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Early Time Restricted Eating Reduces Metabolic Risk in Prediabetic Men

In the Covid-19 world, those individuals, especially older males, with comorbidities, like hypertension and diabetes, are at increased risk to complications, if this SARS 2 disease is contracted.

The journal Cell Metabolism reported in June of 2018 that early time restricted feeding (eTRF) - between 8 am and 2 pm - increases insulin sensitivity and lowers blood pressure - even in the absence of weight loss, in prediabetic men.

Intermittent fasting (IF), which alternates periods of eating and fasting, has been speculated to improve cardiometabolic health more than conventional dieting. Yet, most of the IF evidence, to date, in humans has suggested that the benefits accrue mostly from weight loss.

The study authors, from the Pennington Biomedical Research Center in Baton Rouge, Columbia State University, the American Diabetes Association, and the University of Alabama, state that there was a, “need to determine whether the benefits of interventions, such as IF, are mediated only through weight loss or through mechanisms that are independent of weight loss.”

These investigators used a “proof-of-concept trial” – using a form of IF called time-restricted feeding (TRF) – to determine whether IF had benefits independent of weight loss.

TRF, note the Pennington team, “is a type of IF that extends the daily fasting period between dinner and breakfast the following morning, and, unlike most forms of IF, it can be practiced either with or without reducing calorie intake and losing weight.”

TRF is limiting daily food intake to a window of ten hours or less – with fasting the remaining 14 hours, over a 24-hour period. The typical American eats over a 12-hour window (8am to 8 pm on average).

The researcher’s study period spanned five weeks, in which a group of prediabetic men adopted an (eTRF) schedule – over a six-hour period - versus a second control group of male prediabetics, who adhered to a twelve-hour eating window.

The participants consumed only food provided by study staff, were fed enough food to maintain their weight, and ate all meals, while being monitored by study staff.

From a metabolic, medical standpoint, glucose tolerance, postprandial (after a meal) insulin, and insulin sensitivity, as measured using a 3-hr oral glucose tolerance test (OGTT) were assessed, while the secondary endpoints were cardiovascular risk factors and markers of inflammation and oxidative stress.

It was determined that, “5 weeks of (eTRF) improved insulin levels, insulin sensitivity, beta cell responsiveness, blood pressure, and oxidative stress levels in men with prediabetes — even though food intake was matched to the control arm and no weight loss occurred.”

Before you embark on such an eating schedule, be sure to check with your primary care physician to see how such a plan might impact your health profile.