Ketogenic Diets: What You Need to Know

PhysiciansCommittee

What Is a Ketogenic Diet?

A ketogenic ("keto") diet is very low in carbohydrate, very high in fat, and modest in protein. This forces the body to use fat instead of carbohydrate for most of its energy needs.¹ In general, keto diets get less than 10% of calories from carbohydrate.

The cells of the body prefer to run on glucose (blood sugar). When carbohydrate intake is slashed, at first the body will even turn protein into glucose!

Over time, some cells will begin to burn fat directly. However, brain and nerve cells cannot burn fat directly. They require glucose or a substitute. When carbohydrate-rich foods are scarce, the liver turns fat into substances called ketones. Ketones are the substitute that can fuel brain and nerve cells when carb intake drops (on a keto diet) or calorie intake drops (during fasting or starvation).

Making ketones is the body's emergency backup system—a last resort.

What's Missing on a Keto Diet?

Keto diets severely limit or eliminate most fruits, starchy vegetables, whole grains, and legumes (beans, lentils, and split peas)—foods that are packed with nutrition.

As a result, low-carbohydrate diets are often low in thiamine, folate, vitamin A, vitamin E, vitamin B6, calcium, magnesium, iron, and potassium.² Without vitamin supplements, those on "low-carb" diets are at risk of multiple deficiencies.³

Ketogenic diets are often low in fiber. Yet the good bacteria in our gut need fiber to thrive.⁴ Healthy gut bacteria help us absorb nutrients, suppress appetite, improve immune function, and decrease inflammation.^{5,6} Low intake of fiber can also lead to a breakdown of the protective lining of the gastrointestinal tract, leading to "leaky gut." ⁷

Low-carb diets are also typically high in saturated fat and cholesterol, known to cause further health problems.^{3,8,9}

What's the Evidence for Ketogenic Diets?

Researchers have tried using ketogenic diets to treat a variety of conditions. However, they work better on some conditions than others, and come with risks.

• Epilepsy

Ketogenic diets can decrease seizures, especially in people who don't respond well to medication. In adults with intractable epilepsy, 52% of those following a very strict, medical ketogenic diet and 34% following a modified Atkins diet had more than a 50% reduction in seizure frequency.¹⁰ Medically supervised ketogenic diets have helped reduce and even eliminate seizures in children as well.¹¹

Weight Management

Following a keto diet can lead to weight loss in the short term.¹²⁻¹⁷ In fact, when starting a ketogenic diet, people often lose weight rapidly, which can feel encouraging. But most of the pounds lost in the first days and weeks on the diet are water weight.¹⁸

Early on in a keto diet, people actually lose less fat than they would on a balanced diet. $^{19}\,$

What about in the long term? A 2013 analysis found that those on a ketogenic diet lost slightly more weight than those on a lower-fat diet (30% of calories from fat) after one year. However, after two years, that advantage disappeared.¹⁴

The science is clear: Any diet that cuts calories will cause weight loss, including a ketogenic diet. However, in the long term, ketogenic diets fare no better than other diet styles, and appear to be riskier, as will be discussed.²⁰



KETOGENIC DIETS: WHAT YOU NEED TO KNOW

Diabetes

Staples in ketogenic diets include fats (butter, ghee, coconut oil), meat, chicken, fish, eggs, and cheese, all of which have been linked to higher diabetes risk. On the other hand, foods linked to lower diabetes risk, including vegetables, fruits, beans, lentils, and whole grains, are minimized.²¹⁻²⁶

The main symptom of type 2 diabetes is high blood sugar. When carbohydrate intake drops on a ketogenic diet, blood sugar improves.²⁷ As a result, patients—and even doctors—may think the diabetes is "better."

However, what happens when a person with diabetes on a ketogenic diet eats a healthy high-carbohydrate food, like beans or a sweet potato? Unless that person has lost a lot of weight, their blood sugar is likely to spike. While they've treated the symptom of diabetes—high blood sugar—they didn't fix the root cause.

Normally, when people eat carbohydrate-rich foods, those carbohydrates are broken down into glucose. Glucose is absorbed through the walls of the intestine into the blood. The body then makes insulin, which tells muscle cells to grab glucose from the blood and burn it as fuel. This feeds the muscle cells while bringing blood sugar down.

