

Intermittent Fasting

Understanding time-restricted eating, fasting patterns, evidence, risks and who should avoid it

Intermittent fasting describes eating patterns that deliberately alternate periods of eating with periods of little or no energy intake. It changes *when* food is eaten rather than defining one particular set of foods. It can reduce overall energy intake for some people, but it is not automatically superior to other sustainable approaches and it is not suitable for everyone.

Common approaches

Pattern	What it generally means
Time-restricted eating	Food is eaten within a daily window, such as 10 or 8 hours, with a longer overnight fast.
5:2 style	Usual eating on five days and a much lower energy intake on two non-consecutive days.
Alternate-day approaches	Fasting or marked energy restriction on alternating days; can be difficult to sustain.
Longer fasts	Extended fasting beyond normal overnight periods; greater restriction and greater need for caution.

Fasting is not the same as simply missing a meal

A structured plan is different from unintentionally forgetting to eat, being too busy to eat or losing access to food. Regularly going without food because of stress, executive-function difficulties or low appetite should not automatically be reframed as a health intervention.

What happens during fasting?

After food is digested, insulin levels fall and the body increasingly uses stored energy. With longer fasting, fat oxidation and ketone production rise. These normal metabolic changes do not prove that a longer fast is healthier or that it will produce more body-fat loss.

Food quality still matters

An eating window cannot compensate for consistently inadequate nutrition. Protein, fibre, fruit and vegetables, appropriate carbohydrates, fats, vitamins, minerals and enough total energy still matter.

What Does the Evidence Suggest?

Weight management

Intermittent fasting can help some adults lose weight, often because it creates a practical structure that reduces overall energy intake. Across studies, it is generally not consistently superior to other forms of energy restriction when overall intake and support are comparable.

Blood glucose and insulin

Some studies show improvements in glucose regulation and insulin sensitivity, particularly alongside weight loss. Results depend on the population, fasting method and duration. People using diabetes medication require individual medical advice because fasting can cause hypoglycaemia or require medication changes.

Heart and metabolic markers

Blood pressure, triglycerides and other markers may improve in some people, often alongside weight loss. Long-term evidence is less extensive than short-term research, and outcomes vary.

Autophagy and 'cellular repair'

Autophagy is a genuine cellular process, but popular claims that a specific number of fasting hours will 'switch on' a clinically meaningful anti-ageing or disease-prevention effect in humans are often more certain than current evidence supports.

A useful question: does the structure help?

Potential benefit	Potential drawback
Fewer decisions about when to eat	Hunger, irritability, headache or low energy
May reduce snacking for some people	Can trigger overeating when the fast ends
Simple rules may feel manageable	Rules may become rigid or compulsive
May fit some work/life routines	May clash with medication, exercise, family or social meals
Can support an energy deficit	Can also lead to inadequate protein, energy or micronutrients

Sustainability matters

A method that works briefly but creates repeated cycles of fasting, overeating and guilt may not support long-term wellbeing. Effectiveness includes physical, psychological and practical sustainability.

Eating Well During an Eating Window

Do not compress nutrition out of the day

A shorter eating window gives fewer opportunities to meet energy and nutrient needs. This matters particularly for people with small appetites, older adults, active people and anyone who struggles to eat substantial meals.

Protein

Protein is useful across the day for muscle maintenance and recovery. If the eating window is short, plan enough opportunities for protein rather than expecting one very large evening meal to cover everything.

Fibre and plants

Vegetables, fruit, wholegrains, pulses, nuts and seeds where safe can support fibre and micronutrient intake. Fasting does not require low-carbohydrate eating, and nutritious carbohydrate foods can remain part of meals.

Hydration

Water intake remains important. During a fast, what is permitted depends on the particular plan and any medical requirements. Excessive caffeine on an empty stomach may worsen anxiety, palpitations, reflux or digestive discomfort in some people.

Example meal structure

Eating opportunity	Aim
First meal	Include protein, carbohydrate/fibre, produce and fluid rather than 'earning' food through fasting.
Mid-window meal/snack	Use if needed to meet energy/protein needs; yoghurt, fruit, sandwich, nuts/seeds or another tolerated option.
Main meal	A substantial balanced meal with protein, vegetables, carbohydrate and fats.
Before window closes	If hungry or intake has been low, eating is more important than rigidly obeying the clock.

Breaking a fast

There is no universal need for special products. After a routine overnight or time-restricted fast, an ordinary balanced meal is usually appropriate. Very long fasts are a different matter and may require medical oversight.

Practical Life, Exercise, Sleep & Medication

Choosing an eating window

If time-restricted eating is appropriate, a window that fits normal life is generally more sustainable than an extreme schedule. Consider work, family meals, medication, exercise, sleep and social events. Earlier eating may suit some people's circadian rhythms, but individual routines matter.

