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Jahrami, H. A., Alsibai, J., Clark, C. C. T. & Faris, M. A-I. E.

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A systematic review, meta-analysis, and meta-regression of the impact of diurnal intermittent fasting during Ramadan on body weight in healthy subjects aged 16 years and above

Haitham A. Jahrami^{1,2} · Joud Alsibai³ · Cain C. T. Clark⁴ · Mo'ez Al-Islam E. Faris³

Abstract

Purpose Studies on the effect of Ramadan diurnal intermittent fasting (RDIF) on body weight have yielded conflicting results. Therefore, we conducted a systematic review and meta-analysis to estimate the effect size of body weight changes in healthy, non-athletic Muslims practicing Ramadan fasting, and to assess the effect of covariates such as age, sex, fasting time duration, season, and country, using subgroup analysis, and meta-regression. Covariate adjustments were performed to explain the variability of weight change in response to Ramadan fasting.

Methods CINAHL, Cochrane, EBSCOhost, EMBASE, Google Scholar, ProQuest Medical, PubMed/MEDLINE, ScienceDirect, Scopus, and Web of Science databases were searched from date of inception in 1950 to the end of August 2019.

Results Eighty-five studies, conducted in 25 countries during 1982–2019, were identified. RDIF yielded a significant, but small reduction in body weight ($K = 85$, number of subjects, $N = 4176$ (aged 16–80 years), Hedges' $g = -0.360$, 95% confidence interval (CI) -0.405 to -0.315 , $I^2 = 45.6\%$), this effect size translates into difference in means of -1.022 kg (95% CI -1.164 kg to -0.880 kg). Regression analysis for moderator covariates revealed that fasting time (min/day) is a significant ($P < 0.05$) moderator for weight change at the end of Ramadan, while age and sex are not. Variable effects for the season and country were found.

Conclusion RDIF may confer a significant small reduction in body weight in non-athletic healthy people aged 16 years and above, directly associated with fasting time and variably correlated with the season, and country.

Keywords Body weight · Caloric restriction · Diurnal intermittent fasting · Meta-analysis · Obesity · Ramadan · Systematic review

Introduction

Obesity represents one of the causal factors for the most prevalent non-communicable diseases worldwide, with a concomitantly high economic and societal burden, respectively [1, 2]. The economic and health burden arises from the high cost of the medical management of obesity-related comorbidities, such as diabetes, cardiovascular diseases, and cancers [3]. Mounting evidence supports the notion that caloric restriction, weight-reducing diets or intermittent fasting, and physical exercise can reverse, or protect against, the adverse metabolic perturbations associated with obesity [4–6].

Ramadan is the ninth month of the Islamic lunar calendar, during which healthy adult Muslims refrain from consuming food and drink from dawn until sunset. During Ramadan, and throughout the globe, the majority of practicing

A1
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A4 ✉ Mo'ez Al-Islam E. Faris
A5 mfaris@sharjah.ac.ae; moezfaris@hotmail.com

A6 ¹ Rehabilitation Services, Periphery Hospitals, Ministry
A7 of Health, Manama, Bahrain

A8 ² College of Medicine and Medical Sciences, Arabian Gulf
A9 University, Manama, Bahrain

A10 ³ Department of Clinical Nutrition and Dietetics, College
A11 of Health Sciences, Research Institute for Medical and Health
A12 Sciences (RIMHS), University of Sharjah, P.O.Box 27272,
A13 Sharjah, United Arab Emirates

A14 ⁴ Centre for Sport, Exercise and Life Sciences, Coventry
A15 University, Coventry, UK

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42 Muslims have two main meals, one immediately after sunset
43 (*suhoor*) and one just before dawn (*iftar*) [7]. During the
44 night hours, from sunset to dawn, people are permitted to
45 eat and drink freely, but they are not allowed to consume any
46 food or drink after dawn [8]. Ramadan diurnal intermittent
47 fasting (RDIF) represents a unique pattern of intermittent
48 fasting that involves consistent diurnal abstinence from food
49 and drink, for a fasting period of 12–18 h (depending on the
50 season) over 29–30 days.

51 The impact of intermittent fasting and caloric restric-
52 tion on body weight loss has been questioned, and several
53 original research and review articles have been published
54 in an attempt to answer this question during the last decade
55 [5, 6, 9–16], with findings, however, bereft of uniformity.
56 Given that Ramadan fasting is a form of intermittent fasting
57 and time-restricted feeding pattern [17, 18] that is globally
58 observed, its impact on body weight loss is of contemporary
59 interest. Furthermore, in a recent meta-analysis on meta-
60 bolic syndrome components (waist circumference, systolic
61 blood pressure, fasting plasma/serum glucose, triglycerides,
62 and high-density lipoprotein cholesterol) [19], bodyweight
63 change was not investigated. Thus, the present systematic
64 review and meta-analysis aimed to systematically summarize
65 and analyze available scientific evidence and to clarify the
66 results of published literature about the effect of RDIF on
67 body weight in healthy, non-athletic people observing Ram-
68 adan fasting. The current meta-analysis also investigates the
69 impact of some contextual variables, specifically; the dura-
70 tion of the intermittent fasting period on the magnitude of
71 weight loss. Findings of the current review will help to sys-
72 tematically and comprehensively test the effect size of body
73 weight changes in healthy, non-athletic Muslims practicing
74 fasting during Ramadan month, assess the generalizability of
75 reported results, obtain a more stable estimate of the effect
76 size of fasting during Ramadan on body weight change, and
77 conduct subgroup analyses for associated confounding fac-
78 tors and to investigate differences between different seasons
79 and countries. Based on the nature of Ramadan fasting that
80 involves consistent, frequent abstinence from food and drink,
81 even water, we hypothesized that this systematic review and
82 meta-analysis would show a significant body weight loss at
the end of the fasting month.

84 Materials and methods

85 This meta-analysis used Meta-analysis Of Observational
86 Studies in Epidemiology (MOOSE) as a guideline for report-
87 ing findings [20].

