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Intermittent Fasting With a Chronic Illness: How an Advocate Helps

KEY POINTS

- A 2026 Rutgers pilot study linked a shorter daily eating window, about 8 to 9 hours, to better scores on some planning and problem-solving tests in older women. The findings are preliminary and have not yet been peer-reviewed.
- For anyone managing a chronic illness, the practical question is whether a new eating pattern fits every medication they're taking and doesn't make risk factors worse.
- Some medications have to be taken fasted, like levothyroxine. Others, like insulin and phosphate binders, are dosed around meals. A shorter eating window touches each of them differently.
- A Solace advocate can gather the complete medication list, bring the timing questions to

every prescriber involved, and follow up on the answers before anything changes.

Intermittent fasting, or time-restricted eating, is back in the news. In a new Rutgers University study, older women who narrowed their eating to about 8 to 9 hours a day scored better on some thinking and problem-solving tests than women who ate across a typical 12-hour eating window.

Most patients who bring a trend like this to their Solace advocate are managing more than one condition and more than one prescription, often written by various providers who have never spoken to each other. Making sure a new eating pattern works with complicated diagnoses and a full medication list involves coordination that an advocate can take on for you.

At a glance: What the Rutgers intermittent fasting study found

Researchers at Rutgers University enrolled 47 women, ages 50 to 79, all with overweight or obesity, in a six-month pilot study. Every participant was counseled to cut about 500 calories a day. One group also narrowed their eating to a window averaging 8.2 hours, typically 10 a.m. to 6 p.m., and stopped eating at least 4 hours before bed. The comparison group ate across a window of about 12.3 hours. Both groups lost a similar amount of weight, around 15 pounds.

Only the shorter-window group showed a measurable improvement in spatial planning and problem-solving. They also made fewer mistakes on memory and learning tests, though that difference was small enough that it “did not reach statistical significance” and could have happened by chance. Because both groups lost about the same weight, the researchers think the eating window itself, not just the weight loss, may explain the difference.

The findings were presented at NUTRITION 2026, the American Society for Nutrition's annual meeting, held July 25 to 28, 2026, in National Harbor, Maryland. They have not yet been published in a peer-reviewed journal, and the researchers themselves describe the results as preliminary. We took a closer look at what the new eating-window study means for your medication schedule in a companion piece. For anyone managing a chronic illness, though, the study raises a more specific question: does this fit with everything you're already taking?

Every case starts with the same question: what are you taking, and when do you take it?

A Solace advocate starts there, building your complete medication list and flagging what's timed around food, then building out your care plan.

Learn more →

Start with your medications

When a patient brings up a new diet trend, an advocate starts by checking it against the prescriptions, diagnoses,

and routines a changed eating window might affect. That check typically follows a consistent order:

- **Review the full medication list.** Advocates routinely see patients taking four to eight medications across multiple conditions, prescribed by specialists who have never compared notes. That gap is one the system creates, and closing it comes first, because managing multiple medications safely depends on someone seeing the whole picture.
- **Flag what's timed around food.** Medications like levothyroxine have to be taken fasted, while others, like the phosphate binders prescribed in kidney disease, only work with food. A shorter eating window interacts with each differently.
- **Look for collisions between the medications themselves,** not just between one drug and the trend. A window that suits the thyroid dose might crowd the arthritis dose.
- **Bring every specialist the same picture.** A compressed window can reach a rheumatologist's plan and an endocrinologist's plan at once, so if more than one prescriber is involved, each sees the whole plan rather than their slice of it.

The usual outcome is a short trial with a provider check-in, so the new schedule gets tested against the patient's regimen.

How intermittent fasting could affect chronic illnesses

The same process can have very different results depending on what condition is being managed. Four

example conditions advocates see often:

- **Autoimmune conditions like RA or lupus.** Rheumatoid arthritis has the most direct evidence on intermittent fasting of any autoimmune condition. A small randomized trial found a 16:8 pattern improved inflammation and quality-of-life markers in postmenopausal women with RA. The practical issue is usually timing, since corticosteroids and NSAIDs are typically taken with food. Ask your rheumatologist first, especially during an active flare or on a DMARD or biologic running its own schedule.
- **Hypothyroidism.** Research on fasting and thyroid function is mixed and early. Levothyroxine, a common medication for hypothyroidism, needs an empty stomach, usually 30 to 60 minutes before the day's first food. A modified eating window can still work as long as that gap remains.
- **IBS.** Responses to intermittent fasting vary widely from person to person. Some people feel better with a defined eating window, while others feel worse with long gaps between meals. Antispasmodics like dicyclomine are usually dosed before meals, so fewer meals can mean fewer chances to take them as directed. Tracking symptoms for a week or two before committing is a reasonable first step.
- **Diabetes or chronic kidney disease.** This pairing calls for the most caution, and a provider should weigh in before the eating window changes. Insulin and sulfonylureas are dosed against expected meals, so delaying a meal on a fixed dose carries a real risk of hypoglycemia, or dangerously low blood sugar. The regimen type and whether a continuous glucose monitor is in use both change the calculation. In kidney disease, phosphate and potassium binders only work

with food, which means fewer meals leave fewer chances to dose them correctly. That call belongs to a renal dietitian or the prescriber, and shouldn't be a guess.

Spend less time on healthcare

Your advocate can build one complete medication list, bring the timing questions to every prescriber involved, and follow up on each answer before your eating window changes.

Find an advocate →

Where a patient advocate can help

A Solace advocate is an experienced professional with 16 years of healthcare experience on average. They'll take on all the coordination and the questions — gathering the complete medication list, bringing the timing concerns to each provider, and following up until the plan is developed. You deserve someone in your corner before you try something new.

See if you qualify →

FAQs

How does a patient advocate actually check if intermittent fasting is safe for me?
An advocate starts with your full medication list. From there, they flag anything timed around food, note where the new eating pattern could collide with your

medications or your medications with each other, and bring those questions to the right prescriber before anything changes.

Is intermittent fasting safe with rheumatoid arthritis or lupus?

RA has some of the strongest early evidence of any autoimmune condition, including a small randomized trial of 16:8 fasting in postmenopausal women. But Corticosteroids and NSAIDs are typically dosed with food, so a shifted window moves both, and an active flare or an immunosuppressant on its own schedule is a reason to check with a rheumatologist first.

Can intermittent fasting affect my thyroid medication?

Fasting's direct effect on thyroid function is mixed and preliminary. The concrete issue is levothyroxine, which needs to be taken fasted, 30 to 60 minutes before your first food. A later eating window can still work as long as that gap holds.

Does intermittent fasting help or hurt IBS?

It varies by person. Some find a defined eating window helps, while others find long gaps between meals make symptoms worse. It's also worth checking antispasmodic timing, since medications like dicyclomine are usually taken before meals, and fewer meals mean fewer dosing chances.

Is intermittent fasting safe with diabetes or kidney disease?

Not without prescriber input. Insulin and sulfonylureas are dosed against expected meals, so skipping or delaying a meal on a fixed dose carries a real hypoglycemia risk. In

kidney disease, phosphate and potassium binders only work with food, so fewer meals mean fewer chances to dose them correctly.

What if I'm managing more than one condition at once? An advocate checks against every medication on your list, not just the one tied to your primary diagnosis, and make sure specialists who don't otherwise talk to each other are looking at the same plan.

REFERENCES

Solace

Solace puts an advocate in your corner—someone who's spent years in healthcare, knows the system, and takes on the toughest parts of your care. Don't do this alone.

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Eligibility varies by plan. Advocates do not provide medical or legal advice or services. Must be 18 years or older.

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