dietary therapy / pharmacological therapy

A document has recently been published **describing the main dietary practises in the management of IVA.**

**They can be freely accessed at:**

**<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5328917/pdf/main.pdf>**

References:

1. Pinto, A. et al. "Dietary Practices in Isovaleric Acidemia: A European Survey." *Molecular Genetics and Metabolism Reports* 12 (2017): 16–22. PMC. Web. 7 Mar. 2018.



Amino acid mixture free of leucine indicated for dietary management of isovaleric aciduria.

» **INDICATIONS** For dietary management of children from the first year of age to adults with known isovaleric aciduria.

» **DOSAGE AND ADMINISTRATION** According to the physician's prescription, taking into account age, body weight, and clinical condition of the subject. Dilution recommended at 5% w/v (5 g of reconstituted product at 100 ml per 100 ml of liquid).

» **INSTRUCTIONS FOR USE** Take the prescribed quantity of IVA Medi 2, divided in 3-4 daily doses, dissolved in water or other allowed cold liquids, even flavored or added to food.

» **STORAGE CONDITIONS** After use, close the container properly and store in a cool and dry place, away from light and sources of direct heat. The expiry date refers to the product correctly stored in its intact package.

» **IMPORTANT WARNINGS** IVA Medi 2 must be used under medical supervision, by individuals with known isovaleric aciduria. IVA Medi 2 cannot be used as the only source of food.

The product can result in health risks if taken by individuals that do not have the specific disorder for which it is indicated. Keep out of the reach of children.

## NUTRITIONAL INFORMATION

food for special medical purposes

	per 100 g of powder	per 100 ml reconstituted at 5% (5 g in 100 ml of liquid)
Energy kJ/kcal	1416/333	71/17
Fats	0.0 g	0.0 g
of which saturated fatty acids	0.0 g	0.0 g
Carbohydrates	0.0 g	0.0 g
of which sugars	0.0 g	0.0 g
Protein equivalent	83.3 g	4.2 g
Salt	0.0 g	0.0 g

## AMINO ACIDS

L-Alanine	4.80 g	239.9 mg
L-Arginine	7.85 g	392.3 mg
Ac. L-Aspartate	6.61 g	330.7 mg
L-Carnitine	65 mg	3.2 mg
L-Cystine	2.85 g	142.7 mg
L-Phenylalanine	5.32 g	265.9 mg
Glycine	14.14 g	706.9 mg
L-Glutamine	8.75 g	437.7 mg
L-Isoleucine	2.72 g	136.2 mg
L-Histidine	4.54 g	227.0 mg
L-Leucine	– g	– mg
L-Lysine	6.87 g	343.7 mg
L-Methionine	1.95 g	97.3 mg
L-Proline	14.20 g	710.1 mg
L-Serine	4.41 g	220.5 mg
Taurine	195 mg	9.7 mg
L-Tyrosine	5.19 g	259.4 mg
L-Threonine	4.67 g	233.5 mg
L-Tryptophan	1.75 g	87.5 mg
L-Valine	3.11 g	155.6 mg

# IVA medigel

720 g  
30 per 24 g



NEUTRAL FLAVOR



Amino acid mixture free of leucine with vitamins, minerals, selenium, taurine and carnitine, indicated for the dietary management of isovaleric aciduria.

» **INDICATIONS** For the dietary management of children from six months of age and of adults with a known urea cycle disorder.

» **DOSAGE AND ADMINISTRATION** According to the physician's prescription, taking into account age, body weight, and clinical condition of the subject.

» **INSTRUCTIONS FOR USE** IVA Medigel can be consumed as either a gel or as a beverage.  
**To make a gel:** pour the contents of one sachet of IVA Medigel into a glass; if desired, add flavor to taste; add approximately 30 ml of cold water; mix well for about 10 seconds; to obtain a creamy gel, let stand for about 2 minutes.

**To make a drink:** pour the content of an IVA Medigel sachet in a glass; if desired, add flavor as preferred; add around 80 ml of cold water; mix well for around 10 seconds; drink immediately.

IVA Medigel can be consumed as is with a spoon or mixed with other allowed foods. For best results, when possible, IVA Medigel should be prepared and consumed immediately. When necessary, the reconstituted and unused product can be kept for up to 24 hours in a refrigerator and mixed well before use. Once opened, the powder in the pouch should be completely consumed. Any excess product can be stored in a refrigerator and used within 24 hours.

» **STORAGE CONDITIONS** Store in a cool and dry place, away from light and sources of direct heat. The expiry date refers to the product in an unopened, correctly stored package.

» **IMPORTANT WARNINGS** IVA Medigel must be taken under medical supervision by individuals with known isovaleric aciduria. IVA Medigel must not be used as one's only source of food. The product can result in health risks if taken by individuals who do not have the specific disorder for which it is indicated. Keep out of the reach of children.



## NUTRITIONAL INFORMATION

food for special medical purposes

	per 100 g	per 24 g (1 sachet)	MINERALS	per 100 g	per 24 g (1 sachet)
Energy kJ/kcal	1595/375	383/90	Calcium	1083 mg	260 mg
Fats	0 g	0 g	Chloride	583 mg	140 mg
of which saturated fatty acids	0 g	0 g	Chromium	71 µg	17 µg
Carbohydrates	45 g	11 g	Iron	14 mg	3.4 mg
of which sugars	25 g	6 g	Phosphorus	825 mg	198 mg
Protein equivalent	41.7 g	10 g	Iodine	138 µg	33.1 µg
Salt	1.1 g	0.3 g	Magnesium	167 mg	40 mg
			Manganese	1.7 mg	0.41 mg
			Molybdenum	50 µg	12 µg
			Potassium	938 mg	225 mg
			Copper	0.80 mg	0.19 mg

## VITAMINS

Biotin	25 µg	6.0 µg
Choline	279 mg	67 mg
Folic acid	208 µg	49.9 µg
Niacin	14 mg	3.4 mg
Pantothenic acid	5.0 mg	1.2 mg
Riboflavin (Vitamin B2)	1.2 mg	0.29 mg
Thiamine (Vitamin B1)	1.0 mg	0.24 mg
Vitamin A	600 µg (RE)	144 µg (RE)
Vitamin B6	1.1 mg	0.26 mg
Vitamin B12	2.0 µg	0.48 µg
Vitamin C	63 mg	15 mg
Vitamin D	14.6 µg	3.5 µg
Vitamin E	9.0 mg (αTE)	2.2 mg (αTE)
Vitamin K	41 µg	9.8 µg

## AMINO ACIDS

Ac. L-Aspartate	3.307 g	793.8 mg
L-Alanine	2.399 g	575.9 mg
L-Arginine	3.923 g	941.6 mg
L-Carnitine	32 mg	7.8 mg
L-Cystine	1.427 g	342.4 mg
L-Phenylalanine	2.659 g	638.1 mg
Glycine	7.069 g	1696.5 mg
L-Glutamine	4.377 g	1050.6 mg
L-Isoleucine	1.362 g	326.8 mg
L-Histidine	2.27 g	544.7 mg
L-Leucine	– g	– mg
L-Lysine	3.437 g	824.9 mg
L-Methionine	0.973 g	233.5 mg
L-Proline	7.101 g	1704.3 mg
L-Serine	2.205 g	529.2 mg
L-Tyrosine	2.594 g	622.6 mg
L-Threonine	2.335 g	560.3 mg
L-Tryptophan	0.875 g	210.1 mg
L-Valine	1.556 g	373.5 mg
Taurine	97 mg	23.3 mg



Leucine-free amino acid mixture with vitamins and minerals, indicated for the dietary management of isovaleric aciduria.

» **INDICATIONS** For the dietary management of children from three years of age upwards and of adults with known isovaleric aciduria.

» **DOSAGE AND ADMINISTRATION** According to the physician's prescription, taking into account age, body weight, and clinical condition of the subject.

» **INSTRUCTIONS FOR USE** Dissolve an IVA Medi 15 sachet in around 80 ml of water or other allowed liquids. IVA Medi 15 can be flavored to taste. Once reconstituted, the product should be consumed immediately. When necessary, the reconstituted product can be kept for up to 24 hours in the refrigerator and mixed well before use.

» **STORAGE CONDITIONS** Store the product in a cool and dry place, away from light and direct heat sources. IVA Medi 15 sachets are single-use. Any prepared and unused product can be stored in the refrigerator and used within 24 hours. The expiry date refers to the product in an unopened, correctly stored package.

» **IMPORTANT WARNINGS** IVA Medi 15 must be taken under medical supervision only by individuals with known isovaleric aciduria. IVA Medi 15 must not be used as one's only source of food. The product can result in health risks if taken by individuals who do not have the specific disorder for which it is indicated. Keep out of the reach of children.