Database searches

Two authors (JS and MF) conducted an electronic search in
ten databases: CINAHL, Cochrane, EBSCOhost, EMBASE,
Google Scholar, ProQuest Medical, PubMed/MEDLINE,
ScienceDirect, Scopus and Web of Science from database
inception in 1950 to the end of August 2019. The search
strategy included relevant keywords: "Islamic fasting" OR
"Ramadan fasting" OR "Ramadan diurnal fasting" OR
"Ramadan intermittent fasting" OR "Ramadan model of
intermittent fasting" OR "Ramadan fast" OR "Intermittent
prolonged fasting during Ramadan" OR "Recurrent circa-
dian fasting" AND "body weight" OR "body composition"
OR "body mass" OR "body mass index" OR "anthropomet-
rics" OR "anthropometry". Reference lists of the obtained
studies were hand searched, and authors were contacted to
find relevant articles and reviews and to make sure that all
meta-related publications were included in the current analysis. ■

Inclusion criteria

We included observational and intervention clinical stud-
ies that studied the effect of RDIF on body weight. Inclu-
sion criteria for study selection were: (1) publication date
between the inception of the database in 1950 to the end of
August 2019; (2) original research articles published in the
English language; (3) studies that reported numerical values
(e.g., arithmetic mean with/without standard deviation, SD)
for the body weight; (4) studies that assessed the effect of
RDIF on healthy people as the target population in prospec-
tive observational studies or as healthy controls in case-con-
trol, semi-experimental, and experimental or interventional
studies. As we were looking for studies that examined the
effect of RDIF on body weight, we included studies that
measured body mass in at least two stages: before Ramadan
fasting month as the baseline (e.g., few days or 1–2 weeks
before Ramadan month or the first few days of Ramadan
month), and post fasting (at least two weeks into the fasting
month or after completion of the fasting month). It should
be noted that Islamic laws pertaining to fasting specify that
premenopausal women are exempt from fasting during men-
struation days; therefore, these women are not expected to
complete fasting for the whole month of Ramadan. A similar
exemption applies to older people who may find it hard to
complete the entire Ramadan month and may miss some
fasting days.

Exclusion criteria

The following exclusion criteria were applied on retrieved
articles to eliminate factors that may incur potential

134 methodological and quality issues: (1) studies that were
 135 exclusively conducted on fasting children and adolescents
 136 (less than 18 years old), (2) studies that included patients
 137 with different diseases or conditions who were observing
 138 RDIF including diabetes; (3) studies on the effect of RDIF
 139 on Muslim athletes who were observing Ramadan fasting;
 140 (4) lack of full text after contacting the respective authors;
 141 (5) studies that expressed changes in body weight using bar
 142 graphs and curves, without reporting exact numerical val-
 143 ues; (6) studies on pregnant and/or lactating women who
 144 were observing Ramadan fasting; (7) studies that reported
 145 the post-Ramadan measurement after passing one month
 146 or longer, as mounting evidence supports that biochemical
 147 variables induced by RDIF disappear or return to the pre-
 148 fasting level after one month of Ramadan cessation [21–23];
 149 (8) case reports, abstracts, review articles, editorials, and
 150 non-English-language articles; (9) unpublished, non-peer-
 151 reviewed data; all of which were excluded from the quantita-
 152 tive and qualitative analysis; and (10) studies that involved
 153 special dietary and physical activity plans during the fasting

month. Articles were excluded from the current analysis
 if they met any of the aforementioned criteria. The low
 dia-gram of study selection is presented in Fig. 1.

Main outcomes and measures

The principal outcome of this review was to report the effect of RDIF as effect size changes in body weight. Two authors (JS and MF) independently screened the titles and abstracts of identified studies and assessed the studies for eligibility. The screening was done by first going through all titles and abstracts to exclude irrelevant publications. Two authors (JS and MF) performed the initial data extraction. Any conflicts in opinion regarding study eligibility were resolved through dialog with a third member (HJ) to reach consensus. To standardize data extraction, the review team collected data for study characteristics (e.g., title, country, year, sample size, participants' characteristics such as sex, age, or proportion of males); and the main findings for body weight before

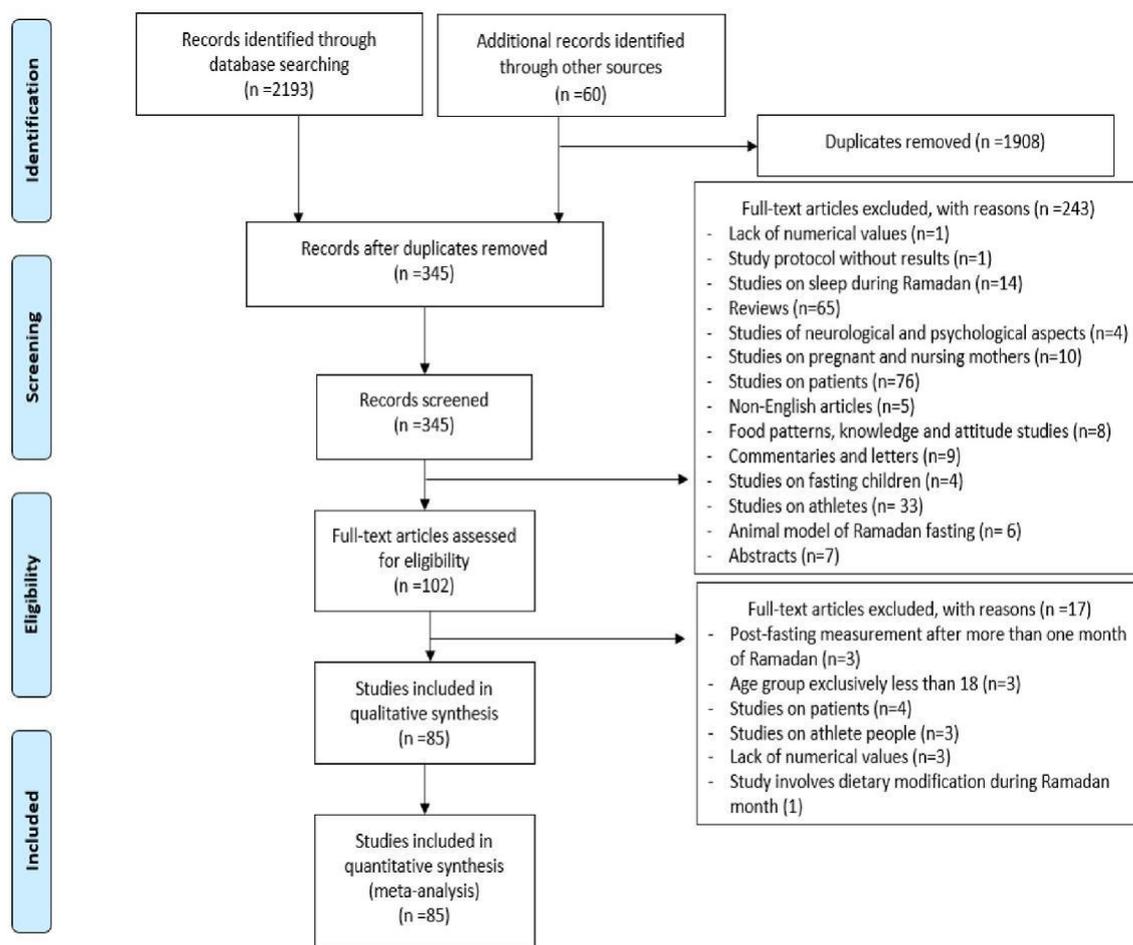


Fig. 1 Flowchart for the selection of publications included in the systematic review and meta-analysis

171 and at the end of Ramadan. Extracted data were entered into
172 Microsoft Excel Sheet in preparation for analyses.

