



**The Good Clean Nutrition Podcast
Episode 3 Transcription**

The Science Behind Intermittent Fasting & Time Restricted Eating with Erin Palinski-Wade, RD, CDCES, CPT

Mary Purdy:

Welcome to The Good Clean Nutrition Podcast, where health care professionals and health-minded consumers are provided with practical and helpful nutrition information on current and trending topics from subject matter experts.

My name is Mary Purdy, and I'm an Integrative Eco-dietitian nutritionist based in Seattle, Washington. Our topic today highlights the number one diet trend in 2021, the science behind intermittent fasting and time-restricted eating.

Now, I'm actually personally very excited about this topic because I've been keeping an eye on the research around intermittent fasting, over about the last five years. And I had actually engaged in a few different forms of intermittent fasting protocols myself. And I'm currently working with a very modified regimen. So, I'm really excited to talk to our special guest.

Today, I'd like to introduce our special guest to share more on this, Erin Palinski-Wade. Erin is a highly knowledgeable Registered Dietitian, sought after speaker, and bestselling author of multiple publications, including The 2 Day Diabetes Diet, Love Your Age, and The Belly Fat Diet for Dummies.

She is a nationally recognized nutrition and diabetes expert. Owner of a private nutrition practice in New Jersey. And is also a mom of three, sharing her nutrition tips for busy moms on her blog, Healthy Mom, Happy Family. Welcome, Erin. It's great to meet you.

Erin Palinski-Wade:

Oh, it's so great to meet you too. And thank you so much for having me, I'm thrilled to be here.

Mary Purdy:

Of course. Well, before we dive into all of the health benefits of intermittent fasting, can you define the various different schedules and variations of this protocol and what they all mean?

Erin Palinski-Wade:

Yeah so, intermittent fasting can mean different things to many different people. So, when we talk about intermittent fasting, there's kind of two different schools of thought, if we want to simplify it a bit. So basically, there is intermittent fasting where daily, you are eating during a specific eating window. A very popular one is the 16/8 plan. Where basically, for 16 hours a day you are fasting, and then for an eight hour window you are consuming your meals, just during that window. And there are some variations with this depending on timing, but the 16 hours of fasting, eight hours of eating tends to be the most popular one.



The other is alternating days of intermittent fasting, with the most popular being this 5/2 plan. Where five days out of the week, you're eating pretty much your normal eating schedule. And two days out of the week, you're in a fasted state, where generally you're fasting to about five to 600 calories a day, depending on the plan that you're following.

Mary Purdy:

Okay. So, there's the alternate two and five day fasting. And then there's a 16 hour window. Sometimes we call that time-restricted eating or prolonged nightly fasting, right?

Erin Palinski-Wade:

Yes, exactly. Exactly. And so, it means the same.

Mary Purdy:

And how many days per week is that kind of regimen recommended, or is it meant to be followed? Something that you do every day?

Erin Palinski-Wade:

Yeah. So, the time-restricted fasting is basically something you would follow every single day. So basically, your eating schedule would be this eight hour window, and you would pick that window that works best for your life and for your eating schedule. And that would be something you would follow seven days a week. Whereas the alternate days of fasting, that's where you would pick two non-consecutive days to really engage in the fasting. With the other days, being able to really eat whatever you would typically eat during the day.

Mary Purdy:

And is it still effective if someone's only doing it, let's say three, four or five days a week?

Erin Palinski-Wade:

With the time-restricted eating, it can be. I think when we look at the research on it, typically the research is done where somebody is following it for every day during the week, but yes. I mean, when you're looking at the main goals for following something like intermittent fasting, whether it be improving health or losing weight, if you are restricting your eating window to eight hours a day, for most people that leads to a substantial deduction in calories consumed.

So, if their ultimate goal is weight loss, even if we're reducing calories three or four days out of the week, we tend to still see those results, even if it isn't something we're following seven days a week.

Mary Purdy:

Right. Gotcha. And let's actually start talking about some of the science-based health benefits that we've been hearing so much about, and who can actually benefit the most from this approach.

Erin Palinski-Wade:

Yeah. So, there is a lot of research on it. And a lot of the research is animal studies, so we can't say every single form of research is necessarily going to impact humans. But they're having some really exciting



studies when we look at humans and intermittent fasting too, both on the alternate day fasting as well as the time-restricted eating.

