

# The effect of healthy ketogenic diet vs calorie-restricted diet on weight and metabolic outcomes among individuals with obesity: A randomized controlled trial

**Melissa Tay Hui Juan**  
Dietitian  
National University Hospital  
Singapore

In accordance with «EACCME criteria for the Accreditation of Live Educational Events», please disclose whether you have or not any conflict of interest with the companies:

**If you don't have any conflict, please delete the conflict of interest report points:**

I have no potential conflict of interest to report

I have the following potential conflict(s) of interest to report:

- Type of affiliation / financial interest:
- Receipt of grants/research supports:
- Receipt of honoraria or consultation fees:
- Participation in a company sponsored speaker's bureau:
- Stock shareholder:
- Spouse/partner:
- Other support (please specify):

# Background & Current Literature

- The ketogenic or “keto” diet is a low-carbohydrate, high fat and moderate protein diet plan <sup>[1]</sup>
- Ketogenic Diet has ↑ popularity <sup>[2]</sup>
  - Reduces appetite, boosts fat oxidation, and facilitates weight loss.



[1] Harvard School of Public Health. 2024. Diet Review: Ketogenic Diet For Weight Loss2024.

[2] Kirkpatrick CF, Bolick JP, Kris-Etherton PM, Sikand G, Aspary KE, Soffer DE, Willard KE, Maki KC. Review of current evidence and clinical recommendations on the effects of low-carbohydrate and very-low-carbohydrate (including ketogenic) diets for the management of body weight and other cardiometabolic risk factors: a scientific statement from the National Lipid Association Nutrition and Lifestyle Task Force. *Journal of clinical lipidology*. 2019;13(5):689-711.

# Current Literature



## A Randomized Trial Comparing a Very Low Carbohydrate Diet and a Calorie-Restricted Low Fat Diet on Body Weight and Cardiovascular Risk Factors in Healthy Women <sup>FREE</sup> [3]

Bonnie J. Brehm ✉, Randy J. Seeley, Stephen R. Daniels, David A. D'Alessio

Because low carbohydrate diets derive large proportions of calories from protein and fat, there has been considerable concern for their potentially detrimental impact on cardiovascular risk (17). Increased consumption of fat, particularly saturated fat, has been linked to increased plasma concentrations of lipids (18), insulin resistance, glucose intolerance (19, 20), and obesity (21, 22). Therefore, it is possible that many Americans could actually suffer adverse health effects by using very low carbohydrate diets in an attempt to lose weight. To evaluate the effects of a very low

## Effects of carbohydrate-restricted diets on low-density lipoprotein cholesterol levels in overweight and obese adults: a systematic review and meta-analysis <sup>FREE</sup> [4]

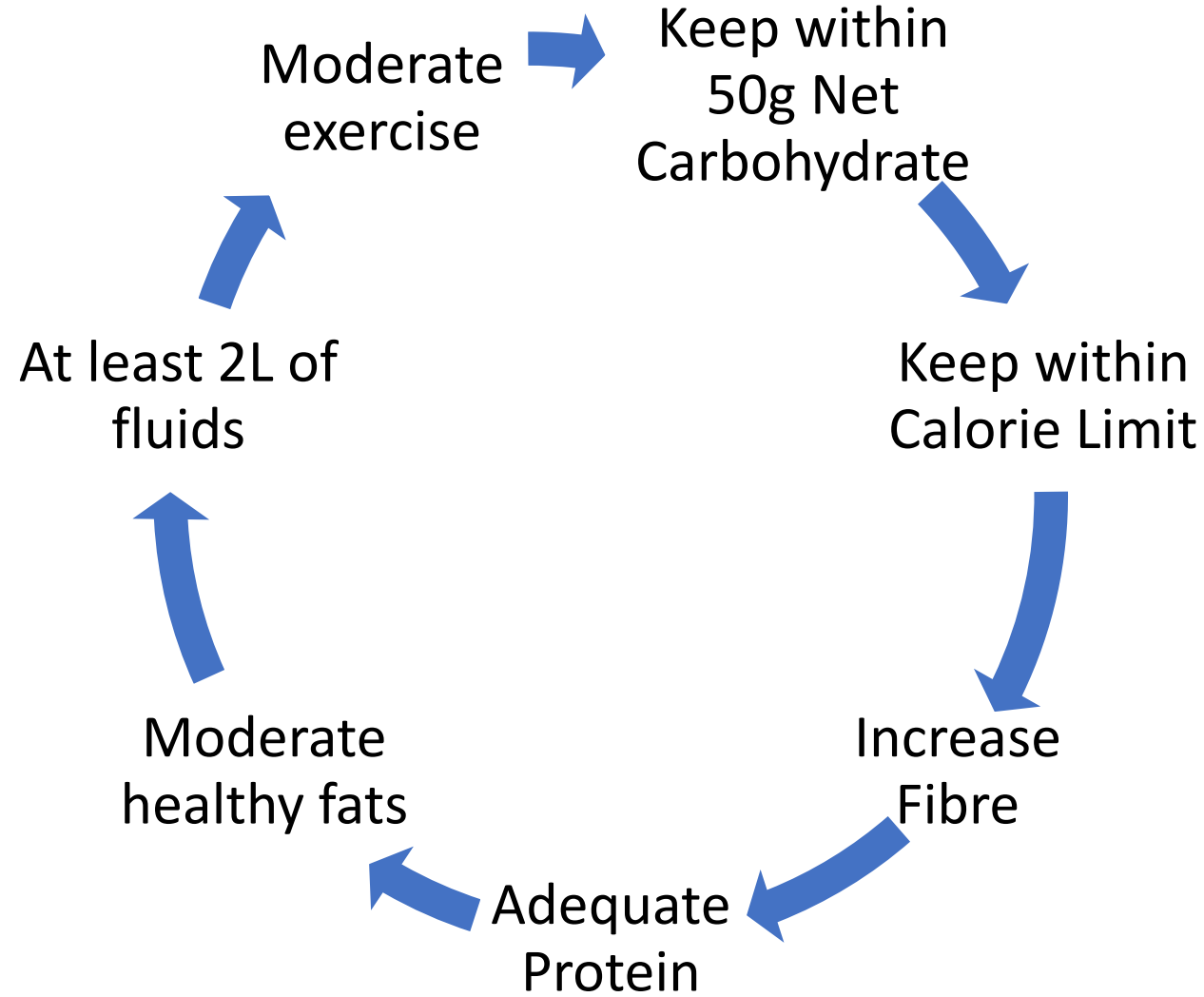
Teuta Gjuladin-Hellon, Ian G Davies ✉, Peter Penson, Raziye Amiri Baghbadorani

The main concern regarding CRDs, which are potentially high in total fatty acids and SFAs, is their theoretically adverse effect on low-density lipoprotein cholesterol (LDL-C) levels and, presumably, CVD risk. Saturated fat per se is not associated with

[3] Brehm BJ, Seeley RJ, Daniels SR, D'Alessio DA. A randomized trial comparing a very low carbohydrate diet and a calorie-restricted low fat diet on body weight and cardiovascular risk factors in healthy women. *The Journal of Clinical Endocrinology & Metabolism*. 2003;88(4):1617-23.

