

REVIEW ARTICLE

Dan L. Longo, M.D., *Editor*

Effects of Intermittent Fasting on Health, Aging, and Disease

Rafael de Cabo, Ph.D., and Mark P. Mattson, Ph.D.

ACCORDING TO WEINDRUCH AND SOHAL IN A 1997 ARTICLE IN THE JOURNAL, reducing food availability over a lifetime (caloric restriction) has remarkable effects on aging and the life span in animals.¹ The authors proposed that the health benefits of caloric restriction result from a passive reduction in the production of damaging oxygen free radicals. At the time, it was not generally recognized that because rodents on caloric restriction typically consume their entire daily food allotment within a few hours after its provision, they have a daily fasting period of up to 20 hours, during which ketogenesis occurs. Since then, hundreds of studies in animals and scores of clinical studies of controlled intermittent fasting regimens have been conducted in which metabolic switching from liver-derived glucose to adipose cell-derived ketones occurs daily or several days each week. Although the magnitude of the effect of intermittent fasting on life-span extension is variable (influenced by sex, diet, and genetic factors), studies in mice and nonhuman primates show consistent effects of caloric restriction on the health span (see the studies listed in Section S3 in the Supplementary Appendix, available with the full text of this article at NEJM.org).

Studies in animals and humans have shown that many of the health benefits of intermittent fasting are not simply the result of reduced free-radical production or weight loss.²⁻⁵ Instead, intermittent fasting elicits evolutionarily conserved, adaptive cellular responses that are integrated between and within organs in a manner that improves glucose regulation, increases stress resistance, and suppresses inflammation. During fasting, cells activate pathways that enhance intrinsic defenses against oxidative and metabolic stress and those that remove or repair damaged molecules (Fig. 1).⁵ During the feeding period, cells engage in tissue-specific processes of growth and plasticity. However, most people consume three meals a day plus snacks, so intermittent fasting does not occur.^{2,6}

Preclinical studies consistently show the robust disease-modifying efficacy of intermittent fasting in animal models on a wide range of chronic disorders, including obesity, diabetes, cardiovascular disease, cancers, and neurodegenerative brain diseases.^{3,7-10} Periodic flipping of the metabolic switch not only provides the ketones that are necessary to fuel cells during the fasting period but also elicits highly orchestrated systemic and cellular responses that carry over into the fed state to bolster mental and physical performance, as well as disease resistance.^{11,12}

Here, we review studies in animals and humans that have shown how intermittent fasting affects general health indicators and slows or reverses aging and disease processes. First, we describe the most commonly studied intermittent-fasting regimens and the metabolic and cellular responses to intermittent fasting. We then present and discuss findings from preclinical studies and more recent clinical studies that tested intermittent-fasting regimens in healthy persons and in

From the Translational Gerontology Branch (R.C.) and the Laboratory of Neurosciences (M.P.M.), Intramural Research Program, National Institute on Aging, National Institutes of Health, and the Department of Neuroscience, Johns Hopkins University School of Medicine (M.P.M.) — both in Baltimore. Address reprint requests to Dr. Mattson at the Department of Neuroscience, Johns Hopkins University School of Medicine, 725 N. Wolfe St., Baltimore, MD 21205, or at mmatto2@jhmi.edu.

This article was updated on December 26, 2019, at NEJM.org.

N Engl J Med 2019;381:2541-51.

DOI: 10.1056/NEJMr1905136

Copyright © 2019 Massachusetts Medical Society.

