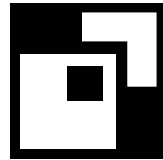


## LOOK-ALIKE FOODS: A Solution or a Pandora's Box?

There are a number of lower phe substitutes for high protein foods. (For example, low phe peanut butter, imitation cheese, cream cheese, and cheese sauces, and imitation chocolate are available.) These foods are generally lower in phe than their look-alikes, but are **not** free foods. Here are some things to consider when deciding whether or not these products are right for your child with PKU. You can use these questions to decide your approach to other “sometimes” foods too.

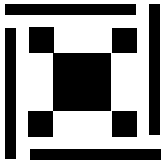
1. Does your child clearly understand the difference between high protein foods and look-alike foods?
2. How BIG is your child's appetite?
  - Will he or she be satisfied with “just a little”?
  - Would it be easier to have “yes” foods that could be eaten in (nearly) unlimited amounts to satisfy his or her appetite?
3. What is your child's “phe tolerance”?
  - Is there room in your child's food pattern to incorporate additional phe from non-essential foods?
  - What other foods are you willing to limit to include the look-alike foods?
4. Is the look-alike product acceptable? Is it readily available?
  - What is the cost of the food substitute?
  - Is the product acceptable with regards to appearance, taste, texture?
5. How will the look-alike food be used?
  - If it will be used as a treat, will your child think that low phe foods are “not as good” as high phe foods or look-alike foods?
  - Will the look-alike food encourage/support compliance with regular use?
  - Will it become another issue of “negotiation”?

We've chosen not to introduce look-alike foods to our son, because we want to avoid confusion when he's offered the "real" food. People ask why we're adamant about this, but continue to offer low protein bread and pasta. I explain that if Scott mistakenly eats a piece of regular bread, he'll have an extra 100-150 mg phe, and we can adjust what he eats for the next couple of days. If he eats an ounce or two of regular cheese, that's could be an extra 500—1000 mg!



My 5 year old son was not able to understand why he could have *some* grilled cheese sandwiches, but not others. Using the low phe cheese made the concept of "yes" foods and "no" foods difficult to teach.

As a family, we have pizza for dinner every Friday night; frozen crusts are in the freezer, sauce is prepared. At age 12, Julia does the calculations to see how many phes she has and if she has "room" for low protein cheese or if she would rather be "vegetarian."

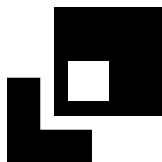
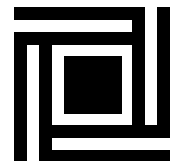


Jonas's grandmother prided herself on her peanut butter cookies. She made them as special treats for all of her grandchildren. Grandma was not willing to bake another kind of cookie, but she was willing to make low protein cookies with imitation peanut butter. Jonas understood that he could only eat Grandma's peanut butter cookies and, in fact, all of the grandkids loved them.



My daughter confided that the "just one bite" of chocolate she had at age 13 made it nearly impossible to resist chocolate for several years.

When Joe was younger, there were times I wished I'd never introduced him to potatoes. I was glad that there was a food he **loved** so much, but hated having to limit how much he ate. The fact that he saw them as a treat made it difficult to control how many he ate, even when he understood that they were a "sometimes" food.



The imitation peanut butter made regular peanut butter even more tempting. Regular peanut butter tastes better and is more available than the imitation stuff. After my daughter snuck a few spoonfuls of regular peanut butter, we decided that a consistent "no peanut butter" message would be easier to follow. She decided that she liked jelly sandwiches better than imitation peanut butter sandwiches anyway.



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