[4] Gjuladin-Hellon T, Davies IG, Penson P, Amiri Baghbadorani R. Effects of carbohydrate-restricted diets on low-density lipoprotein cholesterol levels in overweight and obese adults: a systematic review and meta-analysis. *Nutrition reviews*. 2019;77(3):161-80.

# Healthy Ketogenic Diet <sup>[5]</sup>

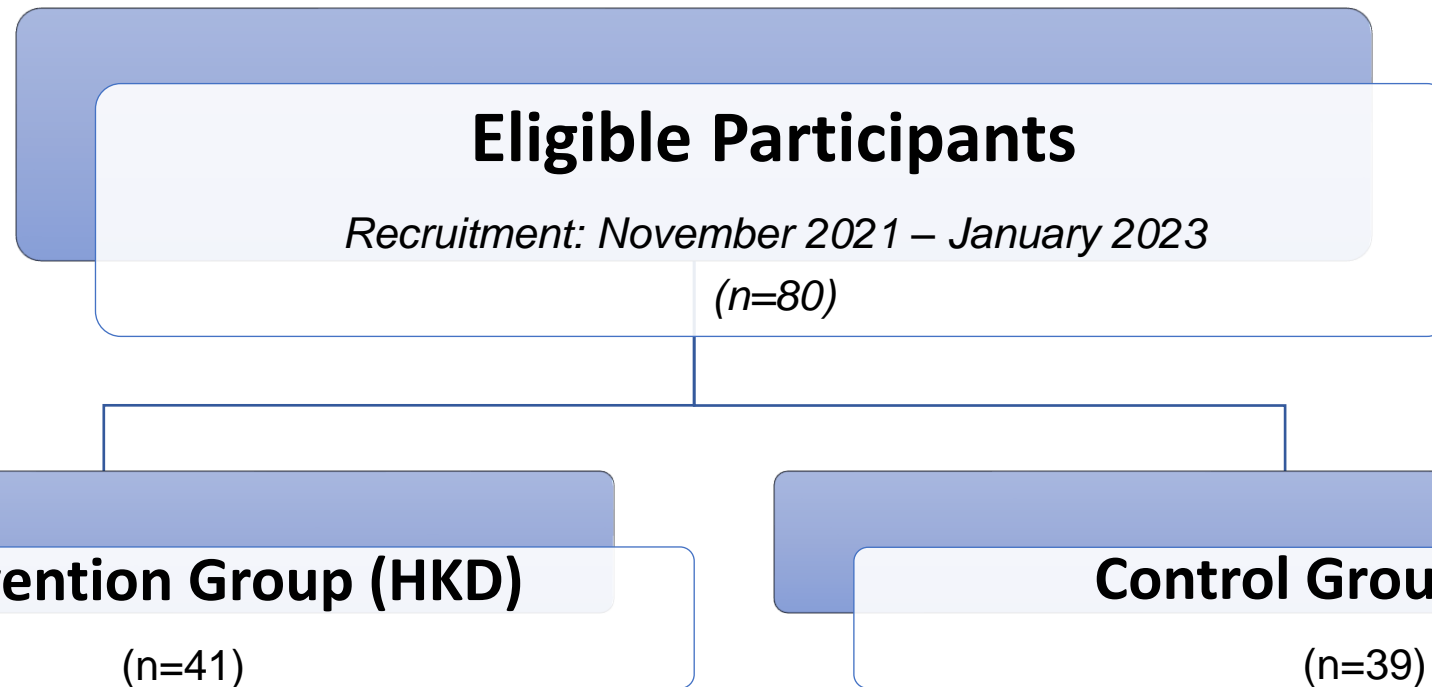


[5] Developed by Dr Lim Su Lin, Chief Dietitian, National University Hospital

# Aim

To investigate the effect of a healthy ketogenic diet (HKD) versus a calorie restricted diet (CRD) on weight loss and metabolic outcomes among adults with obesity.