## NUTRITIONAL INFORMATION

food for special medical purposes

	per 100 g of powder	per 25 g (1 sachet)	MINERALS	per 100 g of powder	per 25 g (1 sachet)
Energy kJ/kcal	1550/365	388/91	Calcium	1196 mg	299 mg
Fats	0 g	0 g	Chloride	728 mg	182 mg
of which saturated fatty acids	0 g	0 g	Chromium	88 µg	22 µg
Carbohydrates	20 g	5 g	Iron	21.6 mg	5.4 mg
of which sugars	2.7 g	0.7 g	Phosphorus	1068 mg	267 mg
Protein equivalent	60 g	15 g	Iodine	252 µg	63 µg
Salt	1.2 g	0.3 g	Magnesium	376 mg	94 mg
			Manganese	3.2 mg	0.80 mg
			Molybdenum	144 µg	36 µg
			Potassium	940 mg	235 mg
			Copper	2.2 mg	0.55 mg
			Selenium	88 µg	22 µg
			Sodium	508 mg	127 mg
			Zinc	21.6 mg	5.4 mg
			<b>VITAMINS</b>		
Biotin	188 µg	47 µg	Biotin	188 µg	47 µg
Choline	600 mg	150 mg	Choline	600 mg	150 mg
Folic acid	400 µg	100 µg	Folic acid	400 µg	100 µg
Pantothenic acid	8.0 mg	2.0 mg	Pantothenic acid	8.0 mg	2.0 mg
Niacin	24.8 mg	6.2 mg	Niacin	24.8 mg	6.2 mg
Riboflavin (Vitamin B2)	2.3 mg	0.57 mg	Riboflavin (Vitamin B2)	2.3 mg	0.57 mg
Thiamine (Vitamin B1)	2.0 mg	0.50 mg	Thiamine (Vitamin B1)	2.0 mg	0.50 mg
Vitamin A	832 µg (RE)	208 µg (RE)	Vitamin A	832 µg (RE)	208 µg (RE)
Vitamin B12	4.8 µg	1.2 µg	Vitamin B12	4.8 µg	1.2 µg
Vitamin B6	2.8 mg	0.7 mg	Vitamin B6	2.8 mg	0.7 mg
Vitamin C	108 mg	27 mg	Vitamin C	108 mg	27 mg
Vitamin D	13.2 µg	3.3 µg	Vitamin D	13.2 µg	3.3 µg
Vitamin E	15.6 mg (αTE)	3.9 mg (αTE)	Vitamin E	15.6 mg (αTE)	3.9 mg (αTE)
Vitamin K	100 µg	25 µg	Vitamin K	100 µg	25 µg
			<b>AMINO ACIDS</b>		
			L-Alanine	3.45 g	863.8 mg
			L-Arginine	5.65 g	1412.5 mg
			Ac. L-Aspartate	4.76 g	1190.7 mg
			L-Carnitine	47 mg	11.7 mg
			L-Cystine	2.05 g	513.6 mg
			L-Phenylalanine	3.83 g	957.2 mg
			Glycine	10.18 g	2544.7 mg
			L-Glutamine	6.30 g	1575.9 mg
			L-Isoleucine	1.96 g	490.3 mg
			L-Histidine	3.27 g	817.1 mg
			L-Leucine	– g	– mg
			L-Lysine	4.95 g	1237.4 mg
			L-Methionine	1.40 g	350.2 mg
			L-Proline	10.23 g	2556.4 mg
			L-Serine	3.17 g	793.8 mg
			Taurine	140 mg	35.0 mg
			L-Tyrosine	3.73 g	933.9 mg
			L-Threonine	3.36 g	840.5 mg
			L-Tryptophan	1.26 g	315.2 mg
			L-Valine	2.24 g	560.3 mg

# IVA medimicro3H

440 g  
4 per 110 g



IVA

3+



Slow-release micro-tablets.  
Leucine-free amino acid mixture  
indicated for the dietary management  
of isovaleric aciduria.

## SLOW-RELEASE TECHNOLOGY

» **INDICATIONS** For the dietary management of subjects starting from three years of age with a certain isovaleric aciduria. Micro-tablets are suitable for children from three years of age upwards, depending on their ability to swallow, as determined by the attending physician.

» **DOSAGE AND ADMINISTRATION** According to the physician's prescription, taking into account age, body weight, the clinical condition of the subject, and the fact that the tablets are slow-release. After being taken, IVA Medimicro 3H releases the amino acids in the tablets over a three hour period. The cap of the jar contains about 13 g of micro-tablets (equal to approximately 8 g of protein equivalent).

» **INSTRUCTIONS FOR USE** Take the prescribed amount with water or other allowed liquids. The micro-tablets have no taste; to retain feature not to be lost, it is recommended that they are not chewed, pulverized, or dissolved.

» **STORAGE CONDITIONS** After use, close the container properly and store it in a cool and dry place, below 25°C, away from light and sources of direct heat. The expiry date refers to the product in an unopened, correctly stored package.

» **IMPORTANT WARNINGS** IVA Medimicro 3H must only be taken under medical supervision by individuals with isovaleric aciduria. IVA Medimicro 3H must not be used as one's only source of food. The product can result in health risks if taken by individuals who do not have the specific disorder for which it is indicated. Keep out of the reach of children.

## NUTRITIONAL INFORMATION

food for special medical purposes

per 100 g of micro-tablets

Energy kJ/kcal	1628/389
Fats	2.6 g
of which saturated fatty acids	2.6 g
Carbohydrates	12 g
of which sugars	0 g
Protein equivalent	65 g
Fiber	10 g
Salt	1 g

## AMINO ACIDS

L-Aspartic acid	5 g
Alanine	3.8 g
Arginine	6 g
Cystine	2.3 g
Phenylalanine	4 g
Glycine	11.2 g
Glutamine	6.9 g
Isoleucine	2.2 g
Histidine	3.6 g
Lysine	5.4 g
Methionine	1.5 g
Proline	11.2 g
Serine	3.5 g
Tyrosine	4 g
Threonine	3.7 g
Tryptophan	1.4 g
Valine	2.5 g
Leucine	– g
Taurine	154 mg
Carnitine	51 mg





A recent survey demonstrated broad differences in dietary practices associated with the management of IVA across Europe. Following are data comparing dietary therapy of different European centers (using/not using leucine-free amino acid mixes; LFAA): total proteins (g/kg), natural proteins (g/kg), LFAA (g/kg) and % proteins provided by LFAA compared to the total protein prescription.

**DESCRIPTIVE STATISTICS COMPARING CENTERS (USING/NOT USING LFAA) FOR THE DIETARY PRESCRIPTION OF: TOTAL PROTEINS (G/KG), NATURAL PROTEIN (G/KG), LFAA(G/KG) AND % OF PROTEINS PROVIDED BY LFAA COMPARED TO TOTAL PROTEIN PRESCRIPTION**

### Centers using LFAA

	0-6 months (n=2)	7-12 months (n=2)	1-10 years (n=40)	11-16 years (n=16)	>16 years (n=5)
<b>Total protein (g/kg)</b>					
Median	2.2	1.9	1.7	1.1	1.1
Min	1.7	1.8	0.9	1.0	1.0
Max	2.6	2.0	2.3	1.5	1.5
<b>Natural protein (g/kg)</b>					
Median	1.1	0.4	1.0	0.7	0.7
Min	1.0	0.4	0.4	0.4	0.4
Max	1.1	0.5	1.9	1.0	0.8
<b>LFAA (g/kg)</b>					
Median	1.1	1.5	0.7	0.5	0.6
Min	0.7	1.3	0.2	0.4	0.3
Max	1.5	1.7	1.2	0.6	0.8
<b>% quantity of total protein compared to LFAA</b>					
Median	50	77	44	42	48
Min	41	72	17	29	27
Max	58	82	75	60	64

### Centers that do not use LFAA

	0-6 months (n=3)	7-12 months (n=0)	1-10 years (n=31)	11-16 years (n=15)	>16 years (n=19)
<b>Total protein (g/kg)</b>					
Median	1.6	Not reported	1.3	1.0	0.9
Min	1.4		1.0	0.2	0.5
Max	1.8		2.0	1.8	1.1
<b>Natural protein (g/kg)</b>					
Median	1.6	Not reported	1.3	1.0	0.9
Min	1.4		1.0	0.2	0.5
Max	1.8		2.0	1.8	1.1
<b>LFAA (g/kg)</b>					
Median	0	Not reported	0	0	0
Min	0		0	0	0
Max	0		0	0	0
<b>% quantity of total protein compared to LFAA</b>					
Median	0	Not reported	0	0	0
Min	0		0	0	0
Max	0		0	0	0

AA = Leucine-free L-amino acids

n = number of patients



# Methylmalonic acidemia (MMA) and propionic acidemia (PA)

Methylmalonic and propionic acidemia (MMA/PA) are congenital disorders resulting in errors in the catabolism of propionate, caused by defects in enzymes methylmalonyl-CoA mutase (MUT) or propionyl-CoA carboxylase (PCC); the disorders are characterized by the accumulation of metabolites arising from catabolism of branched-chain amino acids such as a 3- hydroxypropionic acid, methylcitric acid and/or methylmalonic acid in plasma, urine, and other body fluids.

MMA has an estimated incidence of ~ 1: 50,000 and PA of ~1: 100,000 - 150,000 (1).

Patients with complete enzymatic deficiency show acute deterioration in their general clinical conditions in the first days or weeks of life, along with metabolic acidosis and hyperammonemia, progressing to coma and death if untreated. Cases of late onset of MMA and PA can manifest at any age, i.e. in childhood or even later, with a more heterogeneous clinical profile. The mental outcome tends to be worse in and late complications include chronic kidney disease nearly exclusively in MMA and cardiomyopathy mainly in PA (1).

The overall outcome is poor notwithstanding the existence of apparently effective therapy with a low protein content and carnithine, except for MMA forms that are responsive to vitamin B12 (mainly cblA type MMA), which have a better outcome if diagnosed promptly and treated adequately (1).

Prognosis is strongly influenced by duration of coma and the ammonium peak in the blood, especially in newborns; patients must be identified and adequately treated as soon as possible (1).

Long-term treatment (chronic, not in the acute phase) has the objectives of achieving normal development and preventing metabolic imbalance episodes, while providing a good quality of life and avoiding side effects and complications (1).

Standard therapy includes:

- L-carnitine
- Antibiotics to reduce intestinal flora
- Low protein diet with reduction in the level of Ile, Val, Met, and Thr (based on individual protein requirements)
- Supplemented with vitamins and minerals

Key dietary management principles are similar for patients with MMA and PA. Diet aside, the most common medical therapies used in the long-term treatment of MMA/PA are L-carnitine, antibiotics to reduce intestinal flora, and vitamin B12, as previously reported (1).

» ENZYME	Methylmalonyl-CoA mutase (MCM) or propionyl-CoA carboxylase (PCC) deficiency.
» TRANSMISSION	Autosomal recessive
» INCIDENCE	1: 50,000 MMA   1: 100,000 - 150,000 PA (1)
» OMIM	277380 277400 277410 614857 MMA   606054 PA
» TREATMENT	Dietary therapy / pharmacological therapy



# MMA/ PA medi2

200 g



Amino acid mixture free of methionine, threonine, valine and with low isoleucine content indicated in the dietary management of methylmalonic/propionic acidemia.

» **INDICATIONS** For dietary management in children from the first year of age to adults with known methylmalonic/propionic acidemia.

» **DOSAGE AND ADMINISTRATION** Following the physician's prescription, taking into account age, body weight, and clinical conditions of the patient. Recommended 5% w/v dilution (5 g of reconstituted product per 100 ml of liquid).

» **INSTRUCTIONS FOR USE** Take the prescribed quantity of MMA/PA Medi 2, divided in 3-4 daily doses, dissolved in water or other allowed cold liquids, even flavored or added to food.

» **STORAGE CONDITIONS** After use, close the container properly and store in a cool and dry place, away from light and sources of direct heat. The expiry date refers to the product correctly stored in its intact package.

» **IMPORTANT WARNINGS** MMA/PA Medi 2 must be used under medical supervision, by individuals with known methylmalonic/propionic acidemia. MMA/PA Medi 2 must not be used as one's only source of food. This product can result in health risks if consumed by individuals who do not have the specific disorder for which it is indicated. Keep out of the reach of children.