173 Estimating fasting time length and season

174 Ramadan month, as presented in the lunar calendar, was
175 matched with the Gregorian calendar using a time and date
176 website (<https://www.timeanddate.com/holidays/us/ramadan-begins>). The daily length of fasting during Ramadan
177 month was calculated using the sunrise and sunset times
178 reported for that month for the city/country of each included
179 study (<https://www.timeanddate.com/sun/@8469718>). Time
180 points for Ramadan fasting are the call to prayer (*Athan*) for
181 *Fajr* (abstinence or *Imsak* time, end of pre-fasting mealtime
182 or *suhoor*) and sunset or *Maghrib* (breakfast or *Iftar* meal-
183 time) prayer times. The sunrise prayer time is declared by
184 *Fajr Athan* to be about a mean of 80 min before the real
185 sunrise time, as recorded in the Islamic calendar for prayer
186 times. Therefore, the actual length of fasting time was cal-
187 culated by adding 80 min to the time between the sunrise
188 and sunset time points. Details of the pre-dawn *Fajr* and
189 sunset *Maghrib* prayer time points on the Islamic calendar
190 are available on the Islamic Finder website for Sharjah city,
191 United Arab Emirates (UAE) (<https://www.islamicfinder.org/world/united-arab-emirates/292672/sharjah-prayer-times/>). This showed that the length of fasting time for a specific
192 day (time between the *Fajr* and *Maghrib* prayer times) was
193 787 min (approximately 13 h), which was close to the length
194 of fasting time calculated using the solar calendar (sunrise
195 and sunset time points) for the month of Ramadan in Sharjah
196 during the Islamic/Hijri year 1429 AH Georgian calendar
197 year of 2008 in Sharjah city/UAE.

201 According to the meteorological definition, the seasons
202 begin on the first day of the months that include the equi-
203 noxes and solstices: spring runs from March 1 to May 31;
204 summer runs from June 1 to August 31; fall (autumn) runs
205 from September 1 to November 30, and winter runs from
206 December 1 to February 28. When the lunar month of Ram-
207 adan falls in two solar months, Ramadan is classified accord-
208 ing to the solar month with a significant number of days
209 (e.g., Ramadan in 2009 started on the 22nd of August. Thus,
210 Ramadan was classified to run in autumn not summer). Start
211 day for the month of Ramadan, with its corresponding solar
212 day was taken from the website: https://www.timeanddate.com/holidays/us/ramadan-begins_

214 Data synthesis and statistical analyses

215 Combined means were computed when the study included
216 subgroups (e.g., healthy body weight, overweight, obese)
217 with different means and SD for each subgroup. See the sup-
218 plementary file (Supp. 1) for equations needed to recreating
219 a mean from two or more groups [24]. *P* values for these

combined subgroups means were calculated. All descriptive and
inferential tests were performed using STATA software (Stata,
M.P., 15.0. College Station, TX: StataCorp, 2017).

We performed a series of one group (pre-post) meta-
analyses using pre- and post-means model, sample size, and *P*-
values (paired groups). Hedges' *g* value was used for effect size
measurement. An effect size of ≤ 0.2 was described as a small
effect, an effect size around 0.5 as a medium effect, and an effect
size around 0.8 was as a large effect. A Hedges' *g* value of one
(1) indicates the two groups differ by one SD, a *g* value of two
indicates they differ by two SDs, and so on. Standard deviations
are equivalent to *z* scores (1 SD = 1 *z* score). In addition to
Hedges' *g* values, forest plots were used to present the results
graphically and to illustrate point estimates of the effect size and
95% confidence interval (CI). Random-effects modeling was used
for all analyses. Using random-effects modeling, we, therefore,
assume that there is not only one true effect size, rather, a
distribution of true effect sizes. We, therefore, sought to estimate
the mean of this distribution of true effect sizes. Sensitivity
analyses were performed for body weight by removing one
study at a time to determine if the pooled effect size was arbitrary
or influenced by one single study in all of the components.

Tau (τ^2) and I^2 statistics were used to assess the hetero-
geneity of the solicited studies within and between studies,
respectively. Comprehensive Meta-Analysis version 3 [25] was
used for all analyses. Leave-one-out sensitivity analyses were
conducted by iteratively eliminating one study at a time to confirm
any single study did not drive our meta-analysis findings.
Moderator analysis was performed using: subgroup analysis for
categorical variables (country, and season), and meta-
regression for integer or decimal variables (age, the percentage
of male subjects, and fasting time per day). Computing τ^2 and
 I^2 statistics were particularly vital to examine heterogeneity due
to explainable causes, for example, the timing of data collection
before Ramadan month, and post fasting. Cochrane Handbook
for Systematic Reviews of Interventions was used to interpret τ^2
and I^2 [26, 27]. For the I^2 a general guide to the interpretation of
 I^2 is as follows: 0–40%: might not be significant; 30–60%: may
represent moderate heterogeneity; 50–90%: may represent
substantial heterogeneity; 75–100%: considerable
heterogeneity. For τ^2 because it represents the absolute value
of the real variance (heterogeneity), the statistical significance
was used.

The estimating algorithm for a random-effects meta-
regression model was obtained using methods of moments [28].
The beta-coefficients and *P* values resulting from modeling were
reported. Graphical plots are presented to aid the interpretation
of the results visually. Funnel-plot based analysis was used to
detect publication bias. Furthermore, the nonparametric trim and
fill method was used to confirm findings [29]. Subgroup analysis
for body weight change was performed to investigate differences
between countries. We

**Table 1** Characteristics and findings of the included studies on the effect of Ramadan diurnal intermittent fasting on body weight

