

Frequently asked questions about when to consider diet therapy for epilepsy

1. When should the diet be considered?

Approximately 70% of children who develop epilepsy will respond to pharmacologic treatment but about 30% will develop difficult to control seizures or experience ill-effects from antiseizure medication. These are the children that may benefit from dietary therapies. A consensus report from a panel of 26 pediatric epilepsy specialists and dietitians concluded that "the ketogenic diet should be strongly considered in a child who failed two to three anticonvulsant therapies, regardless of age or gender, and particularly in those with symptomatic generalized epilepsies" (Epilepsia 2008). In addition, the group recommends using diet therapy early in a child's life when diet is easier to control.

2. Who can be helped by the diet?

Children with epilepsy from infancy through adulthood may be helped by the diet. The published reviews and studies on the diet consistently show that 50-75% of children with difficult to control seizures of all types are helped by the diet. Some children, especially those over the age of 5 years may find the diet difficult to follow due to its strictness. Creative recipes and more liberal ratios have helped to make the diet more enjoyable.

3. What syndromes and have been found to benefit from the diet?

Glucose transporter type 1 deficiency syndrome Pyruvate dehydrogenase deficiency Myoclonic epilepsies: Myoclonic-astatic epilepsy (Doose syndrome) Severe myoclonic epilepsy of infancy (Dravet syndrome) Tuberous sclerosis complex Rett syndrome Infantile spasms Certain mitochondrial disorders: P Phosphofructokinase deficiency Glycogenosis type V Mitochondrial respiratory chain complex disorders Landau-Kleffner syndrome Lafora body disease Subacute sclerosing panencephalitis

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3. Are there any contraindications to the use of the diet?

Individuals with the following deficiencies or defects should not be placed on the diet. Serious adverse effects could result.

- Carnitine deficiency (primary)
- Carnitine palmitoytransferase (CPT) I or II deficiency
- Beta-oxidation defects
- Pyruvate carboxylase deficiency
- o Porphyria

4. Are there certain children who may have difficulty following the diet?

Children with chewing or swallowing problems or are struggling to eat a regular diet may have difficulty with the ketogenic diet. It is recommended that these children have a Feeding Evaluation before proceeding.

5. Are there benefits to diet therapy other than seizure control?

Some children experience benefits in development and behavior on the ketogenic diet. This may be experienced as an effect of the diet and also if seizure medications are reduced as a result of improved seizure control.

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