In type 2 diabetes, fat builds up inside muscle cells where it does not belong. This fat starts to block the insulin message from getting through.^{28,29} Muscle cells don't know to take in glucose as they should, because fat is clogging the machine. So blood glucose (sugar) rises.

In summary, to fix the root cause of diabetes, fat must be cleaned out of the muscle cells, as illustrated in the story Diabetes, Keto, and Santa's Toy-Making Machine.

• Cancer

Diets lower in carbohydrate have been linked to a higher risk of cancer death.³⁴ Many foods that appear to protect against cancer, like fruits and whole grains, are limited or avoided on ketogenic diets. People instead tend to eat more foods that raise cancer risk, like red and processed meats.^{35,36}

However, many cancer cells do like to use glucose as fuel. So scientists wondered if ketogenic diets might help treat cancer. Unfortunately, the research that has been done so far suggests that ketogenic diets alone do not appear to work against cancer.^{37,38}

Side Effects

Ketogenic diets cause side effects. The most restrictive keto diets are associated with fatigue, headache, nausea, constipation, low blood sugar, and acidosis, especially when starting the diet.¹ People starting keto diets report "keto flu" symptoms like nausea, low energy, and brain fog.³⁹ Athletic ability may also suffer on a keto diet.⁴⁰

More serious side effects can also occur such as dehydration; inflammation of the liver and pancreas; high triglycerides, uric acid, and cholesterol; and dangerously low levels of magnesium and sodium.^{41,42}

Diabetes, Keto, and Santa's Toy-Making Machine



Santa has a toy-making machine. It assembles parts into toys. When the machine is functioning well, it makes plenty of new toys.

This is analogous to muscle cells and other cells of the body. People eat healthy, glucose-rich foods like beans and sweet potatoes, glucose is burned as fuel, and people have good health.



After years of neglect, though, Santa's toy-making machine has gotten more and more gunked up. It's moving slowly and only churning out a few toys. Toy parts start piling up, causing chaos in the workshop.

This looks a bit like diabetes in the body. The toy parts are the glucose, the machine is the muscle cell, and the gunk in the machine is fat buildup in muscle cells. When muscle cells get clogged with fat, long-term health suffers.

So, Santa calls his go-to elf and barks, "We've got to get these parts out of here! They're messing up the whole workshop!"

The elf thinks about it and comes up with a solution. Stop ordering toy parts! The machine is still a mess, but eventually it works through the backlog. The workshop is clean again. The elf congratulates himself.



This is keto in a nutshell for diabetes. By nearly stopping the inflow of glucose, the place looks better, right? Blood sugar drops. The cell still isn't functioning properly, but the symptom—high blood sugar—is gone. So why is Santa unhappy?



KETOGENIC DIETS: WHAT YOU NEED TO KNOW

Over time, a keto diet may put people at risk for heart attacks and strokes by raising cholesterol and interfering with circulation.^{43,44} Other longer-term effects include decreased bone mineral density, vision changes, anemia, and kidney stones.^{42,45} Eating a lot of animal protein and fat can also increase the risk of getting chronic kidney disease and make people who already have it worse.⁴⁶⁻⁴⁹ Low-carb diets during pregnancy have been linked to severe birth defects in children.⁵⁰

Many studies show an increased risk of death from all causes (i.e., all-cause mortality) for diets that are low in carbohydrates.⁵¹⁻⁵⁶ These large-scale studies show that the lower the diet is in carbohydrates, the higher the death and heart disease rate. Interestingly, lower-carb diets high in plant protein and unsaturated fat appear to be better than unhealthy diets both high and low in carbohydrates.⁵⁶

Keto Q&A

Q: Is keto the same as fasting?

A: No. Fasting triggers ketosis because little or no food is eaten. This is a survival mechanism. Keto diets slash carbohydrates and increase fat to trick the body into entering ketosis while people are still eating ample food.

Q: I have diabetes, and my doctor said I should do keto. What do I do?

A: Send your doctor a copy of this fact sheet and discuss your concerns. We also have a fact sheet on <u>plant-based nutrition for</u> <u>diabetes</u> you can share. Your doctor can earn free continuing education credits watching videos about ketogenic diets, nutrition for diabetes, and more on <u>NutritionCME.org</u>.

Q: My friend recently lost 20 pounds on a keto diet and swears by it. Why shouldn't I try it?

