

“Everything Your Clients Need to Know About Intermittent Fasting”

Webinar Questions Answered by Erin Palinski-Wade, RD, CDCES, CPT

Please note that these are brief answers to complex questions and are not meant as medical advice. Please seek medical advice for more complete information.

- Can the feeding window start/stop time change from day to day based on the client's schedule?

The research on TRE has only looked at consistent feeding windows, so I cannot comment on if alternating times would offer a benefit. My recommendation would be to focus on consistent eating windows when possible.

- What does the research say about the safety of IF for clients with diabetes?

The research on IF for those with prediabetes and type 2 diabetes has found this style of eating to offer comparable benefits to calorie restriction when it comes to weight loss, but may offer additional benefits in reducing fasting glucose levels and insulin levels as compared to calorie restricted eating (CCR).

- Are there any studies about last meal/ PO intake of the day and bedtime? For people that can't eat until 6-7:00 due to work but go to sleep around 12:00 midnight.

TRE has been shown to offer similar benefits to CCR regardless of the eating window timing, but greater benefits in appetite regulation and glucose regulation have been shown with an earlier eating window.

- If it could be triggering for disordered eating, couldn't IF trigger an eating disorder even if someone hasn't had an eating disorder before. Becoming obsessed with food windows/ being afraid of eating outside their eating window?

Yes, HCPs should always screen for risk factors of disordered eating including personality types that have been linked to disordered eating (ex. perfectionists) and use that in their judgment as to whether IF would be contraindicated for that individual.

- For night shift workers, some recommendations say it is important to avoid eating overnight for diabetes risk, instead shifting meals to the morning and evening times as much as possible. How does this align with intermittent fasting?

TRE for IF also shows an early eating window is more beneficial to lower fasting glucose levels and insulin levels. However, TRE does seem to offer slight benefits in glucose management as opposed to CCR. For this reason, an overnight eating window may still offer benefits to shift workers vs straight calorie restricting.

- Is there any research supporting that the nutrition composition of meals within the eating windows can influence outcomes?

I have not seen this, but as HCPs it should be our role to ensure the meals eaten within an eating window are high in nutritional value and matching the individuals needs to promote improved health.

- I had a client come to me recently saying their doctor put them on a low-carb/1-meal per day diet plan to help improve their biometric numbers. They were instructed to follow this plan for 60-days, then they could add a snack to this plan. Yikes! This seems very drastic! Have you heard of this type of IF type?

I have not and I always recommend meal plans that can be adhered to as the main goal. Depending on the client, this meal plan could increase the risk of hypoglycemia as well as excessive hunger/overeating.

- I have found most of my clients prefer time restricted eating than lowering calories over 3 meals a day. They report feeling less hungry with TRE. Have you found this to be true?

I find it depends on my client's personally, but those who enjoy TRE do find it less complicated than counting calories.

- Do you advise a low kcal level for fasting states? For example, 25 kcals to allow for herbal teas/etc during fasting windows to improve compliance? Or do you advise other electrolyte-containing, low kcal or kcal-free beverages specifically during fasting windows?

In my own practice, I recommend modified fasting days at 25% total calorie intake and not strict water fasts.

- When I fast those first 2-3days I am hungry and think constantly about food. Does this occur with the daily fasts?

This may indicate this form of meal plan is not the right fit for your individual needs.

- Is a 12, 13, 14, or 15 hours fast just as beneficial than the 16 hours fast?

Research has found benefits with 14/10 plans as well as 16/8 plans

- Why do you suggest collagen peptides on the 25% consumption day?

This provides high quality protein with few calories to help with appetite regulation on modified fasting days.

- What are some things to monitor if a client is doing IF for weight loss? They do not have other contraindications or lifestyle restrictions.

I would monitor weight loss progress as well as satiety factor, compliance, and the client's own happiness following the plan. I would also monitor biometrics that align with their health goals to ensure they are improving with the meal plan.

- What do you think for cancer patients? Any anti-inflammatory benefits?

My background is not with cancer patients so I would not be qualified to discuss if this dietary approach would be appropriate for this population.

