

Meal Frequency and Timing

Hey, everyone, in this presentation we'll talk about how to personalize the frequency and timing of meals for particular conditions. I've often said that there's no one-size-fits-all approach when it comes to diet, and that is true in general. It's also true specifically when it comes to meal frequency and timing. So even within the guidelines I'll lay out in this presentation, there will be individual variation and there will be cases of patients who do not fit the norm or the guidelines, and in those cases you always want to customize and individualize based on that particular patient, not some arbitrary guidelines.

I've found that generally healthy patients who do not have blood sugar or immune problems do best with three meals a day. If they have an appetite for snacks in between meals, you should also allow this. If you look at ancestral eating patterns in contemporary hunter-gatherers, they vary quite a bit. So in some cases, you'll see hunter-gatherers who are just kind of snacking all through the day; in other cases you'll see that they eat more regular meals; and in still other cases, you'll see that eating varies considerably based on what they've been able to hunt or gather, and so they might have periods of food abundance where they're eating a lot, and they might have periods of food scarcity where they're eating less.

So as a general rule, three meals works well for most people, but within that you want to train patients to listen to their body and vary their meal intake according to their appetite and what else is happening in their life. So if they're sick, for example, coming down with a cold or a flu and their appetite is less, then it's probably a good idea to follow that and eat less, and maybe eat things like soups or stews that would be beneficial in those circumstances. Or if they're exercising a lot or using their brain intensively, they might have a greater appetite, and it probably makes sense to follow that. If they're traveling and there's no food available, that is, food that would make them feel good, they might be better off skipping that meal and doing a little brief intermittent fast. So most people do this naturally, but it's still good to have those discussions with your patients, and also good for people to learn to pay attention and listen to their bodies. This is where a meditation or mindfulness practice can come in handy, because a lot of people don't ever really think about this, and they don't pay much attention, and they just eat in a kind of automatic or unconscious way, and so bringing attention to this can be really helpful for your patients.

Those who are trying to lose weight or have metabolic dysfunction should start by not having any snacks between meals. There are a lot of studies that suggest that snacking between meals can interfere with weight loss efforts, and avoiding snacking can help to regulate hormones that regulate, in turn, appetite and satiety. This might be hard for people who are used to consistent snacking, so you may need to cut their snacks out one by one and potentially increase meal sizes a little bit if the diet becomes insufficient calorically, even for weight loss targets. And this is yet another good opportunity to discuss mindful eating with your patients, because a lot of times people snack somewhat unconsciously. They might head to the refrigerator and open it up and just start eating something without even realizing they're doing it, or they get home from work and

they're really stressed out, and they just reach for a bag of chips that's on the counter and start eating those. A lot of snacking that happens, happens for those reasons, that don't really have anything to do with hunger, so if you're going to start addressing this topic with your patients, you'll need to broach the topic of mindfulness, and this is one of the many reasons why I recommend mindfulness practice. It's a crucial tool in making any kind of diet or behavior or lifestyle change.

Being able to pay attention to what's happening is absolutely essential to making any changes, and many of us, whether we're eating snacks or meals, if we're eating in a distracted environment where we're watching TV or looking at the iPad or reading something, and we're not really paying attention to what we're eating, we don't really have a chance to recognize the satiety signals. We don't notice when we're starting to get full; we might continue eating beyond what we actually need to eat in that moment, and this can be really subtle, like if your patient eats a hundred calories more per meal than you need, if you put two plates down on the table and one had a hundred calories more, visually you or your patient probably wouldn't be able to tell the difference. So we're not talking about gross gluttony here, we're talking about small changes in caloric consumption that over time can lead to significant weight gain, and so the body has very, very sophisticated mechanisms for regulating food intake.

I don't know if you've ever thought about this, but in some ways it's kind of a miracle that people who maintain a normal weight over the course of years or decades are able to do that without counting calories. The body has this amazing ability to regulate caloric intake so finely that we wouldn't actually gain or lose weight, just by controlling our appetite. So if we learn to listen to that appetite and pay attention to the signals that our body is giving us, then that is one of the keys to regulating food intake, so this means creating a relaxed environment for eating, not multi-tasking at meals, on the phone or watching TV or reading, only eating sitting down at the table. So instead of standing at the refrigerator or just eating something off of the counter, focusing on the taste and texture of food, enjoying it, chewing it thoroughly, which is kind of a precondition to focusing on the taste and texture of the food, and sharing meals with friends and family all can be really helpful in terms of bringing more mindfulness to food.

Those who have hypoglycemic tendencies often do better with smaller, more frequent meals. So, there are different ways to do this. One way is to have three normal-sized meals and then a snack between breakfast and lunch, and a snack in between lunch and dinner. Another way is to have maybe five to six smaller meals throughout the day. It's not particularly important which the patient chooses; it depends on personal preference in their schedule, whether they work inside or outside the home, etc. But this can feel like an annoyance in some cases because patients don't feel like they have enough time to eat that often, especially if they have a busy corporate type of job where they don't have as much control over their schedule, so you may need to work through some of those factors to make that possible for them. You're going to probably need to talk about on-the-go, Paleo-friendly type of snacks that will keep blood sugar stable. In the 14Four program, we have recommendations for that and handouts with snack ideas. You want to make sure to have patients monitor their blood sugar if they know that they get hypoglycemic, to see if that helps

their blood sugar, and when the patient sees or feels more appropriately the improvement once they start to eat this way, it's often enough motivation for them to work it into their lifestyle.

People who have digestive disorders, it can be a little bit trickier for them. Some do well at three meals per day and no snacking between meals, which allows some time for their digestive tract to rest and reset between meals. However, others do better with smaller, more frequent meals, as they can't tolerate the larger amounts of food that would be required to meet their caloric needs from three meals. So we would usually recommend having patients try both different ways of eating and see how they feel. If they feel better with one versus the other, then that's the one that we'll recommend.

Athletes are highly active individuals, and they also have some specific frequency and timing issues that we'll discuss in a later presentation in more detail that is specifically about food and diet considerations for athletes. For now, you should know that they'll likely need pre- and post-workout meals or snacks, depending on the type of activity level they're doing and depending on their goals. So, for example, if someone is trying to lean out, then exercising in a fasted state could be really helpful, but if someone is trying to put on muscle and increase their performance, they probably wouldn't want to exercise in a completely fasted state, and they would definitely want to do some post-workout nutrition to assist with muscle gain.

Once you've determined an appropriate starting place for meal frequency and timing, have the patient implement that and track it with a kind of food and symptom journal and then report back to you. There will often need to be some tweaking done based on their response, and this is, as I mentioned, not an exact science. You need to personalize this to each individual depending on their circumstances, and like everything else, it may change over the course of their treatment as their health status and other circumstances change.

Okay, thanks for watching. In the next presentation, we'll talk about intermittent fasting, and in particular who intermittent fasting is for and who it isn't for in clinical practice. I'll talk to you then.