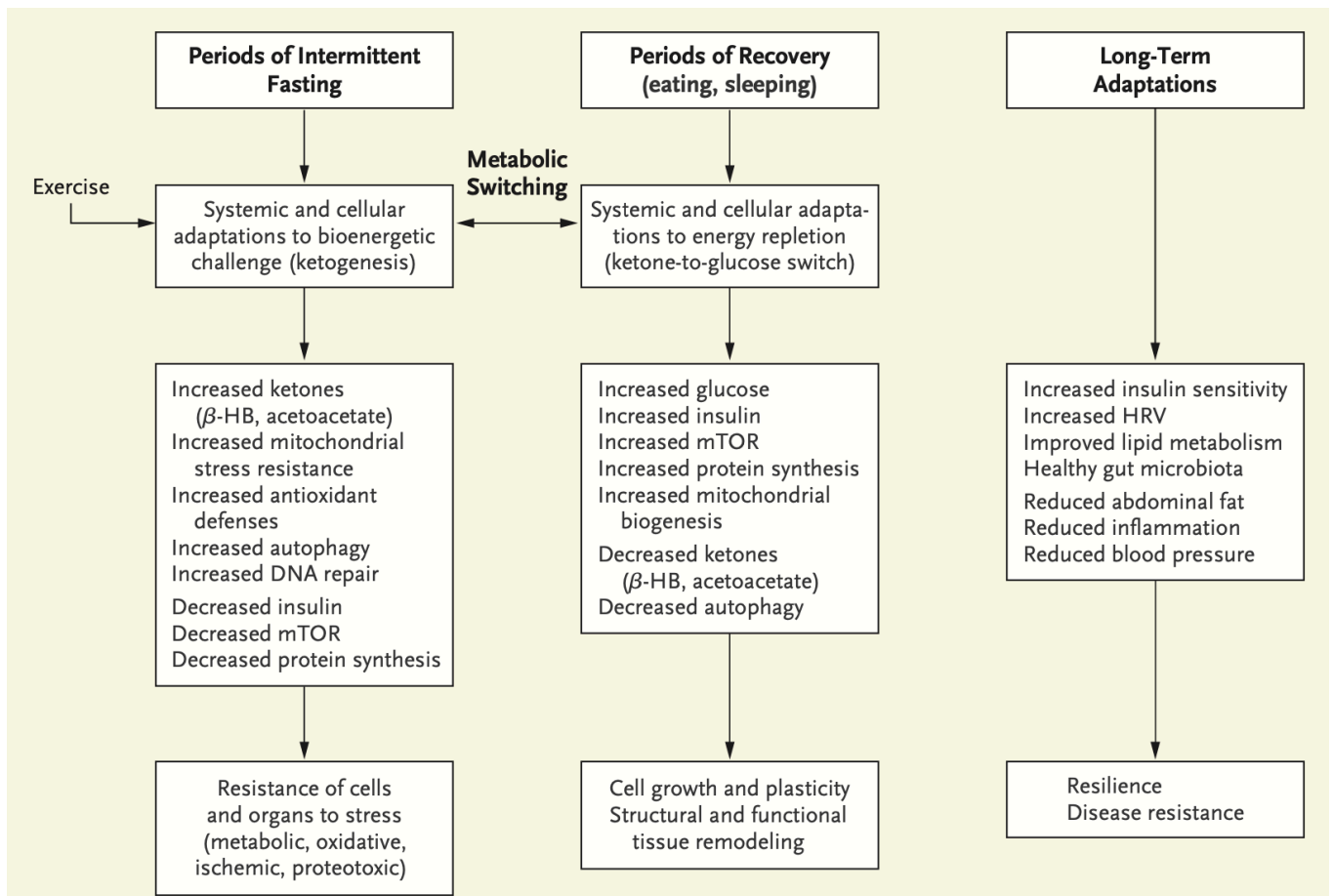


Figure 3. Cellular and Molecular Mechanisms Underlying Improved Organ Function and Resistance to Stress and Disease with Intermittent Metabolic Switching.

Periods of dietary energy restriction sufficient to cause depletion of liver glycogen stores trigger a metabolic switch toward use of fatty acids and ketones. Cells and organ systems adapt to this bioenergetic challenge by activating signaling pathways that bolster mitochondrial function, stress resistance, and antioxidant defenses while up-regulating autophagy to remove damaged molecules and recycle their components. During the period of energy restriction, cells adopt a stress-resistance mode through reduction in insulin signaling and overall protein synthesis. Exercise enhances these effects of fasting. On recovery from fasting (eating and sleeping), glucose levels increase, ketone levels plummet, and cells increase protein synthesis, undergoing growth and repair. Maintenance of an intermittent-fasting regimen, particularly when combined with regular exercise, results in many long-term adaptations that improve mental and physical performance and increase disease resistance. HRV denotes heart-rate variability.