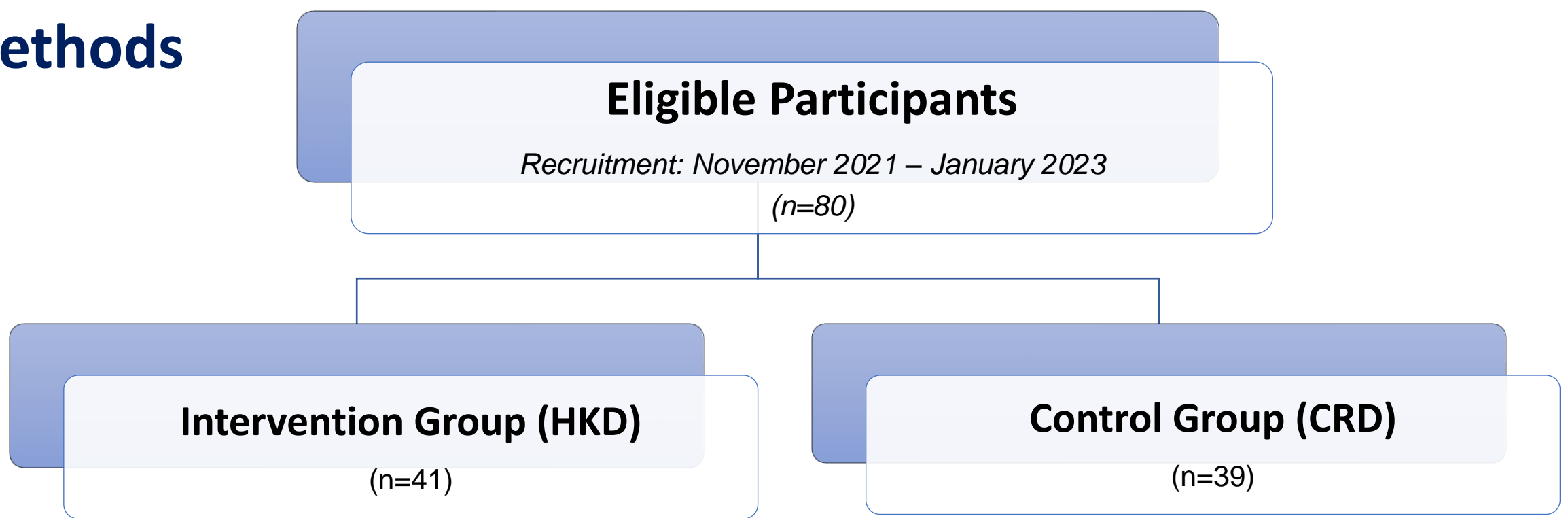
# Methods



- Inclusion Criteria:**
- Body mass index (BMI) between 27.5 to 40 kg/m<sup>2</sup>
  - Aged 21 to 65 years

- Keep within individualised calorie limit per day
  - **Keep within 50g net carbohydrates**
  - Increase fiber intake
  - Adequate protein
  - Moderate healthy fats
  - At least 2L of fluids
  - Moderate intensity exercises
- Keep within individualised calorie limit per day
  - Increase fiber intake
  - Adequate protein
  - Moderate healthy fats
  - At least 2L of fluids
  - Moderate intensity exercises

# Methods



- 7 physical workshop covering similar topics.
  - Content tailored to each group's specific diet specifications.
- Nutritionist Buddy (nBuddy) app





# Methods – nBuddy App Features

Daily Meal Report

**TOTAL INTAKE**

Calories <b>899</b> kcal	Net Carbohydrate <b>44</b> g	Sugar <b>16</b> g
--------------------------------	------------------------------------	-------------------------

Daily Nutrient Intake

Recommended  
 Not Recommended

Breakfast	Calories	Net Carbs	Sugar	
Sunshine Low Sugar Smart-Carb Wholegrain Bread	151 kcal	11 g 2 slices	2 g	
Iced Black Coffee without sugar, Kopi O Kosong	3 kcal	1 g 1 cup	1 g	
Chesdale Cheese Slices	64 kcal	0 g 1 slice	0 g	
Morning Snack	0 kcal	0 g	0 g	

Lunch

Search kopi o MY FOOD

Search Results = Recommended = Not Recommended

Foods	Calories	Net Carbs	Sugar	
Iced Coffee	182 Kcal	27 g 1 cup	23 g	
Iced Black Coffee without sugar, Kopi O Kosong	3 Kcal	1 g 1 cup	1 g	
Coffee mocha	185 Kcal	24 g 1 cup	15 g	
Cappucino	76 Kcal	8 g 1 cup	10 g	
Coffee C without sugar, Kopi C Kosong	46 Kcal	4 g 1 cup	3 g	
Coffee C Less Sugar, Kopi C Siu Dai	68 Kcal	10 g 1 cup	9 g	
Coffee C, Kopi C	114 Kcal	21 g 1 cup	20 g	
Coffee with condensed milk, Kopi	113 Kcal	15 g 1 cup	15 g	
Coffee with condensed milk, less sweet, Kopi	105 Kcal	13 g 1 cup	13 g	

STEPS TAKEN 5635 / 12000

160 kcal

**Coach**  
Hi Dtnlw, I notice that you skip meals on some days! As much as possible, aim to have 3 main meals at regular timings. If the gastric still persist, you can add a low calorie snack (no more than 100kcal) mid afternoon. Hope this helps!  
08 Sep 2021 10:48 am

**You**  
Thanks Coach! I'll give it a try (:  
08 Sep 2021 1:40 pm

Weigh in

Today | 08 Sep 2021

**70.5**  
Kilograms

RANDOM BLOOD GLUCOSE

13 Jun 2024

Please enter your Random Blood Sugar Level

Select Unit **mmol/L** mg/dl

0 mmol/L

After Lunch

FASTING BLOOD GLUCOSE

13 Jun 2024

Please enter your Fasting Blood Sugar Level

Select Unit **mmol/L** mg/dl

VIDEOS

2.1: Health risks of being overweight  
00:02:17

3.1: Counting calories made easy: Part 1  
00:02:06

# Methods

## Primary Outcome:

- $\Delta$  in body weight at 6 months

## Secondary Outcome:

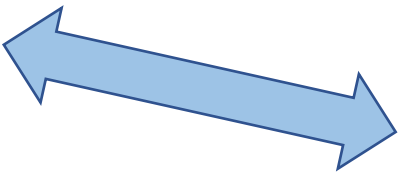
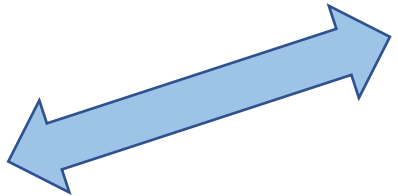
- $\Delta$  in body weight at 3 and 12 months
- $\Delta$  in metabolic profiles at 3, 6 and 12 months
- Dietary intake, physical activity and prescribe medications were tracked as part of secondary outcomes evaluation.



# Methods - Statistical Analysis

HKD Group

CRD Group



Change in body weight



Changes in metabolic profiles



Changes in nutritional outcomes



- Baseline to 3 months
- Baseline to 6 months
- Baseline to 12 months



**Linear Regression with intention-to-treat approach, Adjusted for age, gender and baseline value of outcome\* (\*except for change in weight %)**

# Results – Demographics of study participants at baseline

Table 1: Baseline characteristics of study participants.

