By Nelia Raposo Special to The IFP

It s hard to follow a diet. Now, imagine being a five-year-old and knowing you can only have one gummy bear while your classmates chew on many more.

Avery Lockett is that child. For the last year, the Silver Creek Public School senior kindergarten student has followed a high-fat, very low-carb diet called the Ketogenic diet for epilepsy management.

As of June 16, she has not had a seizure for one year. Her mother Kari attributes this fact to Avery s medically supervised diet. This is a child who might have had 1,000 seizures a day before. Her diet is maintained with the help of McMaster Children's Hospital, educators at her school and community nurses.

Avery s mom also happens to be a Grade 3 teacher at her school. This means she is able to see how Avery's doing during her work breaks. She regularly helps administer Avery's midmorning snack through a gastric feeding tube. Also known as a g-tube, it is inserted through a small incision in the abdomen, into the stomach and used for long-term nutrition.

It has been challenging, but rewarding. Adapting to a lifestyle with Ketogenic diet has not been easy, but the challenges are nothing in comparison to the difficulty of watching your child in seizure. We would do it all over again in a heartbeat, Lockett says.

Epilepsy is a physical condition characterized by sudden, brief changes in how the brain works, according to Epilepsy Canada. It is a disorder that affects the brain and shows itself in the form of seizures. It is not a disease. It is not contagious.

For Avery, who was diagnosed with epilepsy at age 3 after being rushed to the Georgetown Hospital by ambulance from daycare, a seizure might show itself when her head jerks back uncontrollably and she drops to the floor. Or, it might be that she stares off into space or stops talking mid-sentence while making uncharacteristic gestures. In



Above, Avery Lockett eats her 2:30 p.m. snack at Silver Creek Public School.

Photo by Nelia Raposo movies, epilepsy is often depicted as somebody on the floor shaking uncontrollably and making clicking noises.

Avery has Myoclonic-Astatic Epilepsy (MAE), or Doose Syndrome. It is an epilepsy syndrome of early childhood that is often resistant to medication. Fifty per cent of kids with this syndrome outgrow it by adulthood. After trying medications that made her feel worse, her family took Avery to the emergency room at McMaster Children's Hospital, where she was admitted.

She improved significantly on the Ketogenic diet. But she found many of the recipes unpalatable and refused to eat: enter the g-tube.

She cannot have anything beyond what has been measured for her. At first break she gets hooked up to the tube and will have one fruit gummy or 2 1/2 potato chips, Kari says. She likes her food to resemble the fun foods that other kids would have because she gets so little of it.

Avery s body uses fat as its fuel instead of carbohydrates. It s one of the oldest methods of epilepsy treatment. The diet is mimicking the starvation sensation of the body, Kari says.

Everything Avery puts into her body is highly calculated. And, a strict schedule must be followed. The diet allows for a total of 10 grams of sugar per day. Most kids eat that in one handful, her mom says. Continued on page 21)





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