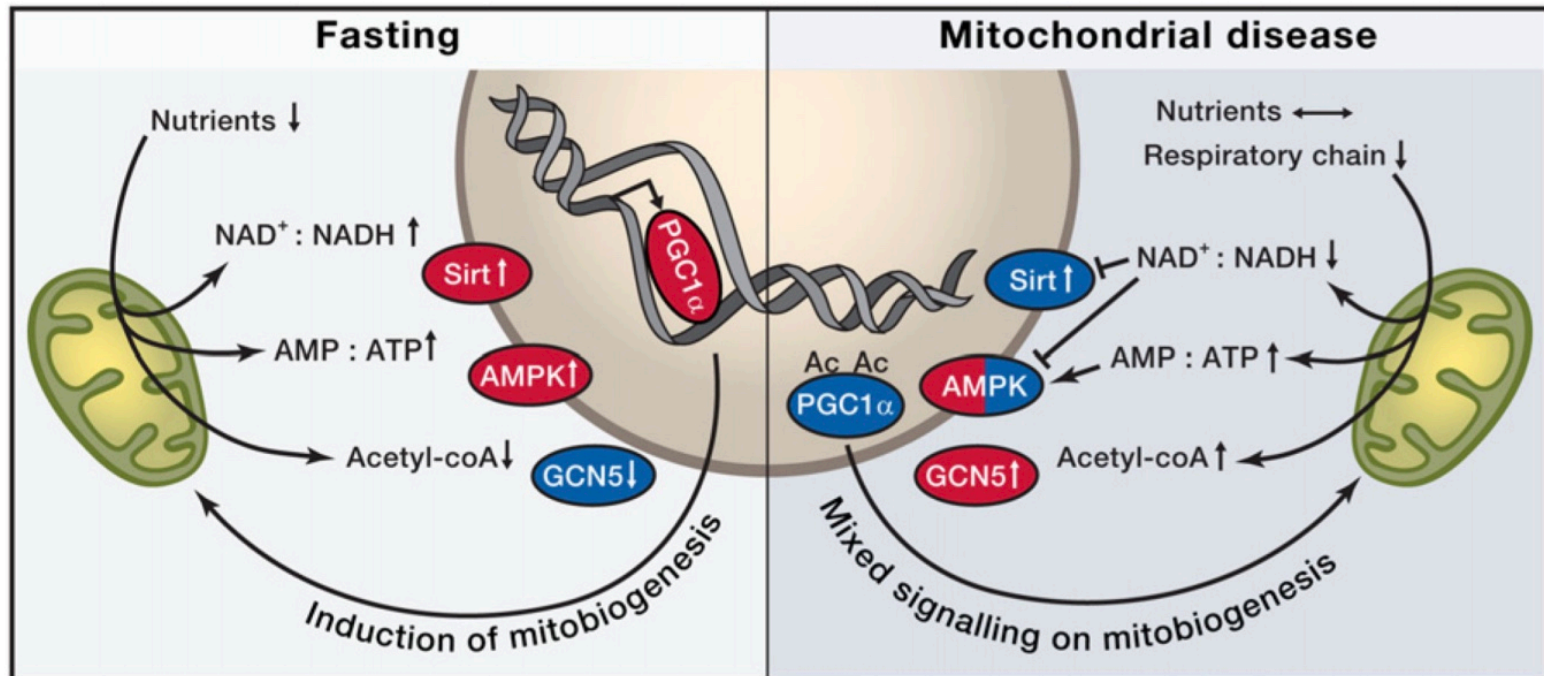


Figure 1. Nutrient Sensors in Fasting and Their Roles in Mitochondrial Disease

Both fasting and mitochondrial disease can modify $\text{NAD}^+:\text{NADH}$ and $\text{AMP}:\text{ATP}$ ratios through decreased nutrient availability or through reduced respiratory chain activity and have the potential to activate (red) nutrient sensors Sirtuin 1 (Sirt, an NAD^+ -dependent histone deacetylase) or AMP-activated kinase (AMPK) and increase mitochondrial biogenesis by activating peroxisome proliferator-activated receptor gamma coactivator 1-alpha (PGC-1alpha). Upon decreased utilization of acetyl-coenzyme A (acetyl-coA), GCN5 (lysine acetyltransferase 2A) is activated and acetylates PGC1alpha, to inactivate it (blue). NAD^+ , nicotinamide adenine dinucleotide, oxidized form; NADH , nicotinamide adenine dinucleotide, reduced form; AMP, adenosine monophosphate; ATP, adenosine triphosphate; Ac, acetyl group.

3 CARBURANTI: immediato, intermedio, tardivo

GLUCOSIO ACIDI GRASSI CHETONI

1 MOTORE CHE: si riproduce, si ripara, si distrugge

MITOCONDRIO

3 POSSIBILI REGOLAZIONI CELLULARI: apoptosi, proliferazione, differenziamento

EPIGENOMA

MOLTEPLICI INTERFERENZE:

dieta, attività fisica, tossici, microbiota, ormoni

1 PROBLEMA CENTRALE:

FLOGOSI SILENTE

Citoplasma

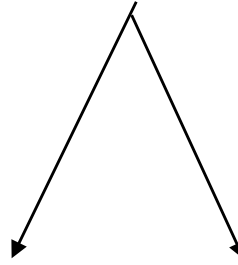


Glicolisi
Anaerobica



PROLIFERAZIONE

Mitocondri

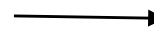


Ciclo di
Krebs

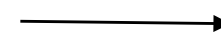
Fosforilazione
ossidativa



Troppo
carburante



ROS

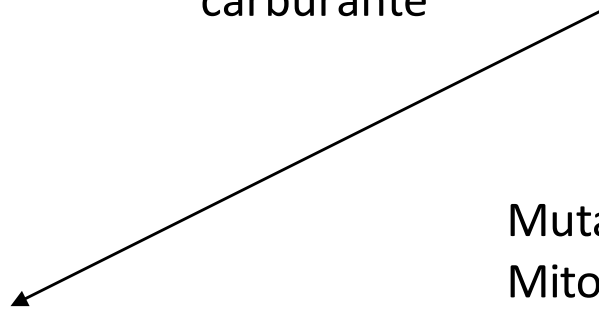
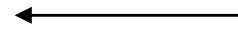