Variable	HKD (n = 41)	CRD (n = 39)	P value <sup>a</sup>	Variable	HKD (n = 41)	CRD (n = 39)	P value <sup>a</sup>
<b>Gender, n (%)</b>				<b>Alanine Transaminase, U/L</b>	34.5±33.1	28.8±23.2	0.377
Male	36 (87.8%)	33 (84.6%)	0.679	<b>Aspartate Transaminase, U/L</b>	27.4±16.1	24.6±9.5	0.357
Female	5 (12.2%)	6 (15.4%)		<b>Co-morbidity, n (%)</b>			
<b>Ethnicity, n (%)</b>				<b>Hypertension</b>			
Chinese	26 (63.4%)	18 (46.2%)	0.255	No	23 (56.1%)	19 (48.7%)	0.509
Malay	10 (24.4%)	9 (23.1%)		Yes	18 (43.9%)	20 (51.3%)	
Indian	3 (7.3%)	7 (17.9%)		<b>Hyperlipidemia</b>			
Others	2 (4.9%)	5 (12.8%)		No	4 (9.8%)	7 (17.9%)	0.288
<b>Age (years)</b>				Yes	37 (90.2%)	32 (82.1%)	
Mean	38.4±8.8	39.4±7.6	0.600	<b>Diabetes</b>			
Range	22-63	28-62		No	33 (80.5%)	34 (87.2%)	0.417
<b>Weight, kg</b>	84.2±14.3	83.3±12.2	0.764	Yes	8 (19.5%)	5 (12.8%)	
<b>Body Mass Index, kg/m<sup>2</sup></b>	32.4±3.9	31.9±3.4	0.546	<b>Transaminitis</b>			
<b>HbA1c, %</b>	5.7±0.6	5.5±0.3	0.078	No	30 (73.2%)	34 (87.2%)	0.117
<b>Fasting blood glucose, mmol/L</b>	5.7±1.0	5.4±0.5	0.067	Yes	11 (26.8%)	5 (12.8%)	
<b>Systolic blood pressure, mmHg</b>	121.7±12.7	122.5±18.5	0.823	<b>Nutrient intake</b>			
<b>Diastolic blood pressure, mmHg</b>	78.0±9.8	78.6±10.5	0.796	Calorie, kcal	1857.7 ±400.8	1785.6 ±460.2	0.459
<b>Total cholesterol, mmol/L</b>	5.3±0.9	5.0±1.0	0.158	Protein, g	83.9 ±25.2	75.6 ±16.7	0.086
<b>LDL cholesterol, mmol/L</b>	3.3±0.8	3.2±0.8	0.328	Total fat, g	81.0 ±23.0	75.2 ±22.6	0.259
<b>HDL cholesterol, mmol/L</b>	1.4±0.2	1.3±0.3	0.647	Saturated fat, g	29.7 ±10.3	29.1 ±8.9	0.766
<b>Triglyceride, mmol/L</b>	1.3±0.9	1.1±0.5	0.197	Carbohydrate, g	202.4 ±56.3	202.0 ±58.6	0.979
Data expressed as mean ± SD for continuous variables; absolute numbers (percentage) for categorical variables. LDL, Low-density Lipoprotein; HDL, High-density Lipoprotein.				Net Carbohydrate, g	185.1 ±55.0	186.0 ±56.9	0.940
Data expressed as mean ± SD for continuous variables; absolute numbers (percentage) for categorical variables. LDL, Low-density Lipoprotein; HDL, High-density Lipoprotein.				Sugar, g	53.1 ±29.1	48.9 ±22.3	0.468
Data expressed as mean ± SD for continuous variables; absolute numbers (percentage) for categorical variables. LDL, Low-density Lipoprotein; HDL, High-density Lipoprotein.				Fiber, g	16.9 ±5.9	16.3 ±6.0	0.647
Data expressed as mean ± SD for continuous variables; absolute numbers (percentage) for categorical variables. LDL, Low-density Lipoprotein; HDL, High-density Lipoprotein.				Sodium, mg	3402.3 ±1027.4	3189.9 ±1015.1	0.355
Data expressed as mean ± SD for continuous variables; absolute numbers (percentage) for categorical variables. LDL, Low-density Lipoprotein; HDL, High-density Lipoprotein.							

<sup>a</sup>Chi-square, Fisher exact, independent samples t-test as appropriate.

# Results – Weight & Metabolic Changes among HKD vs CRD group

Table 2: Primary and secondary outcomes at 3-month, 6-month and 1-year after enrolment using intention-to-treat analysis.

