

What happens now?

You will be seen in the Renal Metabolic Clinic. We aim to provide an opportunity for you to have a specialist consultation, which will allow plenty of time for any questions you may have.

We will review your blood results and medications to ensure you continue receive the appropriate treatment. We also aim to provide support for you and your family, and inform you of any other support that is available, such as charities and support groups.

The frequency of these appointments may change and will be discussed with you in the clinic.

Where can I find more information?

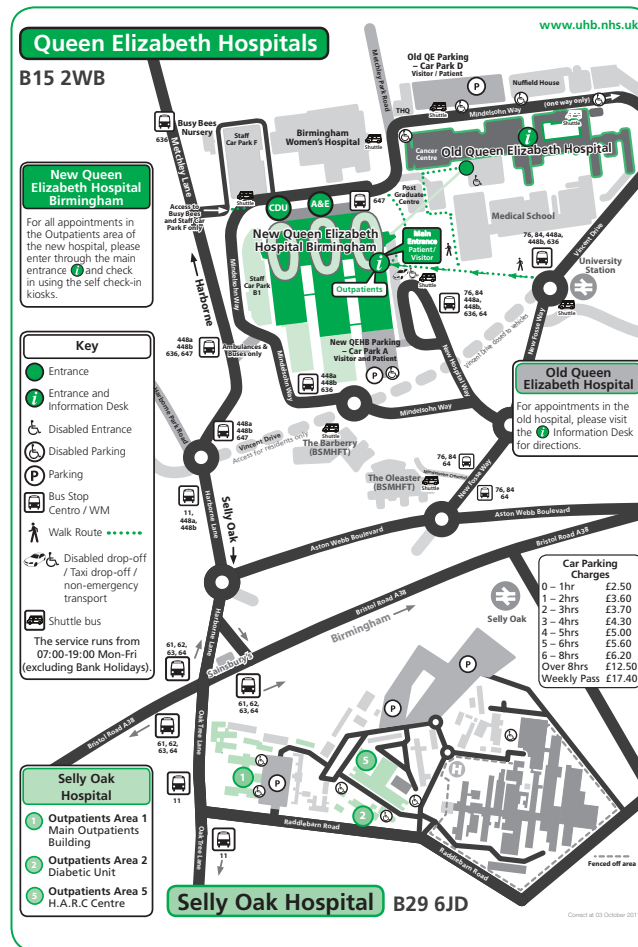
- www.barttersite.org
- www.raredisease.org.uk
- www.geneticalliance.org.uk

Useful contacts

Steven Wise
(Renal Metabolic Clinical Nurse Specialist)
07810654864

Renal.metabolic@uhb.nhs.uk

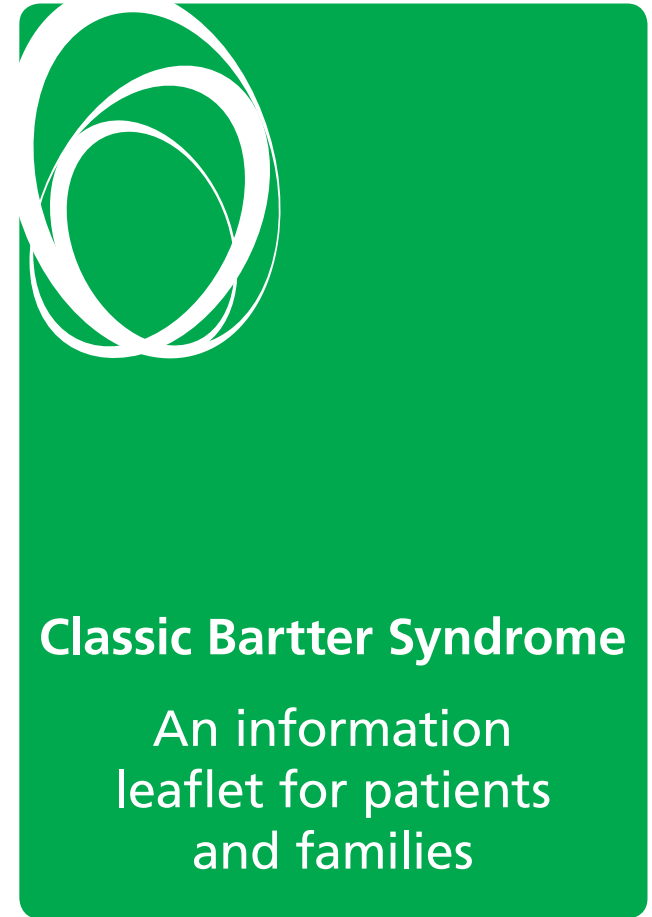
You can use the above contact details if you require further information or have any questions regarding Bartter Syndrome.



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Bartter Syndrome is not a single disorder but rather a set of closely related disorders. Variants of Bartter Syndrome include:

- Classic Bartter Syndrome
- Gitelman's Syndrome
- Antenatal Bartter Syndrome

This leaflet provides information about Classic Bartter Syndrome.

What is Classic Bartter Syndrome?

The kidneys, amongst many other things, are responsible for controlling the volume of body fluid and maintaining the level of important electrolytes such as potassium and sodium. Bartter Syndrome is a rare inherited condition that prevents the kidneys reabsorbing sodium, chloride and potassium. It is a condition that can affect males and females across all ethnic origins.

What are the Symptoms?

The symptoms of Bartter Syndrome include:

- Tiredness
- Increased urination
- Increased thirst
- General weakness
- Salt cravings
- Dehydration
- Vomiting
- Tetany (muscle contraction)
- Confusion

How is it diagnosed?

Bartter Syndrome is usually diagnosed in childhood or adolescence. Diagnosis is based on physical examination and the results of blood and urine tests.

What is the treatment?

At present there is no cure for Bartter Syndrome. Treatment is mainly focused on correcting dehydration and low potassium levels through supplements.

Medications such as Spironolactone and Triamterine may help to reduce the loss of potassium. Indomethacin can also be used to treat the effects of Bartter Syndrome.

What effect will it have on my health?

The long-term effect of Bartter Syndrome is uncertain. Many patients remain well, but in some cases Bartter Syndrome can impede growth in childhood and may eventually affect the way in which your kidneys filter toxins from the blood. However early diagnosis and appropriate treatment may improve growth and intellectual development.

What about my family?

Bartter Syndrome is inherited in an autosomal recessive pattern. This means that a person must inherit two changed genes in order to have Bartter Syndrome. If a person inherits one changed gene and one normal gene,

then that person will be a healthy carrier. If both parents are carriers of the same changed gene, they may pass on either their normal gene or their changed gene to their child.

Each child of parents who both carry the Bartter gene therefore has a 25% chance of inheriting a changed gene from both parents and being affected by Bartter Syndrome.

There is a 50% chance that the child will inherit just one copy of the Bartter gene. This means they will be healthy carriers like their parents.

There is a 25% chance that the child will inherit both normal copies of the gene and will therefore not have Bartter Syndrome or be a carrier of Bartter Syndrome.

The chance remains the same in every pregnancy and is the same for boys and girls.

