Real-world evidence for the use of K.Vita in the UK

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Introduction

K.Vita is a unique patented strawberry-flavoured medical food containing 80:20 C10:C8 triglycerides, prescribable in the UK for the dietary management of drug-resistant epilepsy (DRE) from 3 years of age.

Following pre-clinical work and a feasibility trial, (1,2,3,4), real-world evidence is being gathered to further inform the clinical application and development of K.Vita.

Dietary guidance

Use K.Vita alongside a normal, unrestricted diet or standard enteral feed, minimising high-sugar foods and beverages to optimise nutritional intake and balance the additional energy from K.Vita. A daily amount of up to 2 packs (240ml) of K.Vita, divided into three or four equal servings, is introduced incrementally over at least four weeks according to gastrointestinal tolerance and observed efficacy.

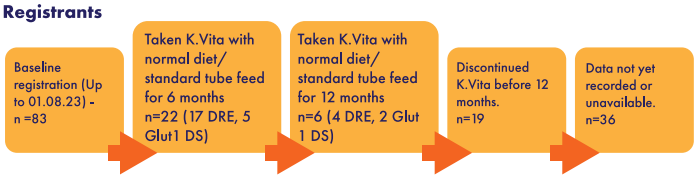
Method

The project is registered as a service evaluation at each participating centre in the UK. Dietitians enter anonymised patient data via Microsoft Forms at baseline, three, six and twelve months, after starting K.Vita, from clinical reviews and reports from patients and/or caregivers.

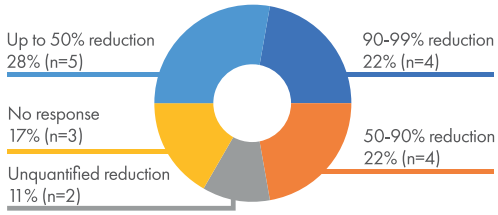
Results

As it can take up to and over three months to achieve a stable daily intake of K.Vita, data are reported for individuals taking K.Vita alongside a normal diet or standard tube feed at registration (n = 83) for six (n=22) and twelve months (n=6) only. Those recorded as taking K.Vita as part of a ketogenic diet are excluded (n = 32)

Registrants

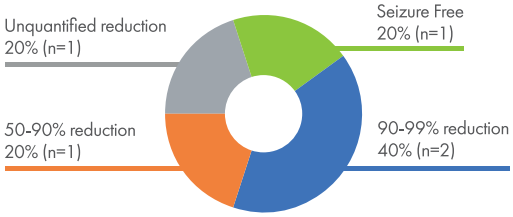


Seizure Reduction at 6 months (n=18)

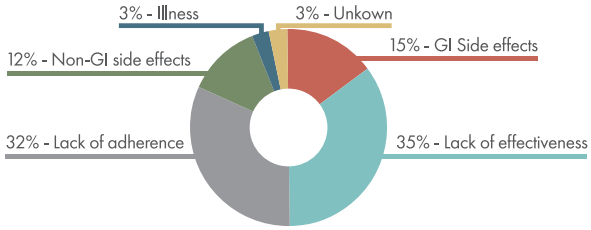


Reduction in movement disorder in Glut1 DS at 6 months (n=5)

Seizure reduction at 12 months (n=5)

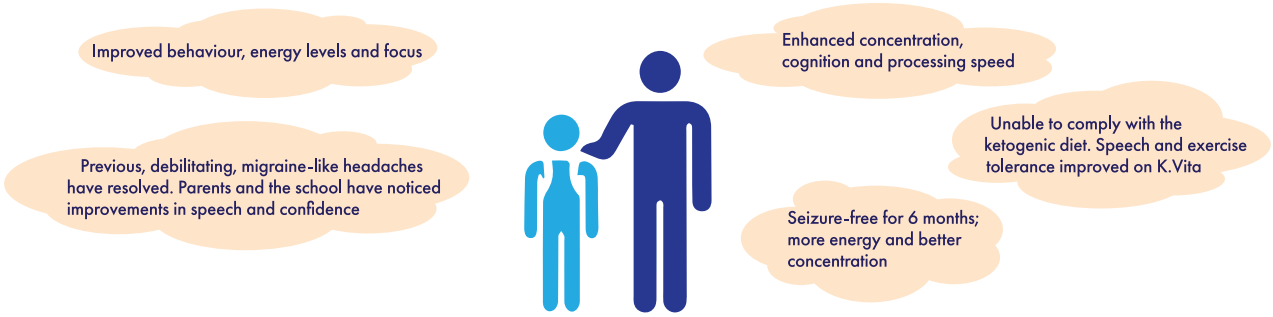


Reasons for discontinuation of K.Vita



Of those with Glut1DS, reduction in movement disorder was up to 50% in 1/2 (50%) whilst 1/2 had a reduction of 50-90%.

Other outcomes reported by patients and/or caregivers after K.Vita was taken with a normal diet for 12 months



Conclusion

K.Vita can be an effective, simple, and well tolerated approach to the dietary management of DRE and Glut1DS. K.Vita presents an alternative option to the ketogenic diet where this proves unsuitable or appropriate support is unavailable.

References
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