Outcomes	n	Mean Change from Baseline		Between-group differences <sup>a</sup>		
		HKD (n = 41)	CRD (n = 39)	Mean difference (95% CI)	P value	Cohen d
<b>Δ Weight, kg</b>						
3-month	72	-5.78 ±3.86*	-2.82 ±3.30*	-3.00 (-4.59- -1.40)	<b>&lt;0.001</b>	0.44
6-month	59	-7.84 ±5.21*	-4.17 ±5.59*	-3.64 (-6.39- -0.89)	<b>0.010</b>	0.35
12-month	51	-6.85 ±6.37*	-4.64 ±5.77*	-1.52 (-4.77- 1.74)	0.353	0.13
<b>Δ Weight, %</b>						
3-month	72	-6.80 ±4.24	-3.26 ±3.62	-3.74 (-5.55- -1.93) <sup>b</sup>	<b>&lt;0.001<sup>b</sup></b>	0.49 <sup>b</sup>
6-month	59	-9.29 ±5.91	-4.86 ±5.82	-4.56 (-7.59- -1.53) <sup>b</sup>	<b>0.004<sup>b</sup></b>	0.39 <sup>b</sup>
12-month	51	-7.93 ±7.65	-5.36 ±6.23	-2.67 (-6.58- 1.25) <sup>b</sup>	0.177 <sup>b</sup>	0.19 <sup>b</sup>
<b>Δ BMI, kg/m<sup>2</sup></b>						
3-month	72	-2.21 ±1.41*	-1.03 ±1.17*	-1.23 (-1.83- -0.63)	<b>&lt;0.001</b>	0.48
6-month	59	-3.03 ±2.03*	-1.52 ±1.88	-1.55 (-2.57- -0.53)	<b>0.003</b>	0.40
12-month	51	-2.61 ±2.48*	-1.66 ±1.97*	-0.97 (-2.24- 0.29)	0.128	0.22
<b>Δ ALT, U/L</b>						
3-month	71	-14.38 ±27.83*	-4.91 ±15.90	-3.55 (-7.96- 0.87)	0.113	0.19
6-month	59	-18.97 ±32.54*	-5.67 ±23.38	-3.97 (-7.97- 0.03)	0.051	0.26
12-month	51	-19.15 ±38.15*	-0.88 ±23.79	-11.08 (-21.92- -0.24)	<b>0.045</b>	0.29
<b>Δ AST, U/L</b>						
3-month	71	-6.68 ±14.48*	-1.41 ±8.74	-2.26 (-5.14- 0.63)	0.124	0.19
6-month	59	-7.62 ±15.52*	0.60 ±11.52	-4.05 (-7.09- -1.01)	<b>0.010</b>	0.35
12-month	51	-8.33 ±18.24*	1.79 ±11.72	-5.51 (-10.38- -0.63)	<b>0.028</b>	0.32
<b>Δ HbA1c, %</b>						
3-month	71	-0.27 ±0.29*	-0.11 ±0.19*	-0.09 (-0.18- 0.00)	0.060	0.24
6-month	59	-0.27 ±0.26*	-0.07 ±0.19	-0.15 (-0.25- -0.04)	<b>0.008</b>	0.37
12-month	51	-0.27 ±0.28*	-0.12 ±0.21*	-0.09 (-0.21- 0.03)	0.145	0.21
<b>Δ Fasting Blood Glucose, mmol/L</b>						
3-month	71	-0.36 ±0.49*	-0.22 ±0.58*	0.00 (-0.22- 0.23)	0.972	0.00
6-month	59	-0.42 ±0.48*	-0.24 ±0.52*	-0.10 (-0.35- 0.15)	0.415	0.10
12-month	51	-0.32 ±0.50*	-0.21 ±0.46*	-0.01 (-0.28- 0.26)	0.924	0.01
<b>Δ Systolic blood pressure, mmHg</b>						
3-month	71	-7.08 ±7.42*	-4.12 ±14.46	-3.47 (-7.87- 0.94)	0.121	0.19
6-month	59	-7.69 ±8.86*	-2.57 ±12.23	-6.38 (-10.73- -2.03)	<b>0.005</b>	0.38
12-month	51	-4.19 ±10.69	-5.67 ±9.48*	0.36 (-4.73- 5.45)	0.887	0.02
<b>Δ Diastolic blood pressure, mmHg</b>						
3-month	71	-3.11 ±7.03*	-4.97 ±9.85*	1.49 (-2.21- 5.18)	0.424	0.10
6-month	59	-3.72 ±6.46*	-2.37 ±7.72	-1.58 (-5.01- 1.85)	0.359	0.12
12-month	51	-2.07 ±8.84	-2.58 ±9.17	0.25 (-4.59- 5.09)	0.917	0.01
<b>Δ Total cholesterol, mmol/L</b>						
3-month	71	-0.42 ±0.75*	-0.16 ±0.55	-0.13 (-0.39- 0.13)	0.331	0.12
6-month	59	-0.29 ±0.75*	-0.08 ±0.67	-0.10 (-0.43- 0.23)	0.551	0.08
12-month	51	0.18 ±0.52*	0.26 ±1.00	-0.12 (-0.55- 0.32)	0.594	0.08
<b>Δ HDL-cholesterol, mmol/L</b>						
3-month	71	-0.04 ±0.24	-0.01 ±0.17	-0.01 (-0.11- 0.08)	0.760	0.03
6-month	59	0.05 ±0.19	0.01 ±0.20	0.04 (-0.06- 0.14)	0.406	0.11
12-month	51	0.09 ±0.19*	0.01 ±0.21	0.08 (-0.03- 0.18)	0.161	0.21
<b>Δ Triglycerides, mmol/L</b>						
3-month	71	-0.44 ±0.68*	-0.06 ±0.39	-0.20 (-0.34- -0.06)	<b>0.006</b>	0.33
6-month	59	-0.49 ±0.80*	-0.13 ±0.57	-0.17 (-0.42- 0.08)	0.181	0.18
12-month	51	-0.57 ±0.88*	-0.04 ±0.66	-0.40 (-0.78- -0.03)	<b>0.036</b>	0.30
<b>Δ LDL-cholesterol, mmol/L</b>						
3-month	71	-0.19 ±0.69	-0.11 ±0.39	-0.01 (-0.24- 0.22)	0.924	0.01
6-month	59	-0.12 ±0.60	-0.04 ±0.56	0.00 (-0.27- 0.26)	0.970	0.00
12-month	51	-0.27 ±0.58*	0.07 ±0.76	-0.33 (-0.69- 0.03)	0.073	0.26

Data expressed as mean ± SD. BMI, Body Mass Index; ALT, Alanine Transaminase; AST, Aspartate Transaminase; HbA1c, Glycated Hemoglobin; HDL, High-density Lipoprotein; LDL, Low-density Lipoprotein.

<sup>a</sup>adjusted for gender, age and baseline value of the outcome

<sup>b</sup>adjusted for gender and age

\* Significant within group changes p values after Benjamini-Hochberg correction with false discovery rate at 0.20 and n=126

Significant p values after Benjamini-Hochberg correction with false discovery rate at 0.20 and n=66 in bold

# Results – Participants with $\geq 5\%$ and $\geq 10\%$ weight loss

Table 3: Odds ratio of HKD group achieving weight loss at 3-month, 6-month and 1-year in comparison to CRD group.

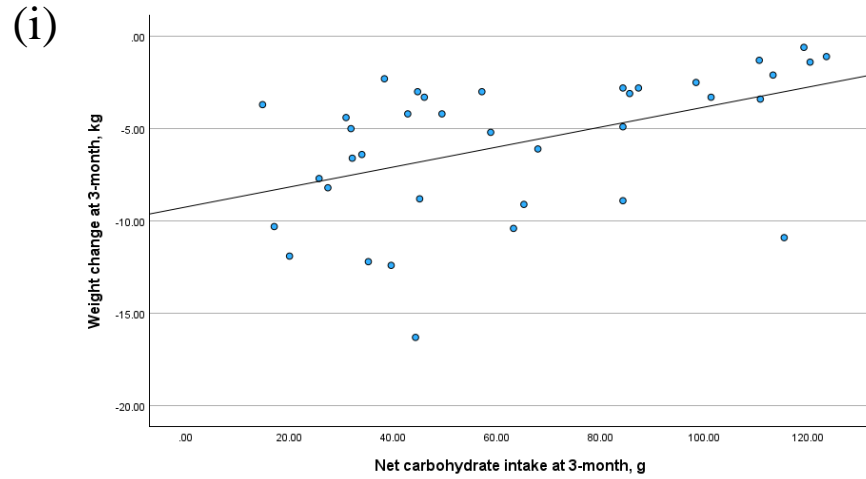
	Weight loss <5%	Weight loss $\geq 5\%$	OR (95% CI) <sup>a</sup>	p-value
<b>3-month</b>				
HKD	15 (40.5%)	22 (59.5%)	3.5 (1.3- 9.4)	<b>0.014</b>
CRD	24 (68.6%)	11 (31.4%)	1.0	
<b>6-month</b>				
HKD	8 (27.6%)	21 (72.4%)	5.6 (1.8- 17.6)	<b>0.003</b>
CRD	20 (66.7%)	10 (33.3%)	1.0	
<b>12-month</b>				
HKD	11 (40.7%)	16 (59.3%)	1.5 (0.5- 4.7)	0.474
CRD	12 (50.0%)	12 (50.0%)	1.0	
	Weight loss <10%	Weight loss $\geq 10\%$	OR (95% CI) <sup>a</sup>	p-value
<b>3-month</b>				
HKD	28 (75.7%)	9 (24.3%)	14.5 (1.6- 131.9)	<b>0.017</b>
CRD	34 (97.1%)	1 (2.9%)	1.0	
<b>6-month</b>				
HKD	16 (55.2%)	13 (44.8%)	4.9 (1.3- 17.8)	<b>0.017</b>
CRD	25 (83.3%)	5 (16.7%)	1.0	
<b>12-month</b>				
HKD	16 (59.3%)	11 (40.7%)	3.2 (0.8- 12.3)	0.099
CRD	19 (79.2%)	5 (20.8%)	1.0	

