A Century of Progress Ketogenic Diets for Epilepsy in Children and Adults

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Johns Hopkins Hospital Baltimore, Maryland USA

March 3, 2017



Low Carb Breck 2018



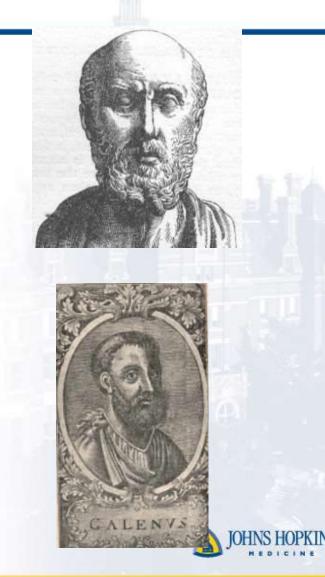
Disclosures

- Grant support: Nutricia
- Consultant: Atkins Nutritionals, Nutricia
- Data Safety Monitoring Board: GW Pharma
- Royalties: Demos, UpToDate, Oxford



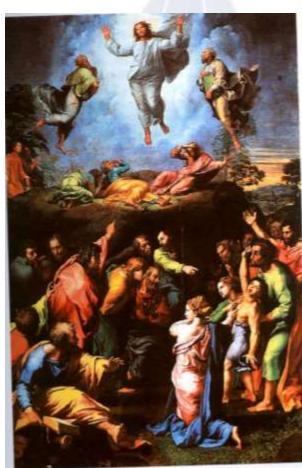
Fasting for epilepsy in history

- Hippocrates ~400 BC
 - Man with body burns and seizures
 - "complete abstinence from food and water"
- Galen ~200 BC
 - Recommended
 "abstinence from daily use of such food as engenders unhealthy humors"



The Bible: King James version Mark 9: 14-29

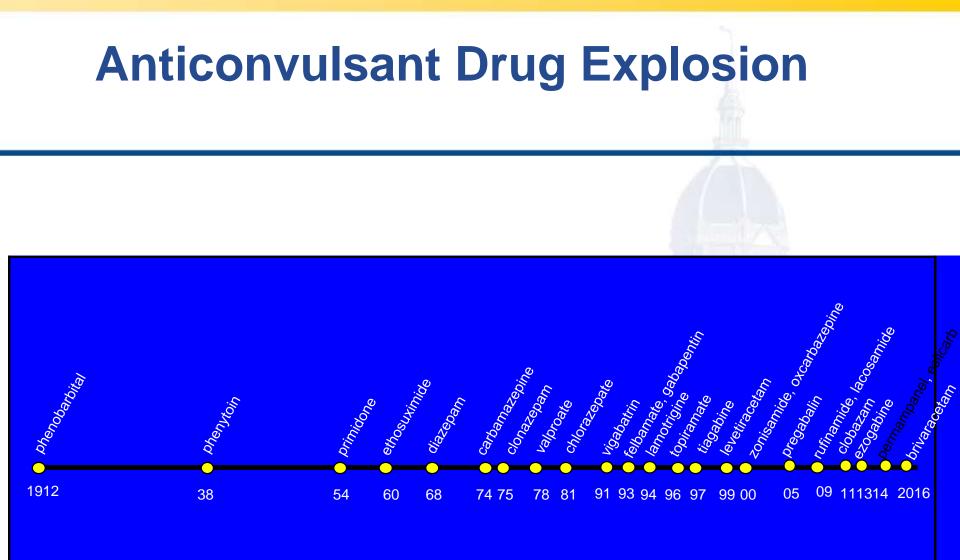
- "he fell on the ground, and wallowed foaming"
- "Jesus took him by the hand, and lifted him up; and he arose"
- "And he said unto them, this kind can come forth by nothing, but by prayer and fasting"





	THE CLINIC	BULLETIN
VOL 2	WEDNESDAY, JULY 27, 1921 NO. 3	
THE	EFFECT OF KETONEMIA ON THE COURSE OF EPILEPSY	4.00

Dr. Wilder at Mayo Clinic, Rochester, MN creates a high fat, low carbohydrate diet to mimic fasting state





