

(Infant Diet Guide)

Guidelines for Infants with Genetic Sucrase-Isomaltase Deficiency (GSID)



Key Points:

- ▶ Consult with a Registered Dietitian (RD) to ensure that all nutrient needs are being met for normal growth and development.

Note: These diet recommendations are for general guidance only. Every case of Genetic Sucrase-Isomaltase Deficiency is unique. Food consistency should be age appropriate. All diet plans should be developed in conjunction with a physician and Registered Dietitian (RD).

For further diet information, call the Registered Dietitian at QOL Medical at 1-800-705-1962. This person cannot provide medical advice to you but can answer basic questions about the safe and effective use of the product.

ADDITIONAL IMPORTANT SAFETY INFORMATION

- Sucraid® may cause a serious allergic reaction. Patients should stop taking Sucraid® and get emergency help immediately if any of the following side effects occur: difficulty breathing, wheezing, or swelling of the face. Care should be taken when administering initial doses of Sucraid® to observe any signs of acute hypersensitivity reaction.
- Adverse reactions as a result of taking Sucraid® may include worse abdominal pain, vomiting, nausea, diarrhea, constipation, difficulty sleeping, headache, nervousness, and dehydration.
- Before prescribing Sucraid® to diabetic patients the physician should consider that Sucraid® will enable sucrose hydrolysis and the absorption of those hydrolysis products, glucose and fructose.
- The effects of Sucraid® have not been evaluated in patients with secondary (acquired) disaccharidase deficiency.

- ▶ Please see additional Important Safety Information on back page and in enclosed Full Prescribing Information. You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.FDA.gov/medwatch or call 1-800-FDA-1088.

Additional Notes:

▶ Added fats, oils, and acceptable sugars (dextrose, fructose) may be added to meet calorie needs.

▶ Add one new single-ingredient food at a time, allowing three to five days between each new food to detect intolerances and/or allergies.

▶ Check medication labels carefully as many liquid preparations contain sucrose (talk to a pharmacist).

▶ Read food labels carefully for sucrose and starch, as ingredients change frequently.

▶ Further information on the sucrose and starch content of foods can be found at CSIDcares.org.

▶ A sugar-free multivitamin with minerals may be needed to meet nutrient goals (consult with your child's physician or Registered Dietitian).

* If lactose-intolerant or standard infant formulas fail, RCF® No Carbohydrate Added by Abbott Nutrition mixed with dextrose and/or fructose and water may be recommended.

† Sucraid® (sacrosidase) Oral Solution is an enzyme replacement therapy for the treatment of genetically determined sucrase deficiency, which is part of congenital sucrase-isomaltase deficiency.

‡ Unless there is a strong family history of allergies, the American Academy of Pediatrics now states there is no need to avoid peanut products, eggs, wheat, or fish until after one year of age. Consult with your child's physician before offering these foods.

§ If cow's milk is not tolerated due to lactase deficiency, Lactaid® milk, unsweetened soy milk, or unsweetened almond milk may be substituted. A Registered Dietitian can offer dairy alternatives as needed.

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See Sucraid Important Safety Information below and on the back page

Starting Sucraid® (sacrosidase) Oral Solution Therapy with a Low-Sucrose, Low-Starch Diet



Key Points:

After a diagnosis of Genetic Sucrase-Isomaltase Deficiency has been made:

- ▶ Start with breast milk or sucrose-free, starch-free infant formula.
- ▶ Add Sucraid® when introducing solid foods (4-6 months).
- ▶ Consult with a Registered Dietitian (RD) for diet assessment, education, and follow up.

Note: These diet recommendations are for general guidance only. Every case of Genetic Sucrase-Isomaltase Deficiency is unique. Food consistency should be age appropriate. All diet plans should be developed in conjunction with a physician and Registered Dietitian (RD).

WWW.SUCRAID.NET

INDICATION

Sucraid® (sacrosidase) Oral Solution is an enzyme replacement therapy for the treatment of genetically determined sucrase deficiency, which is part of congenital sucrase-isomaltase deficiency (CSID).

IMPORTANT SAFETY INFORMATION FOR SUCRAID® (SACROSIDASE) ORAL SOLUTION

- Although Sucraid® provides replacement therapy for the deficient sucrase, it does not provide specific replacement therapy for the deficient isomaltase.
- Do not use Sucraid® (sacrosidase) Oral Solution with patients known to be hypersensitive to yeast, yeast products, papain, or glycerin (glycerol).

- ▶ Please see additional Important Safety Information on last page and in Full Prescribing Information on adjacent pages.

Birth - 4 months:

Breast milk or sucrose-free, starch-free infant formula (Enfamil® Premium; Similac® Advance) supply all the nutrients a baby needs for the first 6 months of life.*

4 - 6 months:

After a diagnosis of Genetic Sucrase-Isomaltase Deficiency has been made:

- The American Academy of Pediatrics (AAP) recommends starting solid foods around 6 months of age. Consult a pediatrician to determine developmental readiness for starting solid foods.
- Adding Sucraid® with meals and snacks may allow increased variety (see Sucraid® package insert).†
- Do not start with infant cereal, as it is high in starch and may cause symptoms of maldigestion.
- May add pureed vegetables low in sucrose and starch (see food lists at CSIDcares.org).
- May add pureed fruits low in sucrose and starch (see food lists at CSIDcares.org).
- May add strained meats (a good source of iron).

6 - 9 months:

- May be ready to drink from a cup.
- May advance to mashed vegetables low in sucrose and starch (see food lists at CSIDcares.org).
- May advance to mashed fruits low in sucrose and starch (see food lists at CSIDcares.org).
- May advance to very soft, plain mashed meats (no breading).

9 - 10 months:

- May add plain, unsweetened yogurt, cottage cheese, or pasteurized cheese.
- May add eggs (scrambled or hard-boiled and cut into small pieces).‡
- May be ready for more lumpy, textured foods or finger foods.

10 - 12 months:

- May be ready for low-sucrose, low-starch table foods (mashed or cut into small pieces for safe chewing and swallowing).

Over 12 months:

- May introduce whole cow's milk.§