<sup>a</sup>adjusted for gender and age

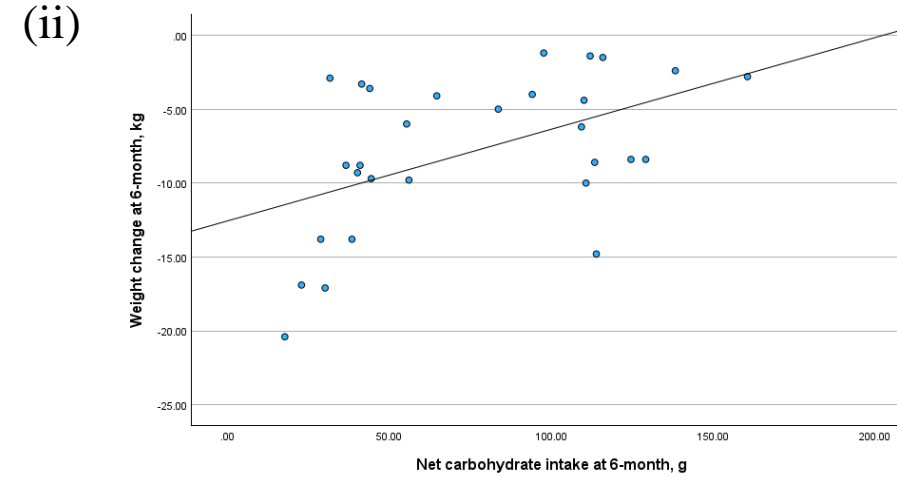
Significant p values after Benjamini-Hochberg correction with false discovery rate at 0.20 and n=6 in bold

# Results – Correlation of net carbohydrate intake and weight loss

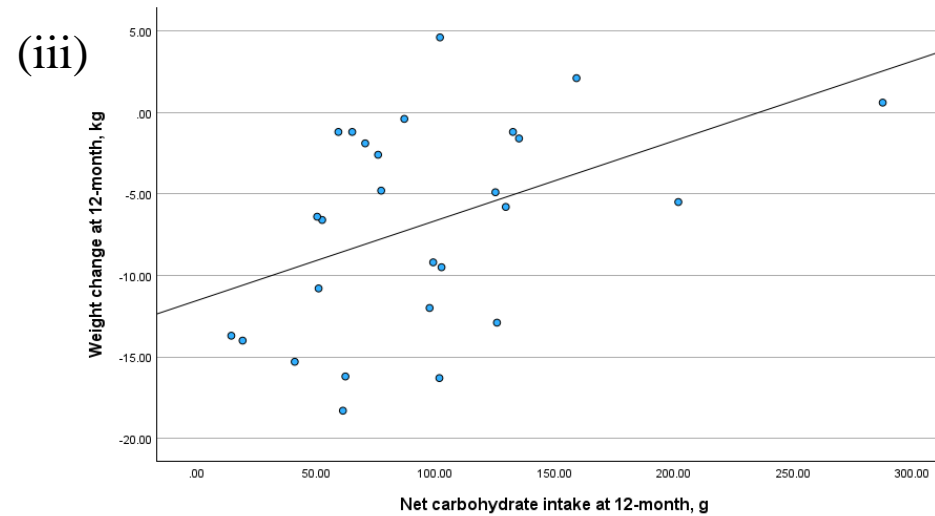
Figure 1: Correlation between net carbohydrate intake and weight loss in the HKD group at (i) 3-month, (ii) 6-month and (iii) 1-year.