## NUTRITIONAL INFORMATION

food for special medical purposes

	per 100 g of powder	per 100 ml reconstituted at 5% (5 g in 100 ml of liquid)
Energy kJ/kcal	1416/333	71/17
Fats	0.0 g	0.0 g
of which saturated fatty acids	0.0 g	0.0 g
Carbohydrates	0.0 g	0.0 g
of which sugars	0.0 g	0.0 g
Protein equivalent	83.3 g	4.2 g
Salt	0.0 g	0.0 g

### AMINO ACIDS

L-Alanine	8.30 g	415.0 mg
L-Arginine	8.60 g	430.0 mg
Ac. L-Aspartate	13.80 g	690.0 mg
L-Carnitine	92.00 mg	4.6 mg
L-Cystine	3.54 g	177.0 mg
L-Phenylalanine	5.56 g	278.0 mg
Glycine	3.90 g	195.0 mg
L-Glutamine	10.12 g	506.0 mg
L-Isoleucine	0.30 g	15.0 mg
L-Histidine	5.56 g	278.0 mg
L-Leucine	13.16 g	658.0 mg
L-Lysine	9.16 g	458.0 mg
L-Methionine	– g	– mg
L-Proline	4.04 g	202.0 mg
L-Serine	5.86 g	293.0 mg
Taurine	184.00 mg	9.2 mg
L-Tyrosine	5.56 g	278.0 mg
L-Threonine	– g	– mg
L-Tryptophan	2.22 g	111.0 mg
L-Valine	– g	– mg

# MMA/PA medigel

720 g  
30 per 24 g



NEUTRAL FLAVOR



Amino acid mixture free of methionine, threonine, valine and with low isoleucine content with vitamins, minerals, selenium, taurine and carnitine, indicated for the dietary management of methylmalonyl acidemia/propionic acidemia.

» **INDICATIONS** For the dietary management of children from six months of age and of adults with known methylmalonic acidemia/propionic acidemia.

» **DOSAGE AND ADMINISTRATION** According to the physician's prescription, taking into account age, body weight, and clinical condition of the subject.

» **INSTRUCTIONS FOR USE** MMA/PA Medigel can be taken both as gel and as beverage. **To make a gel:** pour the contents of one MMA/PA Medigel sachet into a glass; if desired, add flavor to taste; add approximately 30 ml of cold water; mix well for about 10 seconds; to obtain a creamy gel, let stand for about 2 minutes.

**To make a drink:** pour the contents of one MMA/PA Medigel sachet into a glass; if desired, add flavor to taste; add approximately 80 ml of cold water; mix well for about 10 seconds; drink immediately.

Reconstituted MMA/PA Medigel can be consumed as is with a spoon or mixed with other allowed foods. For best results, where possible, MMA/PA Medigel should be prepared and consumed immediately. When necessary, the reconstituted and unused product can be kept for up to 24 hours in a refrigerator and mixed well before use. Once opened, the powder in the pouch should be completely consumed. Any excess product should be stored in a refrigerator and used within 24 hours.

» **STORAGE CONDITIONS** Store in a cool and dry place, away from light and sources of direct heat. The expiry date refers to the product in an unopened, correctly stored package.

» **IMPORTANT WARNINGS** MMA/PA Medigel must be taken only under medical supervision by individuals with known methylmalonic acidemia/propionic acidemia. MMA/PA Medigel must not be used as one's only source of food. The product can result in health risks if consumed by individuals who do not have the specific disorder for which it is indicated. Keep out of the reach of children.



## NUTRITIONAL INFORMATION

food for special medical purposes

	per 100 g	per 24 g (1sachet)	MINERALS	per 100 g	per 24 g (1sachet)
Energy kJ/kcal	1595/375	383/90	Calcium	1083 mg	260 mg
Fats	0 g	0 g	Chloride	583 mg	140 mg
of which saturated fatty acids	0 g	0 g	Chromium	71 µg	17 µg
Carbohydrates	45 g	11 g	Iron	14 mg	3.4 mg
of which sugars	25 g	6 g	Phosphorus	825 mg	198 mg
Protein equivalent	41.7 g	10 g	Iodine	138 µg	33.1 µg
Salt	1.1 g	0.3 g	Magnesium	167 mg	40 mg
			Manganese	1.7 mg	0.41 mg
			Molybdenum	50 µg	12 µg
			Potassium	938 mg	225 mg
			Copper	0.80 mg	0.19 mg
			Selenium	35 µg	8.4 µg
			Sodium	379 mg	91 mg
			Zinc	11 mg	2.6 mg
			<b>VITAMINS</b>		
			Biotin	25 µg	6.0 µg
			Choline	279 mg	67 mg
			Folic acid	208 µg	49.9 µg
			Niacin	14 mg	3.4 mg
			Pantothenic acid	5.0 mg	1.2 mg
			Riboflavin (Vitamin B2)	1.2 mg	0.29 mg
			Thiamine (Vitamin B1)	1.0 mg	0.24 mg
			Vitamin A	600 µg (RE)	144 µg (RE)
			Vitamin B6	1.1 mg	0.26 mg
			Vitamin B12	2.0 µg	0.48 µg
			Vitamin C	63 mg	15 mg
			Vitamin D	14.6 µg	3.5 µg
			Vitamin E	9.0 mg (αTE)	2.2 mg (αTE)
			Vitamin K	41 µg	9.8 µg
			<b>AMINO ACIDS</b>		
			Ac. L-Aspartate	6.9 g	1656 mg
			L-Alanine	4.15 g	996 mg
			L-Arginine	4.3 g	1032 mg
			L-Carnitine	0.046 g	11.04 mg
			L-Cystine	1.77 g	424.8 mg
			L-Phenylalanine	2.78 g	667.2 mg
			Glycine	1.95 g	468 mg
			L-Glutamine	5.06 g	1214.4 mg
			L-Isoleucine	0.15 g	36 mg
			L-Histidine	2.78 g	667.2 mg
			L-Leucine	6.58 g	1579.2 mg
			L-Lysine	4.58 g	1099.2 mg
			L-Methionine	– g	– mg
			L-Proline	2.02 g	484.4 mg
			L-Serine	2.93 g	703.2 mg
			L-Tyrosine	2.78 g	667.2 mg
			L-Threonine	– g	– mg
			L-Tryptophan	1.11 g	266.4 mg
			L-Valine	– g	– mg
			Taurine	0.092 g	22.08 mg

# MMA/PA medi15

750 g  
30 per 25 g



MMA  
/ PA

3+



Amino acid mixture free of methionine, threonine, valine and with low isoleucine content with vitamins and minerals, indicated for the dietary management of methymalonic acidemia/propionic acidemia.

» **INDICATIONS** For the dietary management of children from three years of age upwards and of adults with known methymalonic acidemia/propionic acidemia.

» **DOSAGE AND ADMINISTRATION** According to the physician's prescription, taking into account age, body weight, and clinical condition of the subject.

» **INSTRUCTIONS FOR USE** Dissolve one sachet of MMA/PA Medi 15 in approximately 80 ml of water or other allowed liquids. MMA/PA Medi 15 can be flavored to taste. Once reconstituted, the product should be consumed immediately. When necessary, the reconstituted product can be kept for up to 24 hours in the refrigerator and mixed well before use.

» **STORAGE CONDITIONS** Store the product in a cool and dry place, away from light and sources of direct heat. MMA/PA Medi 15 are single-dose sachets. Any prepared and unused product can be stored in the refrigerator and used within 24 hours. The expiry date refers to the product in an unopened, correctly stored package.

» **IMPORTANT WARNINGS** MMA/PA Medi 15 must be taken only under medical supervision by individuals with known methymalonic acidemia/propionic acidemia. MMA/PA Medi 15 must not be used as one's only source of food. The product can result in health risks if taken by individuals who do not have the specific disorder for which it is indicated. Keep out of the reach of children.

## NUTRITIONAL INFORMATION

food for special medical purposes

	per 100 g of powder	per 25 g (1 sachet)	MINERALS	per 100 g of powder	per 25 g (1 sachet)
Energy kJ/kcal	1550/365	388/91	Calcium	1196 mg	299 mg
Fats	0 g	0 g	Chloride	728 mg	182 mg
of which saturated fatty acids	0 g	0 g	Chromium	88 µg	22 µg
Carbohydrates	20 g	5 g	Iron	21.6 mg	5.4 mg
of which sugars	2.7 g	0.7 g	Phosphorus	1068 mg	267 mg
Protein equivalent	60 g	15 g	Iodine	252 µg	63 µg
Salt	1.2 g	0.3 g	Magnesium	376 mg	94 mg
			Manganese	3.2 mg	0.80 mg
			Molybdenum	144 µg	36 µg
			Potassium	940 mg	235 mg
			Copper	2.2 mg	0.55 mg
			Selenium	88 µg	22 µg
			Sodium	508 mg	127 mg
			Zinc	21.6 mg	5.4 mg
			<b>VITAMINS</b>		
			Biotin	188 µg	47 µg
			Choline	600 mg	150 mg
			Folic acid	400 µg	100 µg
			Pantothenic acid	8.0 mg	2.0 mg
			Niacin	24.8 mg	6.2 mg
			Riboflavin (Vitamin B2)	2.3 mg	0.57 mg
			Thiamine (Vitamin B1)	2.0 mg	0.50 mg
			Vitamin A	832 µg (RE)	208 µg (RE)
			Vitamin B12	4.8 µg	1.2 µg
			Vitamin B6	2.8 mg	0.7 mg
			Vitamin C	108 mg	27 mg
			Vitamin D	13.2 µg	3.3 µg
			Vitamin E	15.6 mg (αTE)	3.9 mg (αTE)
			Vitamin K	100 µg	25 µg
			<b>AMINO ACIDS</b>		
			L-Alanine	5.96 g	1494.0 mg
			L-Arginine	6.19 g	1548.0 mg
			Ac. L-Aspartate	9.93 g	2484.0 mg
			L-Carnitine	66 mg	16.6 mg
			L-Cystine	2.55 g	637.2 mg
			L-Phenylalanine	4.00 g	1000.8 mg
			Glycine	2.81 g	702.0 mg
			L-Glutamine	7.29 g	1821.6 mg
			L-Isoleucine	0.22 g	54.0 mg
			L-Histidine	4.00 g	1000.8 mg
			L-Leucine	9.47 g	2368.8 mg
			L-Lysine	6.59 g	1648.8 mg
			L-Methionine	– g	– mg
			L-Proline	2.91 g	727.2 mg
			L-Serine	4.22 g	1054.8 mg
			Taurine	132 mg	33 mg
			L-Tyrosine	4.00 g	1000.8 mg
			L-Threonine	– g	– mg
			L-Tryptophan	1.60 g	399.6 mg
			L-Valine	– g	– mg

# MMA/PA medimicro3H

440 g  
4 per 110 g



MMA  
/PA

3+



Slow-release micro-tablets.  
Amino acid mixture free of methionine,  
threonine, and valine, indicated for the  
dietary management of methylmalonic  
acidemia/propionic acidemia.

