

Comparison of diet therapies for pediatric epilepsy

Data compiled 7/2009

Questions	Ketogenic	Low Glycemic Index Treatment	Modified Atkins
Is medical supervision required	Yes	Yes	Yes
Is diet high in fat?	Yes	Yes	Yes
Is diet low in carbohydrate?	Yes	Yes	Yes
What is the ratio of fat to carbohydrate & protein?	4:1, 3:1, 2:1, 1:1	Approximately 1:1	Approximately 1:1
How much carbohydrate is allowed on a 1000 Calorie diet?	8gm carb on a 4:1 16gm carb on a 3:1 30gm carb on a 2:1 40-60gm carb on a 1:1	40-60gm	10gm for 1 month 20gm afterwards
How are foods measured?	Weighed	Measured or estimated	Estimated
Are meal plans used?	Yes	Yes	Optional
Where is the diet started?	Hospital	Home	Home
Are calories controlled?	Yes	Yes	No
Are vitamin and mineral supplements required?	Yes	Yes	Yes
Are liquids (fluids) restricted?	No	No	No
Is a pre-diet laboratory evaluation required?	Yes	Yes	Yes
Can there be side-effects?	Yes	Yes	Yes
What is the overall difference in design of these diets?	This is an individualized and structured diet that provides specific meal plans. Foods are weighed and meals should be consumed in their entirety for best results. The ratio of this diet can be adjusted to effect better seizure-control and also liberalized for better tolerance. This diet is also considered a low glycemic therapy and results in steady glucose levels.	This is individualized but less structured diet than the ketogenic diet but similar to a 1:1. It uses exchange lists for planning meal and emphasizes complex carbohydrates. The balance of low glycemic carbohydrates in combination with fat result in steady glucose levels.	This diet focuses on limiting the amount of carbohydrate while encouraging fat. Carbohydrate may be consumed at any time during the day as long as it is within limits. Standard meal plans are used as a guide. Protein is not limited.

View The Charlie Foundation Position statement on diet therapies for epilepsy above this link.

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