Medications to Avoid

Analgesics / Antipyretics
acetaminol, acetophenetidin (phenacetin), amiodycin (aminopyrine) *, antipyrine *, aspirin *, phenacetin, probenecid, pyridamide

Miscellaneous
alpha-methyladop, ascorbic acid *, dimercaprol (BAL), hydrazine, metanrol, methane blue, malidixic acid, naphthalene, niridazol, phenylhydrazine, toluidin blue, trinitrotoluene, urate oxidase, vitamin K * (water soluble), pyridium, quinine *

Antimalariais
chloroquine *, hydroxychloroquine, mepracine (quinacrine), pamaquine, pentaquine, primaquine, quinine *, quinocide

Cytotoxic / Antibacterial
cloramphenicol, co-trimoxazole, furazolidone, furmethonol, malidixic acid, neoarsphenamine, nitrofurantoin, nitrofurazone, para-aminosalicylic acid

Cardiovascular Drugs
procaainamide *, quinidine *

Sulfonamides / Sulfones
dapsone, sulfacetamide, sulfamethoxypyrimidin, sulfanilamide, sulfapyridine, sulfalazine, sulfisoxazole

Miscellaneous to Avoid
Fava Beans
(Few also avoid red wine, all legumes, blueberries [and yogurts containing these], soya products, tonic water).

Safe to take
But only in normal therapeutic doses [!!!]

(Quoted from Ernest Beutler, M.D., "Glucose-6-Phosphate Dehydrogenase Deficiency," in Erythrocyte disorders: Anemias due to increased destruction of erythrocytes with enzyme deficiencies, p. 598.)

Acetaminopen (paracetamol, Tylenol, Tralgon, hydroxyacetanilide),
Acetophenetidin (phenacetin),
Acetylsalicylic acid (aspirin) *,
Aminopyrine (Pyramidon, amidopyrine) *,
Antazoline (Antistine),
Antipyrine *,
Ascorbic acid (vitamin C) *,
Benzhexol (Artane),
Chloramphenicol,
Chlorguanidine (Proguanil, Paludrine),
Chloroquine *, Colchicine,
Diphenhydramine (Benadryl),
Isoniazid, L-Dopa,
Menadione sodium bisulfite (Hykinone),
Menaphthone, p-Aminobenzoic acid,
Phenylbutazone, Phenyltoin,
Probenecid (Benemid),
Procain amide hydrochlonde (Pronestyl) *
Pyrimethamine (Daraprim),
Quinidine *, Quinine *,
Streptomycin,
Sulfadazine, Sulfadiazine,
Sulfaguanidine,
Sulfamerazine,
Sulfamethoxypyridazine (Kynex),
Sulfisoxazole (Gantrisin),
Trimethylprim,
Triplelamine (pyribenzamine),
Vitamin K *.

* These drugs appear in both lists. Most prefer to avoid them altogether. If you do take these, please remember to take only normal therapeutic doses.

G6PD Deficiency Reference Guide

What is G6PD Deficiency?
Glucose-6-phosphate dehydrogenase (G6PD) deficiency is the most common human enzyme deficiency; it affects an estimated 400 million people worldwide.

G6PD deficiency is also known as “favism,” since G6PD deficient individuals are also allergic to fava beans.

G6PD deficiency is a genetic condition that is inherited in an X-linked recessive fashion. This means that males are more likely to be affected by this condition than are females.

Genetic testing is available to identify a deficiency in G6PD in both males and females.

It is very important to tell any doctor or other health professional (such as nurse or pharmacist) that you have G6PD Deficiency to avoid a possible harmful reaction to treatments they might prescribe.

What happens if you have G6PD Deficiency?
Hemolytic anemia and prolonged neonatal jaundice are the two major problems associated with G6PD deficiency. Both of these problems are directly related to the inability of specific cell types to regenerate a molecule called nicotinamide adenine dinucleotide phosphate in its reduced form (NADPH); this reaction is normally catalyzed by the G6PD enzyme. Aside from neonatal jaundice, hemolytic anemia can only arise when a person with G6PD Deficiency is exposed to certain chemicals; otherwise, they live a normal life.

Hemolytic anemia is the decreased ability of red blood cells to transport oxygen throughout the body; consequently, if you are having a hemolytic crisis, you will probably feel tired and out of breath, and may have a dark colored urine. Certain oxidative drugs, infections, or fava beans (and the pollen from the fava bean plant) can cause this. When any one of these agents enters the red blood cell, hemoglobin becomes denatured, thus destroying its function as the principle oxygen carrying molecule.

In normal cells, NADPH would play a role in removing these harmful oxidants from the cell. Among the drugs

Sources:
Ernest Beutler, M.D., Prof. Lucio Luzzatto, Prof. P. Marradi, Italian Health Ministry.
Frequently Asked Questions

How do I get G6PD Deficiency?
G6PD Deficiency is an inherited condition; therefore, you cannot get it from being in contact with someone who has G6PD Deficiency. Since it is inherited, there is no cure.

What are the chances of passing it on to my kids? [see diagram at left]
A) If the father is unaffected (healthy) and the mother is a carrier (no clinical symptoms):
   One daughter out of two will be a carrier
   One son out of two will be G6PD deficient
B) If the father is G6PD deficient and the mother is unaffected:
   All daughters will be carriers
   All sons will be G6PD deficient
C) If the father is G6PD deficient and the mother is a carrier:
   One daughter out of two will be G6PD deficient
   One son out of two will be a carrier
   One son out of two will be G6PD deficient
   One son out of two will be unaffected
D) If the father is unaffected and the mother is G6PD deficient:
   All daughters will be carriers
   All sons will be G6PD deficient
E) If both father and mother are G6PD deficient:
   All daughters will be G6PD deficient
   All sons will be G6PD deficient

What precautions can I take to ensure my health?
Do not take any of the medications listed in this brochure (or medications similar to them) without consulting a physician. Also avoid fava beans (and the plant). Always tell any health provider you see that you have G6PD Deficiency (and give them this list).

What are the symptoms of hemolytic anemia? Am I having a reaction?
You will begin to feel tired, short of breath, have an irregular heart beat, and may have a dark orange urine.

Can I donate blood if I have G6PD Deficiency?
No! Currently the International Red Cross does not accept G6PD deficient blood.

How would you call fava beans in other languages?

Arabic: Foolle;
Catalan: Fava;
Chinese: Tzan-Doo;
Dutch: Tuinboon;
Farsi (Persian): Ba-ghe-Leh;
English: Fava or Broad Bean;
French: Fève;
German: Favabohnen (Fava bean), Dicke Bohnen (thick bean), Saubohnen (sow bean);
Greek: Koukia (“Fava” is an appetizer made from dried fava beans);
Italian: Fava (pl. fave);
Kurdish: Paqla;
Malay: Kacang Parang;
Spanish: Haba;
Turkish: Bakla (“Fava” is an appetizer made from dried fava beans);
Thai (Thailand): two-ah pak-ah
Urdo (Pakistan and India): Lobhiya, Rajma, Jheam.

[Excerpted from the Favism & G6PD Deficiency Forum]

For a more thorough discussion, go to:
http://www.g6pd.org

HELP US HELP YOU
Donate to keep us going
http://www.g6pd.org

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The purpose of this brochure is to offer the reader a background information on favism and G6PD Deficiency. No recommendation brought herein should be followed without prior consultation with your physician.