One of the ones that I get excited about, specifically because I focus a lot in diabetes, is the impact that fasting can have on blood insulin levels. And so, we do see that this time-restricted eating, as well as alternate day fasting, does tend to significantly drop insulin levels. And therefore, improve blood sugar control in people that are insulin resistant, as well as people that have diabetes.

Mary Purdy:

So, blood sugar control is a real bonus for some individuals' weight loss. What about ... and this is a personal goal of mine. To live to be 100, at least. What about this longevity piece? And what kind of research on humans? Because there's a lot of long living mice out there, but about humans, what kind of research is there?

Erin Palinski-Wade:

Yeah so, there's definitely some really exciting research when we look at the mice. And so, if we were mice that would be great, but there is definitely more research being done on humans. Now, obviously when it comes to longevity, these studies have to be very long-term for us to know exactly the impact it's going to have. So, some of them are, we're seeing improvements in longevity and in health, which obviously can improve longevity, but I still think there's more research that needs to be done.

However, when we look at what the benefit is, as specifically towards longevity, one of the biggest things we know is the fact that fasting state really allows our cells to repair themselves. What they're doing during this fasted state is they're removing the waste products out of the cells. They're engaging in cellular repair. We actually see an improvement in human growth hormone during these fasted states. And so that can facilitate fat burning, it can increase muscle gains. All of which can improve metabolic rate.

And then we know our cells are repairing, which can help to reduce inflammation. So, these things together, it makes sense that we would see improvements in health, and ultimately, longevity as well.

Mary Purdy:

And I see some interesting research as well on those who have experienced breast cancer, that the rates of recurrence when people have a prolonged, nightly fasting regimen of that 13 to 16 hours, that the recurrence rate of breast cancer has actually been reduced. Have you seen anything like that? And do you recommend that to any patients that you've worked with?

Erin Palinski-Wade:

Yeah. I've definitely seen the research on that, which I think is very exciting. In my own practice, we don't necessarily deal with many cancer patients so I wouldn't say I've recommended that. However, I think it's something that anybody who is dealing with recovering from cancer, specifically breast cancer, I think the research is very exciting and I think it involves a conversation with your medical team to see if it's appropriate for you.



Because more than likely, there's very little risk and there could potentially be some great health benefits when we look at that time-restricted eating and the impact on reducing the risk of cancer.

Mary Purdy:

That actually brings me to my next question, which is about specific medical conditions that might be contraindicated in certain patients as it relates to a practitioner recommending intermittent fasting?

Erin Palinski-Wade:

Yeah so it's a great question. And one of those ... even though there is some exciting research to support the impact it can have on diabetes. People with diabetes, specifically people that take insulin or insulin dependent, have to be really careful with this whole idea of time-restricted eating or alternating fasting days. Because we do have a significant risk during the fasting period where blood sugar can drop too much and lead to hypoglycemia.

So, it's something that if you are interested in using this as a way to improve insulin and blood sugar, you have to talk with your diabetes care team. You have to talk about the timing of your medications with your eating window, and really see if it's appropriate. Because it's not going to be appropriate for every person that's managing diabetes.

Mary Purdy:

Absolutely. Any other medical issues or concerns or contra-indications when it comes to advising people around this?

Erin Palinski-Wade:

Yeah. The big one would be anybody that's ever struggled with disordered eating, and specifically people that are recovered from, or recovering from an eating disorder. With the time-restricted eating and the alternating days fasting, because it is more regimented because there are some rules and regulations around the time that you can eat or these alternating fasting days where you are following a very restrictive meal plan, this can be very triggering for some people who are at risk for disordered eating or have been in the past.

So, I would say it's not the appropriate form of eating pattern for people that have dealt with that condition in the past, or may be inclined to struggle with disordered eating.

Mary Purdy:

Yeah. That makes a lot of sense. I know I've worked with patients before where I had to have a very genuine conversation with them about engaging in this kind of a practice because it can be a real trigger for people. So, thank you for touching on that.

So, we've got lots of health benefits. We've got some understanding of contraindications where we might want to be a little cautious about recommending this. But let's actually talk through the nitty-gritty and the realistic steps of what a day of intermittent fasting and its various permutations actually looks like.



Erin Palinski-Wade: Yeah, definitely. So, we talk about the time-restricted eating, you're eating during a specific window and you're fasting the rest of the day. So, let's look at the general rule of thumb one, which is the 16 hour fast, the eight hour eating window. What this would look would be, you'd start eating at 12 o'clock noon. You would stop eating at 8:00 PM. And then from 8:00 PM until 12 o'clock noon the next day, that would be your fasting window.