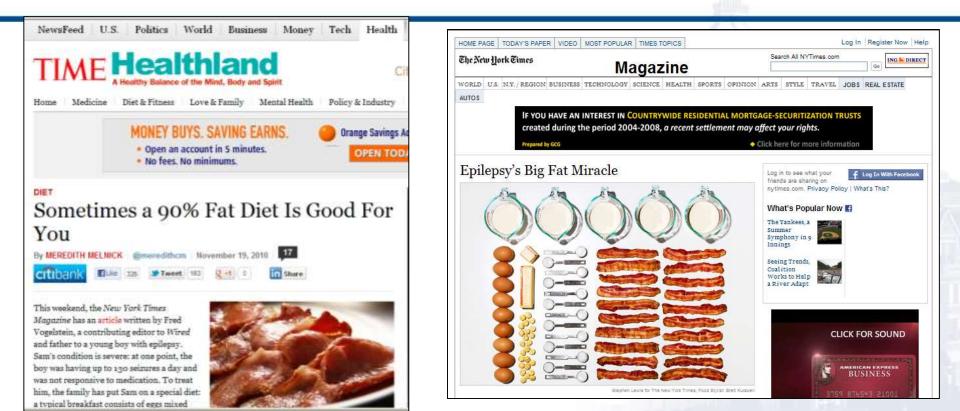


 Used in a few centers in the US and only as a last resort for children

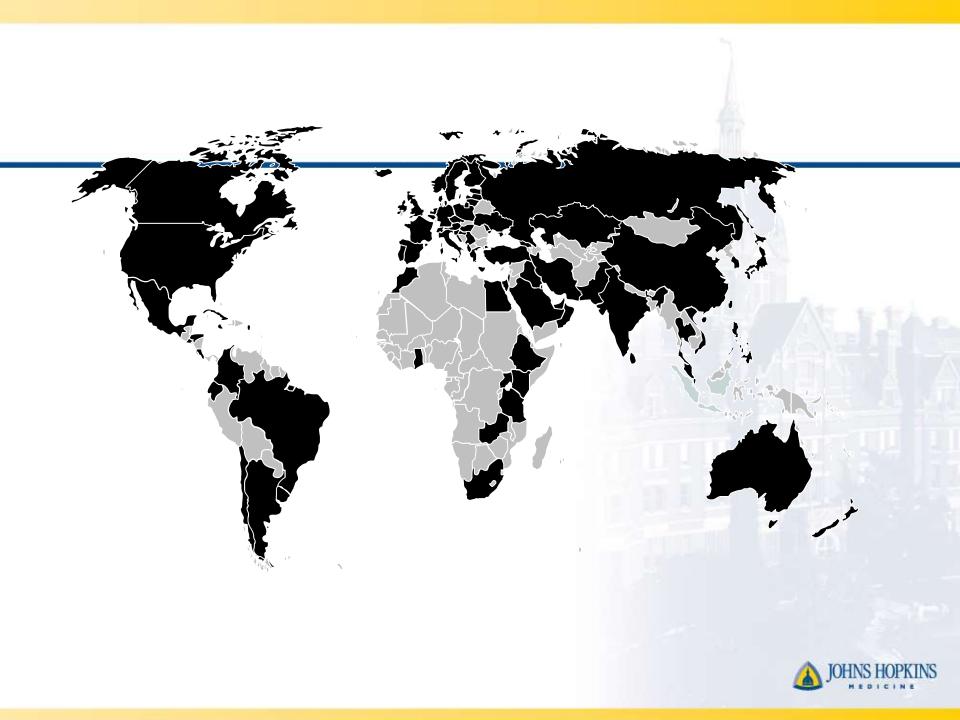
 No interest at American Epilepsy Society annual meetings

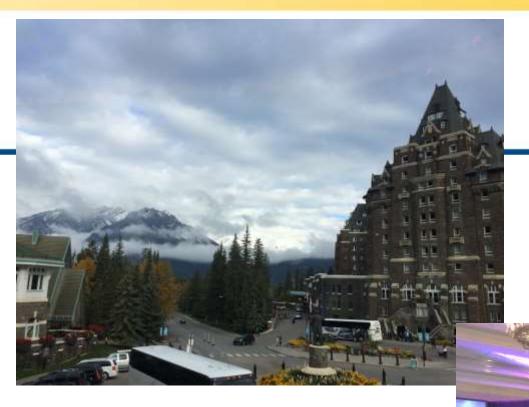
Perceived as "alternative medicine"











September 20-24, 2016 5th Ketogenic Diet Symposium Banff, Alberta, Canada

What Changed?!?!?

1. A dynamic parent support group

2. High quality, multicenter research

3. Patience with the larger epilepsy medical community...



November 1993



THERAPIES LEARN AM I A CANDIDATE RECIPES STORE RESOURCES ABOUT

IN 1993 THE KETOGENIC DIEL CURED CHARLIE ABRAHAMS' EPILEPSY

OUR STORY

WHAT IS KETOSIS ?

