

Time-restricted eating early in day more effective for weight loss

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Time-restricted eating (TRE) by eating early in the day (eTRE) is more



effective for weight loss at 14 weeks than eating over a period of 12 or more hours daily, according to a study published online Aug. 8 in *JAMA Internal Medicine*.

Humaira Jamshed, Ph.D., from the University of Alabama at Birmingham, and colleagues examined whether eTRE is more effective than eating over a period of 12 or more hours in a 14-week trial. Participants were aged 25 to 75 years with obesity and received <u>weightloss</u> treatment. Ninety participants were randomly assigned to eTRE plus energy restriction (ER; eight-hour eating window from 7:00 to 15:00) or control eating plus ER.

The researchers found that the eTRE+ER intervention was more effective for weight loss (-2.3 kg) but did not affect body fat or the ratio of fat loss to weight loss. The effects of eTRE+ER intervention were equivalent to an additional 214-kcal/day reduction in calorie intake. Improvements were seen in diastolic blood pressure (-4 mm Hg) and mood disturbances, including fatigue-inertia, vigor-activity, and depression-dejection for the eTRE+ER intervention. Between the groups, all other cardiometabolic risk factors, food intake, physical activity, and sleep outcomes were similar. eTRE+ER was more effective for losing body fat and trunk fat than the control group in a secondary analysis of 59 completers.

"The eTRE intervention may therefore be an <u>effective treatment</u> for both obesity and hypertension," the authors write.

One author disclosed financial ties to the health and nutrition industry, including being inventor of an app used to measure food intake.

More information: Humaira Jamshed et al, Effectiveness of Early Time-Restricted Eating for Weight Loss, Fat Loss, and Cardiometabolic Health in Adults With Obesity, *JAMA Internal Medicine* (2022). <u>DOI:</u>



10.1001/jamainternmed.2022.3050

Shalender Bhasin, Time-Restricted Eating to Improve Health—A Promising Idea in Need of Stronger Clinical Trial Evidence, *JAMA Internal Medicine* (2022). DOI: 10.1001/jamainternmed.2022.3038

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