Following a review of the evidence against strict criteria, the UK NSC does not currently recommend screening for the Fatty-acid oxidation disorders; Carnitine uptake defect (CTD) and Very long chain acyl CoA dehydrogenase deficiency (VLCADD) in newborn babies.

CTD and VLCADD are two types of Fatty-acid oxidation disorders. They are conditions which are caused by altered genes from both the mother and the father. Both conditions can disrupt the way in which certain types of fat produce energy. The severity of symptoms and the age at which symptoms develop varies and in some cases symptoms may never develop. In babies with more severe cases symptoms can include vomiting and difficulty breathing. If treatment is not provided these babies can develop heart problems and in certain cases, coma and death.

Newborn screening has been suggested as it might find babies with these disorders before they become ill leading to earlier treatment.

Key findings supporting the UK NSC recommendation

- It is not clear how accurate the screening test is for identifying those with the condition. In addition there is no way to identify those who will be severely affected and those who will not.

- The tests will identify those who have one copy of the altered gene but the way this will affect their health is not understood.

- There are available treatments for those with symptoms but it is not clear which babies detected by screening would need treatment or what the best treatment would be.

The UK NSC regularly reviews its recommendations on screening for different conditions in the light of new research evidence becoming available.

To find out more about the UK NSC’s Fatty-acid oxidation disorders recommendation, please visit:

[www.screening.nhs.uk/fattyacidoxidation](http://www.screening.nhs.uk/fattyacidoxidation)

The UK National Screening Committee (UK NSC) is chaired by the Deputy Chief Medical Officer for England, advises Ministers and the NHS in the four UK countries about all aspects of screening and supports implementation of screening programmes. Using research evidence, pilot programmes and economic evaluation, it assesses the evidence for programmes against a set of internationally recognised criteria covering the condition, the test, the treatment options and the effectiveness and acceptability of the screening programme. Assessing programmes in this way is intended to ensure that they do more good than harm at a reasonable cost. The UK NSC also sets up practical mechanisms to oversee the introduction of new programmes in the English NHS and monitors effectiveness and quality of these programmes.

Find out more about the UK National Screening Committee at [www.screening.nhs.uk](http://www.screening.nhs.uk). The UK NSC evidence review process is described at [www.screening.nhs.uk/policyreview](http://www.screening.nhs.uk/policyreview) and a list of all UK NSC recommendations can be found at [www.screening.nhs.uk/recommendations](http://www.screening.nhs.uk/recommendations).

The UK NSC is supported by Public Health England ([www.gov.uk/phe](http://www.gov.uk/phe)).