Authors	Year	Country/continent	Study design	Sample size <i>n</i> (% male)	Mean age/age range (year)	BW before Ramadan (kg)	BW after Ramadan (kg)	Discussion	Quality assessment score
Fedail et al. [104]	1982	Sudan/Africa	Prospective observational ^a	24 (83.3)	30 (21–40)	69.5	67.7	There was a significant fall in body weight	4
Azizi and Rasouli [105]	1987	Iran/Asia	Prospective observational ^a	9 (100)	(23–54)	65.4	61.6	There was a significant reduction in body weight	3
Takruri [67]	1989	Jordan/Asia	Prospective observational ^a	137 (66)	(19–59)	67.64	65.54	The results showed a significant loss in body weight	4
El Ati et al. [106]	1995	Tunisia/Africa	Prospective observational ^a	16 (0)	(25–39)	59.3	58.9	No significant changes were observed in body weight	3
Adlouni et al. [107]	1997	Morocco/Africa	Prospective observational ^a	32 (100)	(25–50)	69.61	67.83	The results showed a significant loss in body weight	3
Finch et al. [108]	1998	England/Europe	Prospective observational ^a	41 (37)	35.3 ± 1.8 (19–63)	71	70.7	There were no significant changes in body weight over Ramadan	4
Maislos et al. [109]	1998	Israel/Asia	Prospective observational ^a	22 (64)	24 (20–45)	68	67	No significant changes were observed in body weight	4
Bilto [110]	1998	Jordan/Asia	Prospective observational ^a	74 (81)	(20–48)	72	70.8	The results showed a significant loss in body weight	4
Kayıkçıoğlu [30]	1998	Turkey/Asia	Prospective observational ^a	32 (100)	22.3 ± 2.9	71.6	70.7	The results showed a significant loss in body weight	3
Akanji et al. [111]	2000	Kuwait/Asia	Prospective observational ^a	49	47.6 ± 10.8	81.8	81.5	There were no significant changes in body weight over Ramadan	4
Ramadan [37]	2002	Kuwait/Asia	Prospective observational ^a	16 (100)	NR	80.16	79.1	There were no significant changes in body weight over Ramadan	2
Afrasiabi et al. [112]	2003	Iran/Asia	Prospective observational ^a	16 (100)	NR	79.8	78.6	There were no significant changes in body weight over Ramadan	2
Kassab et al. [113]	2003	Bahrain/Asia	Prospective observational ^a	44 (0)	(18–45)	79.25	78.6	There were no significant changes in body weight over Ramadan	3
Fakhrzadeh et al. [114]	2003	Iran/Asia	Prospective observational ^a	91 (55)	19.9 ± 1.8	63.01	62.17	Fasting caused a significant reduction in weight in men	4



Table 1 (continued)

Authors	Year	Country/continent	Study design	Sample size <i>n</i> (% male)	Mean age/age range (year)	BW before Ramadan (kg)	BW after Ramadan (kg)	Discussion	Quality assessment score
Yucel et al. [39]	2004	Turkey/Asia	Prospective	38 (55)	32.5 ± 12.5 (20–45)	68.67	68.64	No statistically significant difference was found before and after Ramadan	4
Rahman et al. [115]	2004	Bangladesh/Asia	Prospective observational ^a	20 (100)	38.27 ± 4.07	64.05	62.07	Body weight decreased significantly during Ramadan compared with before Ramadan	3
Kassab et al. [116]	2004	Bahrain/Asia	Prospective observational ^a	46 (0)	22±2 (18–45)	80.8	80.1	There were no significant changes in body weight over Ramadan	4
Aksungar et al. [117]	2005	Turkey/Asia	Prospective observational ^a	24 (50)	(21–35)	72.69	72.58	There were no significant changes in body weight over Ramadan	4
Farshidfar et al. [118]	2006	Iran/Asia	Pre-experimental	21 (NR)	NR	58.77	57.94	Decrements in mean weight of cases at the end of Ramadan were statistically significant	2
Al-Numair [119]	2006	Saudi Arabia/Asia	Prospective observational ^a	45 (100)	(30 -45)	85.5	83.2	The results showed a significant loss in body weight	3
Ziaee V et al. [120]	2006	Iran/Asia	Cohort	81 (51)	22.7 ± 2.3 (20–35)	62.4	61.2	The results showed a significant loss in body weight	4
Dewanti et al. [121]	2006	Indonesia/Asia	Prospective observational ^a	37 (100)	39±10 (17–62)	64.5	63	The results showed a significant loss in body weight	3
Subhan et al. [97]	2006	Pakistan/Asia	Case–control longitudinal	46 (100)	24.2 ± 6.4 (16–41)	70.48	69.96	Body mass in Ramadan was significantly lower relative to pre-Ramadan	3
Salehi and Neghab [122]	2007	Iran/Asia	Prospective observational ^a	28 (100)	23.4 (20–26)	84.1	79.03	Fasting resulted in a significant decrease in the mean values of body weight	3
Al Hourani and Atoum [123]	2007	Jordan/Asia	Prospective observational ^a	57 (0)	21.6 ± 4.14 (18–29)	57.5	56.9	Body weight decreased significantly during Ramadan fasting	3

Table 1 (continued)

Authors	Year	Country/continent	Study design	Sample size <i>n</i> (% male)	Mean age/age range (year)	BW before Ramadan (kg)	BW after Ramadan (kg)	Discussion	Quality assessment score
Mansi [124]	2007	Jordan/Asia	Cohort	70 (NR)	21 ± 1.6	76.64	72.66	Body weight at the 4 th week of Ramadan was significantly lower than pre-Ramadan values	2
Mansi and Amneh [124]	2007	Jordan/Asia	Prospective observational ^a	42 (100)	21.3 ± 1.6	76.64	72.66	Body weight was significantly lower than pre-Ramadan values	3
Moosavi et al. [125]	2007	Iran/Asia	Cohort	117 (66)	23.9 (26.2–29.6)	67.6	67.1	There was a significant difference between the pre- and post-Ramadan mean weights	4
Ibrahim et al. [126]	2008	UAE/Asia	Prospective observational ^a	14 (64)	(25–58)	70.5	69.1	There were no significant changes in body weight over Ramadan	4
Shariatpanahi et al. [127]	2008	Iran/Asia	Prospective observational ^a	55 (100)	34.1 ± 8.9 (34–61)	80.69	78.73	The results showed a significant loss in body weight	3
Lamri-Senhadji et al. [42]	2009	Algeria/Africa	Prospective	46 (48)	24±3	61.87	61.39	There were no significant changes in body weight over Ramadan	4
Norouzy et al. [128]	2010	Iran/Asia	Prospective cohort	240 (66)	40 (18–70)	71.81	70.72	Ramadan fasting caused a significant reduction in body weight	4
Pathan and Patil [129]	2010	India/Asia	Prospective observational ^a	39 (100)	(25–35)	61.9	60.56	The results showed a significant loss in body weight	3
Abdelmalek et al. [43]	2011	Tunisia/Africa	Case–control	9 (100)	22.1 ± 0.2	74	71.5	The body mass was significantly lower in the fourth week of Ramadan	3
Assadi et al. [59]	2011	Iran/Asia	Prospective observational ^a	58 (100)	40.7 ± 7.1	78.61	77.24	The results showed a significant loss in body weight	3
Ünalacak et al. [130]	2011	Turkey/Asia	Cross-sectional	20 (100)	27.4 ± 5.2	77.55	75.5	Significant weight reduction was observed in the study group	3