## SLOW-RELEASE TECHNOLOGY

» **INDICATIONS** For the dietary management of subjects starting from three years of age with ascertained methylmalonic acidemia/propionic acidemia. Microtablets are suitable for children from three years of age upwards, depending on their ability to swallow, as determined by the attending physician.

» **DOSAGE AND ADMINISTRATION** According to the physician's prescription, taking into account age, body weight, the clinical condition of the subject, and the fact that the tablets are delayed-release. After being taken, MMA/PA Medimicro 3H releases the amino acids in the tablets over a three hour period. The cap of the jar contains about 13 g of micro-tablets (equal to approximately 8 g of protein equivalents).

» **INSTRUCTIONS FOR USE** Take the prescribed amount with water or other allowed liquids. The micro-tablets have no taste; to retain this feature, it is recommended that they are not chewed, pulverized, or dissolved.

» **STORAGE CONDITIONS** After use, close the container properly and store it in a cool and dry place, below 25°C, away from light and sources of direct heat. The expiry date refers to the product in an unopened, correctly stored package.

» **IMPORTANT WARNINGS** MMA/PA Medimicro 3H must only be taken under medical supervision by individuals with methylmalonic acidemia/propionic acidemia. MMA/PA must not be used as one's only source of food. The product can result in health risks if consumed by individuals who do not have the specific disorder for which it is indicated. Keep out of the reach of children.

## NUTRITIONAL INFORMATION

food for special medical purposes

per 100 g of micro-tablets

Energy kJ/kcal	1628/389
Fats	2.6 g
of which saturated fatty acids	2.6 g
Carbohydrates	12 g
of which sugars	0 g
Protein equivalent	65 g
Fiber	10 g
Salt	1 g

## AMINO ACIDS

L-Aspartic acid	10.7 g
L-Alanine	6.4 g
L-Arginine	6.7 g
L-Cystine	2.8 g
L-Phenylalanine	4.3 g
Glycine	3 g
L-Glutamine	7.9 g
L-Isoleucine	0.23 g
L-Histidine	4.3 g
L-Leucine	10.2 g
L-Lysine	7.1 g
L-Proline	3.1 g
L-Serine	4.6 g
L-Tyrosine	4.3 g
L-Tryptophan	1.73 g
L-Methionine	– g
L-Threonine	– g
L-Valine	– g
Taurine	143 mg
L-Carnitine	71 mg







# Protein-free products

In a normal dietary regime, consumption of protein-rich products provides noble proteins (e.g. from meat, fish, eggs, and milk) and non-noble proteins (e.g. from bread, pasta, and cookies). In particular conditions, it is necessary to partially or totally restrict protein intake (especially non-noble proteins).

Following a low-protein diet must not lead to abandoning one's eating habits or tasty meals. Today, there is a vast range of protein-free products with which it is possible to prepare delicious meals while retaining the pleasure of eating. Following a low-protein diet does not mean following a poor diet, but only reducing the content of protein and mineral salts (1).

Medifood protein-free products, with a protein content lower than 1 g per 100 g of product, and low in sodium, potassium, and phosphorus, are perfectly suited to the needs of those who suffer from limited kidney function and who must follow a diet with reduced amounts of the minerals mentioned. They thus provide an important contribution towards lowering the level of proteins in food without having to give up a healthy and tasty diet.

A protein-free diet is suited for patients affected by:

## **Chronic kidney disease (CKD)<sup>2,3</sup>; patients in conservative therapy, pre-dialysis, and post-transplant conditions**

In CKD, a low-protein diet is useful to reach/increase calories and not affect the kidney load, delaying dialysis and controlling other complications due to CKD (hypertension, malnutrition, etc.).

Patients with CKD can thus:

- reduce protein intake, in order not to burden renal function;
- manage calorie intake to reach or maintain optimal weight;
- limit the intake of sodium, phosphorus, and potassium.

## **Parkinson's disease (treated with levodopa)<sup>4,5</sup>**

In Parkinson's disease, levodopa is the medicinal product of choice. Carriers tasked with transporting levodopa to the circulation and from the circulation to the brain are the same used for amino acid transport, and thus a low-protein (and therefore low amino acid) diet improves absorption of levodopa, augmenting its clinical action.

Furthermore, in a high percentage of patients there may be a reduction in the levels of levodopa, especially when taken close to a low-protein lunch. Recent studies have demonstrated that low-protein diets in the first part of the day reduce the daily "OFF" periods, improving the patient's motor performance and well-being.

## **Metabolic aminoacidopathies (e.g. hyperphenylalaninemia, PKU, and tyrosinemia, etc)**

In metabolic diseases affecting protein metabolism, with the need to limit the intake of natural proteins, a protein-free diet is necessary to allow the patient to have a varied, complete, and correct nutrition.

1. Giancarlo Vanzo, Gioachino Leandro – *Lineamenti di dietoterapia e nutrizione clinica. II Edizione* [TN: Foundations of diet therapy and clinical nutrition, II Edition], Il Pensiero Scientifico Editore
2. Michael T. Pedrini; Andrew S. Levey; Joseph Lau; Thomas C. Chalmers; and Ping H. Wang – *The Effect of Dietary Protein Restriction on the Progression of Dia-betic and Nondiabetic Renal Diseases: A Meta-Analysis*, *Annals of Internal Medicine*, 1996.
3. Lai S, Molfino A, Coppola B, De Leo S, Tommasi V, Galani A, Migliaccio S, Greco EA, Gnerre Musto T, Muscaritoli M. – *Clinical Medicine Department, Rome Sapienza University – Effect of personalized dietary intervention on nutritional, metabolic and vascular indices in patients with chronic kidney disease*, *European Review for Medical and Pharmacological Sciences* 2015.
4. Ismael Mena, George C. Cotzias – *Protein Intake and Treatment of Parkinson's Disease with Levodopa*, *New England Journal of Medicine*, 1975.
5. Emanuele Cereda; Michela Barichella; Giyeans Pezzoli – *Controlled-protein dietary regimens for Parkinson's disease*, *Nutritional Neuroscience*, Volume 13, 2010.



Protein-free drink with milk ingredients, ready for use.

- » **INDICATIONS** Milco® has been conceived as a substitute for cow's milk in the nutritional management of various pathologies that require a low-protein diet with low phenylalanine content.
- » **DOSAGE AND ADMINISTRATION** The quantity to be taken during the day must be established by a physician taking into account the patient's age, weight, and clinical conditions.
- » **INSTRUCTIONS FOR USE** Milco® can be taken as is, with the addition of flavors, or with coffee. It can be used as a substitute for cow's milk in preparing various recipes. Shake well before use.
- » **STORAGE CONDITIONS** Store the product in a cool and dry place, at a temperature between 8 and 25°C, away from light and sources of direct heat. Once opened, the bottle must be stored in the fridge and the content consumed within 48 hours. The expiry date refers to the product in an unopened, correctly stored package.
- » **IMPORTANT WARNINGS** Milco® is a food product for special medical purposes, and must be used under medical supervision. Milco® cannot be used as one's only source of food. Compared to cow's milk, the product has a low content of calcium. Keep out of the reach of children.

#### NUTRITIONAL INFORMATION

food for special medical purposes

	per 100 ml	AMINO ACIDS	per 100 ml
Energy kJ/kcal	272/65	L-Isoleucine	12 mg
Fats	3.6 g	L-Leucine	20 mg
of which saturated fatty acids	1.6 g	L-Lysine	16 mg
Carbohydrates	7.9 g	L-Methionine	5 mg
of which sugars	4.5 g	L-Cystine	4 mg
Protein	0.2 g	L-Phenylalanine	8 mg
Salt	0.15 g	L-Tyrosine	6 mg
L-Phenylalanine	8 mg	L-Threonine	13 mg
		L-Tryptophan	3 mg
		L-Valine	13 mg
<b>MINERALS</b>		L-Arginine	6 mg
Sodium	0.058 g	L-Histidine	5 mg
Potassium *	38 mg	L-Alanine	8 mg
Phosphorus	7 mg	L-Aspartato	18 mg
Calcium	10 mg	L-Glycine	5 mg
Chloride	53 mg	L-Glutamate	34 mg
		L-Proline	13 mg
Osmolarity	250 mOsm/l	L-Serine	10 mg
<b>FATTY ACIDS</b>			
Caprylic Acid	0.01 g		
Capric Acid	0.03 g		
Lauric Acid	0.04 g		
Myristic acid	0.15 g		
Palmitic acid	1.11 g		
Stearic acid	0.21 g		
Palmitoleic Acid	0.02 g		
Oleic Acid	1.35 g		
Linoleic Acid	0.30 g		
Linolenic acid	0.07 g		

\* Milco® Ciock: Potassium 59 mg



Protein-free  
gluten-free pasta.

» **INDICATIONS** For the dietary management of individuals with chronic kidney failure and metabolic aminoacidopathies. Sineamin<sup>®</sup> pasta is also indicated in protein-free and gluten-free diets, and has a low content of sodium, potassium, and phosphorus.

» **COOKING SUGGESTIONS** Boil an abundant amount of water (at least a liter for each 100 g of pasta), add salt (only if approved by the physician), add the pasta, and stir energetically. Cook on a high flame for the time indicated on the package. In any event, cooking time can be modified according to individual preference: it is recommended that pasta is tasted to assess the desired level of cooking.

» **STORAGE CONDITIONS** Store the product in a cool and dry place, away from light and sources of direct heat. The expiry date refers to the product in an unopened, correctly stored package.

» **IMPORTANT WARNINGS** Sineamin<sup>®</sup> must be used only under medical supervision. Sineamin<sup>®</sup> cannot be used as one's only source of food. The presence of safflower, of natural origin, in Sineamin<sup>®</sup> can lead to variation in color intensity between batches.

