

HEALTH FAQ

Intermittent fasting: Unlocking weight loss and athletic gains — but is it right for everyone?

Intermittent fasting is an eating pattern that alternates periods of fasting with periods of eating. A typical intermittent fasting regimen involves fasting for 16 to 18 hours, such as finishing dinner by 6 p.m. and not eating again until 10 a.m. or noon the next day. During fasting periods, water, black coffee, black tea and herbal tea are permitted and do not break the fast. Green tea is often recommended to help curb hunger. Artificial sweeteners can be used but probably should be limited.

Is intermittent fasting effective for weight loss?

Intermittent fasting is effective and safe for most adults seeking weight loss. Clinical trials and meta-analyses show that intermittent fasting can help people lose 3- to 8% of their starting weight over several months. Intermittent fasting works by helping the body switch from burning sugar to burning fat, which may also improve cholesterol, blood pressure and other markers of metabolic health. This strategy is especially effective for individuals who prefer to focus on meal timing and healthy eating rather than counting calories or tracking specific foods. I have found that intermittent fasting is most successful in those who choose non-processed foods and avoid calorie-dense foods during eating periods, maximizing weight loss and metabolic benefits.

Is intermittent fasting recommended for athletes?

For athletes and physically active individuals, intermittent fasting does not necessarily impair performance and may offer additional benefits. Research shows that intermittent fasting, combined with exercise, can lead to significant weight and fat loss without reducing muscle mass or strength. Most studies find no negative effects on aerobic capacity, strength or power, and some evidence suggests time-restricted eating may improve aerobic fitness.

What is the effect on adolescents or those with chronic conditions?

Caution is needed for adolescents and people with chronic medical conditions such as diabetes. In adolescents, intermittent fasting may interfere with normal growth, insulin production and hormone balance, and could increase the risk of metabolic problems and disordered eating behaviors. Many experts recommend that adolescents avoid unsupervised intermittent fasting and instead focus on a balanced, healthy diet. For people with diabetes, intermittent fasting can help with weight loss and may improve some metabolic markers, but it is not superior to standard calorie restriction for blood sugar control. Intermittent fasting can increase the risk of low blood sugar (hypoglycemia), so anyone with diabetes who wants to try intermittent fasting should do so only under medical supervision.

In summary, intermittent fasting is a flexible and effective approach for weight loss and can be safely used by many adults and athletes, but it is not recommended for adolescents or people with diabetes without medical supervision. The key is to find a healthy eating plan that fits personal needs and health conditions, and to seek guidance from a healthcare professional before making significant dietary changes.

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N.C. First Lady Anna Stein announces the launch of FACT teams in North Carolina on Nov. 3 at N.C. Department of Health and Human Services headquarters in Raleigh. The pilot program aims to improve outcomes for people whose mental illnesses lead to frequent interactions with the criminal justice system.

NC invests \$9.5M to help those with mental illness after incarceration

Rachel Crumpler
NC Health News

Trying to get back on one's feet in the community after leaving prison or jail is rarely easy. People often face steep hurdles finding housing, employment and health care. For those with serious mental illness, the transition can be even more difficult.

About two in five people who are incarcerated have a history of mental illness — roughly twice the prevalence of mental illness within the general adult population.

Many of them leave prison or jail without a job or even a place to live. Some may have a single outpatient mental health appointment scheduled and a 30-day supply of their medications. Others might just get handed a list of resources and phone numbers.

Too often, it isn't enough. Ted Zarzar, a psychiatrist who divides his time between UNC Health and Central Prison in Raleigh, previously told NC Health News the period where people reenter their communities is especially critical — and high-risk — for people with a mental illness.

Without a direct handoff to care and support, Zarzar said staying stable in the community is nearly impossible. Many people end up right back in a jail, prison or the hospital in a frustrating — and costly — cycle of recidivism. And taxpayers foot the bill: Incarceration in a North Carolina prison costs more than \$54,000 a year.

It's a cycle state leaders want to break — and they're trying a new approach.

On Nov. 3, North Carolina officials announced a \$9.5 million pilot program to provide intensive support to people with serious mental illnesses — such as schizophrenia, bipolar disorder and chronic post-traumatic stress disorder — as they reenter the community after incarceration. The goal: to reduce repeat encounters with the justice system and guide people to the help they need.

These Forensic Assertive Community Treatment, or FACT, teams will deliver personalized clinical and social support to justice-involved individuals with serious mental health needs who also present a medium to high risk of repeated criminal behavior.

"We want to make sure

that they are effectively connected to the treatment and supports that they need," said Kelly Crosbie, director of the state's Department of Health and Human Services Division of Mental Health, Developmental Disabilities, and Substance Use Services. "It is good for them, it is good for their families and it is good for our communities."

