



Glucose 6 Phosphate Dehydrogenase (G6PD) deficiency

A patient's guide

What is glucose 6 phosphate dehydrogenase (G6PD)?

- G6PD is an enzyme which is found throughout the body.
- G6PD deficiency is a reduced amount of the enzyme. This can affect the red blood cells.

How is G6PD deficiency discovered?

- A specific blood test can measure the G6PD level.
- It is not a routine test. It is only done if the doctor has reason to believe that you might have G6PD deficiency when, for instance, you become jaundiced (yellow in colour).

How do you get G6PD deficiency?

- G6PD deficiency is inherited. This means it is passed from one or both parents to the child.
- It is found in both men and women, but usually affects men more severely.
- It is found generally in people whose ancestors have come from areas such as the Mediterranean, Caribbean, Africa and Southeast Asia.
- There are many types of G6PD deficiency, but the types found in people from the Mediterranean and Southeast Asia are usually more severe than those found in other groups.

What does G6PD have to do with the blood?

- G6PD is found in red blood cells which carry oxygen to all parts of the body. It helps protect red blood cells.
- If the amount of G6PD is reduced, some of the red blood cells may be destroyed. You may then not have enough red blood cells, leading to you becoming anaemic and lacking in energy.

Risks for people with G6PD deficiency

- People with G6PD deficiency occasionally have a problem if they:
 - eat broad beans
 - get an infection
 - come into contact with mothballs, or
 - take certain medicines, such as Aspirin or Disprin, and some common antibiotics.
- Always check with your doctor whether certain medicines are safe to take. There is a list at the end of this leaflet.



- You may have a problem if you:
 - feel unwell and lack energy
 - become pale and yellow in colour (jaundiced)
 - have a backache or
 - pass dark coloured urine.
- If you develop any of these symptoms, make an urgent appointment with your Doctor.
- In an emergency go to a hospital accident and emergency department and take this leaflet with you.

What can be done about G6PD deficiency?

- Nothing can be done to correct the G6PD deficiency.
- However, it need not cause any problems if you avoid:
 - the medicines listed below
 - broad beans, and
 - contact with moth balls.

It is important that you take this list of medicines with you every time you visit the Doctor or hospital.

Medicines that sometimes cause problems for people with G6PD deficiency

- Medicines for malaria:
 - Chloroquine
 - Fansidar
 - Maloprim (contains Dapsone)
 - Pentaquine
 - Pamaquine
 - Primaquine
- Other medicines:
 - Aspirin (large doses)
 - Chloramphenicol
 - Dapsone
 - Phenylhydrazine
 - Nalidixic acid
 - Nitrofurantoin
 - Sulphonamides (some)
 - Thiazolesulfone
 - Vitamin K



Contact details

- Your consultant team is:

Dr Emma Drasar
 Dr Ryan Mullally
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 Dr Annabel McMillan
 Dr Prabal Mittal
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- Adult departmental contacts:

whh-tr.haematologyteam@nhs.net Haematology Administration Team

whh-tr.adultsicklecons@nhs.net Adult Sickle Cell Clinical Nurse Specialist (CNS) team

ncl.redcellteam@nhs.net Community link (Sickle cell, Thalassaemia and Rare Anaemia)
 0203 316 8853 Community phone number

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- Network website:

<https://www.uclh.nhs.uk/theredcellnetwork/subscribe>

If you or your family have any other questions, please do not hesitate to contact any of the above medical team at Whittington Health.

Patient advice and liaison service (PALS)

If you have a compliment, complaint or concern please contact our PALS team on 020 7288 5551 or whh-tr.PALS@nhs.net

If you need a large print, audio or translated copy of this leaflet please email whh-tr.patient-information@nhs.net. We will try our best to meet your needs.

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