Why Intermittent Fasting Isn't Working for Women Over 35 (and What to Do Instead)

Joe Miller
Founder of
1st Optimal

1st Optimal

You've skipped breakfast. You've pushed through hunger. You've waited until noon to eat and hoped the scale would budge. But despite your discipline, intermittent fasting just... isn't working.

You're not alone—and you're not doing it wrong. You're just not working *with* your hormones.

Let's talk about what's really going on.

After 35, your body begins to shift. Estrogen, progesterone, and testosterone decline. Cortisol—the body's main stress hormone—can become more reactive. Your thyroid may slow. Your hunger hormones like leptin and ghrelin? They stop playing nice.

This creates a perfect storm where intermittent fasting, which *can* be helpful in some contexts, actually makes things worse.

1. Hormones and Hunger: Your Body Isn't Broken—It's Adapting

When estrogen starts to dip in perimenopause, insulin sensitivity often declines too. That means blood sugar control becomes more fragile, and long fasting windows can trigger blood sugar crashes—leading to cravings, energy dips, and binge eating later in the day.

Cortisol spikes from fasting can also raise blood glucose temporarily. And over time, that means more fat storage, especially around the belly.

Why Intermittent Fasting Isn't Working for Women Over 35 (and What to Do Instead)

Joe Miller
Founder of
1st Optimal

1st Optimal

2. Thyroid Downshifting: Less Fuel, Lower Metabolism

Long fasting periods signal "low food availability," which your thyroid may interpret as a reason to conserve energy. For women already dealing with sluggish thyroid output—a common issue after 35—this is like throwing water on a dim flame. Your resting metabolic rate can actually drop with prolonged fasting.

3. Stress, Cortisol, and the Energy Crash Cycle

Women in midlife are often juggling careers, caregiving, and hormonal shifts. Add fasting-induced cortisol spikes, and you've got a recipe for mood swings, poor sleep, and persistent fatigue. That "wired but tired" feeling? Not in your head.

Chronic stress from restrictive eating can increase cravings for fast carbs, disrupt sleep, and elevate inflammation—undoing all the benefits you hoped fasting would deliver.

4. Muscle Loss and Slowed Metabolism

Skipping meals too often in your 40s and 50s, when you're already losing muscle due to declining estrogen and DHEA, can accelerate muscle breakdown. Less muscle = lower metabolism = harder fat loss.

You *need* regular protein intake, strength training, and yes—food—to preserve lean mass and keep your metabolism healthy.

Why Intermittent Fasting Isn't Working for Women Over 35 (and What to Do Instead)

Joe Miller
Founder of
1st Optimal

1st Optimal

So... what actually works?

At 1st Optimal, we work with women just like you every day. And here's what we've seen move the needle:

- ✓ **Shorter fasts (12–14 hours max)** paired with balanced meals
- ✓ **Protein-first eating** to regulate hunger and blood sugar
- ✓ **Cortisol and thyroid testing** to personalize your nutrition window
- ✓ **Tracking symptoms**, not just weight
- ✓ **Restoring hormones**, not starving your body

✨ You don't need to fast harder. You need a smarter strategy.

Book a complimentary call with one of our health specialists today. We'll help you understand your labs, hormones, and metabolism—so you can finally feel like *yourself* again.

🔗 **Book Your Call with a Specialist Now »**

Why Intermittent Fasting Isn't Working for Women Over 35 (and What to Do Instead)

Joe Miller
Founder of
1st Optimal

1st Optimal

📚 Citations:

1. Santoro, N. (2016). Perimenopause: From Research to Practice. *Journal of Women's Health*, 25(4), 332–339.
2. Klein, S. et al. (2020). Obesity and metabolic phenotype: role of visceral fat. *Obesity*, 28(3), 539–547.
3. Kajaia, N. et al. (2020). The Role of Estrogen in Insulin Sensitivity. *Journal of Clinical Endocrinology & Metabolism*, 105(3), 742–753.
4. Longo, V. D. & Panda, S. (2016). Fasting, circadian rhythms, and time-restricted feeding in healthy lifespan. *Cell Metabolism*, 23(6), 1048–1059.
5. Boelen, A. et al. (2011). Fasting-induced changes in the hypothalamus-pituitary-thyroid axis. *Journal of Endocrinology*, 211(1), 1–10.
6. Heikura, I. A. et al. (2019). Low energy availability is difficult to assess but outcomes have large impact on bone health. *Medicine & Science in Sports & Exercise*, 51(4), 684–692.