

Frequently asked questions about the modified Atkins diet

1. What is the modified Atkins diet?

The original Atkins diet is a very low in carbohydrate and was developed as a weight reduction therapy. The term “modified” describes the lower carbohydrate limit compared to Atkins recommendations and the emphasis of high fat foods as is required on the ketogenic diet.

2. Who developed this diet?

The modified Atkins diet was created at Johns Hopkins Hospital to offer a less restrictive dietary treatment primarily for people who would be unable to follow the ketogenic diet.

3. How effective is the diet at controlling or eliminating seizures?

Prospective studies from 4 hospitals have shown preliminary evidence that the modified Atkins diet is effective in improving seizure control in 45% of the patients who have trialed it. Further pediatric and adult studies are underway.

4. How is the modified Atkins diet designed?

The modified Atkins diet plan approximates a 1:1 ratio of fat: carbohydrate and protein, compared to a typical 3:1 or 4:1 ketogenic diet. Low carbohydrate foods and meals can also be eaten in restaurants, making the diet more accessible, especially for adolescents and adults. This liberal therapy is being used as an alternative to the strict ketogenic diet and as a step-down diet after the traditional ketogenic diet.

6. Can the diet be used for children with feeding tubes?

Special ketogenic formulas are designed for this purpose and are optimal for individuals with feeding tubes. These formulas are based on the ratio system of 4:1 and 3:1.

7. Are there any special tests that are needed before starting the diet?

There are blood tests that may be needed to determine if the diet is safe. These include metabolic tests to rule-out fatty acid disorders or a carnitine deficiency. Medical supervision and laboratory surveillance are recommended during modified Atkins similar to the ketogenic diet.