

Nutrition Issues in Hyperinsulinism

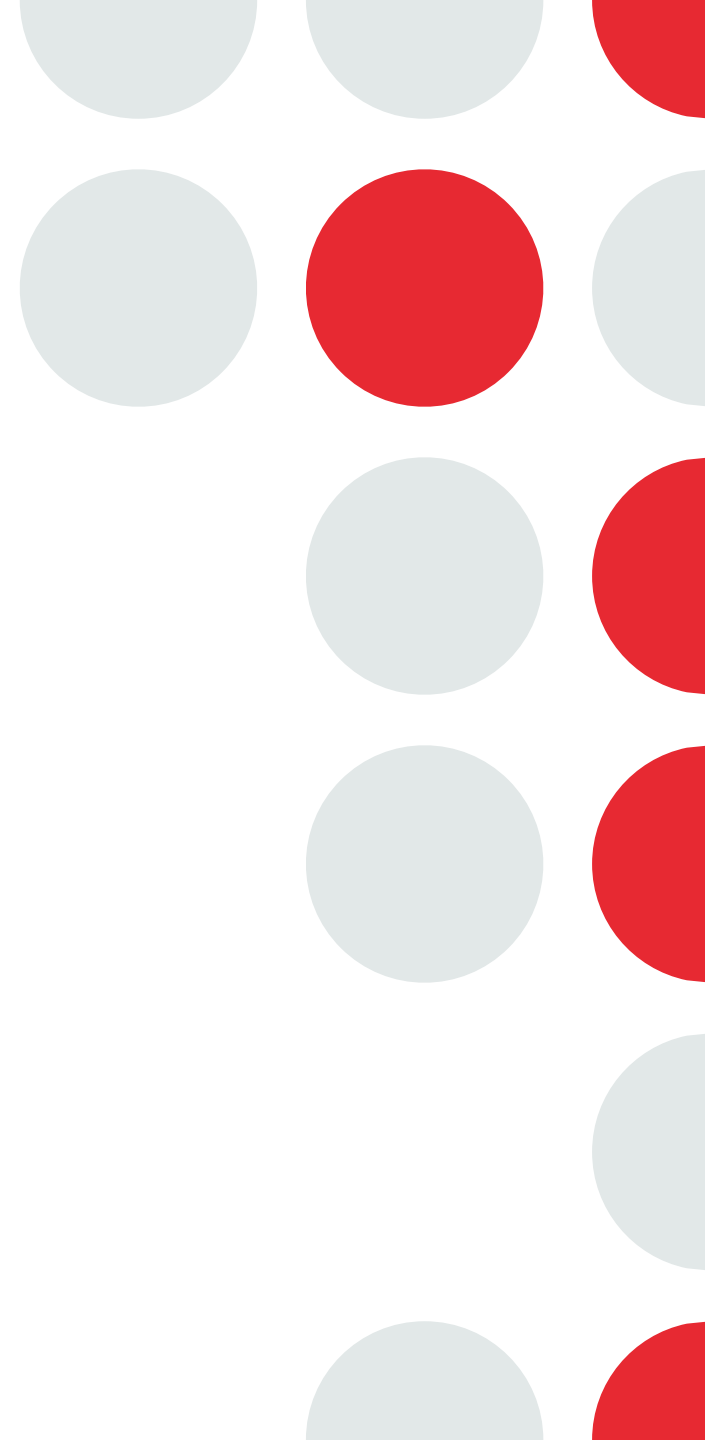
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Disclosures