**Table 1** (continued)

Authors	Year	Country/continent	Study design	Sample size <i>n</i> (% male)	Mean age/age range (year)	BW before Ramadan (kg)	BW after Ramadan (kg)	Discussion	Quality assessment score
Faris et al. [90] a	2012	Jordan/Asia	Cross-sectional	50 (42)	32.7 ± 9.5 (18–51)	71.82	70.58	Body weight was significantly lower during Ramadan as compared with before Ramadan	4
Faris et al. [131] b	2012	Jordan/Asia	Cross-sectional	50 (42)	32.7 ± 9.5 (18–51)	72.5	71.7	The results showed a significant loss in body weight	4
Khattak et al. [78]	2012	Malaysia/Asia	Prospective observational ^a	20 (50)	NR	80.88	69.43	Weight was significantly reduced in obese individuals on day 21 of Ramadan	2
Shehab et al. [132]	2012	UAE/Asia	Prospective observational ^a	60 (60)	43.2 ± 9.4	78.58	77.63	The results showed a significant loss in body weight	4
Agoumi et al. [133]	2013	Spain/Europe	Cohort	55 (40)	(18–70)	77.45	76.67	Body weight decreased due to fasting in Ramadan	4
Develioglu et al. [45]	2013	Turkey/Asia	Prospective observational ^a	35 (100)	35.86 ± 11.07 (20–59)	77.17	75.97	Body weight decreased significantly during Ramadan fasting compared with before fasting	3
Haouari-Oukerro et al. [134]	2013	Tunisia/Africa	Prospective observational ^a	38 (100)	20.8 ± 1 (18–23)	70	68.7	There were no significant changes in body weight over Ramadan	3
Hosseini et al. [135]	2013	Iran/Asia	Semi-experimental	11 (0)	(20–45)	71.1	69.9	The results showed a significant decline in body weight at the end of Ramadan	3
Norouzy et al. [36]	2013	Iran/Asia	Prospective observational	240 (66)	40.1 ± 0.7 (18–70)	71.81	70.72	There was a significant reduction in body weight in almost all subjects	4
Rohin et al. [136]	2013	Malaysia/Asia	Prospective observational ^a	46 (30)	33.04 ± 4.57 (25–40)	66.16	64.81	There was a significant reduction in body weight	4
Sayedda et al. [137]	2013	India/Asia	Prospective observational ^a	20 (100)	24.65 ± 4.38 (19–32)	71.1	68.92	Body weight was found to be significantly decreased	3

Table 1 (continued)

Authors	Year	Country/continent	Study design	Sample size <i>n</i> (% male)	Mean age/age range (year)	BW before Ramadan (kg)	BW after Ramadan (kg)	Discussion	Quality assessment score
Alzogaibi et al. [44]	2014	Saudi Arabia/Asia	Prospective observational ^a	8 (100)	26.6 ± 4.9 (25–35)	69.1	66.3	There were no significant changes in body weight over Ramadan	3
Cansel et al. [138]	2014	Turkey/Asia	Prospective cohort	40 (60)	29.3 ± 5.9 (19–40)	61.8	62.3	There were no significant changes in body weight over Ramadan	4
Celik et al. [139]	2014	Turkey/Asia	Prospective observational ^a	42 (100)	35 ± 8.9	80.4	78.8	Ramadan fasting in healthy adult men was associated with significant decreases in body weight	3
Feizollahzadeh et al. [74]	2014	Iran/Asia	Prospective observational ^a	70 (100)	47.88 (30–70)	79.77	77.93	There was a significant reduction in body weight	3
Hassan and Isawumi [140]	2014	Nigeria/Africa	Prospective observational ^a	60 (60)	42.3 ± 16.7	65.92	65.29	There were no significant changes in body weight over Ramadan	4
McNeil et al. [141]	2014	Canada/ North America	Prospective observational ^a	20 (100)	(20–35)	90.35	88.55	No significant difference in body weight was noted	3
Salahuddin and Javed [142]	2014	India/Asia	Case-control	30 (NR)	(35–65)	60.47	58.52	There were no significant changes in body weight over Ramadan	2
Begum et al. [143]	2015	Bangladesh/Asia	Prospective	60 (100)	(24–28)	61.51	58.97	Mean body weight significantly decreased	3
Gnanou et al. [144]	2015	Malaysia/Asia	Prospective observational ^a	20 (100)	(19–23)	63.07	61.55	Subjects experienced a significant decrease in body weight	3
Hosseini and Hejazi [145]	2015	Iran/Asia	Quasi-experimental	25 (52)	NR	69.3	68.79	The results showed a significant decline in body weight	2
López-Bueno et al. [146]	2015	Spain/Europe	Longitudinal	62 (0)	33.6 ± 12.7 (18–61)	67.2	66.1	There was a significant reduction in total body weight values	3
Sijavand et al. [62]	2015	Iran/Asia	Prospective observational ^a	89 (57)	(20–50) 34.97	77.59	76.62	A week after Ramadan, compared to a week before Ramadan	4

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Table 1 (continued)

Authors	Year	Country/continent	Study design	Sample size <i>n</i> (% male)	Mean age/age range (year)	BW before Ramadan (kg)	BW after Ramadan (kg)	Discussion	Quality assessment score
Suriani et al. [147]	2015	Malaysia/Asia	Prospective observational ^a	84 (0)	39.8 ± 10.3	78.76	77	The results showed a significant decline in body weight	3
Talib et al. [148]	2015	Qatar/Asia	Cohort	45 (100)	37 ± 7.2 (27–56)	94.67	94	The results showed a significant decline in body weight	3
BaHammam et al. [149]	2016	Saudi Arabia/Asia	Prospective observational ^a	80 (100)	26.6 ± 4.9 (20–35)	67.5	66.3	The results showed a significant decline in body weight	3
Ganjali et al. [150]	2016	Iran/Asia	Quasi-experimental	45 (58)	37.6 ± 6.9 (25–58)	81.47	79.62	The results showed a significant decline in body weight	4
Syam et al. [38]	2016	Indonesia/Asia	Longitudinal	43 (16)	34.19 ± 11.25	59.82	58.95	By the 28th day of Ramadan, it was found that the body weight had decreased significantly	4
Nugraha et al. [151]	2017	Germany/Europe	Prospective observational ^a	25 (100)	26.12 ± 0.98	77.82	76.04	Participants experienced a significant loss in body weight	3
AbdulKareem et al. [152]	2017	Iraq/Asia	Case-control	12 (25)	37.5 ± 10.81 (24–57)	67.2	66.1	Healthy subjects showed a significant decrease in the body weight	4
Alsubheen et al. [80]	2017	Canada/North America	Prospective observational ^a	9 (100)	32.2 ± 7.8	82.9	80.8	Significant reduction in body weight was observed at the end of Ramadan	3
Bakki et al. [153]	2017	Nigeria/Africa	Cross-sectional	75 (62.6)	25±2 (18–30)	59.1	56.8	No significant difference in body weight was noted	4
Khan et al. [154]	2017	Pakistan/Asia	Prospective observational ^a	35 (51)	21.66 ± 0.68 (21–23)	60.49	60.46	No significant difference in body weight was noted	4
Kiyani et al. [155]	2017	Pakistan/Asia	Prospective observational ^a	80 (62.5)	20.5 (18–24)	62.7	62.3	No significant difference in body weight was noted	4
Latiri et al. [156]	2017	Tunisia/Africa	Prospective observational ^a	29 (100)	27±1 (20–40)	81.6	81.2	There was no statistically significant effect of Ramadan fasting on body weight	3