» **FORMATS** Spaghetti, linguine, fusilli, penne rigate, pipe rigate, sedani lunghi, sedani corti, stelline, semolino, tagliatelle\*, lasagne\*, riso [TN: pasta types available].

## NUTRITIONAL INFORMATION

food for special medical purposes

	per 100 g of product	per 100 g of product (Sineamin i sorrisi)
Energy kJ/kcal	1550/364	1554/366
Fats	1.3 g	1.3 g
of which saturated fatty acids	0.3 g	0.2 g
Carbohydrates	87.4 g	88.1 g
of which sugars	0.3 g	0 g
Dietary fiber	1.0 g	0.3 g
Protein	0.5 g	0.4 g
Salt *	< 0.05 g	0.07 g
equal to sodium	< 0.02 g	28 mg

### MINERALS

Phosphorus	< 20 mg	22 mg
Potassium	< 20 mg	11 mg
Sodium	< 20 mg	28 mg

### AMINO ACIDS

Phenylalanine	< 10 mg	14 mg
Tyrosine	< 20 mg	

\* The salt content is due exclusively to the sodium in the product.

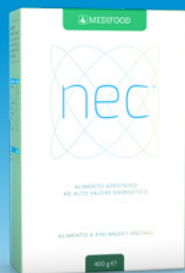




# Special pediatric products

In a pediatric age, it is essential that the diet provides all the necessary nutrients for physical and psychological growth.

The following paragraph lists products for specific nutritional treatment of pathologies found in a pediatric age.



Protein-free food  
with high energy value.

» **INDICATIONS** NEC is an alimentary product intended for special medical purposes. It is protein-free, low in electrolytes and has a high energy value. It should be used as indicated by a physician, for:

- diets requiring a high energy intake;
- low-protein diets with minimal electrolyte intake;
- as a dietary supplement in cases of acute and chronic kidney disease (low phosphorus intake).

» **DOSAGE AND ADMINISTRATION** The quantity of product to be taken daily must be calculated according to the physician's judgement, taking into account the patient's age, body weight, caloric requirements, and clinical conditions. The measuring spoon in the package holds 5 g of product, equal to 25.4 kcal (106 kJ).

» **INSTRUCTIONS FOR USE** Take the product together with any liquid or solid food product.

» **STORAGE CONDITIONS** Store the product in a cool and dry place at a temperature between 8°C and 25°C, away from light and sources of direct heat. Once open, the product can be consumed within 4 weeks, if stored properly closed and away from sourced of heat. After use, close the box properly. The expiry date refers to the product in an unopened, correctly stored package.

» **IMPORTANT WARNINGS** NEC\* must be used under medical supervision. NEC\* cannot be used as one's only source of food. Keep out of the reach of children.

#### NUTRITIONAL INFORMATION

food product for special medical purposes

	per 100 g of powder
Energy kJ/kcal	2139/512
Fats	23,7 g
of which saturated fatty acids	15,6 g
Carbohydrates	74,6 g
of which sugars	2,4 g
Protein	0 g
Salt *	0.06 g

#### MINERALS

Phosphorus	19.2 mg
Potassium	1.6 mg
Sodium	25.3 mg

#### FATS (MCT 50%)

Caprylic acid	4.2 g
Capric acid	3.3 g
Lauric acid	3.1 g
Myristic acid	1.2 g
Palmitic acid	1.3 g
Palmitoleic acid	0.02 g
Stearic acid	0.4 g
Oleic acid	3 g
Linoleic acid	4.7 g
$\alpha$ -linolenic acid	0.04 g
10% Osmolality	52.7 mOsm/kg
10% Osmolarity	54.1 mOsm/l

\* The salt content is due exclusively to the sodium in the product.



Plant-based thickening powder with carob seed flower. Medigel is a completely taste-free food product for special medical purposes.

» INDICATIONS

Medigel is indicated for infants, children, and adults.

As anti-regurgitation:

- in milk-based diets.

As thickening/gelling agent:

- for liquid or semi-liquid food products in the case of problems swallowing (dysphagia);
- in patients with reflux problems.

» DOSAGE AND INSTRUCTIONS FOR USE

According to the physician's prescription, taking into account age, body weight, and clinical condition of the subject.

As anti-regurgitation:

- pour 3 g (1 measuring spoon) of product in water (100 ml) and heat on a low flame until a gel is obtained, which can be stored in the fridge for 24 hours;
- in the case of breastfeeding, the gel should be given to the infant before feeding (1-2 spoons depending on the requirements);
- in the case of bottle feeding, take the necessary quantity and dissolve it in the artificial milk, shaking the milk bottle.

As thickening agent:

- use the 3 g measuring spoon present in the package to remove the quantity suggested in the table (page 133);
- slowly add to liquid or semi-liquid foods, either hot or cold;
- mix with a fork or a kitchen beater until complete dissolution or mix in a closed container (e.g. a shaker). Alternative, use a low-speed electric mixer for 5-10 seconds.

» STORAGE CONDITIONS

Store in a cool and dry place, away from light and sources of direct heat. The reconstituted product can be stored in the refrigerator and used within 24 hours.

» IMPORTANT WARNINGS

Medigel must be used under medical supervision. Medigel must not be used as one's only source of food. Keep out of the reach of children. GLUTEN-FREE.

NUTRITIONAL INFORMATION

food for special medical purposes

	per 100 g
Energy kJ/kcal	1175/282
Fats	0.6 g
of which saturated fatty acids	0.0 g
Carbohydrates	40.9 g
of which sugars	38.5 g
Protein	4.2 g
Dietary fiber	48.27 g
Sodium	0.125 g

Food products 100 ml	Desired consistency		
Fruit juice	–	½ of the 3 g measuring spoon	1 measuring spoon (3 g)
Vegetable purée	–	½ of the 3 g measuring spoon	1 measuring spoon (3 g)
Milk - Orange juice Water - Tea Chamomile - Coffee	½ of the 3 g measuring spoon	1 measuring spoon (3 g)	2 of the 3 g measuring spoons

# rubrojunior

7 per  
10 ml



Supplement ready for use  
with B-group vitamins, Zinc  
and Lactoferrin.

- » **INDICATIONS** Coadjuvant for infants, children, and adults:
- with fevers or colds
  - in a child's delayed growth
  - in all cases where it is necessary to increase immune defences
  - in emergencies
  - during infectious diseases
  - during recovery from illness
  - when nutritionally deficient
  - during therapy with aciclovir
- » **DOSAGE AND INSTRUCTIONS FOR USE** One vial per day away from meals, for an average duration of 2-3 weeks. The treatment can be repeated in cycles.  
The dose can be increased up to two vials per day in the most demanding cases.
- » **STORAGE CONDITIONS** Store at room temperature (15-30°C); avoid exposure to localized sources of heat, sun, and contact with water. The expiry date refers to the product in an unopened, correctly stored package.
- » **IMPORTANT WARNINGS** Do not exceed the recommended daily dose. Keep out of reach of children under three years of age. Food supplements should not be intended as substitutes for a varied and balanced diet and a healthy lifestyle. The product does not contain gluten.

## NUTRITIONAL INFORMATION

food supplement

	per 100 ml	per 10 ml	VNR %
Lactoferrin	500 mg	50 mg	
Thiamine	5.5 mg	0.55 mg	50%
Riboflavin	7 mg	0.7 mg	50%
Vitamin B6	7 mg	0.7 mg	50%
Vitamin B12	0.025 mg	0.0025 mg	100%
Niacin	80 mg	8 mg	50%
Folic acid	2 mg	0.2 mg	100%
Zinc	50 mg	5 mg	50%



Medium chain triglycerides mix (MCT)  
mostly obtained from coconut.

#### » INDICATIONS

Indicated for supportive therapy in cases of:

- Short bowel syndrome
- Pancreatopathy
- Cystic fibrosis
- Hypercatabolic states (malnutrition, burns, sepsis)
- Lymphedema
  - improves lymph composition
  - does not overload the lymphatic system
- Oxidative disorders of long-chain fatty acids: LCHAD, VLCAD
- MCT-based ketogenic diet, used in the treatment of drug-resistant epilepsy, GLUT-1 deficiency, PDHD deficiency
- Chylothorax
- Other diseases that alter the functionality of chyliferous vessels

#### » DOSAGE AND INSTRUCTIONS FOR USE

Following medical instructions, taking into account age, weight, and clinical conditions, the caloric portion indicatively provided by MCT should represent around 55% of the fat-derived caloric share. Normally in split doses of 15-20 ml (3-4 teaspoons). MCT Oil can be consumed both raw and heated ( $T^{\circ} < 150 - 160^{\circ}C$ , to prevent thermal degradation).

#### » STORAGE CONDITIONS

Store in a cool and dry place. The expiry date refers to the product in an unopened, correctly stored package.

#### » IMPORTANT WARNINGS

MCT Oil must be taken following medical instruction and monitoring. MCT Oil must not be used as one's only source of food. Keep out of the reach of children.

#### NUTRITIONAL INFORMATION

food for special medical purposes

	per 100 g
Energy kJ/kcal	3470/830
Fats	100 g
of which saturated fatty acids	100 g
of which caprylic acid (C8:0)	55 g
of which capric acid (C10:0)	43 g
of which caproic acid (C6:0)	0.5 g
of which lauric acid (C12:0)	0.9 g
of which myristic acid (C14:0)	0.6 g
Carbohydrates	0 g
of which sugars	0 g
Protein	0 g
Salt	0 g
Dietary fiber	0 g

#### DENSITY

1 ml of Chiloil corresponds to 0.95 g





Medium chain triglycerides (MCT) mixture, mainly obtained from coconut, enriched with selenium and vitamins A, D3, and E.

» INDICATIONS

Indicated for supportive therapy in cases of:

- Short bowel syndrome
- Pancreatopathy
- Cystic fibrosis
- Hypercatabolic states (malnutrition, burns, sepsis)
- Lymphedema
  - improves lymph composition
  - does not overload the lymphatic system
- Oxidative disorders of long-chain fatty acids: LCHAD, VLCAD
- MCT-based ketogenic diet, used in the treatment of drug-resistant epilepsy, GLUT-1 deficiency, PDHD deficiency
- Chylothorax
- Other diseases that alter the functionality of chyliferous vessels

» DOSAGE AND INSTRUCTIONS FOR USE

Following medical instructions, taking into account age, weight, and clinical conditions, the caloric portion indicatively provided by MCT should represent around 55% of the fat-derived caloric share. Normally in split doses of 15-20 ml (3-4 teaspoons). Chiloil can be consumed both raw and heated (T°<150-160°C, to prevent thermal degradation).

