Supplementary Information

Guiding ketogenic diet with breath acetone sensors

Andreas T. Güntner^{1*}, Julia F. Kompalla¹, Henning Landis¹, S. Jonathan Theodore¹, Bettina Geidl², Noriane A. Sievi³, Malcolm Kohler³, Sotiris E. Pratsinis¹ and Philipp A. Gerber^{2*}

*corresponding authors: Andreas.Guentner@ptl.mavt.ethz.ch

Philipp.Gerber@usz.ch

¹ Particle Technology Laboratory, Department of Mechanical and Process Engineering, ETH Zurich, CH-8092 Zurich, Switzerland

² Department of Endocrinology, Diabetes, and Clinical Nutrition, University Hospital Zurich, CH-8091 Zurich, Switzerland

³ Department of Pulmonology, University Hospital Zurich, CH-8091 Zurich, Switzerland

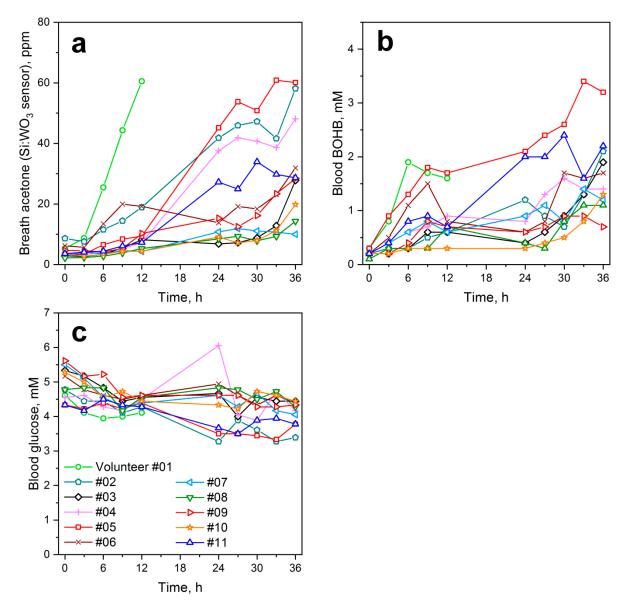


Figure S1: Individual (a) breath acetone, capillary blood (b) BOHB and (c) glucose levels of 11 volunteers during a 36-h ketogenic diet. Note that volunteer #1 (green circles) aborted the experiment already after 24 h due to strong nausea. Volunteer #4 (pink crosses) suffered also from nausea after the overnight sleep (approx. at t = 22 h) and took a small dose of dextrose resulting in the observed blood glucose peak at t = 24 h.