High-risk, high-needs population

The first FACT teams will be based in Pitt, New Hanover, Wake/Durham, Buncombe and Mecklenburg counties. Each team will receive \$636,000 per year for three years — funding that comes from the \$835 million in behavioral health funding the state legislature appropriated in the 2023-25 state budget to improve the state's mental health system.

Teams are designed to tailor care based on a person's needs — from mental health and substance use treatment to housing and employment support and assistance with daily living tasks.

North Carolina's first lady, Anna Stein, has focused on supporting rehabilitation and reentry programs for people leaving incarceration and on reducing stigma against people with substance use and mental health disorders as two of her top priorities during her husband's time as governor. She helped announce the new program at NC DHHS headquarters in Raleigh.

"It is critical that we address the intersection of mental health needs and the criminal justice system," Stein said.

While the pilot program has been in the works for more than a year, its launch comes amid increased public attention on gaps in North Carolina's criminal justice and mental health systems. On Aug. 22, Ukrainian refugee Iryna Zarutka was stabbed to death on a Charlotte light rail train. The man charged in her killing had been diagnosed with schizophrenia and was homeless at the time of the incident. He had been arrested more than a dozen times over two decades and spent more than five years in prison for armed robbery.

'People want support'

Data shows that people with mental illnesses are overrepresented in incarcerated, probationary and paroled populations nationwide. Crosbie said that many people

have mental health concerns and behaviors that contribute to their criminal involvement, and others see their conditions worsen behind bars. Some even develop new mental health conditions once they're incarcerated.

That's turned jails and prisons into de facto mental health institutions — even though they're ill-equipped to manage the growing, complex mental health needs of those in their custody.

The FACT model builds on Assertive Community Treatment — a model of care developed in the 1970s when psychiatric hospitals across the nation closed and care shifted into the community. ACT uses multidisciplinary teams who constitute "walking hospitals" to bring treatment directly to community members with the most serious mental health challenges.

Forensic assertive community treatment, or FACT teams, adapts that model to serve a justice-involved population by pairing treatment with interventions to reduce risks for future criminal behavior.

Each North Carolina FACT team will include nine roles: a team leader, psychiatrist or nurse practitioner, nurse, mental health counselor, substance use counselor, peer support specialist, housing specialist, vocational/educational specialist and forensic navigator. The team members work collaboratively to go beyond traditional outpatient care and "wrap" services around them.

"This program in particular is for people with very severe mental health issues," Crosbie said. "These are folks that probably need more than once every two weeks a 45-minute counseling appointment. They really need intensive support through that peer who can be with them every day if that's what they need, through a doc who they can talk to every day if they need to, a clinical social worker who's directing the rest of the team and providing counseling services to them."

"It's just a much more intensive level of clinical services, in addition to some of those other life supports, like housing and employment."

Crosbie said teams can meet clients anywhere — at home, in a park, a doctor's appointment or even at a job interview.

That flexibility is key for

client engagement, said Lacey Rutherford, FACT team lead in Buncombe County.

Each FACT team has the capacity to work with up to 30 clients — a smaller caseload to allow staff to meet each person's intensive needs. Team members are available around the clock, with no time limit on how long they can work with someone to become stable in the community.

The Buncombe and Mecklenburg county teams are already operating and accepting referrals, Crosbie said. The remaining teams are expected to launch by the end of the calendar year. Referrals can come from law enforcement, court officials, community corrections, behavioral health care providers and even family members who think someone would benefit from FACT services.

Rutherford, who previously worked for two years on an assertive community treatment team in Buncombe and had clients with histories of incarceration, said she believes the specialized teams to serve justice-involved individuals will help better address unmet needs.

"People want support. They really do," Rutherford said. "Of course, we're going to have situations where people are going to be resistant to this — to treatment — but overall, this is something that these individuals haven't had. They haven't had support. They haven't had people in their corner fighting for them."

An emerging strategy

While FACT teams are new to North Carolina, the approach has been in limited use elsewhere since the 1990s.

One early FACT team was created in 1997 in Rochester, New York, by psychiatrist J. Steven Lambert, who is also a professor of psychiatry at the University of Rochester Medical Center. Lambert saw the gaps between the mental health and justice systems when many of his patients landed in jail. The program is still operating today, with Lambert serving as team psychiatrist.

Rachel Crumpler is our Report for America corps member who covers gender health and prison health. She graduated in 2022 from UNC-Chapel Hill with a major in journalism and minors in history and social & economic justice. She has worked at The Triangle Business Journal and her college newspaper, The Daily Tar Heel.