A: Any diet that cuts calories will lead to weight loss. An alldoughnut diet would cause weight loss, so long as calories were cut. (We don't recommend this!) However, diets low in carbohydrate, like ketogenic diets, have been linked to an increased risk of death from all causes.^{34,52}

Q: What about "vegan keto"?

A: To date, no studies have looked at keto diets that exclude animal products. However, two studies looking at lower-carb diets focusing on plant foods suggest that vegan keto may be safer than standard keto.^{57,58}

A Plant-Based Diet: The Healthiest Choice

Given that ketogenic diets carry risks and long-term safety is unknown, it's best to stick with what has been proven to work for weight loss, diabetes, heart disease reversal, and more: a vitamin B12-supplemented, whole food, plant-based diet.



He knows what will happen when the Christmas crunch comes and they order more toy parts again. Since the machine still isn't working well, the workshop will be a mess again in no time.

This scenario is like reintroducing carbohydrates—even healthy carbohydrates like the ones in beans and sweet potatoes. In all likelihood, without profound weight loss, blood sugar rises.

The diabetes, which seemed to have disappeared, returns with a vengeance. The workshop, so to speak, is a mess. And the kids aren't going to get toys anytime soon.



So Santa tells the elf to clean the machine and get it back in working order.

This is like eating a low-fat, plant-based or nearly plant-based diet—even without weight loss.³⁰ (Although sustained weight loss by any means can also help.³¹) What's more, people who eat plant-based tend to have less fat in their cells in the first place and are less likely to have type 2 diabetes.^{32,33}



Once the machine is spruced up, it starts cranking out toys again like a champ. Santa is happy, the elf is happy, and kids around the world rejoice.

This is like going on a low-fat, whole food, plant-based diet. Blood sugar comes down, and the body retains tolerance of health-promoting, carbohydrate-rich foods like fruits, veggies, legumes, and whole grains.

References

1. Roehl K, Sewak SL. Practice paper of the Academy of Nutrition and Dietetics: Classic and modified ketogenic diets for treatment of epilepsy. J Acad Nutr Diet. 2017;117(8):1279-1292. doi: 10.1016/j.jand.2017.06.006

2. Freedman MR, King J, Kennedy E. Popular diets: A scientific review. Obes Res. 2001;9 Supp1:1s-40s. doi: 10.1038/oby.2001.113

3. Bilsborough SA, Crowe TC. Low-carbohydrate diets: What are the potential short- and long-term health implications? Asia Pac J Clin Nutr. 2003;12(4):396-404

4. Holscher HD. Dietary fiber and prebiotics and the gastrointestinal microbiota. *Gut Microbes*. 2017;8(2):172-184. doi: 10.1080/19490976.2017.1290756

5. Paoli A, Mancin L, Bianco A, Thomas E, Mota JF, Piccini F. Ketogenic diet and microbiota: Friends or enemies? *Genes.* 2019;10(7):534-553. doi: 10.3390/genes10070534

6. Jeffery IB, O'Tolle PW. Diet-microbiota interactions and their implications for healthy living. *Nutrients*. 2013;5(1):234-252. doi: 10.3390/nu5010234

 Daïen CI, Pinget VP, Tan JK, Macia L. Detrimental impact of microbiota-accessible carbohydrate-deprived diet on gut and immune homeostasis: An overview. *Front Immunol.* 2017;8:548-555. doi: 10.3389/ fimmu.2017.00548

 von Frankenberg AD, Marina A, Song X, Callahan HS, Kratz M, Utzschneider KM. A high-fat, highsaturated fat diet decreases insulin sensitivity without changing intra-abdominal fat in weight-stable overweight and obese adults. *Eur J Nutr.* 2017;56(1):431-443. doi: 10.1007/s00394-015-1108-6

9. Clifton PM, Keogh JB. A systematic review of the effect of dietary saturated and polyunsaturated fat on heart disease. *Nutr Metab Cardiovasc Dis.* 2017;27(12):1060-1080. doi: 10.1016/j.numecd.2017.10.010

10. Ye F, Li XJ, Jiang WL, Sun HB, Liu J. Efficacy of and patient compliance with a ketogenic diet in adults with intractable epilepsy: A meta-analysis. J Clin Neurol. 2015;11(1):26-31. doi: 10.3988/jcn.2015.11.1.26

11. Martin K, Jackson CF, Levy RG, Cooper PN. Ketogenic diet and other dietary treatments for epilepsy. *Cochrane Database Syst Rev.* 2016;(2):CD001903-CD001932. doi: 10.1002/14651858.CD001903.pub3

12. Dashti HM, Mathew TC, Hussein T, et al. Long-term effects of a ketogenic diet in obese patients. Exp Clin Cardiol. 2004;9(3):200-205.