Table 1 (continued)

Authors	Year	Country/continent	Study design	Sample size <i>n</i> (% male)	Mean age/age range (year)	BW before Ramadan (kg)	BW after Ramadan (kg)	Discussion	Quality assessment score
Malekmakan et al. [60]	2017	Iran/Asia	Semi-experimental	93 (52.7)	37.2 ± 7.9 (25–57)	71.6	70.4	The results showed a significant decline in body weight	4
Mohammadzade et al. [49]	2017	Iran/Asia	Prospective observational	30 (100)	29.44 ± 7.4 (20–35)	82.73	80.43	The results showed a significant decline in body weight	3
Norouzy et al. [61]	2017	Iran/Asia	Prospective observational	12 (50)	54.6 ± 4	67.4	67.5	There was no statistically significant effect of Ramadan fasting on body weight	4
Ongsara et al. [157]	2017	Thailand/Asia	Prospective observational	65 (32)	20.82 ± 1.14 (19–24)	55.7	55.1	There was no statistically significant effect of Ramadan fasting on body weight	4
Pallayova et al. [54]	2017	Qatar/Asia	Prospective observational	18 (28)	24 (21–27)	64.6	62.2	There was no statistically significant effect of Ramadan fasting on body weight	4
Roy and Bandyopadhyay [158]	2017	India/Asia	Prospective observational ^a	36 (100)	22.73 ± 1.56 (20–25)	57.5	55.53	A slight but statistically insignificant decrease in body weight following the month of Ramadan fasting	3
Al-Barha and Aljaloud [35]	2018	Saudi Arabia/Asia	Quasi-experimental before/after design	44 (100)	27.7 ± 5.8 (18–39)	70	69.6	There was no statistically significant effect of Ramadan fasting on body weight	3
Nachvak et al. [21]	2018	Iran/Asia	Observational	152 (100)	39.35 ± 10.7 (21–63)	76.33	74.22	The results showed a significant decline in body weight	3
Prasetya and Sepwarobol [55]	2018	Thailand/Asia	Prospective observational ^a	27 (100)	24.3 ± 3.7 (19–40)	65.33	64.23	Results demonstrate reductions in body weight	3
Faris et al. [40]	2019	UAE/Asia	Prospective	57 (61)	36.2 ± 12.5	89.4	88.2	A significant decrease in body weight was observed	4
Haghighi et al. [159]	2019	Iran/Asia	Semi-experimental	25 (0)	(21–51)	67.62	67.29	There was no statistically significant effect of Ramadan fasting on body weight	3

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(continue
d) **Table 1**

Authors	Year	Country/continent	Study design	Mean age/age range (year)	Sample size (%male)	BW beforeRamadan (kg)	BW afterRamadan(kg)	Discussion	Quality assessments core
Jarrar et al. [160]	2019	UAE/Asia	Randomized,controlled, single-blind,parallel	21. ± 1.95(18–47)	36 (14)	60.5	59.9	A significant decrease in body weight was observed	4
Rahbar et al. [161]	2019	Iran/Asia	Prospective	35 ± 11	34 (100)	6274.	9373.	A significant decrease	3
Alam et al. [57]	2019	Pakistan/Asia	observational Open-label, longitudinal	(16–64) (20–85)	78 (100)	567.	763.	A significant reduction in body weight was observed post- prandial during fasting	3

Not reported by study authors
body weight, BW not reported

achieved this subgroup analysis if three or more studies were available from any given country. 273
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Critical appraisal of studies (quality assessment) 275

Two reviewers (MF and HJ) independently assessed the methodological quality of studies using a pre-designed standardized checklist consisting of six items in terms of sample size and sampling technique, standardization of data collection, appropriateness of statistical analyses, quality of reporting results, and generalizability. The appraisal scores range between zero and six, with scores of 0–2 corresponds to low quality, 3–4 medium quality, and 5–6 high quality. The inal quality score was set for each study by consensus after discussion [19]. (See Supp. 2). 276
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Results 286

Of 2253 initially retrieved studies, eighty-five studies on the effects of RDIF on body weight met the inclusion criteria and were subjected to meta-analysis; the stages of evaluation and exclusion of the identified studies are presented in Fig. 1. The eighty-five studies included a total of 4176 participants. Details of study sample size, sex, study design, age, and significant findings related to body weight are found in Table 1. All included studies used a pre-post model to report changes in body weight. Approximately 70.7% of participants were male, and the median age was 30.0 years (range of 16–80 years). The mean fasting length during Ramadan for all included studies was 837 min, with a SD of 91; range between 667 and 1070 min per day. 287
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Critical appraisal of studies or quality assessment revealed that 78 studies (91.8%) were of medium-quality, and the remaining seven studies (8.2%) were of low-quality studies (Table 1). The mean quality score was 3.4, with a SD of 0.7. 300
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A meta-analysis of body weight 305

Characteristics of the selected studies regarding the number of studies (K), the number of subjects (N), the mean age of study subjects, percent of male subjects, fasting time expressed in minutes per day are summarized in Table 2. Visual inspection of the precision plots indicated no bias in any of the selected studies (Fig. 2). Meta-analytic pooling for the body weight was performed and results were expressed as K, N, Hedges' g value, 95% CI and I², and found to be: (K = 85, N = 4176, - 0.360, 95% CI - 0.405 to - 0.315, I² = 45.6%) (Fig. 3), this effect size translates to difference in means of - 1.022 kg (95% CI - 1.164 to - 0.880 kg). The results of sensitivity analyses revealed that the pooled effect size was robust and was not influenced by one single study. 306
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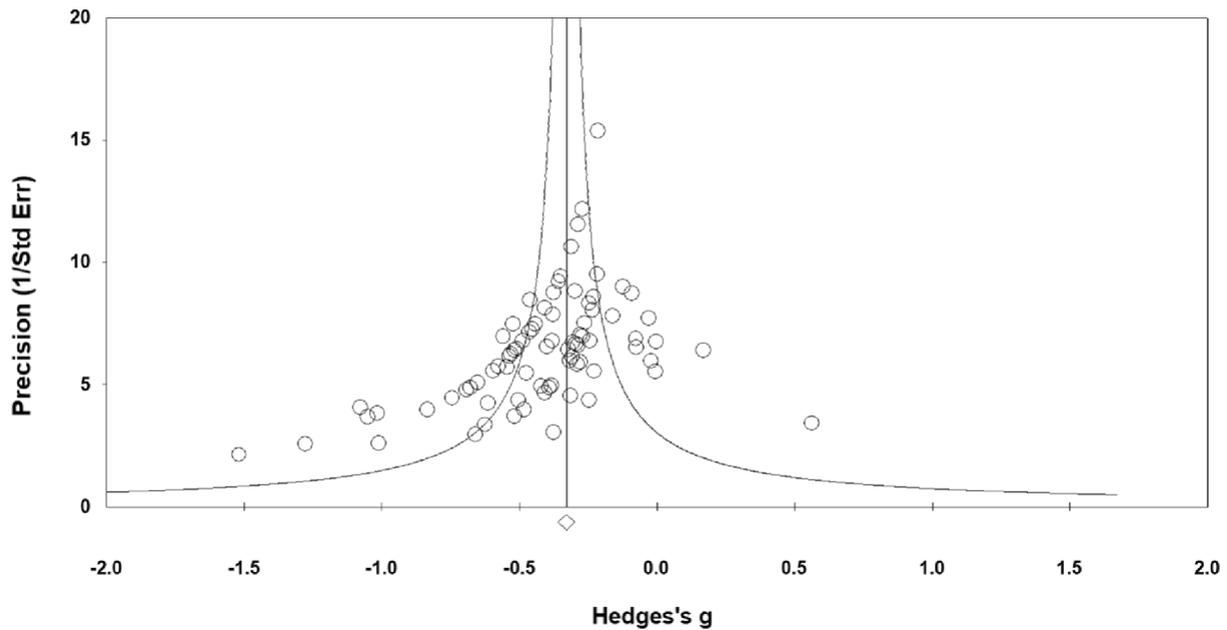