So basically, you'd want to make sure that based on your lifestyle, based on your work schedule and whatnot, that that eating window that you choose is appropriate for you to be able to eat your meals then. People that have a night schedule would have to pick a different eating window. Or somebody that doesn't get home until nine o'clock, that window wouldn't always work. So, you can adjust your eating window, but you want to make sure that the window you pick is the one that's most appropriate for your lifestyle.

Mary Purdy:

That makes so much sense. I know for myself, if I didn't eat breakfast until 12 o'clock in the afternoon, I would be a puddle on the floor, just not able to function. So, it's great to know that there's flexibility in that eight hour window. What about the alternate two day fasting and five day eating plan? What might that look like realistically for somebody? And what obstacles can they come across?

Erin Palinski-Wade:

So, there's some obstacles with that plan. So basically, five days of the week, you're eating what you normally eat. So that's pretty straightforward, pretty simplistic. The two fasting days are where it's a little bit more challenging. Because on those fasting days what's happening is you're really restricting your calories to about 5 to 600 calories per day. And that's a very restrictive meal plan. So, you want to make sure you're balancing it, that you're incorporating a good amount of proteins and fats to keep you satisfied during that period of time.

But what you really want to be careful of is you're not doing consecutive days with the fasting. You do want to space them out, because that's much harder for you to try to fast two days in a row. And it could potentially lead to more binges on the days that you are eating more of your normal eating schedule. So typically with that, what I would recommend is pick two days where you have time to meal prep maybe lower calorie meals, or days you're not going to be incredibly physically active, because that's going to be the most appropriate for those fasting days.

Mary Purdy:

And what about specific meal plans? Like what are things that we would want people to particularly add into their diet and what do we want to maybe make sure they might avoid?

Erin Palinski-Wade:

Yeah. So, if we're talking about the fasting days in particular, one of the things I did when I was working on the Two Day Diabetes Diet, which is kind of an intermittent alternated fasting day for people with insulin resistance, was to really look at high volume, low calorie foods. So that even though you're fasting, you're not feeling incredibly hungry during the day. Soup broth, with large amounts of non-starchy vegetables, was really key into incorporating.



And that's something you can meal prep in advance and freeze and incorporate good quality, low fat proteins. So, things like eggs are great, because they're very satisfying without a large amount of calories. But definitely what you find is those high water foods. So, a lot of non-starchy vegetables and whatnot really make up a lot of those fasting days. So, you can still be eating during the day, but you're not taking in that large amount of calories.

Mary Purdy:

So, I'm imagining like big salads. Obviously, making them appropriate for whomever is doing the protocol. But lots and lots of vegetables. So, you're really filling up on these bright nutrient dense foods, but not necessarily having an overabundance of calories on those days.

Erin Palinski-Wade:

Exactly. Yeah. So, a beautiful soup, a salad, you could even do like one cup of popcorn, which is only about 35 calories as long as it's air-popped. Little things that give you all this volume. And then again, just making sure there is some quality protein at each meal. Small amounts, but that way it does help with that satiety factor, as well as making sure you're meeting your needs.

Mary Purdy:

And on the satiety factor ... because I know, as a dietitian nutritionist, we're very focused on macronutrient distribution. What about the ratio of carbs to fats to proteins when people are eating within that timeframe? Does it matter if they're breaking a fast with carbs or protein, or what's your sense about that?

Erin Palinski-Wade:

Yeah. So in general, the research hasn't really said that there's a specific macronutrient profile we have to follow when we're breaking the fast. However, I think when we look at the science of nutrition as a whole, it makes sense that after the fast, that you would want a really balanced meal. Because after the fast, we want to make sure we're having some carbohydrates that support energy. But also we want foods that are going to provide a good deal of satiety because you're hungry after a fast.

So, a balanced meal that incorporates plant-based fats, it incorporates lean proteins, and a lot of slow digestive complex carbohydrate, whether it's a fruit or a whole grain. That's going to really be key so that you're refueling your body with what it needs. And also, not feeling like you're triggering yourself to be incredibly hungry or want to binge.

Mary Purdy:

And you are leading me right into my next question as well, as it relates to fueling and refueling, which is the topic of exercise. And I hear this question a lot from patients and other clients that I've worked with, which is, we know exercise is important as a health goal. But if someone is fasting or if someone's doing a prolonged nightly fasting, how do you recommend spacing out the timing of exercise with the eating?