13. Saslow LR, Daubenmier JJ, Moskowitz JT, et al. Twelve-month outcomes of a randomized trial of a moderate-carbohydrate versus very low-carbohydrate diet in overweight adults with type 2 diabetes mellitus or prediabetes. *Nutr Diabetes*. 2017;7(12):304-310. doi: 10.1038/s41387-017-0006-9

14. Bueno NB, de Melo ISV, de Oliveira SL, da Rocha Ataide T. Very-low-carbohydrate ketogenic diet v. low-fat diet for long-term weight loss: A meta-analysis of randomised controlled trials. *Br J Nutr.* 2013;110(7):1178-1187. doi: 10.1017/S0007114513000548

15. Westman EC, Yancy WS, Mavropoulos JC, Marquart M, McDuffie JR. The effect of a low-carbohydrate, ketogenic diet versus a low-glycemic index diet on glycemic control in type 2 diabetes mellitus. *Nutr Metab.* 2008;5:36-45. doi: 10.1186/1743-7075-5-36

16. Foster GD, Wyatt HR, Hill JO, et al. A randomized trial of a low-carbohydrate diet for obesity. N Engl J Med. 2003;348(21):2082-2090. doi: 10.1056/NEJMoa022207

17. Dashti HM, Al-Zaid NS, Mathew TC, et al. Long term effects of ketogenic diet in obese subjects with high cholesterol level. *Mol Cell Biochem.* 2006;286(1-2):1-9. doi: 10.1007/s11010-005-9001-x

 Kirkpatrick CF, Bolick JP, Kris-Etherton PM, et al. 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. J Clin Lipidol. 2019;13(5):689-711.
e1. doi: 10.1016/j.jacl.2019.08.003

19. Hall KD, Chen KY, Guo J, et al. Energy expenditure and body composition changes after an isocaloric ketogenic diet in overweight and obese men. *Am J Clin Nutr.* 2016;104(2):324-333. doi: 10.3945 ajcn.116.133561

20. Joshi S, Ostfeld RJ, McMacken M. The ketogenic diet for obesity and diabetes-enthusiasm outpaces evidence. *JAMA Intern Med.* 2019;179(9):1163-1164. doi: 10.1001/jamainternmed.2019.2633

21. Qian F, Liu G, Hu FB, Bhupathiraju SN, Sun Q. Association between plant-based dietary patterns and risk of type 2 diabetes: A systematic review and meta-analysis. JAMA Intern Med. 2019;179(10):1335-1344. doi: 10.1001/jamainternmed.2019.2195

22. Okada E, Takahashi K, Nakamura K, et al. Dietary patterns and abnormal glucose tolerance among Japanese: Findings from the National Health and Nutrition Survey, 2012. *Public Health Nutr.* 2019;22(13):2460-2468. doi: 10.1017/S1368980019000120

23. Bellou V, Belbasis L, Tzoulaki I, Evangelou E. Risk factors for type 2 diabetes mellitus: An exposurewide umbrella review of meta-analyses. *PLoS One*. 2018;13(3):e0194127-e0194154. doi: 10.1371/journal. pone.0194127

24. Shu L, Shen XM, Li C, Zhang XY, Zheng PF. Dietary patterns are associated with type 2 diabetes mellitus among middle-aged adults in Zhejiang Province, China. *Nutr J.* 2017;16(1):81-90. doi: 10.1186/s12937-017-0303-0

25. Jannasch F, Kröger J, Schulze MB. Dietary patterns and type 2 diabetes: A systematic literature review and meta-analysis of prospective studies. J Nutr. 2017;147(6):1174-1182. doi: 10.3945/jn.116.242552

26. Satija A, Bhupathiraju SN, Rimm EB, et al. Plant-based dietary patterns and incidence of type 2 diabetes in US men and women: Results from three prospective cohort studies. *PLoS Med.* 2016;13(6):e1002039-e1002057. doi: 10.1371/journal.pmed.1002039