Fig. 2 Precision plot for studies included in the meta-analysis of body weight change induced by Ramadan fasting

work has reported that RDIF affects cardiometabolic risk factors, including insulin sensitivity [54, 55], and glucose homeostasis [56], and blood pressure [57–62] in an inconsistent manner.

Azizi [7] reported that RDIF yielded changes in body weight that varied between individuals, ranging from weight gain to weight loss, depending on total caloric intake during the fasting night hours in comparison to the pre-fasting intakes [7]. However, caloric intake before and during Ramadan month was not analyzed in the current meta-analysis, which therefore warrants further research and analysis, as it represents a conceivably influential factor on body weight change at the end of the fasting month. In their systematic review and meta-analysis, of data from thirty-five studies, including 1234 subjects, Sadeghirad and colleagues [32] revealed that body weight change induced by RDIF was mostly reversed after Ramadan, gradually returning to pre-Ramadan status [32], indicating that body weight loss caused by Ramadan fasting is transient and elicits only a short-term effect. The same finding was reported by Fernando and colleagues [33] in their systematic review and meta-analysis on seventy studies, which included 2947 subjects; moreover, the authors also found that overweight or obese fasting people exhibited a more pronounced reduction in body weight and body fat than healthy-weight people. However, the latter meta-analysis has been criticized because the authors included studies on physical activity during Ramadan month in their analysis [63–66], and many of the collected articles were not included in the analysis (e.g., the Takeri study [67]). Further, neither of the

mentioned meta-analyses examined the relationship between body weight changes and moderator confounding factors, such as age, sex, fasting time, season, and country of study, which may conceivably impact body weight changes at the end of the fasting month.

The importance of body weight is based on the fact it represents a predisposing factor and associated risk of CVD and type 2 diabetes, in addition to other harmful metabolic abnormalities, such as nonalcoholic fatty liver disease [68]. Increased body weight is usually accompanied by increased central obesity and different metabolic disorders in non-athletic people, such as insulin resistance, hypertension, and dyslipidemia. Therefore, dietary strategies and interventions that aid in alleviating and treating obesity and lowering body weight are of growing, contemporary importance. Given that RDIF is associated with body weight loss [32] and the alleviation of inflammatory and oxidative stress states [46], RDIF could viably represent a short-term pre-ventive measure against metabolic syndrome in healthy people.

The small reduction in body weight reported in this meta-analysis might help in explaining the slight decline reported in the inflammatory and oxidative stress markers accompanied by RDIF, as indicated in a previous meta-analysis [46]. It is well documented that a reduction in body weight is associated with the amelioration of inflammation and oxidative stress levels in overweight and obese people [69, 70]. Further, the presence of metabolic syndrome, for which increased body weight expressed by high BMI

Fig. 3 Hedges' *g* value with 95% CI revealed significant small (-0.360) reduction in body weight was induced by Ramadan fasting. Heterogeneity statistics: 95% CI -0.405 to -0.315 , $I^2 = 45.6\%$. Hedges' *g* value is considered small when value = 0.2, medium = 0.5, large = 0.8

Regression of Age on Hedges's g

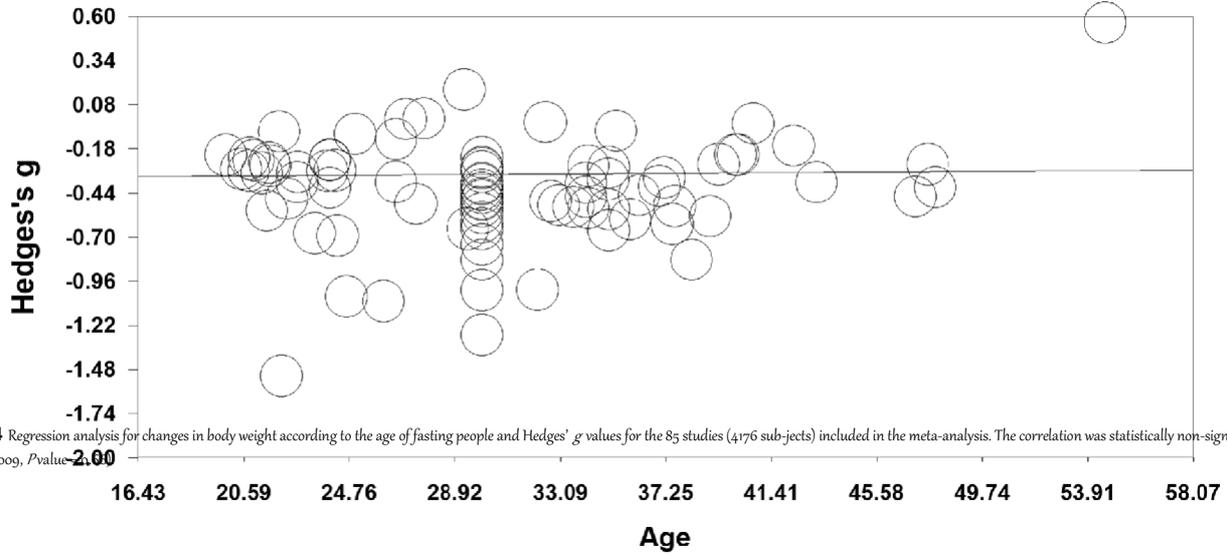


Fig. 4 Regression analysis for changes in body weight according to the age of fasting people and Hedges' *g* values for the 85 studies (4176 sub-jects) included in the meta-analysis. The correlation was statistically non-significant ($\beta = 0.0009$, $P\text{value} = 2.00$)