The term ketosis refers to a byproduct of the breakdown of fat into useable energy, called ketones. This fat can be derived directly from the food we eat, known as nutritional ketosis, or from stored body fat. Ketones are alternative energy sources for both the brain and body.

AMIA CANDIDATE ?

Hundreds of studies have been performed showing therapeutic benefits of the Ketogenic Diet for a variety of diseases. Originally studied for its effects on epilepsy, the diet is now showing promise for a multitude of illnesses that have an underlying metabolic element.

FIND SUPPORT

Visit our database of hospitals that specialize in ketogenic therapies for epilepsy as well as our list of independent Ketogenic Professionals who are available to consult on a variety of disorders. We advise medical supervision with all ketogenic therapies.







INTERNATIONAL SYMPOSIUM

ON DIETARY THERAPIES FOR EPILEPSY AND OTHER NEUROLOGICAL DISORDERS

> April 2-5, 2008 The Ritz-Carlton Phoenix

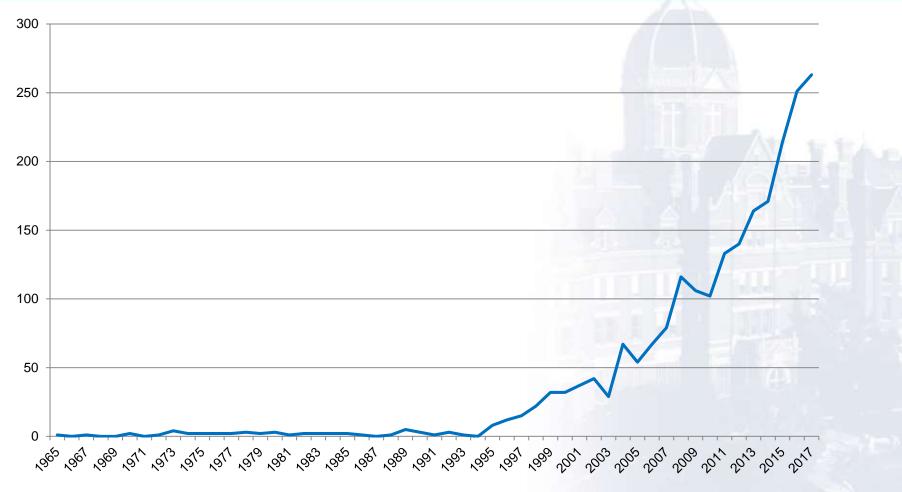




Sponsored by The Charlie Foundation, CURE and Nutricia N.A. Hosted by the Barrow Neurological Institute at St. Joseph's Hospital & Medical Center



Ketogenic Diet Studies Published





BRIEF COMMUNICATION

A blinded, crossover study of the efficacy of the ketogenic diet

*John M. Freeman, *Eileen P.G. Vining, *Eric H. Kossoff, *Paula L. Pyzik, *Xiaobu Ye, and †Steven N. Goodman

➤ W The ketogenic diet for the treatment of childhood epilepsy: a randomised controlled trial

Elizabeth G Neal, Hannah Chaffe, Ruby H Schwartz, Margaret S Lawson, Nicole Edwards, Geogianna Fitzsimmons, Andrea Whitney, J Helen Cross

FULL-LENGTH ORIGINAL RESEARCH

Use of the modified Atkins diet for treatment of refractory childhood epilepsy: A randomized controlled trial

*¹ Suvasini Sharma, *²Naveen Sankhyan, *Sheffali Gulati, and †Anuja Agarwala

Neurologica

Acta Neurol Scand DOI: 10.1111/ane.12592

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rolled trial of the

A randomized controlled trial of the ketogenic diet in refractory childhood epilepsy

Lambrechts DAJE, de Kinderen RJA, Vles JSH, de Louw AJA, Aldenkamp AP, Majoie HJM. A randomized controlled trial of the ketogenic diet in refractory childhood epilepsy. Acta Neurol Scand: DOI: 10.1111/ane.12592. © 2016 John Wiley & Sons A/S. Published by John Wiley & Sons Ltd. D. A. J. E. Lambrechts¹, R. J. A. de Kinderen^{2,3,4}, J. S. H. Vles^{1,2,5}, A. J. A. de Louw^{1,6}, A. P. Aldenkamp^{2,5,6,7}, H. J. M. Majoie^{1,2,5,8}



2012

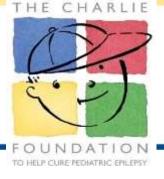
Ketogenic diet and other dietary treatments for epilepsy (Review)

Levy RG, Cooper PN, Giri P, Pulman J



"These studies suggest that in children, the ketogenic diet results in short to medium term benefits in seizure control, the effects of which are comparable to modern antiepileptic drugs."







