QUESTION	OPTIONS	% of patients
Which *patients* in your daily clinical practice are most often offered the diet?	GLUT1DS Developmental Epileptic Encephalopathies PDH Tuberous Sclerosis Malformations of cortical development Mitochondrial Diseases Metabolic Diseases Spasms Other epilepsies	80-100% 30-50% 25-50% 25-30% 25-30% 20-40% 5-10% 2-5% 2-3%
Which patients do you propose *to continue* KDT in adulthood?	GLUT1DS Malformations of cortical development Developmental Epileptic Encephalopathies Mitochondrial Diseases Metabolic Diseases Other epilepsies	50-60% 10-25% 5-10% 2-5% 2-5% 2-5%
Which patients do you propose *to initiate* KDT also in adulthood?	GLUT1DS Developmental Epileptic Encephalopathies Malformations of cortical development Other epilepsies Other diseases (migraine, tumor, etc)	60-70% 25% 5-10% 1-2% 20%
What do you think is the bigger obstacle to starting KDT in adulthood?	Patient / caregiver resistance Perspective of inadequate compliance Difficult Ketoteam management Clinical Severity Lack of efficacy data Costs	70-100% 60-80% 25-30% 5-10% 5-10% 2-5%
What indicators do you use to evaluate whether to stop the diet when the efficacy on seizure control is <50%?	Compliance worsening Patient / caregiver request Need to increase /add ASMs KDTs duration >2 years EEG worsening	70-80% 60-75% 50-75% 30-50% 5-10%
In which other symptoms besides the seizure frequency have you found a benefit after KDTs introduction?	Attention Social Functioning Language Behavior Sleep Motor Performances	70-90% 50-60% 30-50% 30-40% 25-30% 5-50%* GLUT1
Do you find a growth deficit in your KDT patients on chronic therapy (> 1 year) ?	Yes	25%

QUESTION	OPTION	% OF CLINICIANS
What are the types of KDTs you use more frequently?	C-KD MAD MCT-KD LGIT	65% 20% 10% 5%
Which type of C-KD induction do you practice?	Inpatient induction: 1/3 calories and target ketogenic ratio from day one with subsequent adjustments Outpatient* gradual increase of the ketogenic ratio from 1:1 up to the desired ratio (3: 1 or 4: 1) depending on the ketonenia, full calories from the beginning * Except for specific conditions requiring hospitalization	37,5% 62,5%
In patients candidate to KDTs, in what clinical conditions do you apply hospital induction?	Status epilepticus Infants Need for caregiver intensive training Clinical comorbidities Psychiatric comorbidities Always Never	100% 100% 80% 80% 70% 12,5% 12,5%
How quickly do you expect discontinuation in a patient in stable clinical condition when KDT is ineffective?	5-10 days 2-3 weeks 1-3 months	25% 50% 25%
In your clinical practice, do you plan to carry out an auxological evaluation at least once during a KDT treatment?	Yes No	100% 0%
How often do you plan a bone densitometry in a patient in chronic KDT?	Biennal Yearly Never	12,5% 50% 37,5%
In which AEDs did you find a change in plasma dosage after the KDT introduction?	VPA VPA (but not clinically significant) PB – PHT Never	12,5% 25% 12,5% 50%
After how long, in case of effectiveness of KDT, do you start the ASM decalage?	3 months 6 months	25% 75%
Which criterion do you choose for carnitine implementation	Low blood carnitine values Low blood ketone values despite good adherence to KDT Presence of drugs that can interfere with the bioavailability of carnitine (eg. VPA)	33,3% 33,3% 33,3%
Is there an adult transition program for patients treated with KDTs in your Hospital?	Yes No	37,5% 62,5%