## magazine

Sharing Energy - Transforming the World



## **Intermittent Fasting:** The Buzz in Dieting

Everyone talks about intermittent fasting but not everyone knows what it means or how it works. It is sometimes called intermittent energy restriction (IER) and it is popularly used for weight control in normal, overweight and obese individuals. Calorie restriction (CR), an older and less popular method, involves consuming less calories than needed indefinitely. While IER and CR are different, many of the same biomarkers for health can be affected by engaging in one or the other. Here are a few questions clients ask me:

"Is intermittent fasting good for me?"

"Are there any dangers to concern the average person looking to control their weight?"

"Who should try it?"

These are all valid questions that are good to have answered prior to making any changes in one's diet.

What does everyone already know? Excess calories from food and weight gain as body fat are consistently linked to illness, sometimes disability and often result in death.<sup>1-3</sup> Studies also show that losing weight reduces type II diabetes as well as all causes of death.<sup>4</sup> Weight loss may also increase cognitive and physical function.<sup>5-6</sup> It is a lot easier to get into a yoga posture if you do not have to wrestle around your own fat roll!

For years researchers have known that CR, or overall energy restriction, prevents many age-related maladies including tumors, cardiovascular disease, diabetes and cognitive decline.<sup>7</sup> Consistent calorie reduction over a lifetime has been shown in animals to slow age-related decline in the general function of the body and increase overall life span.<sup>7</sup>

While CR effects are established, IER effects are being studied and show promising results. Many of my patients who attempted CR reported feeling intensely hungry and irritable. Let's put it this way, none of them have continued to maintain it more than a few years and those were the really tenacious who lasted that long. IER on the other hand is easy for many folks to integrate into their lifestyle, which is why it is a more viable method.

What is IER? Loosely defined, IER is alternating periods of energy restriction with normal eating behavior. IER has become popular due to the "intermittent" factor, meaning one does not have to "diet" or "restrict," just eat normally at specified intervals. What defines the fast? It can be two consecutive days of fasting per week, alternative days of fasting, or an 8/16 with 8 hours of eating and 16 hours of fasting. To be clear here, it is not 8 hours of straight eating - it is 8 hours of eating normally. Clients do become creative with what works for them around their schedule, maybe fasting until lunch on workdays and having an early dinner on the weekend. The 8/16 method seems to my clients to be the easiest. As one millennial said, "it is justification for skipping breakfast." When I was a kid we did not snack all day and at night, so calorie intake was naturally less dense than it is now and our bodies rested from food intake after dinner until breakfast. We literally "broke our fast" when we ate breakfast. There is something intuitively satisfying by regulating food intake with the cycle of the sun.

What does the research show? A couple of studies show both weight loss and body fat loss with IER.<sup>8-9</sup> Weight loss maintenance is the barometer for success and there are not any solid published studies yet, as those take time. If you ask my clients, though, it is working for the ones who are using it.

To answer the questions posed above, "Is it good for the body." Yes, IER can be a means for individuals who struggle

with weight to lose weight, body fat and improve their biomarkers for disease. As to the dangers for the average person, there really are not any. That being said, anyone with blood sugar dysregulation should see their doctor before beginning a fast as the interval timing matters to those patients. If you ask me who should try it, I suggest it to almost all patients who have a small to moderate amount of weight to lose and have no health problems (other than being overweight).

For those who want to try intermittent fasting, the easiest way to begin is to eat dinner early, do not snack at night and then skip breakfast. This is a schedule of normal food intake during the day for 8 hours and 16 hours of no food intake. One factor that I discuss with patients is beverages. Black coffee is fine in the morning. Alcohol in the evening is not recommended during the fasting time period. If you have any health concerns at all, see your healthcare provider before beginning.



## References

- 1. Whitlock, G.; Lewington, S.; Sherliker, P.; Clarke, R.; Emberson, J.; Halsey, J.; Qizilbash, N; Collins, R; Peto, r. (2009). Body-mass index and cause-specific mortality in 900,000 adults: Collaborative analyses of 57 prospective studies. *Lancet*; 373,1083-1096.
- Sun, Q.; Townsend, M.K.; Okereke, O.I.; Franco, O.H.; Hu, F.B.; Grodstein, F. (2009). Adiposity and weight change in mid-life in relation to healthy survival after age 70 in women. Prospective cohort study. *BMJ*; 339b3796.
- 3. Forouzanfar, M.H.; Alexander, L.; Anderson, H.R.; Bachman, V.F.; Biryukov, S.; Brauer, M.; Burnett, R.; Casey, D.;Coates, M.M.; Cohen, A.; et al. (2015). Global, regional and national comparative risk assessment of 79 behavioural, environmental and occupational, and metabolic risks or clusters of risks in 188 countries, 1990-2013: A systematic analysis for the Global Burden of Disease Study 2013. *Lancet*; 386, 2287-2323.
- Knowler, W.C.; Fowler, S.E.; Hamman, R.F.; Christophi, C.A.; Hoffman, H.J.; Brenneman, A.T.; Brown-Friday, J.O.; Goldberg, R.; Venditti, E.; Nathan, D.M. (2009). 10-year follow-up of diabetes incidence and weight loss in the diabetes prevention program outcomes study. *Lancet*; 374, 1677-1686.
- Veronese, N.; Facchini,S.; Stubbs, B.; Luchini, C.; Solmi,M.;Manzato, E.;Sergi,G.; Maggi, S.; Cosco, T.; Fontana, L. (2016). Weight-loss is associated with improvements in cognitive function among overweight and boese people: A systematic review and metaanalysis. *Neurosci. Biobehav. Rev.*; 72, 87-94.
- 6. Christensen,R.; Bartels, E.M.; Astrup, A.; Bliddal, H. (2007). Effect of weight reduction in obese patients diagnosed with kneeosteoarthritis: A systematic review and meta-analysis. *Ann. Rheum. Dis.*; 66, 433-439.
- Chung,K.W, Kim, D.H.;Park, M.H.; Choi, Y.J.; Kim, N.D.; Lee, J.; Yu, B.P.; Chung, H.Y. (2013). Recent advances in calorie restriction research on aging. *Exp. Gerontol.*; 48, 1049-1053.

- Hill, J.O.; Schlundt, D.G.; Sbrocco, T.; Sharp, T.; pope-Cordle, J.; Stetson, B.; Kaler, M.; Heim, C. (1989). Evaluation of an alternatingcalorie diet with and without exercise in the treatment of obesity. *Am J. Clin. Nutr*; 50, 248-254.
- Ash, S.; Reeves, M.M.; Yeo, S.; Morrison, G.; Carey, D.; Capra, S. (2003). Effect of intensive dietetic interventions on weight and glycemic control in overweight men with Type II diabetes: A randomized trial. Int. J. Obes. Relat. Metab. Disord; 27, 797-802.



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