<u>Collaborating care in rare</u> genetic disorders- a case study

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Who are we?

- RHS established 1999
- Statewide service- Liverpool, Armidale, Coffs Harbour, Newcastle, Wollongong & Wagga Wagga
- "Protect & promote health of refugees & people of refugee like backgrounds"
- DST established 2017



Nursing approach – The how & why

- Culturally responsive
- "Disability"- Introducing concepts
- Health literacy
- Trauma-informed model of care
- Impacts of experiencesempowerment to make decisions



Case Study- Maple Syrup Urine Disease (MSUD)

- 6-year-old boy born in Ankara, Turkiye
- Afghan family, Dari speaking
- Rare genetic disorder of enzymes which metabolize branchchain amino acids (BCAAs)
- Prevalence- 1:185,000
- Usually seen in 12-48 hours of life
- Characterized by sweet "maple syrup like" smell in urine



Clinical presentation

- Metabolic abnormalities, ketonuria
- Neurological dysfunction/oedema
- Poor feeding/intake
- Vomiting, gastro
- Seizures & abnormal muscle movements
- Irreversible neurocognitive deficit, coma, loss of life



Diagnosis & beyond

- Metabolic correction
- Hydration, formula/supplements
- Restriction of BCAAs
- Neurovascular support, prevention of encephalitis/seizures, D&V
- ICU management
- Long term:
- Strict dietary intake (protein)/supplemental feeds
- Regular metabolic screening/specialised clinicians
- Education to avoid crisis/plan
- Prevention of long-term effects



The picture

- Diagnosed aged 4 days old
- Classic symptoms, decompensated
- Long ICU admission
- Neurological injury
- Seizures/epilepsy
- Global developmental delay



Planning for arrival

Early coordination:

- Refugee Nurse assessment
- Health Assessment for Refugee Kids/Westmead Kids
- Settlement Services International (SSI)
- DST
- NDIS Early Childhood
- STARTTS (Service for the Treatment and Rehabilitation of Torture and Trauma Survivors)



Looking ahead

- Discharge planning
- Brain Injury Clinic, Orthopedics, specialist dental, rehabilitation (allied health)
- NDIS process/ Early Childhood
- Family settlement complexities



Where are we now?

9 months since arrival

- Long term accommodation
- Starting school
- Dad enrolled in English language course
- NDIS plan- therapies & equipment



Conclusions

- Partnership is vital- nurture connections
- Nurses are central to the process
- Recognition of value
- Health equity- navigation
- Advocacy is key



Links/information

- NSW Refugee Health Service <u>www.swslhd.health.nsw.gov.au/refugee</u>
- STARTTS (Service for the Treatment and Rehabilitation of Torture and Trauma Survivors) - <u>www.startts.org.au</u>
- United Nations High Commission for Refugees <u>www.unhcr.org/au</u>
- NSW Refugee Health Plan 2022/2027
- www.health.nsw.gov.au/multicultural/Pages/refugee-health-plan
- National Organization for Rare Diseases (NORD) <u>https://rarediseases.org/rare-diseases/maple-syrup-urine-disease</u>



References

- Maple Syrup Urine Disease- Hassan, SA & Gupta, National Library of Medicine, National Institute of Health, 2022
- Trauma-informed Care: A sociocultural perspective, Trauma-Informed Care in Behavioral Health- Services, Rockville, 2014





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