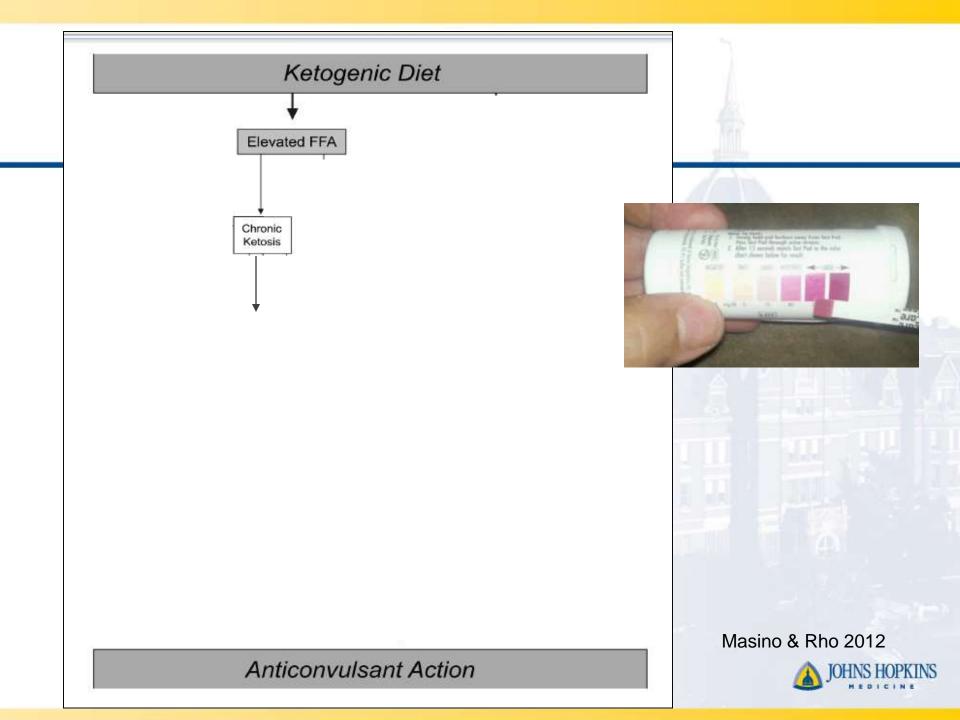
Epilepsia, 50(2):304–317, 2009 doi: 10.1111/j.1528-1167.2008.01765.x

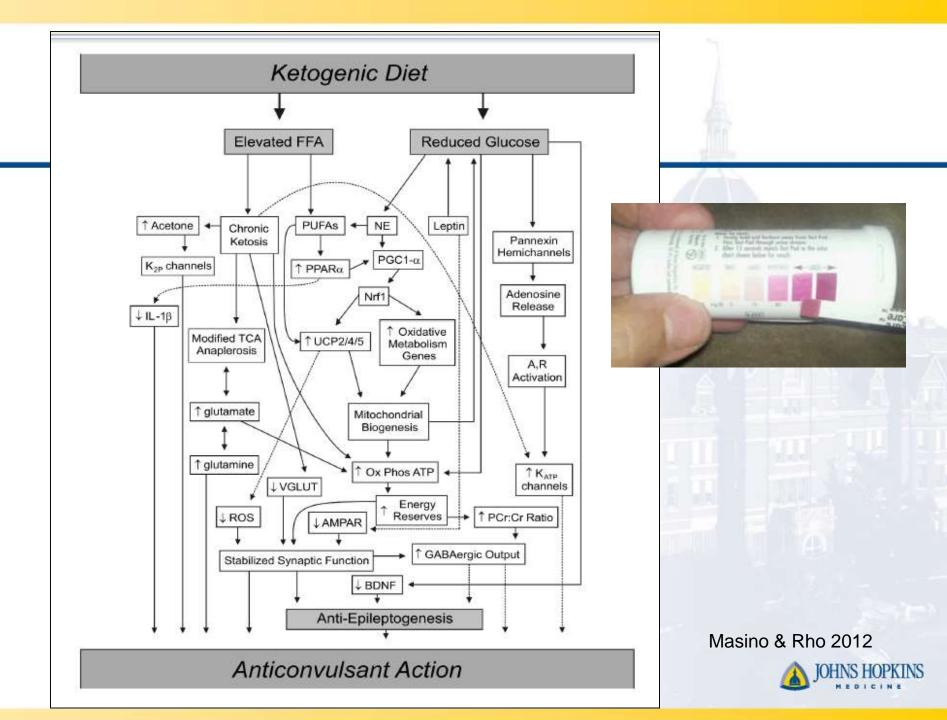
SPECIAL REPORT

Optimal clinical management of children receiving the ketogenic diet: Recommendations of the International Ketogenic Diet Study Group