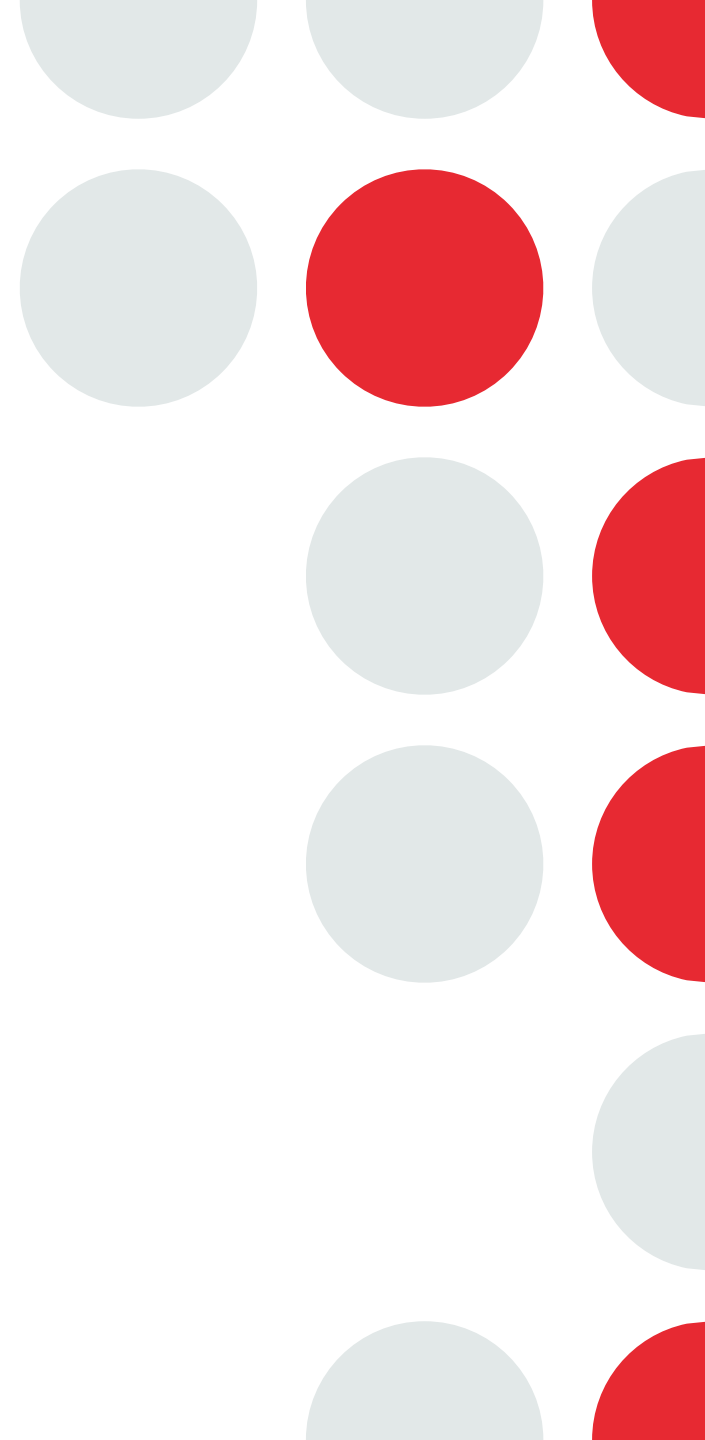
Else Nutrition- publication consultant

Abbott Nutrition Health Institute- continuing education
reviewer



Goals

- Age-appropriate “normal” nutrition regimen to support growth and development
 - **Meeting nutritional needs is a separate goal from maintaining adequate blood sugar control**
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Infants

- Breast milk is optimal
- But standard formula is a best alternative
- No need for specialty formulas, unless other medical indications (eg, cow's milk allergy)



Breastfeeding

- Support direct breastfeeding
- If need to quantify BM intake (for PO+NGT regimen), can do pre/post weights
- 1 gram increase = 1mL



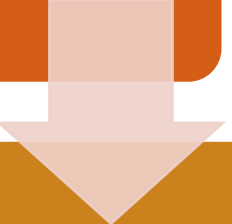
Tube Feedings

- Try not to use continuous feeds for supporting blood sugars
- Goal is to transition to age-appropriate regimen (every 3 hours for young infants)

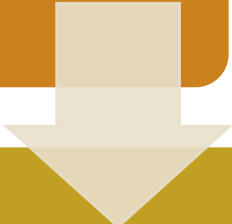


Carbohydrate Modulars

Not typically successfully
with managing blood
sugars



Adding carbohydrates to
feeds displaces/changes
protein, vitamin and
mineral profile of feeds



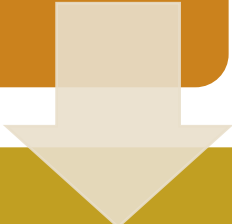
Use dextrose-containing IV
fluids if needed

What to do about high GIR?