» STORAGE CONDITIONS

Store in a cool and dry place. The expiry date refers to the product in an unopened, correctly stored package.

» IMPORTANT WARNINGS

Chiloil must be taken following medical instructions and monitoring. Chiloil must not be used as one's only source of food. Keep out of the reach of children.

**NUTRITIONAL INFORMATION**

food for special medical purposes

	per 100 g	x sachet
Energy kJ/kcal	3331/797	317/76
Fats	96 g	9 g
of which saturated fatty acids	96 g	9 g
of which caprilic acid (C8:0)	53 g	5 g
of which capric acid (C10:0)	41 g	4 g
of which caproic acid (C6:0)	0.5 g	0.1 g
of which lauric acid (C12:0)	0.9 g	0.1 g
of which myristic acid (C14:0)	0.6 g	0.1 g
Carbohydrates	0 g	0 g
of which sugars	0 g	0 g
Protein	0 g	0 g
Salt	0 g	0 g
Vitamin A	4000 µg RE	400 µg RE
Vitamin E	200 mg	20 mg
Vitamin D3	80 µg	8 µg
Selenium	250 µg	25 µg

**DENSITY**

1 ml of Chiloil corresponds to 0.95 g

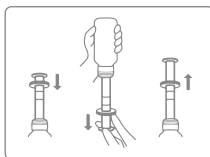


DHA-based special medical food indicated for the dietary management of individuals with established cystic fibrosis.

» **INDICATIONS** DHA Medi Oil is a DHA-based food for special medical purposes indicated for the dietary management of individuals with established cystic fibrosis.

» **DOSAGE AND ADMINISTRATION** Following the physician's prescription, taking into account age, body weight and clinical conditions of the patient.

» **DOSAGE AND INSTRUCTIONS FOR USE** Take 1 ml once or twice a day. Shake before use. Take the prescribed amount with the 2 ml dosing syringe included in the pack. The product can be administered directly or dissolved in water, fruit juice, milk or other liquids.



» **STORAGE CONDITIONS** Store in a cool and dry place, away from heat, in a controlled temperature that does not exceed 25°C. The expiry date refers to the correctly stored, unopened product. Once open, store in the fridge and use within 30 days.

» **IMPORTANT WARNINGS** Use under medical supervision. The product must not be used as a primary food source. The product should not be administered parenterally. Keep out of the reach of children. Due to the presence of ingredients of natural origin, different production batches may have slightly different colours, which in no way affects the quality of the finished product.

## NUTRITIONAL INFORMATION

food for special medical purposes

	per 1 ml	per 2 ml	per 100 ml
Energy kJ/kcal	19/5	37/9	1856/451
Fats	0.50 g	1 g	50 g
of which saturated fatty acids	<0.01 g	<0.01 g	<1 g
of which monounsaturated fatty acids	0 g	0 g	0 g
of which polyunsaturated fatty acids	0.25 g	0.5 g	25 g
Carbohydrates	0 g	0 g	0 g
of which sugars	0 g	0 g	0 g
Protein	0 g	0 g	0 g
Salt	0 g	0 g	0 g
DHA (from algal oil tit. to 50% in DHA)	250 mg	500 mg	25000 mg



# AF

## (Antisecretory Factor)

Antisecretory Factor (AF) is a protein that modulates the transport of water and ions. Its discovery dates to 1984. At that time, researchers observed that AF could inhibit hypersecretion of liquids and electrolytes within the intestinal lumen caused by cholera toxin.

Antisecretory factor is present in cells of all tissues, but it is particularly abundant in the intestinal mucosa. It acts by blocking chloride channels, which, when excessively activated, cause hypersecretion in the intestinal lumen.

The activation of antisecretory factor can take place within the intestinal lumen in the presence of:

- Pathogenic agents (bacteria, viruses, parasites, helminths);
- Hypertonic solutions (e.g. solution with a high quantity of sugars and/or amino acids, concentrated and absorbed within substrates such as cereals).

Its activation reflects a natural defence mechanism from causative agents of, for example, diarrhea, thus contributing to a favorable clinical outcome and resolution of the illness.

Specific dietary approaches lead to increasing AF levels, such as specially processed cereals (SPCs). The administration of SPCs to patients suffering from intestinal inflammatory disease, gastroenteritis, and Ménière's disease improves symptoms and the quality of life. Furthermore, AF-enriched egg yolk powder improves health status in children suffering from acute and chronic diarrhea, reducing the frequency and increasing the volume of feces.

### References:

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Hydrothermally treated oat flakes to increase endogenous production of antisecretory protein (antisecretory factor) and increase the balance of cellular liquids.

- » **INDICATIONS** Dietary management in children over 3 years of age and in adults in the case of hydrops or Ménière's disease.
  
- » **DOSAGE AND INSTRUCTIONS FOR USE** It is recommended to take 1 g/kg/ day in 2-3 daily doses, following the physician's prescription. SPC-Flakes can be taken as is, or mixed in water or yoghurt. SPC-Flakes can also be cooked and eaten as broth or vegetable or legume soup, or added to pasta or any other food. It can also be used in the preparation of oven-baked products such as bread, focaccias, or cookies. The product as is cannot be toasted.
  
- » **STORAGE CONDITIONS** Store in a cool and dry place. The expiry date refers to the product correctly stored in a cool and dry place.
  
- » **IMPORTANT WARNINGS** Use under medical supervision. SPC-flakes must not be used as one's only food source. Contains gluten. SPC-flakes are GMO-free. Keep out of the reach of children.

## NUTRITIONAL INFORMATION

food for special medical purposes

	per 100 g of flakes
Energy kj/kcal	1580/375
Fats	10 g
of which saturated fatty acids	1.5 g
Carbohydrates	59 g
of which sugars	3 g
Fiber	7.5 g
Protein	12 g
Salt *	35 mg
<b>VITAMINS</b>	
Biotin	16 µg
Folic acid	166 µg
Niacin	2.7 mg
Pantothenic acid	1.7 mg
Riboflavin	1.3 mg
Thiamine	0.6 mg
Vitamin B6	0.1 mg
Vitamin B12	0.3 µg
Vitamin E	0.7 mg
Vitamin K	1.6 µg
<b>MINERALS</b>	
Calcium	88 mg
Chloride	86 mg
Chromium	14 µg
Iron	4.4 mg
Phosphorus	400 mg
Iodine	0.5 µg
Magnesium	130 mg
Manganese	3.1 mg
Molybdenum	130 µg
Potassium	310 mg
Selenium	8 µg
Sodium	14 mg
Zinc	2.4 mg

\* The salt content is due exclusively to the sodium in the product.



Pasteurized egg yolk with high antisecretory protein (antisecretory factor) content to improve the balance of cellular liquid.

- » **INDICATIONS** Dietary management in children over 3 years of age and in adults in the case of hydrops or Ménière's disease.
- » **DOSAGE AND INSTRUCTIONS FOR USE** Unless prescribed otherwise, as a general guideline it is recommended to take one sachet three times a day. Mix the contents of a sachet in a small amount of fresh water, fruit juice, or other allowed liquids, not hot.
- » **STORAGE CONDITIONS** Store the product in a cool and dry place, away from light and sources of direct heat. The expiry date refers to the product in an unopened, correctly stored package.
- » **IMPORTANT WARNINGS** Use under medical supervision. Salovum must not be used as one's only source of food. Keep out of the reach of children. Salovum is GMO-free.

## NUTRITIONAL INFORMATION

food for special medical purposes

	per 100 g	per 4 g
Energy kJ/kcal	2740/660	110/26
Fats	59 g	2.4 g
of which saturated fatty acids	20 g	0.8 g
Carbohydrates	0 g	0 g
of which sugars	0 g	0 g
Fiber	2 g	0.08 g
Protein	33 g	1.3 g
Salt *	350 mg	14 mg
<b>VITAMINS</b>		
Biotin	148 µg	5.92 µg
Folic acid	330 µg	13.2 µg
Niacin	0.1 mg	0.004 mg
Pantothenic acid	9 mg	0.36 mg
Thiamine	0.43 mg	0.017 mg
Vitamin A	3400 µg	136 µg
Vitamin B6	0.11 mg	0.004 mg
Vitamin B12	10 µg	0.4 µg
Vitamin D	7 µg	0.28 µg
Vitamin E	32 mg	1.28 mg
<b>MINERALS</b>		
Calcium	280 mg	11.2 mg
Chloride	1160 mg	46.4 mg
Chromium	6 µg	0.24 µg
Iron	9.9 mg	0.4 mg
Fluorine	200 mg	8 mg
Phosphorus	960 mg	38.4 mg
Iodine	110 µg	4.4 µg
Magnesium	23 mg	0.92 mg
Manganese	0.28 mg	0.011 mg
Molybdenum	14 µg	0.56 µg
Potassium	190 mg	7.6 mg
Selenium	96 µg	3.84 µg
Sodium	140 mg	5.6 mg
Zinc	7.1 mg	0.28 mg

\* The salt content is due exclusively to the sodium in the product.



**LARN 2014 - REFERENCE INTAKE LEVELS FOR THE ITALIAN POPULATION:  
AVERAGE ENERGY REQUIREMENTS (ARS) IN THE 6-12 MONTH AGE RANGE**

Age months	Body weight kg	Growth rate (g/day)	TEE (kcal/day)	Energy (kcal/day)	Energy requirement (kcal/day)	Energy requirement (kcal/day)
<b>MALES</b>						
6	7.9	14.0	581	39	620	78
7	8.3	11.9	618	18	640	77
8	8.6	10.5	646	15	660	77
9	8.9	9.5	674	14	690	77
10	9.2	8.6	702	23	730	79
11	9.4	8.1	720	22	740	79
12	9.6	7.9	739	21	760	79
<b>FEMALES</b>						
6	7.3	13.3	525	49	570	79
7	7.6	11.5	553	20	580	75
8	7.9	10.4	581	18	600	76
9	8.2	9.1	609	16	630	76
10	8.5	8.2	637	19	640	77
11	8.7	7.8	655	18	660	77
12	8.9	7.6	674	18	690	78

TEE: Total energy expenditure. Energy requirement values rounded to 10 kcal/day. Age is considered as chronological age; for example, 9 months refers to the period between the ninth and tenth month of age. Body weight as 50th body weight percentile by age from the WHO document (2006) tables. Growth rate calculated based on body weight data from the WHO document (2006) tables. TEE (kcal/day) calculated with Butte's equations (Butte, 2005). Energy deposited calculated as energy content of newly formed tissues x growth rate. Energy requirements obtained as TEE + energy needed. The values shown are exemplary and do not have regulatory meaning.