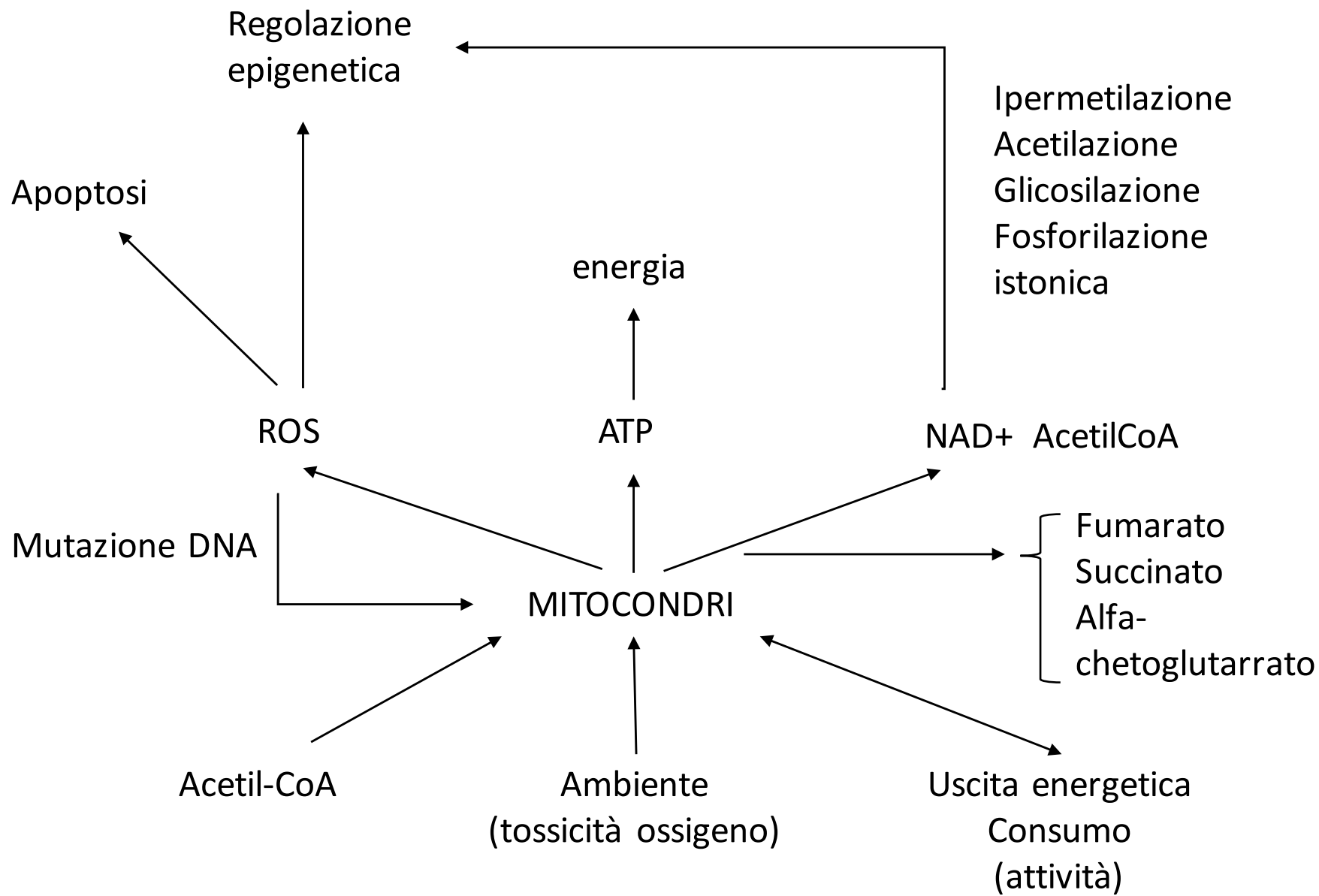
Poco
consumo

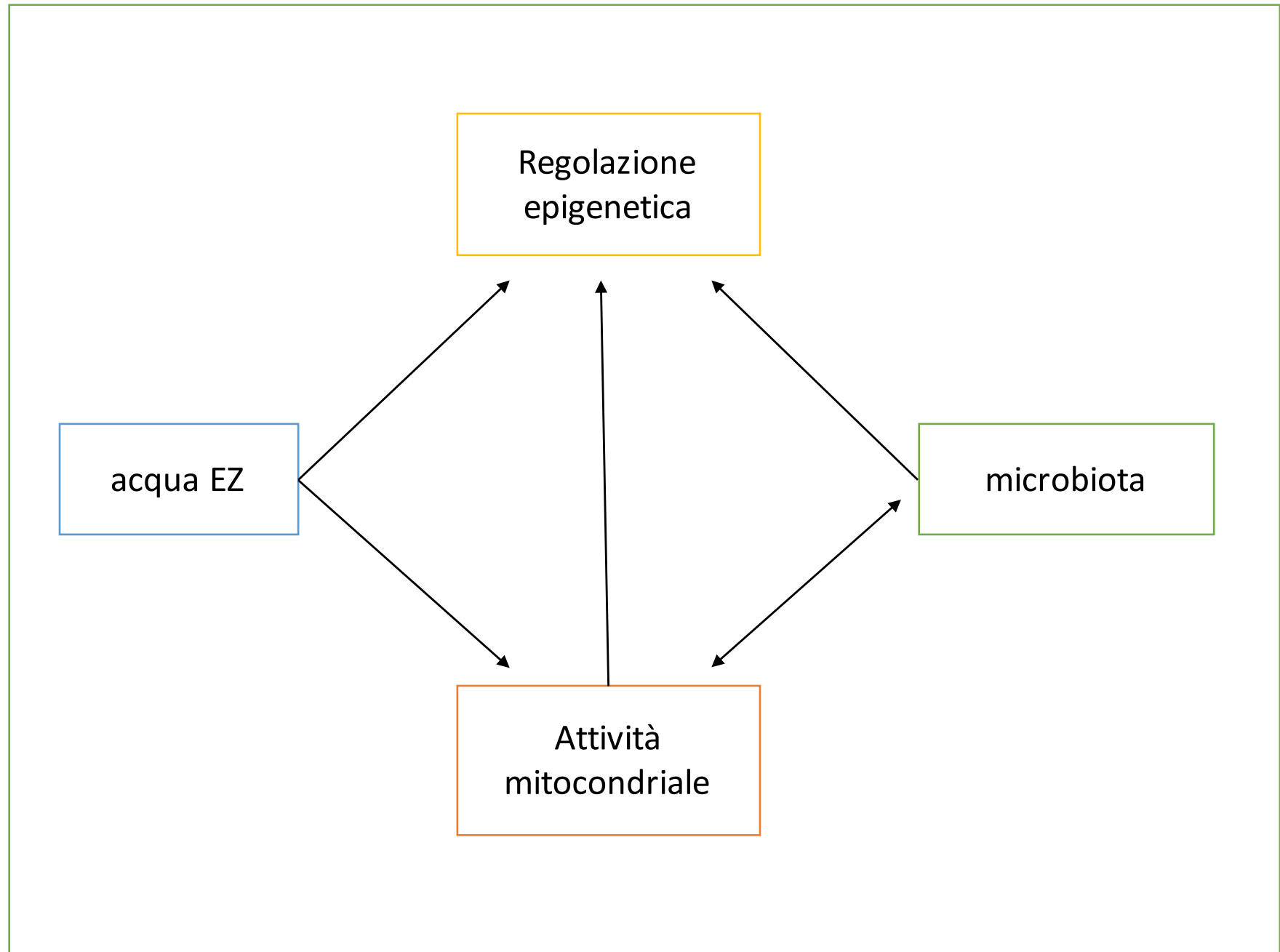


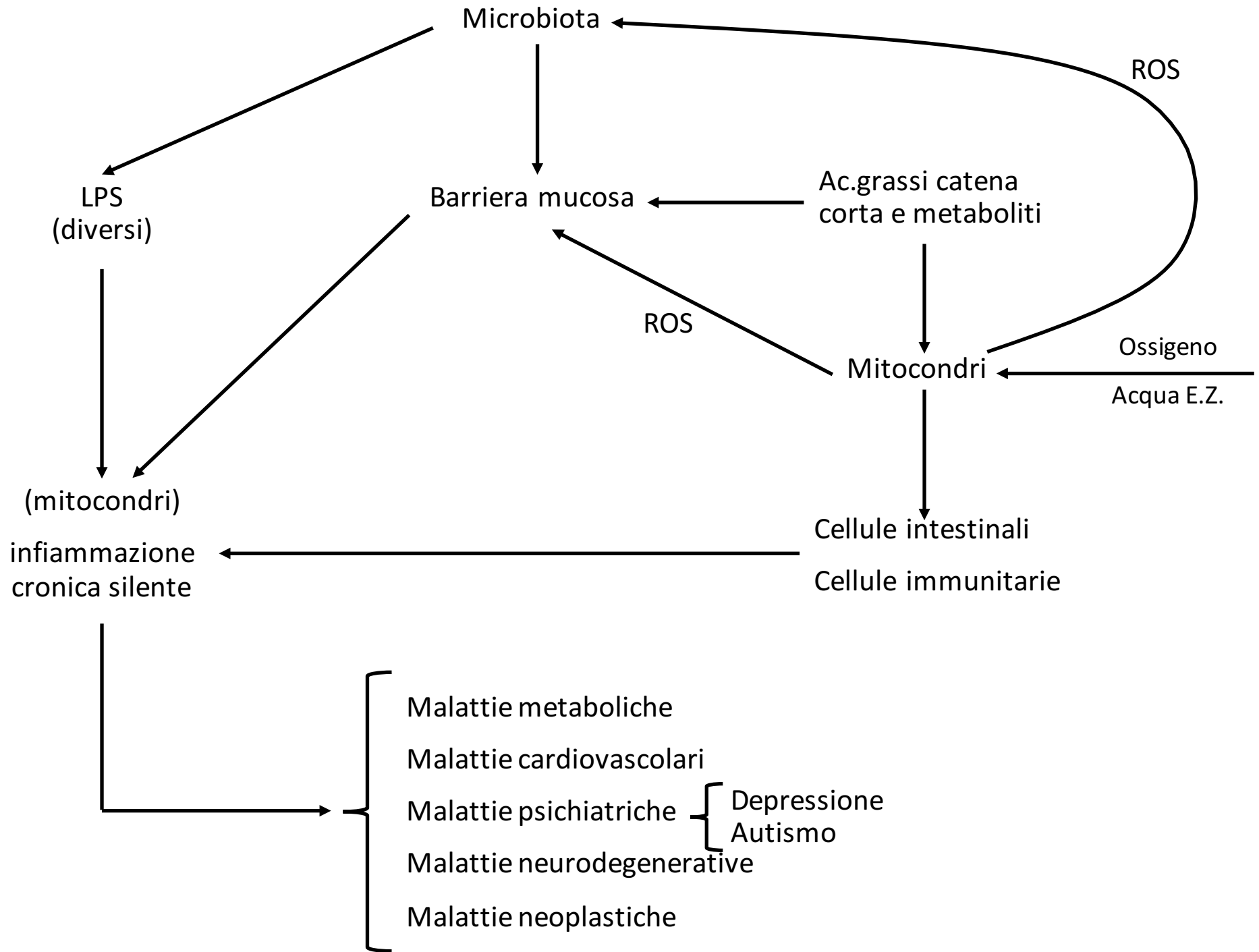
Mutazioni
Mitocondrio

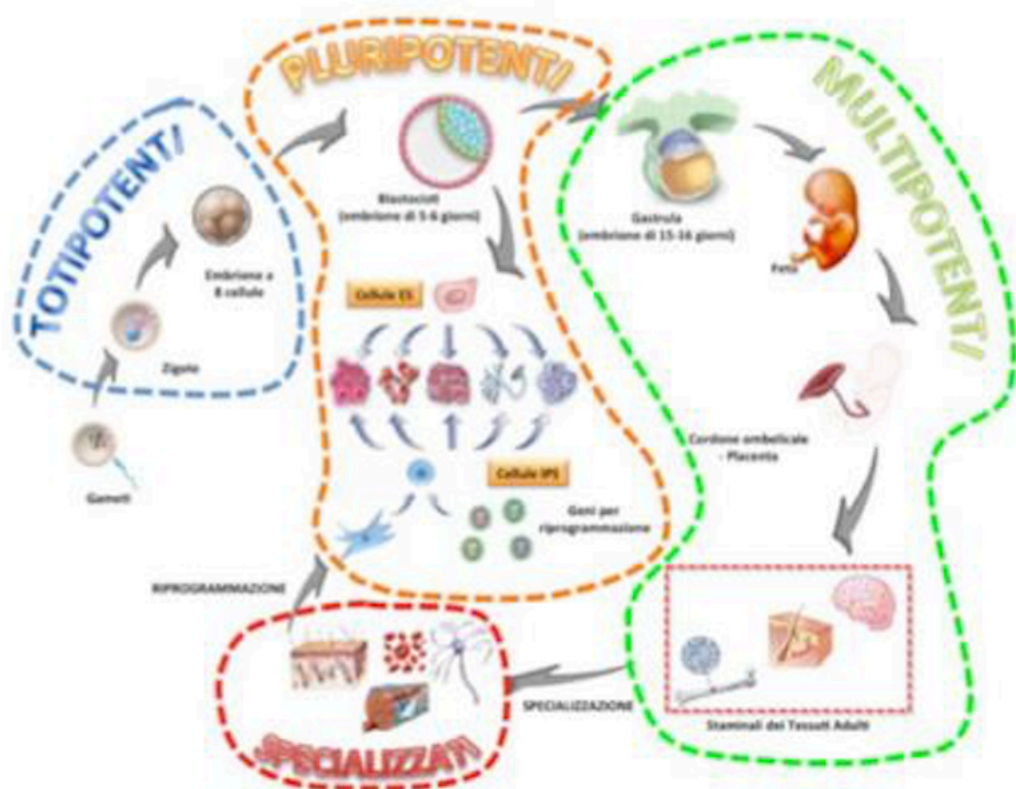
Tossici

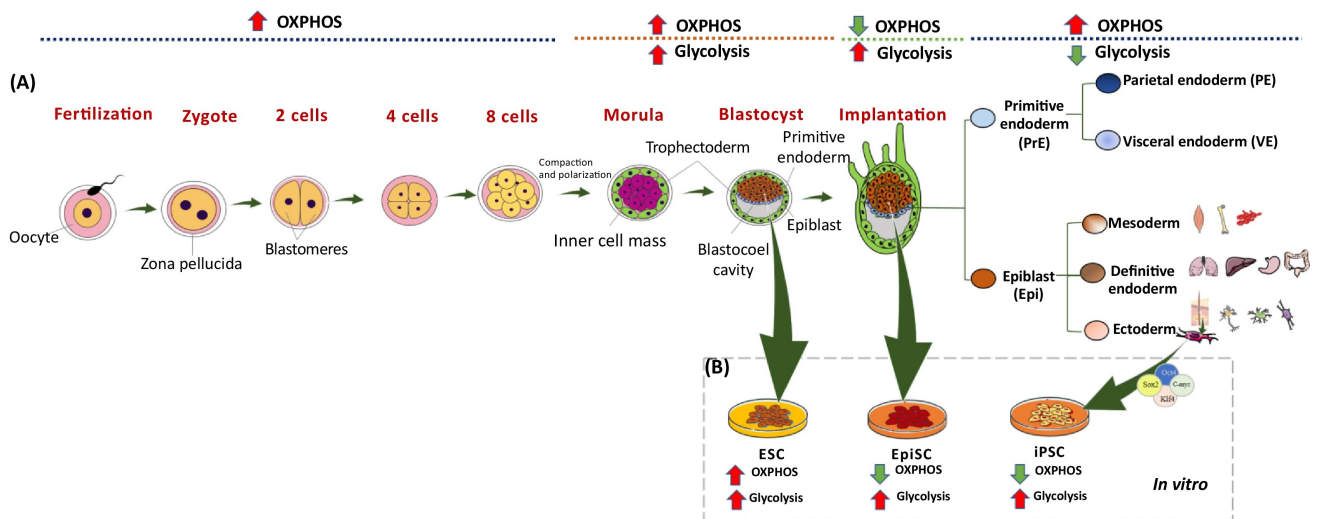


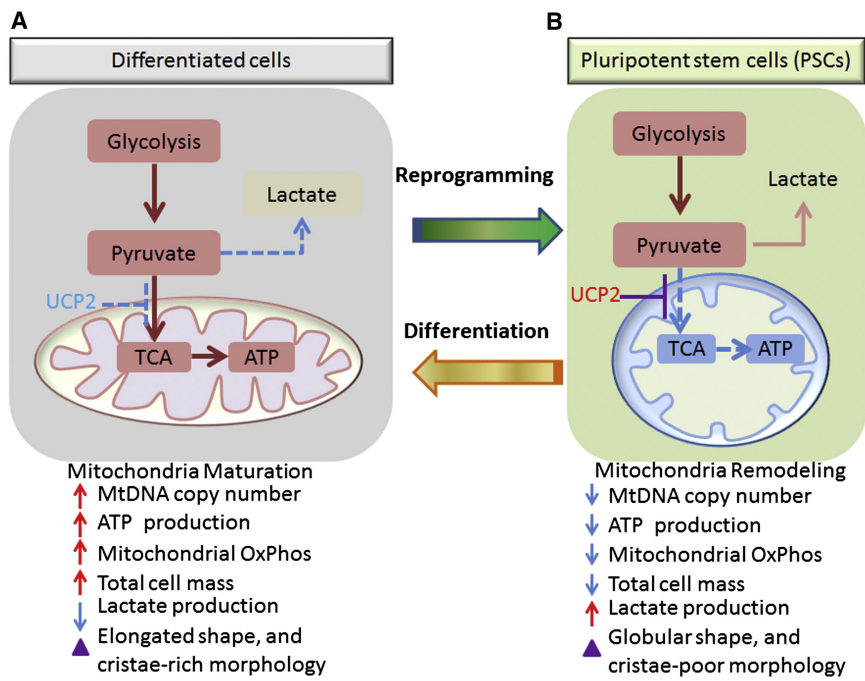


