



## **Hypermethioninemia (MET)**

### **What is it?**

Hypermethioninemia (also known as MET) is an inherited amino acid disorder. People with amino acid disorders, like MET, cannot break down certain components of protein. This is because the body is lacking a specific chemical (enzyme). Since the body cannot properly break down the protein, certain amino acids build up in the blood and the urine and cause problems when a person eats normal amounts of protein.

### **What are the symptoms?**

People with MET usually have no symptoms. There have been reports of people with MET having foul breath and having problems with the insulation surrounding the brain. People with MET typically receive follow-up care by a team of professionals that is experienced in treating people with metabolic disorders.

### **Is MET inherited?**

MET is inherited in an autosomal recessive manner. This means that for a person to be affected with MET he or she must have inherited two nonworking copies of the gene responsible for causing MET. Usually both parents of a person affected with an autosomal recessive disorder are unaffected because they are carriers. This means that they have one working copy of the gene and one nonworking copy of the gene. When both parents are carriers there is a 1 in 4 (25 percent) chance that both parents will pass on the nonworking copies of their gene, causing the baby to have

MET. Typically there is no family history of MET in an affected person. The number of people affected is unknown.

### **How is MET detected?**

MET may be detected through newborn screening. A recognizable pattern of elevated chemicals alert the laboratory that a baby may be affected. Confirmation of newborn screening results is required to make a firm diagnosis. This usually is done by a physician that specialized in metabolic conditions, or a primary-care physician.

### **What is the treatment for MET?**

MET may be treated by eating a diet low in protein and given a special formula as recommended by a genetic metabolic medical professional.

### **Where can I find more information?**

Genetics Home Reference

[www.ghr.nlm.nih.gov/ghr/page/home](http://www.ghr.nlm.nih.gov/ghr/page/home)

Save Babies Through Screening Foundation

[www.savebabies.org](http://www.savebabies.org)

American College of Medical Genetics  
Newborn Screening ACT Sheets and  
Confirmatory Algorithms

[www.acmg.net/resources/policies/ACT/condition-analyte-links.htm](http://www.acmg.net/resources/policies/ACT/condition-analyte-links.htm)

### Children's Special Health Services (CSHS)

State Capitol Judicial Wing  
600 E. Boulevard Ave., Department 301  
Bismarck, ND 58505-0269  
Toll Free: 800.755.2714  
701.328.2436  
Relay TDD: 701.328.3975  
CSHS website: [www.ndhealth.gov/CSHS](http://www.ndhealth.gov/CSHS)  
North Dakota Department of Health website:  
[www.ndhealth.gov](http://www.ndhealth.gov)

#### Family support resources available from CSHS:

- Guidelines of Care Info
- Family Support Packet
- Financial Help Packet
- Insurance Fact Sheet

#### *Family Resources*

Family to Family Network  
Center for Rural Health  
University of North Dakota  
School of Medicine and Health Sciences  
P.O. Box 9037  
Grand Forks, ND 58202-9037  
Toll Free: 888.434.7436  
701.777.2359  
Fax: 701.777.2359  
E-mail: [NDF2F@medicine.nodak.edu](mailto:NDF2F@medicine.nodak.edu)  
[www.medicine.nodak.edu/crh](http://www.medicine.nodak.edu/crh)

Pathfinder Services of ND  
Pathfinder Family Center  
1600 2<sup>nd</sup> Ave. SW, Ste. 19  
Minot, ND 58701  
Toll Free: 800.245.5840  
701.837.7500  
Relay TDD: 701.837.7501  
E-mail: [ndpath01@ndak.net](mailto:ndpath01@ndak.net)  
[www.pathfinder.minot.com](http://www.pathfinder.minot.com)

Family Voices of North Dakota, Inc.  
P.O. Box 163  
Edgeley, ND 58433  
Toll Free: 888.522.9654  
701.493.2634  
Fax: 701.493.2635  
[www.geocities.com/ndfv](http://www.geocities.com/ndfv)

\*\*This fact sheet has general information. Every child is different and some of these facts may not apply to your child specifically. Certain treatments may be recommended for some children but not others. All children should be followed by a metabolic doctor in addition to their primary-care provider.

#### **Acknowledgement**

The North Dakota Department of Health Newborn Screening Program thanks Star-G Screening, Technology and Research in Genetics for allowing us to utilize its material.

#### **Disclaimer**

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