With high GIR, goal is to avoid providing excessive total calories



But also want to ensure to meet minimum protein needs and vitamin/minerals



Sometimes need to decrease feeds to reduce calories, and add protein modular



Supportive services

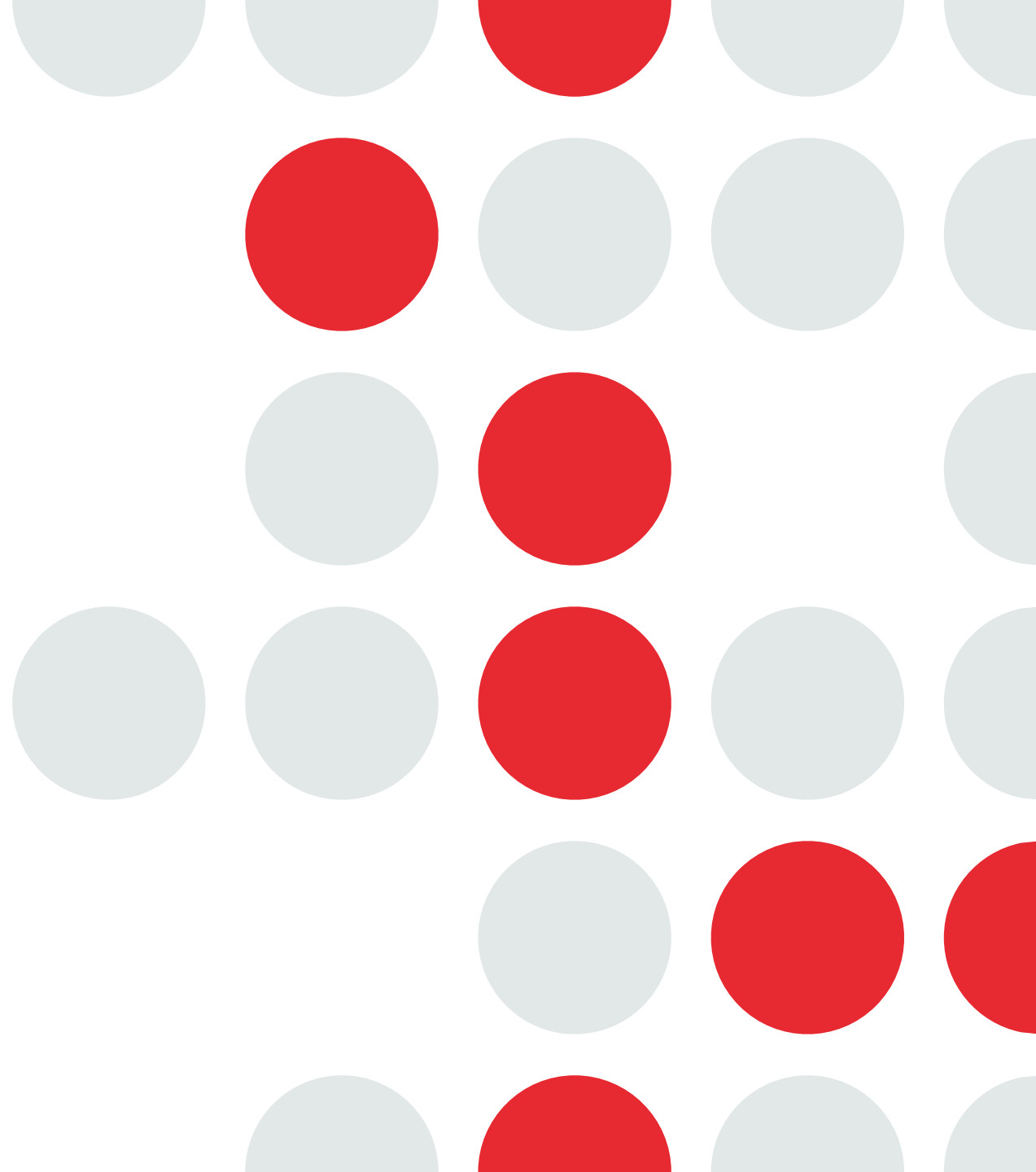
- Consult feeding therapist (SLP) upon admission
 - Consult lactation, if applicable
 - Dietitian should coordinate to meet oral feeding goals
 - Refer to Early Intervention upon discharge
 - Toddlers/school age would benefit from feeding team referral if there's oral aversion
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Vitamin D