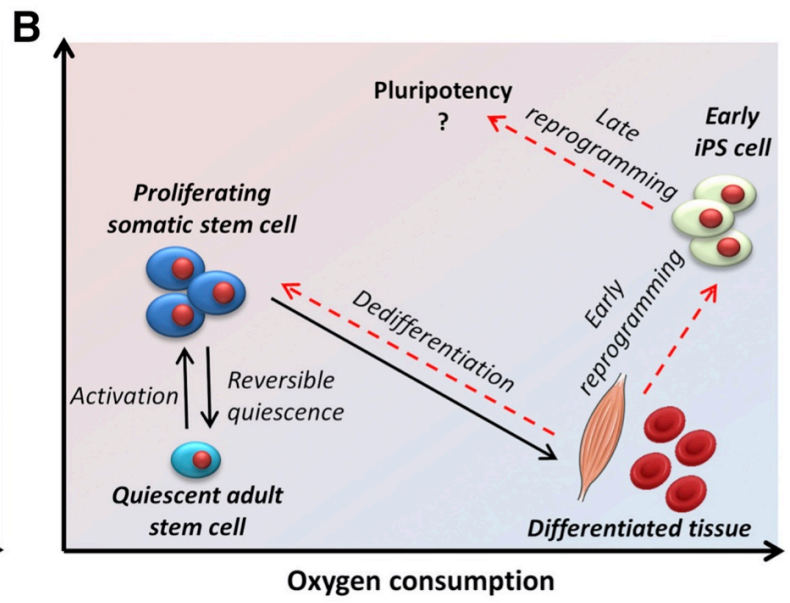
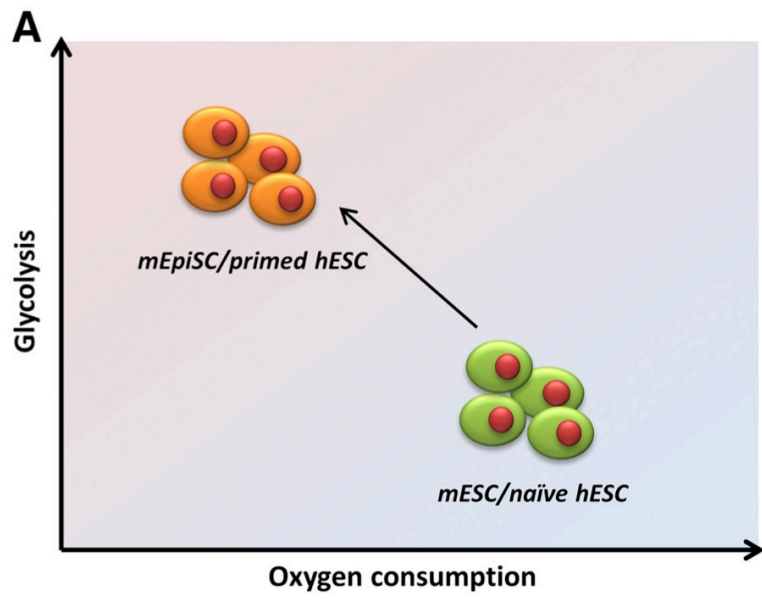


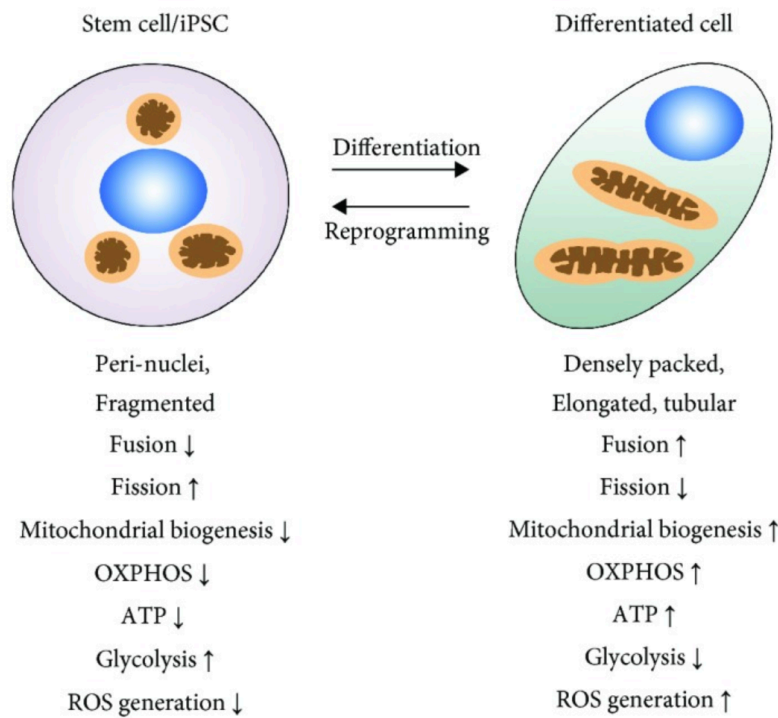












A simplified common scheme of mitochondrial dynamics in stem cells and differentiated cells. In most types of stem cells and reprogrammed iPSCs, mitochondria are usually localized in the nuclear periphery and characterized by sphere, fragmented, and punctate morphologies with fewer cristae (immature morphology). Correspondingly, mito-fission is high whereas mitochondrial biogenesis is low, which maintains low mitochondrial mass. Stem cells generally rely on glycolysis as the major energy source and have low levels of ATP, OXPHOS, and ROS levels. In differentiated cells, mitochondria change to more enlarged and elongated tubular morphology. Correspondingly, mito-fusion and biogenesis increase with the accumulation of mitochondria. Comparably, differentiated cells have higher ATP, ROS, and OXPHOS levels.

Mechanisms of mitochondrial signaling for stem cell fate regulation

ROS

Acetyl
CoA

α -KG

NAD⁺

Regulation of
gene expression

Epigenetic regulation