Indications for and Efficacy of the Ketogenic Diet

The Ketogenic Diet (KD) may be considered for children with intractable or difficult-to-control seizures, typically who have failed several (up to 4) AED's.

Patients should be referred to a Neurologist or Metabolic Physician to initiate the Ketogenic Diet. The neurologist will conduct a full medical review, undertake necessary pre-initiation investigations as needed, and provide ongoing management and review while the patient remains on the Ketogenic Diet. Please review the contraindications for commencing on the KD in the next section before considering referral.

Research indicates the KD is particularly beneficial in the following Epilepsy Syndromes and conditions [1]:

PROBABLE BENEFIT (I.E. AT LEAST TWO PUBLICATIONS):
- Myoclonic-astatic epilepsy (Doose syndrome)
- Tuberous sclerosis complex
- Infantile spasms
- Severe myoclonic epilepsy of infancy (Dravet syndrome)
- Lennox Gastaut Syndrome
- Rett syndrome
- Glucose transporter protein 1 (GLUT-1) deficiency
- Pyruvate dehydrogenase deficiency (PDHD)
- Children receiving only formula (infants or enterally fed patients)

SUGGESTION OF BENEFIT (I.E. ONE CASE REPORT OR SERIES):
- Selected mitochondrial disorders
- Glycogenosis type V
- Landau-Kleffner syndrome
- Lafora body disease
- Subacute sclerosing panencephalitis (SSPE)

EFFICACY OF KETOGENIC DIET:
- Up to 10% of the patients may become seizure-free. [2]
- Reduces seizure frequency by more than 50% in half of all patients who try it. [3]
- Reduces seizure frequency by more than 90% in one third of patients. [4]

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