Erin Palinski-Wade:

Yeah. This is such a great question. And it's completely appropriate, because you don't want to change your lifestyle to eat one way, and then at the expense of not being physically active. Because that defeats the purpose and we know that that improves longevity too. So, we want to make sure we're



physically active. When you pick your eating window, or if you're going to do the alternate day fasting, you really have to give thought to when do you typically exercise and the form of exercise.

And I would try to make sure that your exercise is done either right before your eating window starts, or during your eating window. Preferably during your eating window, because that way you can fuel before and after exercise. Which we know has an impact on performance, and also, your body's ability to refuel for the next workout. But that's what you have to think about is if you're somebody who typically works out after work, you're working out eight or nine o'clock at night, you don't want your fast to end at six, and then you're working out and not able to refuel after your workout.

So, you have to really think about, before you pick your eating window, what really makes the most sense for your lifestyle and when you work out. Or maybe alternating your workout schedule so that it's within that timeframe of when you're able to fuel and refuel after the workout.

Mary Purdy:

And what if someone's a serious athlete who needs a lot of carbs on board? How do you work with someone like that?

Erin Palinski-Wade:

Yeah. That's a great point. So, one of the things to consider is intermittent fasting isn't always appropriate for everybody. Just like any type of nutrition lifestyle isn't always going to be appropriate for every single person. For athletes though, they can definitely follow this. It's just that they have to think about an eating window that maybe is more adjustable. So, we said the 16/8 is the plan that most people follow and what a lot of the research is on, but there is a more flexible window that other people follow too, which is more of the 14 hour fast and 10 hour eating window.

For a high-level athlete, that many times is more appropriate, because it gives us opportunities to fuel and refuel. Especially if they're working out multiple times a day, which many high-level athletes are working out in the morning and in the evening. So, we want to make sure that we are doing our best to promote longevity and improve nutrition, but not at the expense of performance or being able to refuel the body as well.

Mary Purdy: Hmm. Interesting. And I'm curious ... you're a health care practitioner. I'm also a health care practitioner. We have lots of listeners who are health care practitioners who may be wondering, when do I know that this is the recommendation I should be giving to this patient? As opposed to, eat a healthy diet and you'll have better insulin sensitivity. Eat a healthy diet, a well-balanced diet, and you might be at a lower risk for all these chronic diseases.

At what point do we know this might be the right fit for this person? What are some signs and symptoms that help us understand that?

Erin Palinski-Wade:

I'm really glad you asked that question because this is something ... I know working in private practice and as registered dietitians, we deal with this all the time. Is these personalized nutrition recommendations. So just like a person who has struggled with disordered eating or can't follow a



regimented plan without it triggering this compulsion to want to follow it more intensely, we know that that would be completely inappropriate to recommend any type of intermittent fasting.

There are people that, typically, they skip breakfast. They don't care to eat breakfast. They don't feel that they need it in the morning. And then they find themselves binging late in the evening. That's somebody that might be really appropriate for recommending this time-restricted fasting, where they're eating within a specific window. Because they're getting all their fuel within that eight hour window, they're not feeling so hungry anymore, late in the evening and binging. That could be a person that would do very, very well with this type of plan.

I've also found with the alternate day fasting, some of my clients that travel a lot or have to deal with a lot of work events, and they have to eat out at restaurants quite a bit, they don't have as much control over their schedule every single day. But two days a week, they can usually find two days where they can follow this fasted plan. And so, they are still able to lose weight and improve their health by just alternating, where two days a week they really have to be careful. But the rest of the time, whether they have to eat out or they're traveling, it doesn't matter as much.

Mary Purdy:

So, it sounds like you can actually start slowly. You can say, hey, why don't you choose one day a week and see how this feels? Choose two days a week, see how it goes for you. And find out what's right for your body and see how it ends up maybe affecting either your symptoms or blood work or state of mind.

Erin Palinski-Wade:

Absolutely. And a lot of people, when they do it for a little bit, they start to notice like, hey, I'm not having as many cravings. My energy is improved. I'm sleeping better. And when they start to feel those benefits and they feel better, then it's easier to transition to following it 100% of the time, because they're already noticing those results and those improvements.

Mary Purdy:

Yeah. That feedback loop of the body just naturally tells us when we're doing something that actually really works, or when we're doing something that may not be optimal. What about the idea of long-term around intermittent fasting? Is this something that we want to recommend people do continuously in order to gain those health benefits? Or is it just a specific period of time where people would still see some beneficial gains from it?