*Eric H. Kossoff, †Beth A. Zupec-Kania, ‡Per E. Amark, §Karen R. Ballaban-Gil, ¶A. G. Christina Bergqvist, #Robyn Blackford, **Jeffrey R. Buchhalter, ††Roberto H. Caraballo, ‡‡J. Helen Cross, ‡Maria G. Dahlin, §§Elizabeth J. Donner, ¶¶Joerg Klepper, §Rana S. Jehle, ##Heung Dong Kim, §§Y. M. Christiana Liu, ***Judy Nation, #Douglas R. Nordli, Jr., †††Heidi H. Pfeifer, ‡‡‡Jong M. Rho, §§§Carl E. Stafstrom, †††Elizabeth A. Thiele, *Zahava Turner, ¶¶¶Elaine C. Wirrell, ####James W. Wheless, ****Pierangelo Veggiotti, *Eileen P. G. Vining and The Charlie Foundation, and the Practice Committee of the Child Neurology Society







Diets for Epilepsy

- 1. How is it started?
- 2. Who should be started on the diet?
- 3. Preventing side effects
- 4. The future!



Ketogenic Diet: Initiation

- Traditionally started gradually in the hospital over 2-3 days, after an optional 24 hour fast
 - Families educated daily
- Ratio (fat: carbs and protein)
 - 4:1 more strict
 - 3:1 for infants and adolescents
- Calories and fluids calculated

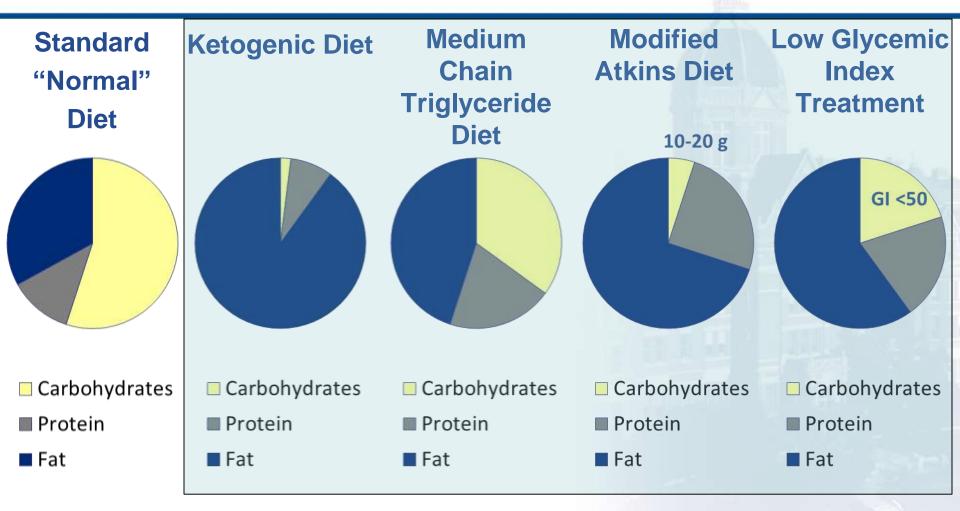








Four Ketogenic Diets





Maintenance

- Children seen every 3-6 months
- Labs, dietitian, neurologist evaluation to assess efficacy and safety
- After ~2 years if successful (3 months if not), *in children*, the ketogenic diet is slowly weaned back to previous foods





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What is Epilepsy?

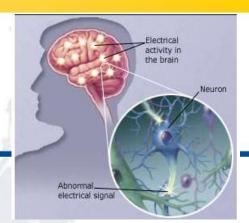
- Periodic, unpredictable electrical discharges of the brain

 Multiple causes, often genetic
- Common, but private condition
- Spectrum of severity
 - Mild cases that are outgrown in childhood...
 - Severe cases which do not respond to any treatment

