A guide to ketosis and β-Hydroxybutyrate
When the body does not have a sufficient amount of carbohydrates available to meet its demand for energy, the body begins to **utilize its stored fat for energy**.

These fatty acids are metabolized in the liver and this metabolism produces chemical byproducts called ketones. Under normal circumstances, ketones are broken down into carbon dioxide and water by the liver and other organs.

In ketosis, the body produces more ketones than it can process.

The buildup of ketones disrupts the chemical balance of the body. If left unchecked, this condition can prove fatal.

These ketone bodies consist of acetone, acetoacetate, and β-Hydroxybutyrate.

The detection of ketosis is important in several clinical conditions. The most important is the detection of potentially fatal ketoacidosis in diabetics.

Patients with Type 1 diabetes are prone to developing ketoacidosis—an excessive buildup of ketones in the blood due to accelerated ketone synthesis and the body’s limited capacity to break them down.¹

Measuring the level of ketones is clinically useful in not only diagnosing Diabetic Ketoacidosis (DKA), but also in monitoring the results of treatment.

The American Diabetes Association Clinical Practice Recommendations state that under the following conditions, diabetics should be tested for the presence of ketones:

- When any symptoms of ketoacidosis are present
- During acute illness or stress
- When blood glucose levels consistently exceed 240 mg/dL
- During pregnancy

Other conditions where ketone testing is considered to be of clinical value:

- Pregnant women with gestational diabetes are also prone to developing elevated ketone levels, which can have a profound effect on the developing fetus.²
- Ketosis due to starvation or malnutrition.³
- Ketoacidosis due to alcoholism.³
- Monitoring special diets used to control seizures in epilepsy.⁴

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When the body begins to break down its stored fats in response to a low supply of energy (glucose) it produces β-hydroxybutyrate, acetoacetate and acetone.

Ketones (like glucose) can be tested or monitored in either urine or blood. Many hospitals still use nitroprusside tablets for confirming ketoacidosis.

There are two common methods to test for ketoacidosis and these are the nitroprusside urine/serum method or β-Hydroxybutyrate.

The nitroprusside urine method is efficient at providing a qualitative assessment of ketosis and ketoacidosis by detecting both acetoacetate and acetone; however, it does not detect β-Hydroxybutyrate.

- β-Hydroxybutyrate demonstrates excellent stability, making it the most reliable indicator of clinically relevant ketosis and ketoacidosis.
- During ketosis, β-Hydroxybutyrate levels increase more than levels of acetone and acetoacetate, clearly indicating the patient’s trend in metabolic status.
- Quantitative, objective β-Hydroxybutyrate results provide a better tool for differentiating metabolic acidosis and monitoring therapy.

In contrast, serum β-HB levels provide a reliable and quantitative method of diagnosing and monitoring treatment of ketoacidosis. Improved clinical outcomes and enhanced cost efficiency have also been reported due to blood testing of β-Hydroxybutyrate.

These improvements are seen in the following areas:

- Earlier detection of clinically significant ketosis
- Improved turn-around times
- Significant reduction in laboratory testing
- Faster resolution of ketoacidosis with significant reduction of time spent in Critical Decision Unit

6 Foreback CC, Ph.D, Director Clinical Chemistry/Pathology, Henry Ford Hospital, Detroit, MI. White Paper, 1998.
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Available Applications

β-HB reagent applications are available for several chemistry analyzer platforms.

Liquid stable reagents can be used on any open channel analyzer. Results can then be captured in a LIS for easy reference.

**Ordering information**

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<th>Description</th>
<th>Size</th>
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* Image shown is for Beckman Synchron® systems

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