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Hypoglycemia is quite rare in children with CMD but appears to be increased in children with CMD  compared to the general population. **While the majority of children with CMD do not ever develop hypoglycemia**, hypoglycemia is still serious and can become a recurrent problem in some children.  Early recognition and treatment can likely prevent most potential harm. Symptoms of severe hypoglycemia include reduced level of alertness, clamminess, restlessness and severe irritability, unconsciousness, and seizures among others.

Episodes of hypoglycemia in children with CMD tend to occur after a prolonged fasting period (for example before a procedure) or during illness (for example when vomiting or not able to eat). To detect hypoglycemia during illness (for example an illness requiring a visit to the emergency room or urgent care) a finger stick glucose test should be performed by health care professionals. If hypoglycemia is present, families should be educated regarding symptoms and given abortive interventions in the future. Also, when children with CMD are fasting for a procedure or surgery, they are at higher risk of developing hypoglycemia and measures should be taken to minimize the time they do not eat and monitor their blood sugar before the procedure.