- Recommended for all babies receiving exclusive breast milk
 - Also needed when standard formula intake is <900-1000mL per day
 - Standard dose:
Cholecalciferol 10mcg daily (400 units)
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Special Dietary Considerations



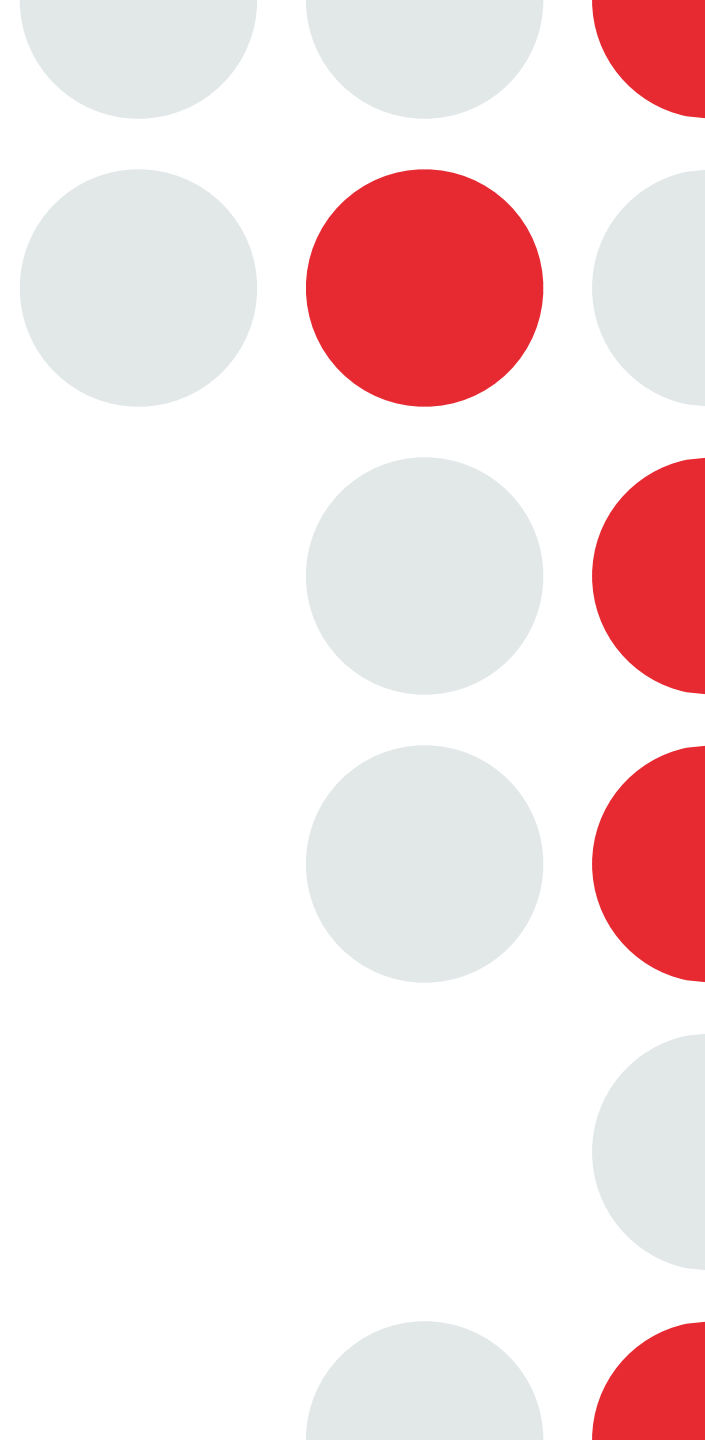