**LARN 2014 - REFERENCE INTAKE LEVELS FOR THE ITALIAN POPULATION:  
AVERAGE ENERGY REQUIREMENTS (AR) IN THE 1-17 YEAR AGE RANGE**

Age years	Body weight kg	BM (g/day)	Energy requirements for a PAL of		
			25 <sup>th</sup> pct	median	75 <sup>th</sup> pct
<b>MALES</b>					
1	10.9	620	840	870	890
2	14.0	800	1090	1130	1160
3	16.3	880	1260	1390	1490
4	18.5	930	1330	1470	1580
5	20.8	980	1400	1550	1670
6	23.3	1030	1480	1640	1770
7	26.2	1100	1580	1750	1880
8	29.5	1180	1690	1870	2010
9	33.2	1260	1810	2000	2150
10	37.2	1320	2210	2300	2460
11	41.7	1400	2340	2440	2610
12	46.9	1490	2490	2600	2780
13	52.7	1590	2670	2780	2970
14	58.7	1700	2840	2960	3170
15	63.5	1780	2990	3110	3330
16	66.6	1840	3080	3210	3430
17	68.2	1860	3130	3260	3480
<b>FEMALES</b>					
1	10.2	560	770	790	810
2	13.4	750	1020	1050	1080
3	15.7	800	1150	1280	1370
4	18.0	850	1220	1350	1450
5	20.5	900	1290	1430	1540
6	23.3	960	1380	1520	1640
7	26.4	1020	1470	1620	1740
8	29.6	1090	1560	1720	1860
9	33.2	1160	1660	1840	1980
10	37.5	1190	2000	2090	2230
11	42.7	1260	2120	2210	2360
12	48.4	1340	2250	2340	2500
13	52.5	1390	2340	2440	2610
14	54.6	1420	2390	2490	2660
15	55.4	1430	2400	2510	2680
16	55.7	1440	2410	2510	2690
17	55.8	1440	2410	2510	2690

BM: basal metabolism; PAL: physical activity level; pct: percentile. BM values and energy requirement values rounded to 10 kcal/day. Age is considered as chronological age; for example, 4 years refers to the period between the fourth and fifth birthday. Body weight according to median values by age published by Cacciari et al. (2006). For 1.5 years, the data was calculated by interpolation. BM was estimated with the equation of Schofield et al. (1985). LAF values (25th percentile - median - 75th percentile) chosen according to the expected distribution in the population of growing age (SACN, 2011) and equal to: <3 years 1.35 - 1.39 - 1.43; 3-9 years 1.42 - 1.57 - 1.69; 10-18 years 1.66 - 1.73 - 1.85. Energy requirement obtained by increasing EET by 1% to take into account the energy deposited in the newly-synthesized tissues. The values shown are exemplary and do not have regulatory meaning.


**CALCULATION OF BASAL METABOLISM ACCORDING TO THE EQUATION BY HARRIS BENEDICT**

Man (BMR) =  $66.5 + (13.75 \times \text{kg}) + (5.003 \times \text{cm}) - (6.775 \times \text{age})$

Woman (BMR) =  $655.1 + (9.563 \times \text{kg}) + (1.850 \times \text{cm}) - (4.676 \times \text{age})$

**LARN 2014 - REFERENCE INTAKE LEVELS FOR THE ITALIAN POPULATION:  
AVERAGE ENERGY REQUIREMENTS (AR) IN ADULTS.**

Height m	Body weight kg	BM Basal Metabolism kcal/day (kcal/kg)	Energy requirement (kcal/day) for one PAL (level of physical activity) of:			
			1,45	1,6	1,75	2,1
<b>MALES 18-29 YEARS</b>						
1.5	50.6	1450	2110	2330	2540	3050
1.6	57.6	1560	2260	2490	2730	3270
1.7	65	1670	2420	2670	2920	3510
1.8	72.9	1790	2590	2860	3130	3760
1.9	81.2	1910	2780	3060	3350	4020
<b>MALES 30-59 YEARS</b>						
1.5	50.6	1450	2110	2330	2540	3050
1.6	57.6	1530	2220	2450	2680	3220
1.7	65	1620	2350	2590	2830	3400
1.8	72.9	1710	2480	2730	2990	3590
1.9	81.2	1800	2620	2890	3160	3790
<b>FEEMALES 18-29 YEARS</b>						
1.5	50.6	1240	1790	1980	2160	2600
1.6	57.6	1340	1940	2140	2340	2810
1.7	65	1450	2100	2320	2540	3040
1.8	72.9	1570	2270	2510	2740	3290
1.9	81.2	1690	2450	2700	2960	3550
<b>FEEMALES 30-59 YEARS</b>						
1.5	50.6	1260	1820	2010	2200	2640
1.6	57.6	1310	1900	2100	2300	2760
1.7	65	1370	1990	2200	2400	2880
1.8	72.9	1440	2080	2300	2520	3020
1.9	81.2	1510	2180	2410	2630	3160

**LARN 2014 - REFERENCE INTAKE LEVELS FOR THE ITALIAN POPULATION: PROTEINS**

	Body weight	AR average requirements		PRI Intake recommended for the population		SDT Objective nutritional for the prevention	
	(kg)	(g/kg·day)	(g/day)	(g/kg·day)	(g/day)	(g/kg·day)	(g/day)
<b>INFANTS</b>							
6-12 months	8.6	1.11	9	1.32	11		
<b>ADOLESCENTS</b>							
1-3 years	13.7	0.82	11	1.00	14		
4-6 years	20.6	0.76	16	0.94	19		
7-10 years	31.4	0.81	25	0.99	31		
<b>ADOLESCENTS - MALE</b>							
11-14 years	49.7	0.79	39	0.97	48		
15-17 years	66.6	0.79	50	0.93	62		
<b>ADOLESCENTS - FEMALE</b>							
11-14 years	50.7	0.77	39	0.95	48		
15-17 years	55.7	0.72	40	0.90	50		
<b>ADULTS - MALE</b>							
18-29 years	70.0	0.71	50	0.90	63		
30-59 years	70.0	0.71	50	0.90	63		
60-74 years	70.0					1.1	77
≥75 years	70.0					1.1	77
<b>ADULTS - FEMALE</b>							
18-29 years	60.0	0.71	43	0.90	54		
30-59 years	60.0	0.71	43	0.90	54		
60-74 years	60.0					1.1	66
≥75 years	60.0					1.1	66
<b>PREGNANCY</b>							
First trimester			+0.5		+1		
Second trimester			+7		+8		
Third trimester			+21		+26		
<b>BREAST-FEEDING</b>							
First semester			+17		+21		
Second semester			+11		+14		

AR, PRI, and SDT correspond to the average daily value over a reasonable time interval. Age ranges are based on chronological age; for example, 4-6 years refers to the period between the fourth and seventh birthday. 6-12 month corresponds to the second semester of life. Indicated body weight is exemplary and does not represent a standard value for the population. AR, PRI, and SDT are corrected based on the protein quality ascribed to the Italian diet. For pregnancy, a total weight increase of 12 kg is considered. AR and PRI refer to the increase in dietary requirements during gestation (in relation to women with normal weight; see also Table 8). For breastfeeding women, milk production equal to 0.81 L/day is considered for the first semester and 0.58 L/day thereafter. Scientific evidence does not allow the maximum tolerable intake level to be defined (UL) for any of the groups studied.



**LARN 2014** — REFERENCE INTAKE LEVELS FOR THE ITALIAN POPULATION: VITAMINS  
RECOMMENDED INTAKE FOR THE POPULATION (PRI IN BOLD)  
AND ADEQUATE INTAKE (AI IN ITALICS): VALUES ON A DAILY BASIS

	Vit. C mg	Thiamine mg	Riboflavin mg	Niacin mg	Ac. pantotemico mg	Vit. B6 mg	Biotin µg	Folates µg	Vit. B12 µg	Vit. A µg	Vit. D µg	Vit. E mg	Vit. K µg
<b>INFANTS</b>													
6-12 months	35	0.3	0.4	5	2	0.4	7	110	0.7	450	10	4	10
<b>ADOLESCENTS</b>													
1-3 years	<b>35</b>	<b>0.4</b>	<b>0.5</b>	<b>7</b>	2	<b>0.5</b>	10	<b>140</b>	<b>0.9</b>	<b>300</b>	<b>15</b>	5	50
4-6 years	<b>45</b>	<b>0.5</b>	<b>0.6</b>	<b>8</b>	2.5	<b>0.6</b>	15	<b>170</b>	<b>1.1</b>	<b>350</b>	<b>15</b>	6	65
7-10 years	<b>60</b>	<b>0.8</b>	<b>0.8</b>	<b>12</b>	3.5	<b>0.9</b>	20	<b>250</b>	<b>1.6</b>	<b>500</b>	<b>15</b>	8	90
<b>ADOLESCENTS - MALE</b>													
11-14 years	<b>90</b>	<b>1.1</b>	<b>1.3</b>	<b>17</b>	4.5	<b>1.2</b>	25	<b>350</b>	<b>2.2</b>	<b>600</b>	<b>15</b>	11	130
15-17 years	<b>105</b>	<b>1.2</b>	<b>1.6</b>	<b>18</b>	5	<b>1.3</b>	30	<b>400</b>	<b>2.4</b>	<b>700</b>	<b>15</b>	13	140
<b>ADOLESCENTS - FEMALE</b>													
11-14 years	<b>80</b>	<b>1</b>	<b>1.2</b>	<b>17</b>	4.5	<b>1.2</b>	25	<b>350</b>	<b>2.2</b>	<b>600</b>	<b>15</b>	11	130
15-17 years	<b>85</b>	<b>1.1</b>	<b>1.3</b>	<b>18</b>	5	<b>1.3</b>	30	<b>400</b>	<b>2.4</b>	<b>600</b>	<b>15</b>	12	140
<b>ADULTS - MALE</b>													
18-29 years	<b>105</b>	<b>1.2</b>	<b>1.6</b>	<b>18</b>	5	<b>1.3</b>	30	<b>400</b>	<b>2.4</b>	<b>700</b>	<b>15</b>	13	140
30-59 years	<b>105</b>	<b>1.2</b>	<b>1.6</b>	<b>18</b>	5	<b>1.3</b>	30	<b>400</b>	<b>2.4</b>	<b>700</b>	<b>15</b>	13	140
60-74 years	<b>105</b>	<b>1.2</b>	<b>1.6</b>	<b>18</b>	5	<b>1.7</b>	30	<b>400</b>	<b>2.4</b>	<b>700</b>	<b>15</b>	13	170
≥75 years	<b>105</b>	<b>1.2</b>	<b>1.6</b>	<b>18</b>	5	<b>1.7</b>	30	<b>400</b>	<b>2.4</b>	<b>700</b>	<b>20</b>	13	170
<b>ADULTS - FEMALE</b>													
18-29 years	<b>85</b>	<b>1.1</b>	<b>1.3</b>	<b>18</b>	5	<b>1.3</b>	30	<b>400</b>	<b>2.4</b>	<b>600</b>	<b>15</b>	12	140
30-59 years	<b>85</b>	<b>1.1</b>	<b>1.3</b>	<b>18</b>	5	<b>1.3</b>	30	<b>400</b>	<b>2.4</b>	<b>600</b>	<b>15</b>	12	140
60-74 years	<b>85</b>	<b>1.1</b>	<b>1.3</b>	<b>18</b>	5	<b>1.5</b>	30	<b>400</b>	<b>2.4</b>	<b>600</b>	<b>15</b>	12	170
≥75 years	<b>85</b>	<b>1.1</b>	<b>1.3</b>	<b>18</b>	5	<b>1.5</b>	30	<b>400</b>	<b>2.4</b>	<b>600</b>	<b>20</b>	12	170
<b>PREGNANCY</b>													
	<b>100</b>	<b>1.4</b>	<b>1.7</b>	<b>22</b>	6	<b>1.9</b>	35	<b>600</b>	<b>2.6</b>	<b>700</b>	<b>15</b>	12	140
<b>BREAST-FEEDING</b>													
	<b>130</b>	<b>1.4</b>	<b>1.8</b>	<b>22</b>	7	<b>2</b>	35	<b>500</b>	<b>2.8</b>	<b>1000</b>	<b>15</b>	15	140

