

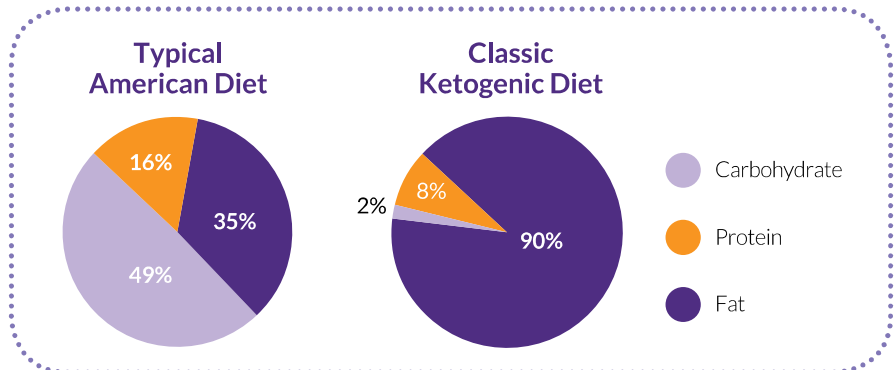
Ketogenic Diet Fact Sheet



What is the Ketogenic Diet?

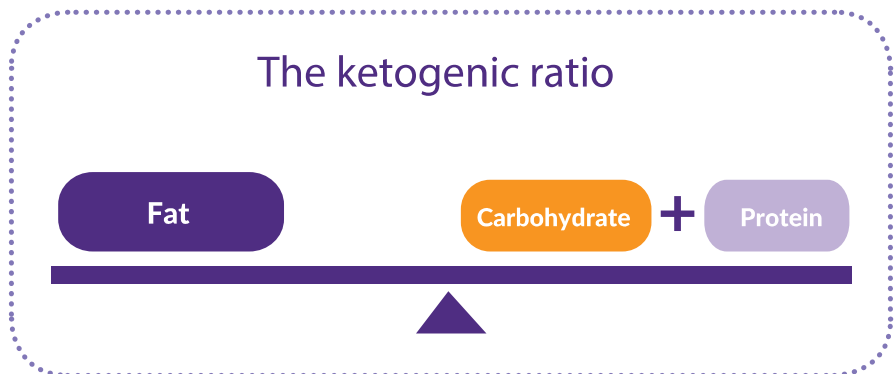
The ketogenic diet is a high fat, adequate protein and low-carbohydrate diet that is used to manage:

- Refractory epilepsy (after 2-3 antiepileptic drugs have failed to control seizures)
- Glut1 deficiency syndrome
- Pyruvate dehydrogenase deficiency
- Various other conditions for which the ketogenic diet is indicated



What is the ketogenic ratio?

The ketogenic diet is calculated based on a ratio of the grams of fat compared to the grams of protein + carbohydrate, known as the “ketogenic ratio”. The most commonly used ketogenic ratios are 4:1 and 3:1, however, your healthcare provider will select the best ratio for you or your child’s needs.

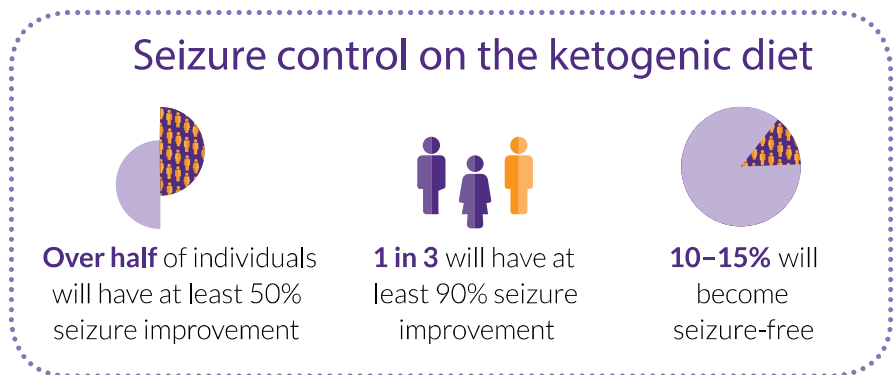


How effective is the ketogenic diet?

Research shows that over half of individuals with refractory epilepsy will have at least 50% seizure improvement on the ketogenic diet.

Who is likely to have success on the ketogenic diet?

The ketogenic diet can be helpful for all types of epilepsy. However, studies show that it may be especially helpful for individuals with myoclonic-astatic epilepsy (Doose Syndrome), Rett Syndrome, Glut1 deficiency syndrome, tuberous sclerosis complex, and children consuming formula only (either by mouth or feeding tube).







What are the different types of ketogenic diets?

Your healthcare provider will work with you to select the most appropriate ketogenic diet for you or your child. This table helps to compare the different types of ketogenic diets.

Are there any side effects with the ketogenic diet?

The most commonly reported side effects are gastrointestinal disturbances such as constipation, nausea, vomiting, or diarrhea. Most side effects can be managed easily with the ketogenic medical team.

Diet	Diet Design	Food Measurement
Classic Ketogenic Diet (KD) Est. 1921	According to a ratio of the grams of fat compared to the grams of protein plus carbohydrate: Usually 3:1 or 4:1	Gram scale 
Medium-Chain Triglyceride (MCT) Ketogenic Diet Est. 1971	According to the percentage of calories coming from MCTs usually 30–60%	Gram scale Household measures 
Modified Atkins Diet (MAD) Est. 2002	According to carbohydrate restriction; Usually limited to 10–20 grams/day	Household measures 
Low Glycemic Index (LGIT) Est. 2002	According to the glycemic index of foods	Household measures 

Is there any special testing or monitoring required?

After starting the ketogenic diet, you will meet regularly with the physician and/or dietitian to ensure that nutrition needs are fully met, to ensure appropriate growth for your child, and to monitor for potential side effects. Monitoring with routine laboratory tests and adjustments to the diet may occur with each follow-up with your healthcare provider.

How long do I or my child need to stay on the ketogenic diet?

It is generally recommended that the ketogenic diet be tried for at least 3 months to see whether it will be successful. While some individuals see improvements soon after starting the ketogenic diet, others may require some time and diet adjustments to see the benefits. Try not to be discouraged if you don't see success right away.

- For individuals with refractory epilepsy who are successfully managed by the ketogenic diet, your healthcare provider may recommend weaning from the diet after 2 years.
- For individuals with Glut1 deficiency syndrome or pyruvate dehydrogenase deficiency, the diet is usually used for a much longer period, typically throughout childhood and adolescence, and oftentimes for life.

Where can I learn more about the ketogenic diet?

Your healthcare provider will provide you with more information about the ketogenic diet. You can also find information on the following sites:

- MyKetoCal.com
- CharlieFoundation.org
- Epilepsy.com/learn/treating-seizures-and-epilepsy/dietary-therapies/ketogenic-diet
- KetoHope.org
- MatthewsFriends.org

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KetoCal®

MyKetoCal.com/KetoCalConnect

1-800-365-7354 (option 2),

Monday-Friday 8:30 AM-5:00 PM ET



ZKCKDFLB 12/17

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