Protein Induced Hypoglycemia

Include 15-30 grams carbohydrates when consuming a protein

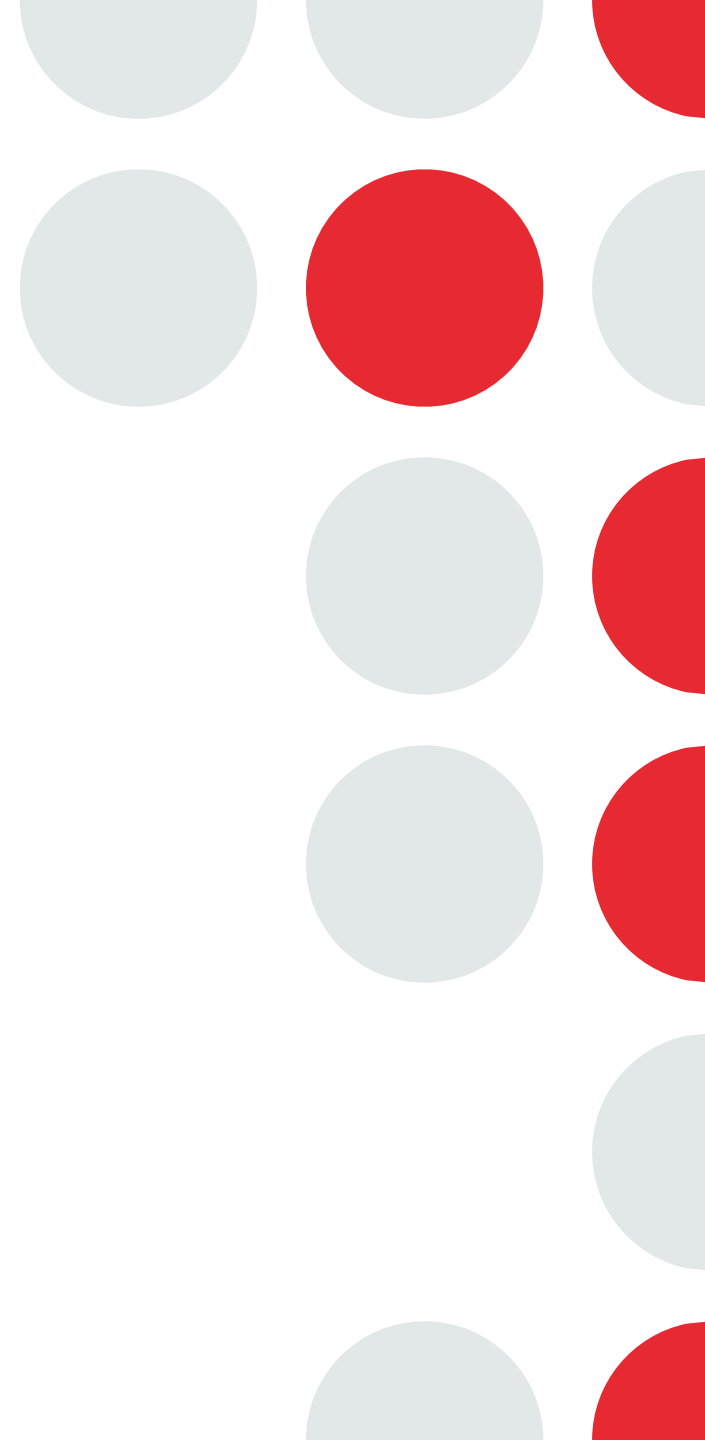
Post-pancreatectomy Diabetes

Typically start with avoiding high glycemic index



Pancreatic Insufficiency

- Pancreatic enzyme replacement therapy (PERT)
- Match enzymes with food



Questions?

