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Fasting Windows and Your Heart

One of several reasonable ways to eat less. How you do it counts for more than whether you do it at all.

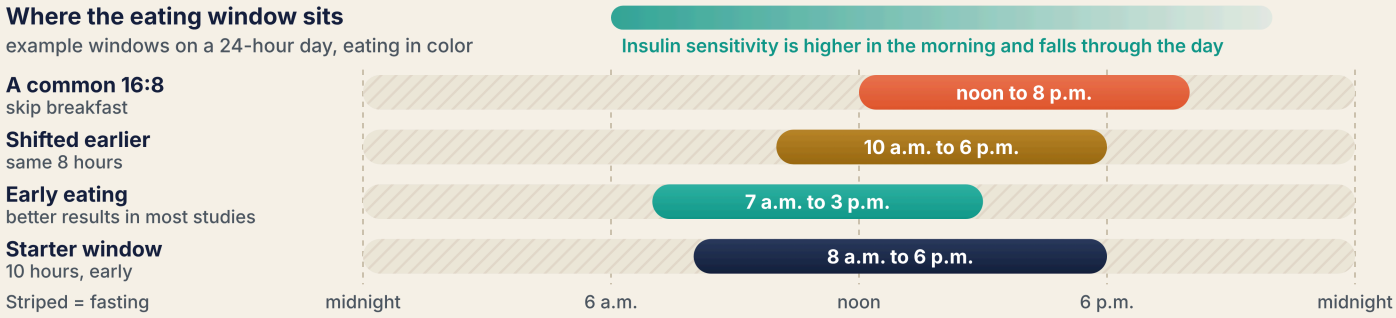
3 to 4
pounds, roughly, lost on average over twelve weeks vs. eating normally

3 to 7
points, roughly, off the top blood pressure number over twelve weeks

91%
the 2024 headline, from a conference abstract that was not peer-reviewed

TIMING COUNTS

Earlier eating windows tend to work better



Time-restricted eating means eating all of the day's food inside a set window and drinking only water, black coffee or unsweetened tea outside it. Studies comparing early and late windows have generally shown better metabolic results from the early one, including lower fasting glucose and a better insulin response. A sensible start is a ten-hour window placed earlier in the day. Build it down by half-hour steps over a few weeks until it lands somewhere you can hold steady.

THE 2024 HEADLINE

What the 91 percent headline left out

In March 2024, a research abstract presented at an American Heart Association conference reported that adults who ate within less than eight hours a day had a 91 percent higher risk of dying from cardiovascular disease than people who ate across twelve to sixteen hours. Researchers took what people in a large American nutrition survey recalled eating on two single days and matched it to death records years later. Two days of recall don't show whether someone follows an eating pattern. People skip meals because they are sick, working a double shift or have lost their appetite from chemotherapy. The analysis was observational, and the abstract was not a peer-reviewed publication. Most cardiologists Dr. Rasch knows think reverse causation is the more likely explanation, meaning people who ate in a short window on a survey day were probably in poorer health to begin with. The researchers themselves noted the finding did not prove cause and effect. We still lack long-term randomized data on TRE and heart attacks, strokes or deaths.

One tool of several

Time-restricted eating works mostly by helping you eat less without having to count. The right diet is rarely the most aggressive one. It is the one you can hold steady for ten years without hurting yourself.

WHO SHOULD BE CAREFUL, AND HOW TO START, IS ON THE BACK

BEFORE YOU START

Who should be careful, and how to start

MEDICAL SUPERVISION FIRST

and some should probably not start at all

Diabetes medicines	If you take insulin or a sulfonylurea (glipizide, glimepiride, glyburide), a long fast can drop your blood sugar to dangerous levels. Talk to whoever manages your diabetes first. Doses may need to come down, and you'll check your sugar more often for the first month.
Lows and 911	Check more often near the end of a fast, when about half of lows happen. Break the fast and treat a low. Call 911 for confusion, a seizure, trouble swallowing or no recovery after treatment.
Type 1 diabetes	The risk of dangerous low blood sugar and ketoacidosis is too high without specialist coordination. It can be done with your endocrinologist adjusting insulin. Don't improvise.
Pregnancy or breastfeeding	The energy demands are too high, and there are no safety data.
Past eating disorder	Strict fasting rules can light up old patterns of anorexia, bulimia or binge eating. TRE is probably not the right tool, and not without a behavioral health team.
Frail, low body weight	Losing muscle during a fast in someone already underweight is a real safety problem.
Heart disease or fainting	With an established history of heart disease, or past fainting from low blood sugar or low blood pressure, don't start without your doctor.

WATCH AND WEIGH

Blood pressure pills	As weight and salt come down, your dose can become too strong. Check home readings regularly. Tell your cardiologist about consistent readings below 110 systolic or lightheadedness when you stand up.
LDL cholesterol	A small but real subset of people see LDL go up, sometimes substantially. Recheck once your weight has stabilized and ask whether the rise is large enough to act on.
Muscle	Older adults on a fasting plan should aim for about 0.8 to 1 gram of protein per pound of ideal body weight a day, over two or three meals, plus resistance training.
Gallstones	Rapid weight loss and long fasts raise the risk. With stones or a strong family history, weigh that before aggressive fasting.

GETTING STARTED

During the fast	Water, black coffee or unsweetened tea. Cream, sweeteners and butter coffee all break the fast.
Protein	Aim for 25 to 40 grams per meal. Vegetables and fiber count too.
Medicine timing	Pills meant to be taken with food, such as some calcium-channel blockers, belong in the eating window. Metformin is best with food. Statins are time-flexible. Ask your pharmacist if you are unsure.
Check at twelve weeks	If your weight, blood pressure and fasting glucose haven't changed, the routine is not earning its keep.

WHO TENDS TO DO WELL

Insulin-resistant or prediabetic, carrying weight around the middle, eating late and snacking at night, wanting a simple rule more than a tracking system, and not on insulin or a sulfonylurea.

READ THE FULL ARTICLE

damianrasch.com/
intermittent-fasting-time-restricted-eating

For education only, and not a substitute for advice from your own physician. Sources include the 2017 AHA scientific statement on meal timing, Zhong (AHA abstract, 2024), Liu et al. (NEJM 2022), Sutton et al. (Cell Metabolism 2018), Jamshed et al. (JAMA Internal Medicine 2022) and Patikorn et al. (JAMA Network Open 2021).

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