Erin Palinski-Wade:

You can look at it as both. In general, though, when we look at nutrition recommendations, and especially with the time-restricted eating, this works really well as kind of a long-term plan, right? So, if this is your eating window and this is working for you and it's improving your body weight, it's improving your health, your insulin levels, this is something that we would want to look at. Kind of your new norm, where you would be eating within this window of time, long-term.

For the alternate day fasting, there are people that will do this long-term, but many times ... because that's a little bit more regimented to incorporate those two fasting days. Many people will follow that



for a specific window of time, whether it be three months or six months, until they're achieving their health goals. So maybe their A1C levels are within the normal range now, or their cholesterol levels are within the normal range. And then they'll transition to where they're just focusing on improving their overall nutrition habits daily, but not necessarily needing those alternate day fasts anymore.

Mary Purdy:

Can you give us a story, Erin, where you actually saw intermittent fasting being put into play with a patient of yours, where you really noted positive benefits?

Erin Palinski-Wade:

Definitely, I mean, there's been a number of them, but one that really comes to mind, I think is a really interesting story. So, I had a client who was a truck driver and he had gained a large amount of weight working as a truck driver. He was diagnosed with diabetes. And he really had to avoid going on any medications, specifically insulin, because if he was on insulin, he wasn't allowed to drive a commercial vehicle anymore. So, he was trying very hard to get his blood sugar in check.

And one of the problems was, as he was driving, he was bored. So, he would stop and he would snack on candy and snacks, the whole time he was driving. And when you're a truck driver, they have very difficult schedules. Sometimes there's long hours or overnight hours. So, he didn't really have any consistency to when and where he was eating or what he was eating. So, he didn't really have the ability to have very structured meal plan.

But what he did have the ability to do was to say, I'm going to have this consistent eating window. I'm going to eat within the specific eight-hour period of time. And that's going to be my eating window no matter where I am or what I'm doing. And so, we started with just that change, just the eating window. We didn't even adjust so much what he was eating, we started with the timing. And just when that changed, he was able to drop, I think in the very beginning, before we even adjusted what food was coming in, he dropped about 30 pounds. He naturally started to eat more satisfying foods and less candy because he was eating within a smaller window. And his energy went up tremendously. His blood sugar was going back into a normal range.

Over time, what we did was we adjusted, not just the eating window, but also the choices and meal prepping and carrying more things with him in the truck. He actually lost over 150 pounds. He was off his medication, he started exercising. He basically had ... without medication, his A1C was under 6.0. So, it was a phenomenal story. And it really came down to just adjusting and having some consistency to what he was eating. And for that lifestyle, the consistency was that eating window. And it made a world of difference for his health and his energy levels too.

Mary Purdy:

That is fascinating. So, it sounds like not just for anyone who a trucker, but for anyone who actually is a frequent snacker, this can be something very beneficial.

Erin Palinski-Wade:



Oh, yeah. Even myself. I mean, I would totally, mindlessly munch all day long if I could. So, it's having a little bit of that structure and knowing, you can eat again, but this is your window. It really does make a difference.

Mary Purdy:

Excellent. Well, this has been wonderful. I'm curious if there's any final things that you want to say that you think would be helpful for our listeners out there about intermittent fasting, and how it's either been beneficial for your patients or your practice or how you could see it being beneficial for others?

Erin Palinski-Wade:

Yeah. I think the research on it is very exciting. I fully expect that there'll be more positive research on it in the future as well, as we do more research. So, I think it is incredibly worthwhile to explore. And if you do have any health conditions like diabetes, I do highly recommend you discuss this form of eating with your health care team to see if it's right for you. But there are so many benefits to health that you could take advantage of, if this works for your life and you think it's something you can follow long-term.

Mary Purdy:

Wonderful. It sounds like personalization is really key, which it is in most issues around nutritional health. So, thank you so much for your time and really thoughtful responses, Erin. We so loved having you.

Erin Palinski-Wade:

Thank you so much. It was such a pleasure.

Mary Purdy:

We look forward to having you join us for future episodes of The Good Clean Nutrition Podcast, sponsored by Orgain, where we'll interview more subject matter experts on a variety of health and nutrition focused topics. To stay up to date on the latest episodes of this podcast, be sure to subscribe on your favorite podcast platform. That's it for now. Thanks so much.