Exercise

Some people tolerate fasted exercise; others experience dizziness, weakness or reduced performance. High-intensity or long-duration exercise may require carbohydrate and recovery nutrition. Exercise should not become a way to intensify fasting or compensate for eating.

Sleep

Going to bed very hungry can disturb sleep for some people, while large late meals can worsen reflux or discomfort. Adjusting the window should support rather than undermine sleep.

Medication

Some medicines need to be taken with food, and diabetes or blood-pressure medication can be affected by major changes in meal timing or intake. Ask a pharmacist, GP or prescribing clinician before fasting if medication timing or safety is uncertain.

Work and executive functioning

A rigid fasting window can be difficult when meetings overrun, shifts vary or ADHD-related time blindness already leads to missed meals. A structure that increases accidental under-eating is not serving its intended purpose.

A practical check

Check	Ask yourself
Morning	Am I functioning well, or am I shaky, nauseated, dizzy or unable to concentrate?
Workday	Does fasting simplify my day or make it harder to regulate energy and attention?
Exercise	Am I recovering adequately and maintaining performance?
Evening	Am I calmly eating enough, or arriving ravenous and feeling out of control?
Sleep	Is hunger or late eating affecting rest?

Who Should Be Particularly Cautious?

Eating disorders and restrictive eating

Fasting deliberately normalises ignoring hunger for set periods and can reinforce rigid food rules. It may be inappropriate for anyone with a current eating disorder or a history of restrictive eating, bingeing/purging or compulsive dieting unless their specialist clinical team specifically advises otherwise.

ARFID, autism and sensory needs

Someone with ARFID may already struggle to consume enough energy or have very limited eating opportunities. Removing meals can make adequate intake harder. Autistic people may also rely on predictable meal routines; changing them can increase distress or reduce eating.

Diabetes

Fasting can alter glucose levels and medication needs. People using insulin or sulfonylureas are at particular risk of hypoglycaemia. Those taking SGLT2 inhibitors also need individual advice because prolonged low intake can contribute to ketoacidosis risk.

Pregnancy, breastfeeding, children and teenagers

Periods of growth, pregnancy and breastfeeding have substantial nutritional demands. Intermittent fasting for weight loss is generally not an appropriate self-directed strategy in these groups.

Older adults, frailty and low appetite

When maintaining weight and muscle is already difficult, reducing eating opportunities may worsen protein and energy intake. Regular nourishing meals may be more appropriate.

Other reasons to seek advice first

Underweight, recent unexplained weight loss, kidney or liver disease, recurrent fainting, significant reflux, complex medication, a history of hypoglycaemia or medical conditions affected by meal timing all warrant professional advice.

Fasting should never be treated as a test of willpower. Persistent dizziness, faintness, weakness, confusion or inability to meet nutritional needs are reasons to stop and seek appropriate advice.

Myths, Personal Check-In & Sources

Common myths

“Fasting is automatically better than ordinary calorie reduction.” Research does not consistently show this. **“The longer the fast, the better the result.”** Longer fasting can increase difficulty and risk. **“You can eat anything during the eating window.”** Nutritional quality still matters. **“Feeling terrible means it is working.”** Significant symptoms should not be glorified. **“Everyone needs to fast for metabolic health.”** No - many healthy eating patterns include regular meals.

Personal check-in

- Why am I considering intermittent fasting?
- Would a regular balanced meal pattern meet the same goal with less restriction?
- Do I take medication that is affected by food or blood glucose?
- Am I able to eat enough protein, energy, fibre and micronutrients in the available window?
- Does fasting improve my routine or make concentration, mood or energy worse?
- Do I become extremely hungry or feel out of control when the fast ends?
- Do I have ARFID, an eating-disorder history or a tendency toward rigid food rules?
- Does this pattern fit family meals, work, exercise and sleep?
- Would professional advice help me decide whether fasting is appropriate?

A message from Space to Breathe Therapy

Your body does not need to prove anything by going without food. Intermittent fasting is one possible eating structure, not a requirement for health and not a measure of discipline. If it helps you eat in a way that feels nourishing, safe and manageable, that matters. If it increases anxiety, under-eating, guilt or loss of control, you are allowed to choose a different approach.

Evidence and further reading

NHS: healthy weight, balanced eating and diabetes guidance; individual medical advice is important where meal timing affects medication or glucose.

NICE: UK clinical guidance on obesity, diabetes and eating disorders, supporting individualised and safe management.

British Dietetic Association: evidence-based dietetic information on weight management, meal patterns and balanced nutrition.

Peer-reviewed intermittent-fasting research: trials and systematic reviews generally show fasting can support weight loss for some adults but is not consistently superior to other sustainable energy-restriction approaches.

Educational information only. This guide is not a fasting prescription and does not replace medical, diabetes or dietetic advice. Do not alter prescribed medication to fit a fasting schedule without clinical guidance.