27. Hallberg SJ, McKenzie AL, Williams PT, et al. Effectiveness and safety of a novel care model for the management of type 2 diabetes at 1 year: An open-label, non-randomized, controlled study. *Diabetes Ther.* 2018;9(2):583-612. doi: 10.1007/s13300-018-0373-9

28. Petersen KF, Dufour S, Befroy D, Garcia R, Shulman GI. Impaired mitochondrial activity in the insulin-resistant offspring of patients with type 2 diabetes. *N Engl J Med.* 2004;350(7):664-671. doi:10.1056/ NEJMoa031314 29. Goff LM, Bell JD, So PW, Dornhorst A, Frost GS. Veganism and its relationship with insulin resistance and intramyocellular lipid. *Eur J Clin Nutr.* 2005;59(2):291-298. doi: 10.1038/sj.ejcn.1602076

30. Anderson JW, Ward K. High-carbohydrate, high-fiber diets for insulin-treated men with diabetes mellitus. *Am J Clin Nutr.* 1979;32(11):2312-2321. doi: 10.1093/ajcn/32.11.2312

31. Wilding JPH. The importance of weight management in type 2 diabetes mellitus. Int J Cli Pract. 2014;68(6):682-691. doi: 10.1111/ijcp.12384

32. Goff LM, Bell JD, So PW, Dornhorst A, Frost GS. Veganism and its relationship with insulin resistance and intramyocellular lipid. *Eur J Clin Nutr.* 2005;59(2):291-298. doi: 10.1038/sj.ejcn.1602076

33. Tonstad S, Butler T, Yan R, Fraser GE. Type of vegetarian diet, body weight, and prevalence of type 2 diabetes. *Diabetes Care*. 2009;32(5):791-796. doi: 10.2337/dc08-1886

34. Mazidi M, Katsiki N, Mikhailidis DP, Sattar N, Banach M. Lower carbohydrate diets and all-cause and cause-specific mortality: A population-based cohort study and pooling of prospective studies. *Eur Heart J.* 2019;40(34):2870-2879. doi: 10.1093/eurheart/ehz174

35. Farvid MS, Cho E, Chen WY, Eliassen AH, Willett WC. Dietary protein sources in early adulthood and breast cancer incidence: Prospective cohort study. *BMJ*. 2014;348:g3437-g3448. doi: 10.1136/bmj.g3437

36. Bouvard V, Loomis D, Guyton KZ, et al. Carcinogenicity of consumption of red and processed meat. Lancet Oncol. 2015;16(16):1599-1600. doi: 10.1016/S1470-2045(15)00444-1

37. Klement RJ. The emerging role of ketogenic diets in cancer treatment. Curr Opin Clin Nutr Metab Care. 2019;22(2):129-134. doi: 10.1097/MCO.000000000000540

38. Klement RJ, Brehm N, Sweeney RA. Ketogenic diets in medical oncology: A systematic review with focus on clinical outcomes. *Med Oncol.* 2020;37(2):14-26. doi: 10.1007/s12032-020-1337-2

39. Bostock ECS, Kirkby KC, Taylor BV, Hawrelak JA. Consumer reports of "keto flu" associated with the ketogenic diet. *Front Nutr.* 2020;7:20-26. doi: 10.3389/fnut.2020.00020

40. Burke LM, Ross ML, Garvican-Lewis LA, et al. Low carbohydrate, high fat diet impairs exercise economy and negates the performance benefit from intensified training in elite race walkers. *J Physiol.* 2017;595(9):2785-2807. doi: 10.1113/JP273230

41. Włodarek D. Role of ketogenic diets in neurodegenerative diseases (Alzheimer's disease and Parkinson's disease). *Nutrients.* 2019;11(1):169-180. doi: 10.3390/nu11010169

42. Kang HC, Chung DE, Kim DW, Kim HD. Early- and late-onset complications of the ketogenic diet for intractable epilepsy. *Epilepsia*. 2004;45(9):1116-1123. doi: 10.1111/j.0013-9580.2004.10004.x

43. Westman EC, Yancy WS, Edman JS, Tomlin KF, Perkins CE. Effect of 6-month adherence to a very low carbohydrate diet program. Am J Med. 2002;113(1):30-36. doi: 10.1016/s0002-9343(02)01129-4