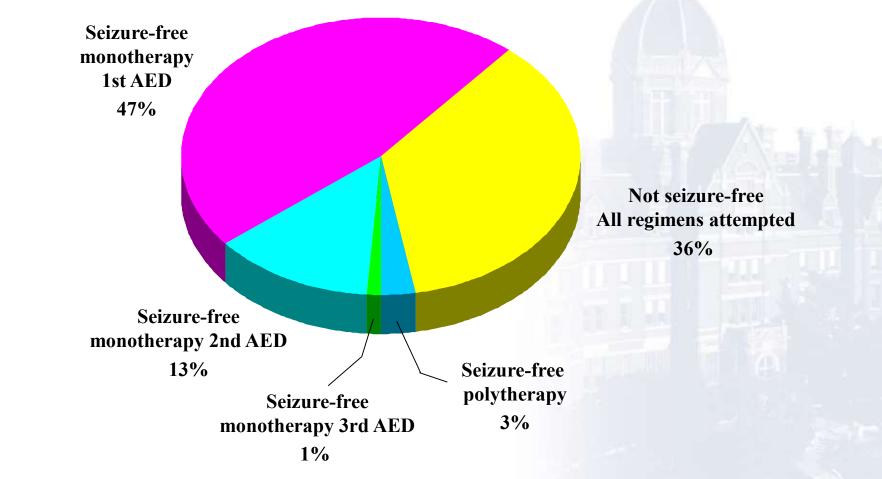








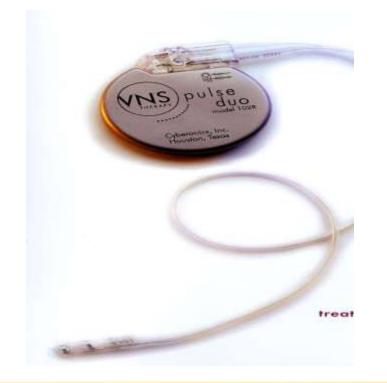
Seizure-Free Rates In Adults with Epilepsy



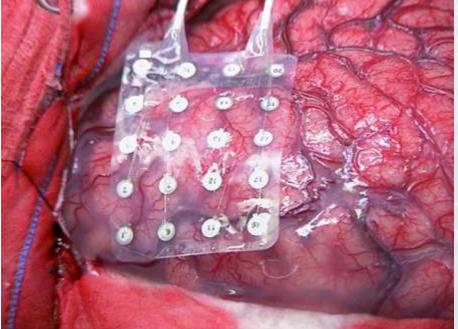
Kwan P, Brodie MJ. N Engl J Med. 2000;342:314-319.











Epilepsia, 50(2):304-317, 2009 doi: 10.1111/j.1528-1167.2008.01765.x

SPECIAL REPORT

Optimal clinical management of children receiving the ketogenic diet: Recommendations of the International Ketogenic Diet Study Group



Table I. Epilepsy syndromes and conditions in which the KD has been reported as particularly beneficial

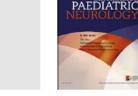
Probable benefit (at least two publications) Glucose transporter protein 1 (GLUT-1) deficiency Pyruvate dehydrogenase deficiency (PDHD) Myoclonic-astatic epilepsy (Doose syndrome) Tuberous sclerosis complex Rett syndrome Severe myoclonic epilepsy of infancy (Dravet syndrome) Infantile spasms Children receiving only formula (infants or enterally fed patients) Suggestion of benefit (one case report or series) Selected mitochondrial disorders Glycogenosis type V Landau-Kleffner syndrome Lafora body disease Subacute sclerosing panencephalitis (SSPE)

Kossoff Epilepsia 2009

ARTICLE IN PRESS

EUROPEAN JOURNAL OF PAEDIATRIC NEUROLOGY XXX (2016) 1-12





Official Journal of the European Paediatric Neurology Society

Review article

Ketogenic diet guidelines for infants with refractory epilepsy

Elles van der Louw ^{a,*}, Dorine van den Hurk ^b, Elizabeth Neal ^c, Bärbel Leiendecker ^d, Georgiana Fitzsimmon ^e, Laura Dority ^f, Lindsey Thompson ^g, Maddelena Marchió ^h, Magdalena Dudzińska ⁱ, Anastasia Dressler ^j, Joerg Klepper ^k, Stéphane Auvin ^l, J. Helen Cross ^m

^a Erasmus Medical Center Sophia Children's Hospital, Wytemaweg 80, 3015 CN, Rotterdam, The Netherlands

^b Wilhelmina Children's Hospital, University Medical Center Utrecht, The Netherlands