**LARN 2014** — REFERENCE INTAKE LEVELS FOR THE ITALIAN POPULATION: MINERALS  
RECOMMENDED INTAKE FOR THE POPULATION (PRI IN BOLD)  
AND ADEQUATE INTAKE (AI IN ITALICS): VALUES ON A DAILY BASIS

	Ca mg	P mg	Mg mg	Na g	K g	Cl g	Fe mg	Zn mg	Cu mg	Se µg	I µg	Mn mg	Mo µg	Cr µg	F mg
<b>INFANTS</b>															
6-12 months	260	275	80	0.4	0.7	0.6	11	3	0.2	20	70	0.4	10	4	0.4
<b>ADOLESCENTS</b>															
1-3 years	<b>700</b>	<b>460</b>	<b>80</b>	0.7	1.7	1	<b>8</b>	<b>5</b>	<b>0.3</b>	<b>19</b>	100	0.6	15	7	0.7
4-6 years	<b>900</b>	<b>500</b>	<b>100</b>	0.9	2.4	1.4	<b>11</b>	<b>6</b>	<b>0.4</b>	<b>25</b>	100	0.8	20	10	1
7-10 years	<b>1100</b>	<b>875</b>	<b>150</b>	1.1	3	1.7	<b>13</b>	<b>8</b>	<b>0.6</b>	<b>34</b>	100	1.2	30	14	1.6
<b>ADOLESCENTS - MALE</b>															
11-14 years	<b>1300</b>	<b>1250</b>	<b>240</b>	1.5	3.9	2.3	<b>10</b>	<b>12</b>	<b>0.8</b>	<b>49</b>	130	1.9	50	25	2.5
15-17 years	<b>1300</b>	<b>1250</b>	<b>240</b>	1.5	3.9	2.3	<b>13</b>	<b>12</b>	<b>0.9</b>	<b>55</b>	130	2.7	60	33	3.5
<b>ADOLESCENTS - FEMALE</b>															
11-14 years	<b>1300</b>	<b>1250</b>	<b>240</b>	1.5	3.9	2.3	<b>10/18</b>	<b>9</b>	<b>0.8</b>	<b>48</b>	130	1.9	50	21	2.5
15-17 years	<b>1200</b>	<b>1250</b>	<b>240</b>	1.5	3.9	2.3	<b>18</b>	<b>9</b>	<b>0.9</b>	<b>55</b>	130	2.3	60	23	3
<b>ADULTS - MALE</b>															
18-29 years	<b>1000</b>	<b>700</b>	<b>240</b>	1.5	3.9	2.3	<b>10</b>	<b>12</b>	<b>0.9</b>	<b>55</b>	150	2.7	65	35	3.5
30-59 years	<b>1000</b>	<b>700</b>	<b>240</b>	1.5	3.9	2.3	<b>10</b>	<b>12</b>	<b>0.9</b>	<b>55</b>	150	2.7	65	35	3.5
60-74 years	<b>1200</b>	<b>700</b>	<b>240</b>	1.2	3.9	1.9	<b>10</b>	<b>12</b>	<b>0.9</b>	<b>55</b>	150	2.7	65	30	3.5
≥75 years	<b>1200</b>	<b>700</b>	<b>240</b>	1.2	3.9	1.9	<b>10</b>	<b>12</b>	<b>0.9</b>	<b>55</b>	150	2.7	65	30	3.5
<b>ADULTS - FEMALE</b>															
18-29 years	<b>1000</b>	<b>700</b>	<b>240</b>	1.5	3.9	2.3	<b>18</b>	<b>9</b>	<b>0.9</b>	<b>55</b>	150	2.3	65	25	3
30-59 years	<b>1000</b>	<b>700</b>	<b>240</b>	1.5	3.9	2.3	<b>18/10</b>	<b>9</b>	<b>0.9</b>	<b>55</b>	150	2.3	65	25	3
60-74 years	<b>1200</b>	<b>700</b>	<b>240</b>	1.2	3.9	1.9	<b>10</b>	<b>9</b>	<b>0.9</b>	<b>55</b>	150	2.3	65	20	3
≥75 years	<b>1200</b>	<b>700</b>	<b>240</b>	1.2	3.9	1.9	<b>10</b>	<b>9</b>	<b>0.9</b>	<b>55</b>	150	2.3	65	20	3
<b>PREGNANCY</b>															
	<b>1200</b>	<b>700</b>	<b>240</b>	1.5	3.9	2.3	<b>27</b>	<b>11</b>	<b>1.2</b>	<b>60</b>	200	2.3	65	30	3
<b>BREAST-FEEDING</b>															
	<b>1000</b>	<b>700</b>	<b>240</b>	1.5	3.9	2.3	<b>11</b>	<b>12</b>	<b>1.6</b>	<b>70</b>	200	2.3	65	45	3





## CONVERSION FACTORS

### VITAMINS

Vitamin D  $1 \mu\text{g} = 40$  International Units (IU)

Vitamin A  $1 \mu\text{g} = 3.33$  International Units (IU)

Vitamin E  $1 \text{mg}$  ( $\alpha$ -tocopherol equivalent) = 1.49 International Units (IU)

### AMINO ACIDS

Molecular weight (MW) of phenylalanine and tyrosine, and conversion formul ( $\mu\text{mol/L} \leftrightarrow \text{mg/dl}$ )

• Phenylalanine (MW) = 165.19

• Tyrosine (MW) = 181.19

$$\text{Formulas} \quad \mu\text{mol/L} = \frac{\text{mg/dl} \times 10^4}{\text{MW}} \quad \text{Mg/dl} = \frac{\text{MW} \times \mu\text{mol/L}}{10^4}$$

### AMINO ACIDS

Protein  $\leftrightarrow$  phenylalanine empirical conversion factor

$1 \text{g}$  of protein =  $50 \text{mg}$  of phenylalanine

### PROTEINS

$1 \text{g}$  of proteins =  $1.2 \text{g}$  di amino acids =  $4 \text{Kcal}$  (17K)

$1 \text{g}$  of nitrogen =  $6.25 \text{g}$  of proteins

## VALUES SELECTED FROM FAO/WHO/UNU SAFETY LEVELS RELATIVE TO PROTEIN INTAKE AND ENERGY REQUIREMENTS OF CHILDREN AND ADULTS, AS WELL AS IN PREGNANCY AND BREASTFEEDING FOR A HEALTHY POPULATION

PROTEIN INTAKE			ENERGY REQUIREMENTS				
AGE	INTAKE	AGE	FEMALES	MALES	FEMALES	MALES	
months	g/kg pc/day	years	kj/kg pc/day		kcal/kg pc/day		
1	1.77	0.5	340	335	81.3	80.0	
2	1.50	2.5	334	348	79.8	83.2	
3	1.36	5.0	305	315	72.9	75.3	
6	1.31	10	248	275	59.3	65.7	
12	1.14	15	193	230	46.1	55.0	
YEARS		ADULTS, MODERATE LEVEL OF ACTIVITY - BODY WEIGHT 70 KG					
1.5	1.03						
2	0.97						
3	0.90	18-29	159	183	38.0	43.7	
4-6	0.87	30-59	148	175	35.4	41.8	
7-10	0.92						
YEARS	FEMMINE	MALES	ADULTS, MODERATE LEVEL OF ACTIVITY - BODY WEIGHT 50 KG				
11	0.90	0.91	18-29	180	212	43.0	50.7
12	0.89	0.90	30.59	183	212	43.7	50.7
13	0.88	0.90					
14	0.87	0.89					
15	0.85	0.88					
16	0.84	0.87					
17	0.83	0.86					
18	0.82	0.85					
>18	0.83	0.83					

PREGNANCY: TOTAL EXTRA PROTEIN INTAKE		EXTRA TOTAL ENERGY REQUIREMENTS DURING PREGNANCY		
trimester	g/day	trimester	kJ/day	kcal/day
1 <sup>st</sup>	1	1 <sup>st</sup>	375	90
2 <sup>nd</sup>	10	2 <sup>nd</sup>	1200	287
3 <sup>rd</sup>	31	3 <sup>rd</sup>	1950	466

BREAST-FEEDING : TOTAL EXTRA PROTEIN INTAKE		EXTRA TOTAL ENERGY REQUIREMENTS DURING BREAST-FEEDING		
months	g/day	months	kJ/day	kcal/day
1-6	19	1-6	2800	669
>6	13	>6	1925	460

pc= body weight





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Code 6100000752 March 2023

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