Pearson correlation: 0.476,  $p=0.003$

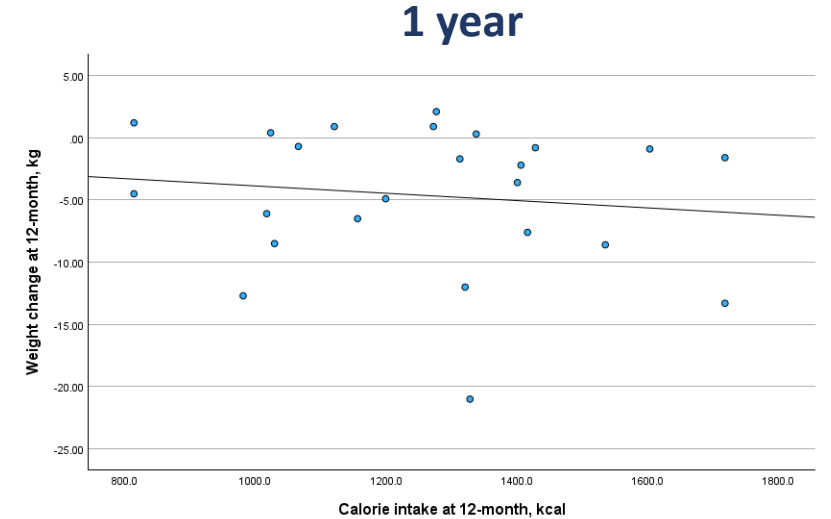
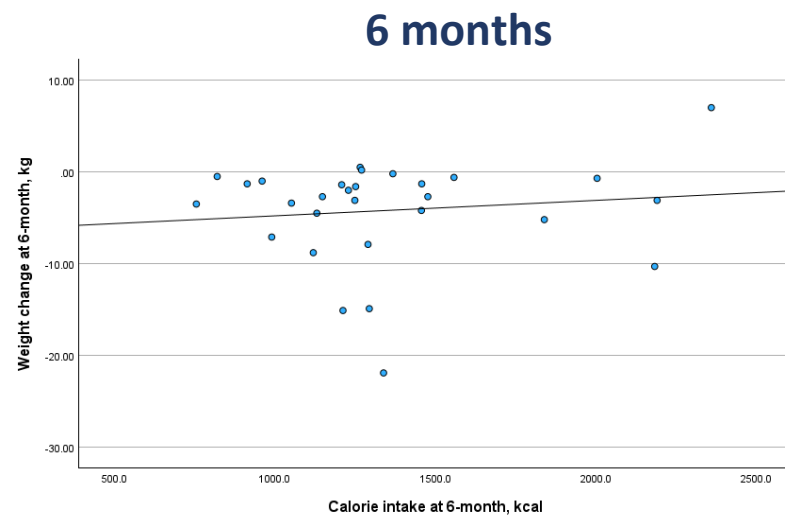
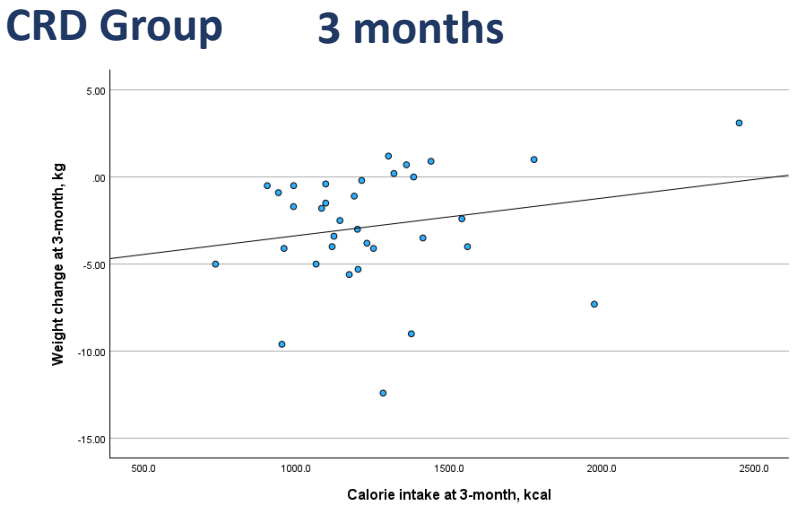


Pearson correlation: 0.495,  $p=0.006$



Pearson correlation: 0.441,  $p=0.021$

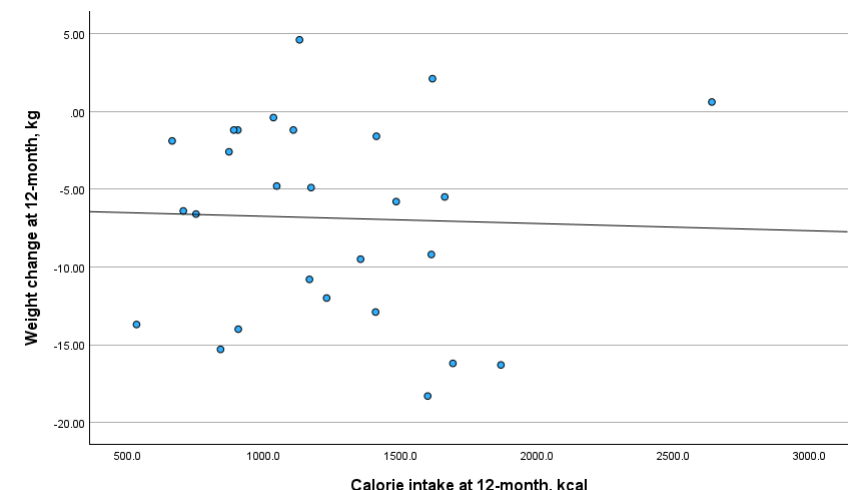
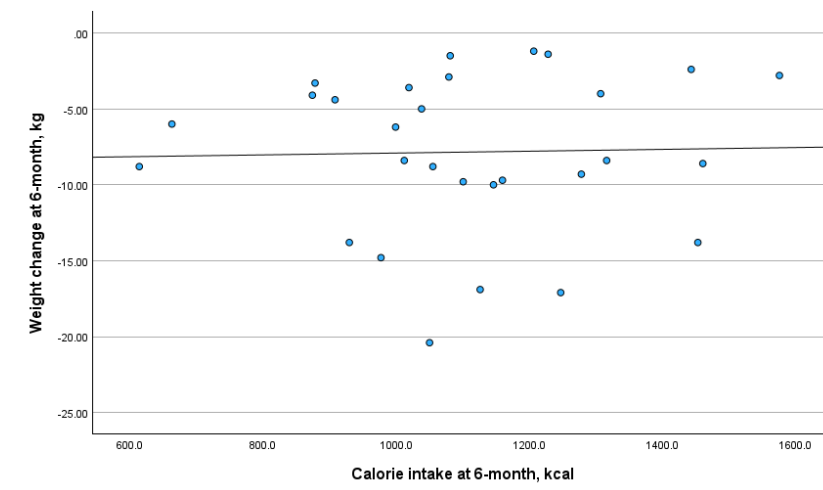
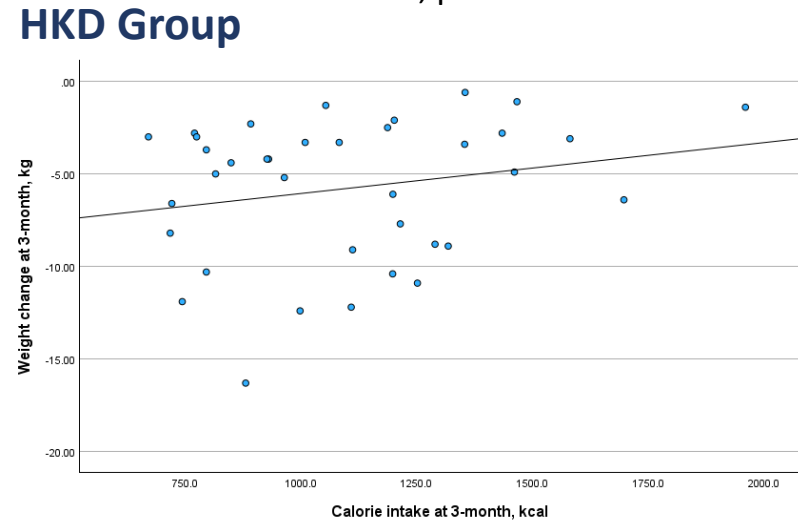
Figure 2: Correlation between calorie intake and weight loss in the CRD and HKD group at 3-month, 6-month and 1-year.