^c Matthews Friends Clinics, Lingfield, UK

^d University of Essen, Children's Hospital, Germany

^e Great Ormond Street Hospital for Children, London, UK

^f Medical University of South Carolina, USA

⁸ Children's Mercy Hospital and Clinics, Overland Park, KS, USA

^h University of Modena and Reggio Emilia, Italy

¹ Center of Pediatrics and Oncology, Chorzow, Poland

^j Medical University Vienna, Austria

^k Klinikum Aschaffenburg-Alzenau, Germany

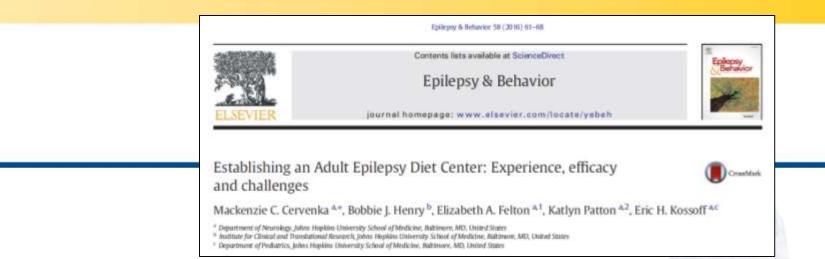
¹ Pediatric Epilepsy & Child Neurology Paris-Diderot University, France

^m UCL Institute of Child Health, Great Ormond Street Hospital for Children NHS Trust, London, UK









- Started August 6th, 2010
- >300 adults seen in clinic to date
 - 80% never have tried a dietary therapy before
 - Most started on the modified Atkins diet





Table 2. Contraindications to the use of the KD

Absolute

Carnitine deficiency (primary) Carnitine palmitoyltransferase (CPT) I or II deficiency Carnitine translocase deficiency β -oxidation defects Medium-chain acyl dehydrogenase deficiency (MCAD) Long-chain acyl dehydrogenase deficiency (LCAD) Short-chain acyl dehydrogenase deficiency (SCAD) Long-chain 3-hydroxyacyl-CoA deficiency Medium-chain 3-hydroxyacyl-CoA deficiency. Pyruvate carboxylase deficiency Porphyria Relative Inability to maintain adequate nutrition Surgical focus identified by neuroimaging and video EEG monitoring

Parent or caregiver noncompliance





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Side Effects in Children (with KD)

- Constipation
- Gastroesophageal reflux
- Acidosis
- Renal stones
- Growth slowing
- Dyslipidemia
- Vitamin D deficiency
- Carnitine deficiency
- Pancreatitis
- Bone fractures
- Cardiomyopathy (due to selenium deficiency)



SPORADIC





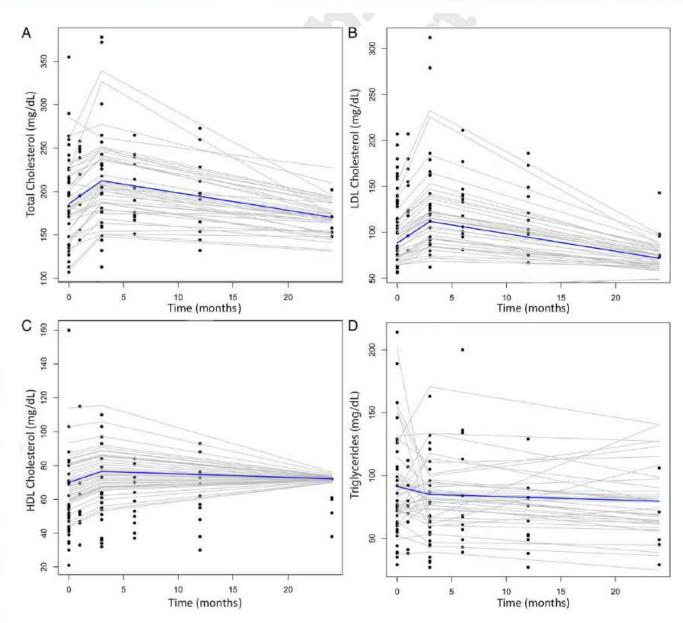


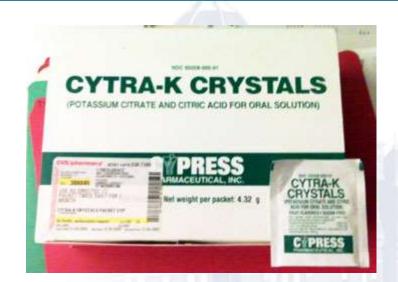
Figure 2 Total cholesterol (A), LDL (B), HDL (C), and triglyceride (D) levels plotted over time on the MAD using a random effects model with two linear spline terms. Points represent values (mg/dl) for all patients plotted over 0–24 months. Light gray lines represent cholesterol trends over time. Dark gray lines show the average of these values.

