

NOT SO FAST

INTERMITTENT FASTING HAS TAKEN THE WORLD BY STORM. BUT SOME EXPERTS REMAIN CONCERNED THAT THE PRACTICE CARRIES RISKS – ESPECIALLY FOR WOMEN

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In our algorithm-driven information culture, wellness trends tend to explode into the collective consciousness before swiftly fading into obscurity, with only a few enjoying sustained airtime once their novelty factor has worn off. Yet intermittent fasting (IF) has managed to graduate from fad to respected protocol.

You'd have been hard-pressed to have missed the wellness world's obsession with all things fasting in recent years. A global survey undertaken by Dubai-based firm Real Research in 2022 found 80 per cent of its 50,000 participants, located in 109 countries, had heard of IF. A search of the hashtag pulls up 5.2 million posts on Instagram. Zero, one of the most popular fasting apps (Elon Musk is a fan), recently racked up 1.6 billion fasting hours among its users worldwide. In short, fasting is big business, a white-hot trend that's showing little sign of cooling.

Historically, fasting was the default. Early humans would cycle between periods of abundance and scarcity, and as our biology hasn't kept pace with our modern lifestyles, advocates argue that intermittent fasting is best practice from an evolutionary standpoint. While weight loss is often spotlighted as a key benefit, Professor John Hawley, head of the Exercise & Nutrition Research Program and director of the Mary MacKillop Institute for Health Research at the Australian Catholic University, says that with IF, "there are other markers of health that are massively improved, independent of weight". He cites improved blood-glucose regulation, lower blood pressure and better sleep quality as just a few associated benefits, and says IF is "a good tool in the toolbox" for patients with obesity, type 2 diabetes and heart disease.

Perhaps the most widespread form of IF is time-restricted eating, which means confining food intake to a certain daily "window" of, say, eight hours. You might also be familiar with Dr Michael Mosley's popular 5:2 method, which entails drastically reducing one's caloric intake for two days a week and eating normally on the other five. But no matter how you go about it, with no need to count macros or eschew entire food groups, IF is less about what you eat than when, lending it an ease other protocols lack. Indeed, Hawley remarks upon the "very high compliance rate to time-restricted eating" by participants in his studies and even once the formal program is over.

Despite all its benefits, however, for women, the fasting picture is not simple. Lara Briden is a naturopath and author whose books have been translated into 12 languages; her latest offering, *The Metabolism Reset*, will be published by Macmillan Australia in June. "As women [of reproductive age], we have a handy barometer of health: ovulation," she says. "Indications that ovulation has been lost due to intermittent fasting need to be paid attention to."

Briden explains that for women who might already be undereating, adding IF may lead to hypothalamic amenorrhea. The condition sees women lose their periods for at least three consecutive menstrual cycles, with younger women – whose cycles are more sensitive to a reduction in calories – most acutely at risk. And as there can be a lag between adopting IF and losing one's period, it's not always the obvious culprit. Unsurprisingly, pregnant and breastfeeding women are recommended to skip the practice.

A 2023 study from the University of East Anglia, England, signalled that time-restricted fasting can have a lasting detrimental





impact on fertility – both male and female – in zebrafish, even once normal food consumption is resumed. Of course, all scientists will caution that it's risky to draw conclusions from animal-based research. Study author Dr Edward Ivimey-Cook emphasises the need for further research on whether the same conclusion stands with humans. And Dr Krista Varady, Professor of Nutrition at the University of Illinois and author of *The Fastest Diet*, says: "We've done multiple studies [on time-restricted eating], and I can say with certainty that it does not negatively affect women's hormones."

The interplay between IF and disordered eating is a frequently neglected aspect of the wider fasting discussion. Sarah Cox, psychologist and National Helpline manager at the Butterfly Foundation, says: "Research demonstrates that for adolescents and young adults, the risk of developing disordered eating due to intermittent fasting is substantial. Fasting can be a type of disordered eating for some, particularly those [at risk of developing], recovering from or experiencing eating disorders."

Also problematic is the role social media can play. Fasting advocates on social platforms – who can range from the highly to hardly qualified – don't always disclaim that the practice isn't appropriate for those with experience of disordered eating. Of course, not all intricacies of an issue can be explored in every Instagram post. But with around nine per cent of the Australian population experiencing an eating disorder during their lifetime, it's a sizable cohort that requires careful consideration when sharing information online. "While social-media use alone doesn't cause eating disorders, research shows that it can be linked with eating-disorder concerns," says Cox.

The 'thin ideal' no longer enjoys the universal approval it once did, yet even now the social pressure to conform to certain body ideals remains – albeit in a more coded way. When couched in the language of wellbeing, behaviour associated with IF, like skipping meals or drastically cutting calories, is given a respectable veneer more palatable to modern audiences, making it trickier to call out when problematic. And while not all women will experience an eating disorder, it's fair to say that few would regard the relationship with their bodies as entirely trouble-free. Imposing more restrictions around food can make things needlessly more complicated.

Ultimately, there's no easy answer as to whether all women can – or should – fast. "The message that women can never intermittently fast is too simplistic," states Briden. "Essentially, it depends on the individual." Certain groups, like those dealing with insulin resistance, can particularly benefit from adopting the practice and a blanket statement that IF is harmful could, in Briden's words, "potentially cut these women off from a therapeutic tool".

There's also good research to back up the benefits of time-restricted eating for those living with polycystic ovary syndrome (PCOS), a condition that affects up to 18 per cent of reproductive-aged women. Says Varady: "[All] women make testosterone, but with PCOS women release too much and experience negative symptoms like facial hair, acne, obesity and insulin resistance. The goal with PCOS is to reduce testosterone and we're seeing some positive effects where it might reduce these levels." Briden suggests the 14/10 model – a 10-hour eating window followed by a

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14-hour overnight fast – as a happy medium for most women. "Many people do this daily without even thinking about it. It's very different to eating one meal a day or doing a seven-day fast."

Similarly, Hawley recommends "mid-time restricted eating" – involving a later breakfast and an earlier dinner, finishing eating by around 7pm – as a solution that's relatively easy to put into practice but won't negatively impact blood-glucose levels overnight, which can happen if you eat too close to bedtime.

For women of reproductive age, hormones vary significantly throughout the menstrual cycle, which can influence how best to go about things on any given day. "Women need more food during the luteal [or premenstrual] phase, and potentially will find it harder to fast then," explains Briden. "It's logical to try fasting during the follicular phase [which occurs before ovulation], where they are naturally less hungry."

You also don't have to fast every day to reap benefits: "You can just do it when it feels good," advises Briden. A welcome shade of grey in an often black-or-white wellness conversation, this provides leeway where fasting might not square neatly with the realities of life for, say, shift workers, or where a rigid fasting schedule means passing up on a meal with loved ones. Modern life is sufficiently suffused with shoulds and musts; building in some freedom can do a lot of good.

The bottom line? If in doubt, seeking guidance from a healthcare professional, like a GP or dietitian, should be your first port of call. And listening to your body is naturally key: IF should make you feel good. As Briden puts it: "If all your markers indicate that things are going well – good sleep, good energy during the day, a regular period with not too many premenstrual symptoms – those are indicators that how you're eating is the right fit for you."

If you're impacted by an eating disorder or body-image concern, or know someone who is, contact Butterfly's National Helpline on 1800 ED HOPE (1800 33 4673) via webchat or email support@butterfly.org.au – counsellors are available seven days a week, 8am-midnight (AEDT). HB