Pearson correlation: 0.209, p=0.235

Pearson correlation: 0.120, p=0.535

Pearson correlation: -0.127, p=0.553



Pearson correlation: 0.216, p=0.199

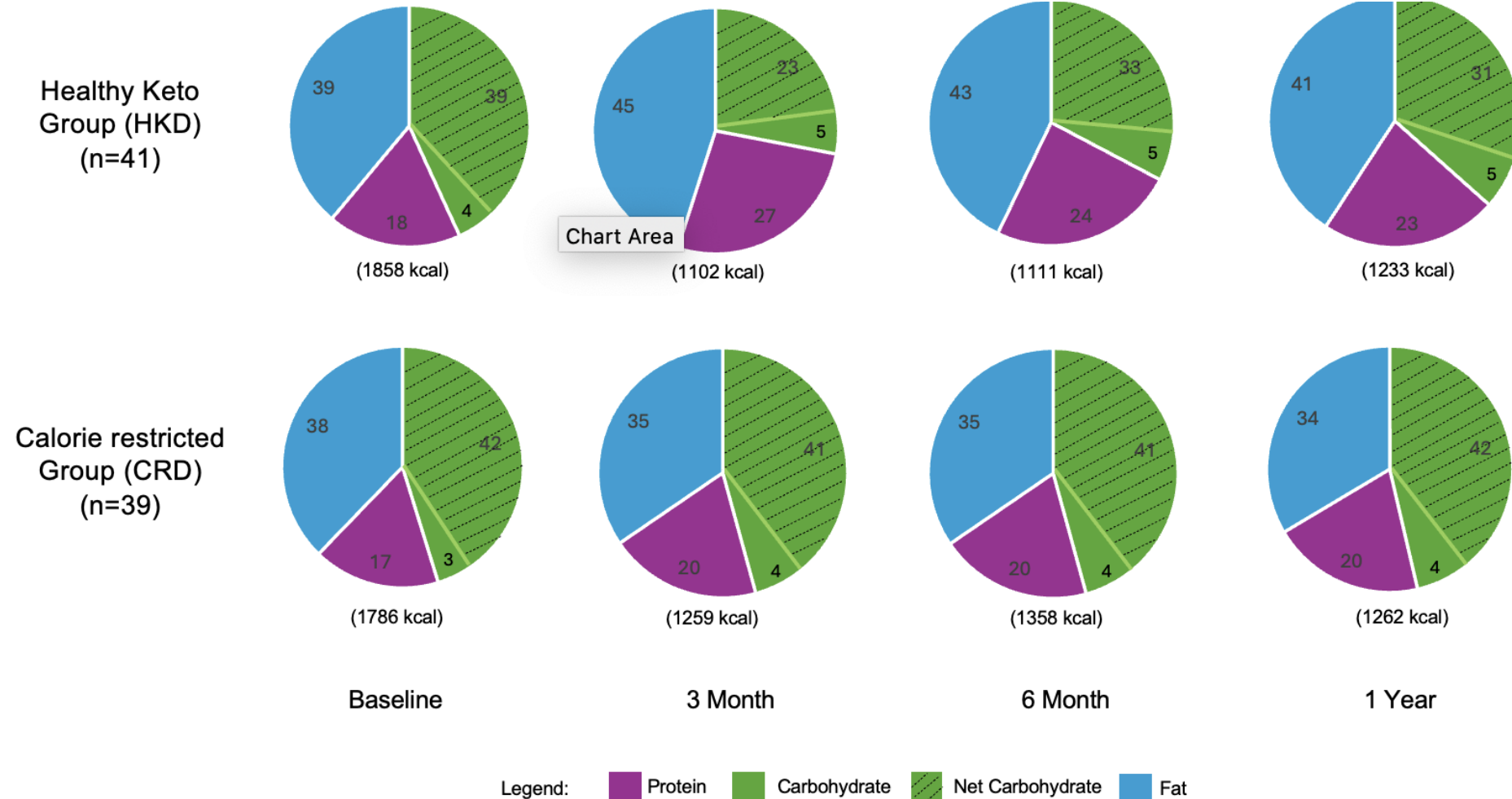
Pearson correlation: 0.026, p=0.893

Pearson correlation: -0.033, p=0.869



# Results – Average macronutrients consumption among HKD and CRD group

Figure 3: Macronutrient intake distributions in the CRD and HKD group at baseline, 3-month, 6-month and 1-year.



# Results – Self Reported Symptoms by HKD and CRD group

Table 4: Self-reported symptoms experienced by participants at 3 months, 6 months and 1 year post-intervention.

Symptoms Experienced Days/Week (Number of responders)	HKD			CRD		
	3-month	6-month	1-year	3-month	6-month	1-year
Hunger Pangs	2.5 (22)	2.1 (21)	2.7 (8)	2.6 (21)	2.2 (18)	2.4 (8)
Nausea	1.5 (4)	2 (1)	0.5 (1)	1 (1)	0 (0)	1.5 (1)
Headache	1.4 (8)	2 (3)	1.8 (5)	1.7 (3)	1.4 (5)	2.5 (3)
Constipation	2.2 (15)	2 (9)	2.2 (6)	2 (11)	2.4 (6)	1.75 (6)
Bad Breath	2.2 (6)	2 (2)	1.75 (2)	1 (2)	3 (1)	0 (0)
Decreased concentration	2 (1)	1.5 (2)	3.25 (2)	2.5 (4)	1.5 (2)	0 (0)

# Conclusion

HKD is helpful with achieving a clinically meaning weight reduction and improving cardiometabolic outcomes compared to CRD



# Acknowledgments

Dr Lim Su Lin

Ms Ong Kai Wen

Ms Ang Siew Min

Ms Wai Shu Ning

Ms Neo Wen Joo

Ms Yap Qai Ven

Dr Chan Yiong Huak

Dr Khoo Chin Meng