- Is IF safe for post-treatment cancer survivors?

This would need to be addressed on an individual basis based on the client's health status, nutritional status, and individual goals.

- How do you navigate blood glucose monitoring when fasting? Would you have a patient check fasting blood glucose when they first wake up or right before they break their fast?

On fasting days, I would continue to monitor glucose at the same times as fed days, however if a client wished to increase physical activity on a fasting day, I recommend testing before and after to monitor for hypoglycemia.

- How should exercise be planned in a time-restriction or modified fast?

Exercise should happen within the fed window to ensure adequate fuel for performance.

- If a client is reporting being hungry during the morning fasting window, would you recommend not continuing the intermittent fasting?

I would first evaluate to ensure the client is meeting nutrient goals during the fed window for protein/fiber/and dietary fat. If these are being met and hunger is still occurring, I would alter the fed window or discontinue TRE.

- Is fasting appropriate for people who are trying to gain strength and lose fat at the same time?

Yes, as long as exercise happens during a fed window to fuel/refuel after a workout.

- On the normal 100% intake days, and time restricted days, why does your graphic show Orgain products? Are you implying that individuals need supplemental food products for any form of IF to work?

This was to show how a variety of foods can fit into these days including meal replacements and nutritional shakes for those who enjoy them for nutritional benefits and convenience.

- I've seen info/studies (can't recall which) that talked about how IF was not as beneficial for women (especially midlife women) compared to the men in the studies - do you have any info to share about this related to women?

I have not seen this particular study, but many IF studies have been done on men vs women, so more research on this population is definitely needed.

- I have clients who take Calcium and Vit D supplements and ask when they should take them. Is it best to take them during the 8-hour window of eating?

Since food can often enhance absorption of vitamins, I would recommend taking them during the feeding window.

- Any research related to cardiovascular diseases specially artery stenosis?

TRE and ADMF appear to offer benefits to insulin resistance and reductions in visceral fat, both of which can benefit cardiovascular health

- What strategies would you recommend for a fluid-restricted patient to manage hunger outside the eating window?

I would ensure that filling nutrients such as protein, dietary fat, and fiber are being met during the fed window. If hunger still occurs, IF may be contraindicated for this patient.

- How would IF effect hypertension or HBP? Can fasting be compatible to the DASH diet?

TRE and ADMF appear to offer benefits to insulin resistance and reductions in visceral fat, both of which can benefit cardiovascular health. During the fed window, following DASH diet principles would benefit HBP even more.

- Would IF work for people with GI issues, such as IBS, functional dyspepsia?

This should be considered on an individualized basis.

- I am seeing IF recommended more often in those with gastrointestinal disorders, such as irritable bowel syndrome and NAFLD. Any insight on pros/cons of IF with respect to GI-related conditions?

I am not a GI specialist, but GI disorders and dietary tolerance are often very individualized and any IF recommendations for these populations should be done on a case by case basis with careful symptom monitoring.

- How do you educate patients on a different, healthier fasting window when they are hard set on a 2-3 window of fasting per day?

I believe you are asking if they want to only eat 2-3 hours per day? I would show them that research does not support this and 6-8 hour feeding windows have been associated with the beneficial results of TRE.

- Are there any studies for IF with patients who are at least 1 year out of bariatric surgery?

I have not seen research on this

- I always thought that a calorie restriction would decrease your metabolism... how does the alternate day fasting NOT decrease a person's metabolism?

This is where more research (and long term studies) need to be conducted. Short term studies have not found IF to decrease EE (or increase it), but the exact reason why this acts differently than CCE needs to be further explored.

- Can you speak about clients who want to combine IF with low carb or very low carb diets (is there an advantage for weight loss or metabolic health over calorie-counting/portion control)?

My recommendation is that the more restrictive a plan, the less likely it can be maintained long term.

- Just water outside eating window or are other noncaloric drinks ok too?

Non-caloric beverages such as tea and coffee would be allowed as well.

- Any thoughts about dialysis patients following intermittent fasting

I would not recommend IF for this population.