

new software program designed by Compu Medical company in 1997 was implemented in the Ketoclinic to collect all data from the patients' files and updated during patients' visits to the Ketoclinic while only retrospective data, for children who stopped KD, was collected from archived files, and confirmed by contacting parents either face to face or by telephone. Imaging procedures e.g., MRI, EEG, fundus, pelvi-abdominal ultrasound were documented as well. Laboratory investigations included serum lipid profile [cholesterol, triglyceride, low-density lipoprotein (LDL) and high-density lipoprotein (HDL)], serum ammonia, serum lactate, extended metabolic screen, urine organic acids. This included anthropometric measurements; body weight (Wt), length/height (Ht), body mass index (BMI), z-score for Wt as well as z-score for length/Ht and BMI for age plotted on WHO calculator. It also includes family history of epilepsy, severity of the attacks (according to Chalfont seizures severity score)<sup>17</sup>, seizure frequency per day and the anti-epileptic drugs prescribed to each patient. Chalfont seizure severity scale assesses the severity of the convulsions by giving points on the loss of awareness during the attack, automatism, fall to ground, injury, incontinence, duration of seizure and the time to return to normal after seizure attack.<sup>18</sup> Measurement of the adaptive behavior in intellectually disabled patients by Vineland-II<sup>26</sup> of the Ketoclinic patients initially and after 6 months of using the KD. The KD compliance was assessed by dietary recall during follow up visits as well as acetone in urine and random blood sugar. Two parameters were recorded for the evaluation of the efficacy of KD in the Ketoclinic patients. Compliant patients had acetone in urine ranging from + 1 to + 3 and normal random blood glucose throughout the study. Clinical examination was done initially, periodically during the KD therapy and after its end. These were the Chalfont severity scale<sup>17</sup> and the frequency of epileptic attacks per day. Each patient's electronic file includes patient's personal and socioeconomic information. By summing these points, the severity of the attack can be assessed. This data was either taken by the examiner or extracted from the files