Diets



In some cases diets are prescribed as an adjunct therapy for people living with uncontrolled epilepsy. These are not recommended for everyone and are strict, medically supervised diets.

Diets do not replace medications, which continue as per your neurologist or paediatric neurologist's instructions. In addition to dietary changes, ongoing monitoring and testing form part of these diets. As does regular contact with the overseeing dietician.

KETOGENIC DIET

The ketogenic diet is a medically supervised diet therapy that may be a suitable treatment option for some children and adolescents with epilepsy, who do not respond to medication. This diet should always be followed under the supervision of a specialist dietician and your neurologist. It is discussed in more detail in our children and epilepsy section.

MODIFIED ATKINS DIET

The Modifed Atkins diet (MAD) is a mix between the classic Ketogenic Diet and the Atkins diet. The MAD is a high-fat diet where fat and protein is allowed, and carbohydrate intake is limited. The MAD diet will not be suitable for all and it is important to discuss this with your Neurologist. For any major changes in diet, it is important to remember to continue taking your ASM's.

There are no fluid or calorie restrictions with MAD. Fats are strongly encouraged and most patients consume lots of dairy and oils, such as heavy cream and butter. There are no restrictions on proteins so someone on the MAD can consume lots of protein-rich foods, such as meat, eggs and fish. Foods are not weighed or measured, but carbohydrate counts are monitored by the patient.

This diet is started outside of the hospital, but does still require medical supervision. Some patients lose weight on the diet, but some also experience increases in cholesterol. Adjusting to this diet does require some support and training from specialist dieticians. It is up to the person (and

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possibly their support network) to monitor daily ketosis levels, often through urine strip checking. Evaluating the impact on seizure activity is also up to the person who is required to keep a seizure diary to assess whether seizure activity has changed while on the MAD.