McDonald et al, *Epilepsy Behav* 2017



Kidney stones and Oral Citrates

- Kidney stones had been occurring in 6% of children on KD
- Due to acidic and hypercalciuric urine
- Polycitra K (30 meq twice daily)
 - Reduces risk of kidney stones on the KD from 6 to <1%





McNally et al. Pediatrics 2009

Table 4. Supplementation recommended for children receiving the KD

Universal recommendations

Multivitamin with minerals (and trace minerals)

Calcium with vitamin D

Optional extra supplementation

Oral citrates (Polycitra K)

Laxatives: Miralax, mineral oil, glycerin suppository

Additional selenium, magnesium, zinc, phosphorus, vitamin D

Carnitine (Carnitor)

MCT oil or coconut oil (source of MCT)

Salt (sodium to add to modular formulas if used for greater than age 1 year)

All supplements listed should be provided as carbohydratefree preparations whenever possible.



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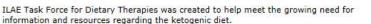
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ILAE.org





Welcome! Here you will find information and resources regarding the ketogenic diet, a high fat, low carbohydrate treatment for epilepsy. This treatment started in the United States in 1921, fell out of favor in the 1940s, but has seen a resurgence since the 1990s. In the past decade, the ketogenic diet has seen exponential growth around the world



We hope you find this site useful in your region of the world. Please email us with questions and ideas!

News on Dietary Therapy

Cutting edge, brand new information about dietary therapies for epilepsy from the Task Force

Articles about the Ketogenic Diet Links to free access articles about the Ketogenic Diet, organized by date

Basics of the Ketogenic Diet What it is, how it works, and other key information

Book List Books in multiple languages providing ketogenic diet guidance

Congresses and Other Events Listings of international congresses, workshops, and other events

Helpful Links Ketogenic diet resources from around the world

International Ketogenic Centers Physicians providing the ketogenic diet who participated in this survey, listed alphabetically by country within regional areas.

Ketogenic Diet Products Complete nutrition products, modular products (lipid-based, carbohydrate, and protein) and special products for use in ketogenic diets

Recipes for Ketogenic Diets An international selection of recipes

Dietary Therapies Task Force Members Ketogenic diet task force member listing with contact information











SPECIAL REPORT

What are the minimum requirements for ketogenic diet services in resource-limited regions? Recommendations from the International League Against Epilepsy Task Force for Dietary Therapy

*Eric H. Kossoff, †Nabil Al-Macki, *Mackenzie C. Cervenka, ‡Heung D. Kim, §Jianxiang Liao, ¶Katherine Megaw, #Janak K. Nathan, **Ximena Raimann, ††Rocio Rivera, ‡‡Adelheid Wiemer-Kruel, §§Emma Williams, and ¶¶Beth A. Zupec-Kania

> Epilepsia, **(*):1-6, 2015 doi: 10.1111/epi.13039



MY EPILEPSY STORY	Story	
for	on: Making the ketogenic diet viable children in Africa ne Megaw and †Jo M. Wilmshurst <i>Epilepsia</i> , **(*):1-3, 2014 doi: 10.1111/epi.12770	
	Brief Communication	
	First Application of Ketogenic Diet on a Child With Intractable Epilepsy in Ghana	Child Neurology Open July - September 2015: 1-3 © The Author(s) 2015 DOI: 10.1177/2329048×15604593 cno.sagepub.com
	Dezhi Cao, MD ¹ , Eben Badoe ² , Yanwei Zhu, BA ¹ , Xia Zhao, MD ¹ , Yan Hu, MD ¹ , and Jianxiang Liao, MD, PhD ¹	

Why should modified Atkins diet be encouraged for treating epilepsy in emerging countries?

Amal Satte², Eric Heath Kossoff¹, Mohamed Belghiti³, Abderrahim Zerhouni², Hamid Ouhabi², Hassania Guerinech³, Jamal Mounach²

Flamid	inabi", Hassania Guerinech", Jamai Mounach"
	Evaluation of a simplified modified Atkins diet for use by parents with low levels of literacy in children with refractory epilepsy: A randomized controlled trial
	Suvasini Sharma (MD, DM) ^{a,*} , Shaiphali Goel (MSc) ^a , Puneet Jain (MD, DM) ^{b,c} , Anuja Agarwala (MSc) ^d , Satinder Aneja (MD) ^a



6th Global Symposium on KETOGENIC THERAPIES FOR NEUROLOGICAL DISORDERS:

Embracing Diversity, Global Implementation and Individualized Care

> October 5-8, 2018 International Convention Center Jeju, Jeju, Korea



Johns Hopkins Ketogenic Diet Center

Eric Kossoff MD Sarah Doerrer PNP Carl Stafstrom MD Mackenzie Cervenka MD Parrish Winesett MD

Zahava Turner RD Courtney Haney RD Bobbie Henry RD Stacey Bessone RD

Tony Stanfield Gerry & Mike Harris Lindsay Brown Tarah Majestic Anita Charpentier, PharmD Sapana Edwards, RN

Rebecca Fisher, RN