44. Yancy Jr. WS, Olsen MK, Guyton JR, Bakst RP, Westman EC. A low-carbohydrate, ketogenic diet versus a low-fat diet to treat obesity and hyperlipidemia: A randomized, controlled trial. Ann Int Med. 2004;140(10):769-777. doi: 10.7326/0003-4819-140-10-200405180-00006

45. Hoyt CS, Billson FA. Optic neuropathy in ketogenic diet. Br J Ophthalmol. 1979;63(3):191-194. doi: 10.1136/bjo.63.3.191

46. Haring B, Selvin E, Liang M, et al. Dietary protein sources and risk for incident chronic kidney disease: Results from the Atherosclerosis Risk in Communities (ARIC) Study. J Ren Nutr. 2017;27(4):233-242. doi: 10.1053/j. jrn.2016.11.004

47. Lew QJ, Jafar TH, Koh HW, et al. Red meat intake and risk of ESRD. J Am Soc Nephrol. 2017;28(1):304-312. doi: 10.1681/ASN.2016030248

48. Mirmiran P, Yuzbashian E, Aghayan M, Mahdavi M, Asghari G, Azizi F. A prospective study of dietary meat intake and risk of incident chronic kidney disease. J Ren Nutr. 2020;30(2):111-118. doi: 10.1053/j. jrn.2019.06.008

49. Kalantar-Zadeh K, Fouque D. Nutritional management of chronic kidney disease. N Engl J Med. 2017;377(18):1765-1776. doi: 10.1056/NEJMra1700312

50. Desrosiers TA, Siega-Riz AM, Mosley BS, Meyer RE, National Birth Defects Prevention Study. Low carbohydrate diets may increase risk of neural tube defects. *Birth Defects Res.* 2018;110(11):901-909. doi: 10.1002/bdr2.1198

51. Noto H, Goto A, Tsujimoto T, Noda M. Low-carbohydrate diets and all-cause mortality: A systematic review and meta-analysis of observational studies. *PLoS One*. 2013;8(1):e55030-e55040. doi: 10.1371/ journal.pone.0055030

52. Sjögren P, Becker W, Warensjö E, et al. Mediterranean and carbohydrate-restricted diets and mortality among elderly men: A cohort study in Sweden. *Am J Clin Nutr.* 2010;92(4):967-974. doi: 10.3945/ajcn.2010.29345

53. Fung TT, van Dam RM, Hankinson SE, Stampfer M, Willett WC, Hu FB. Low-carbohydrate diets and all-cause and cause-specific mortality: Two cohort studies. *Ann Intern Med.* 2010;153(5):289-298. doi: 10.7326/0003-4819-153-5-201009070-00003

54. Lagiou P, Sandin S, Weiderpass E, et al. Low carbohydrate-high protein diet and mortality in a cohort of Swedish women. J Intern Med. 2007;261(4):366-374. doi: 10.1111/j.1365-2796.2007.01774.x

55. Trichopoulou A, Psaltopoulou T, Orfanos P, Hsieh C-C, Trichopoulos D. Low-carbohydrate-high-protein diet and long-term survival in a general population cohort. *Eur J Clin Nutr.* 2007;61(5):575-581. doi: 10.1038/ sj.ejcn.1602557

56. Seidelmann SB, Claggett B, Cheng S, et al. Dietary carbohydrate intake and mortality: A prospective cohort study and meta-analysis. *Lancet Public Health*. 2018;3(9):e419-e428. doi: 10.1016/S2468-2667(18)30135-X

57. Shan Z, Guo Y, Hu FB, Liu L, Qi Q. Association of low-carbohydrate and low-fat diets with mortality among US adults. *JAMA Intern Med.* 2020;180(4):513-523. doi: 10.1001/jamainternmed.2019.6980

58. Jenkins DJ, Wong JM, Kendall CW, et al. Effect of a 6-month vegan low-carbohydrate ('Eco-Atkins') diet on cardiovascular risk factors and body weight in hyperlipidaemic adults: A randomised controlled trial. BMJ Open. 2014;4(2):e003505-e002516. doi: 10.1136/bmjopen-2013-003505

PhysiciansCommittee

5100 Wisconsin Ave., NW, Suite 400 | Washington, DC 20016 202-686-2210 | info@pcrm.org | PhysiciansCommittee.org

4