A Ketogenic Diet May Improve Weight Loss A Review of the Literature

Rhonda Ting¹, G. Mike Allan², Adrienne Lindblad³ ¹Faculty of Pharmacy and Pharmaceutical Sciences, University of Alberta, Edmonton, AB ²The College of Family Physicians of Canada, Mississauga, ON ³Alberta College of Family Physicians, Edmonton, AB

BACKGROUND

- In popular literature, a ketogenic diet is accepted as a restriction of dietary carbohydrates <20 -50 grams/day and/or <10% of total daily caloric intake, in order to preferentially produce ketones from body fat for energy metabolism. Healthy fats become the main source of calories.
- Recent popular interest has shifted from a low-fat diet to a low-carbohydrate diet, also known as a ketogenic diet, for weight loss.
- A low-fat diet is dietary fat intake <30% of total daily caloric intake.
- Purported benefits of a ketogenic diet include improved glycemic control and preferential fat loss.
- Safety concerns regarding high fat intake on lipid levels and potentially, cardiovascular health.

OBJECTIVE

To evaluate the literature regarding the efficacy and safety of a ketogenic diet, compared to a usual or low-fat diet.

METHODS

PubMed Search (May 24, 2018)

Keywords weight loss, ketosis, ketogenic diet, low carbohydrate diet Inclusion adults, intervention diet <60gm/day carbohydrates Exclusion epilepsy, seizure Systematic Reviews Randomized Controlled Trials



2 x Systematic Reviews



FIGURE 1 Search Strategy

A ketogenic diet can improve average weight loss up to 2kg, compared to a low-fat diet. However, is difficult to sustain and has similar range of weight loss to other diets.

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and references

RESULTS

TABLE 1 Included Studies

	Number of studies	Total participants, N	Intervention Diet	Comparison Diet
Mansoor et al 2016 ² (SR)	11 RCTs	1369	20-40g carbohydrates first phase, or carbohydrates <20% daily calories	Fat <30% daily calories
Bueno et al 2013 ¹ (SR)	13 RCTs	1577	<50g/day carbohydrates or carbohydrates <10% daily calories	Fat <30% daily calories
Gardner et al 2018 ⁹ (RCT)	N/A	609	Reduce to goal of 20g/day carbohydrates then increase by 5-15g/week until lowest maintenance intake	Reduce to goal of 20g/day fat then increase by 5-15g/week until lowest maintenance intake

TABLE 2 Outcomes of Interest

	Mansoor et al 2016 ²	Bueno et al 2013 ¹	Gardner et al 2018 ⁹		
	(SR)	(SR)	(RCT)		
	Mean Difference (95% Confidence Interval)				
Weight Loss, kg	-2.17	-0.91	-0.70		
	(-3.36, -0.99)	(-1.65, -0.17)	(-0.21, 1.60)		
HDL, mmol/L	0.14	0.09	0.06		
	(0.09, 0.19)	(0.06, 0.12)	(0.09, 0.03)		
LDL, mmol/L	0.16	0.12	0.15		
	(0.003, 0.33)	(0.04, 0.2)	(0.24, 0.05)		
Triglycerides,	-0.26	-0.18	-0.47		
mmol/L	(-0.37, -0.99)	(-0.27, -0.08)	(-0.20,-0.75)		
Systolic Blood	N/A	-1.47	-0.54		
Pressure, mmHg		(-3.44, 0.50)	(-2.16, 1.07)		
Diastolic Blood	N/A	-1.43	-0.70		
Pressure, mmHg		(-2.49, -0.37)	(-1.71, 0.31)		
Fasting Blood	N/A	-0.08	0.04		
Glucose, mmol/L		(-0.18, 0.02)	(0, 0.09)		
HbA1c, %	N/A	-0.24	N/A		
		(-0.55, 0.06)			

DISCUSSION

- compared to a low-fat diet.
- intake was likely a factor in weight loss.

- diet.

LIMITATIONS

- compared to popular literature.
- durations of follow-up.



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Both systematic reviews^{1,2} found statistically significant improved weight loss of up to 2kg with a ketogenic diet,

A concurrent 10-20% reduction in overall daily caloric

While Gardner et al 2018⁹ did not show significant weight loss, the low-carbohydrate group did not maintain a ketogenic diet but still achieved mean weight loss of 6 kg at 12-months.

There were no clinically meaningful changes in HDL, LDL, triglycerides, blood pressure, nor glycemic control.

No specific adverse effects were associated with a ketogenic

Studies and their results may not be comparable due to variable definitions of "ketogenic diet" within research literature and

Dietary studies are difficult to ascertain adherence for longer