Regression of %Male on Hedges's g

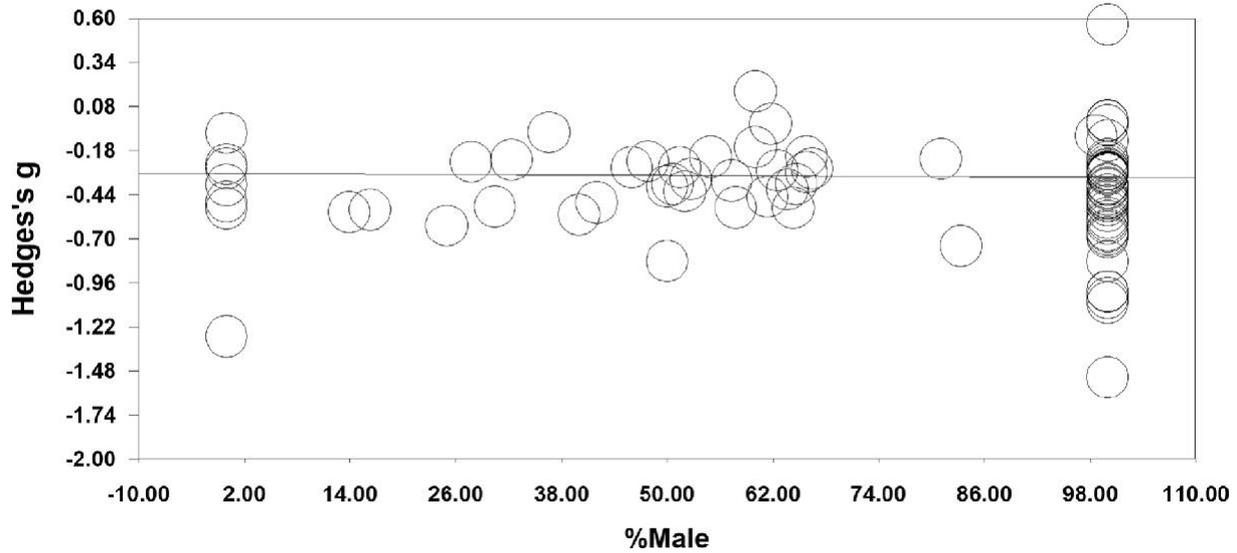


Fig. 5 Regression analysis for changes in body weight according to the sex of fasting subjects and Hedges' *g* values for the 85 studies (4176 sub-jects) included in the meta-analysis. The correlation was statistically non-significant ($\beta = -0.0002$, $P\text{value} = 0.71$)

427 represents the first indicator, was found to be associated
 428 with lower plasma adiponectin levels [71]; indicating adi-
 429 pose tissue dysfunction and a 2–4 times increased risk of
 430 both the development of type 2 diabetes [72] and cardiovas-
 431 cular disease [73]. Moreover, several reports have indicated
 432 that RDIF is associated with variable incremental levels

in adiponectin in fasting people [50, 74–76]. Recently, it was reported that
 RDIF is associated with a significant reduction in the visceral fat surface area,
 as measured by magnetic resonance imaging, in 57 overweight and obese
 subjects, concomitant with substantial reductions in the pro-inflammatory
 cytokines IL-6, and TNF- α , and a significant

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439 increase in the anti-inflammatory cytokine IL-10 [40].
 440 The same samples revealed that RDIF was associated with
 441 enhanced expression of the anti-oxidant genes nuclear fac-
 442 tor erythroid 2 related factor 2, superoxide dismutase 2,
 443 and mitochondrial transcription factor A [72]. Furthermore,
 444 Fernando and colleagues, in their systematic review and
 445 meta-analysis on the effect of RDIF on body fatness, found
 446 a significant reduction in fat percentage between pre-Rama-
 447 dan and post-Ramadan in people with overweight or obesity
 448 (-1.46 , 95% CI -2.57 to -0.35% , $P = 0.010$), rather than
 449 in normal-weight fasting subjects [33]; implying that RDIF
 450 elicits a pronounced protective effect against the develop-
 451 ment of metabolic syndrome in overweight/obese subjects,
 452 for which increased body fatness is the core etiopathologi-
 453 cal condition [77].

454 Given that Ramadan fasting represents a form of time-
 455 restricted feeding (TRF), as reported by Patterson and Sears
 456 [18]; findings of the current review are consistent with other
 457 research on human and animal intermittent energy restric-
 458 tion and TRF, for which a growing evidence base is dem-
 459 onstrating its benefits on glucose and lipid homeostasis in
 460 the short-to-medium term, even in the absence of significant
 461 total daily caloric restriction (reduction in 25–40% of total
 462 daily caloric intake). During Ramadan, the vast majority
 463 of published research has revealed a lack of significant
 464 changes in total daily caloric intake in comparison with the
 465 pre-fasting caloric intake [78–80]. One of the mechanisms
 466 conceivably explaining how TRF, including RDIF, may
 467 improve body weight regulation is related to the extended
 468 fasting duration [81]. It has been reported that extended

fasting duration can trigger the mobilization of free fatty
 acids, increase the production of ketones, and increase
 fat oxidation [82]. Besides, evidence from rodent-based
 models suggests that reducing the daily eating duration
 can elicit beneficial effects on body weight, body
 composition, and metabolism [83, 84]. Furthermore, such
 beneficial effects appear to be attainable even without a
 reduction in daily energy intake [83, 84].

Total energy expenditure (TEE) and resting metabolic
 rate (RMR) play a fundamental role in determining body
 weight changes [85]. In the context of RDIF, few studies
 have investigated the impact of RDIF on RMR and TEE
 without reporting significant changes [86, 87].

Variable changes in body compartments have been
 reported in fasting people during the month of Ramadan,
 which includes body water [88], fat-free mass [36], body fat
 mass [38, 64, 89, 90] including visceral fat [40]. These
 variable changes in body composition associated with
 Ramadan fasting are supposed to be affected by variable
 factors and to be determined by cultural, seasonal, geo-
 graphical, and social [91] as well as the gut microbiome,
 genetic, and epigenetic factors [92].

The findings of the current meta-analysis are con-
 cordant with that of Sadeghirad and colleagues [32] who
 reported that RDIF resulted in a small significant weight
 loss (-1.24 kg, 95%CI -1.60 to -0.88 kg), with sub-
 stantial reductions in body weight for both men (-1.5
 kg) and women (-0.92 kg), respectively. The lack of
 difference in the significance of body weight loss for
 both sexes is in agreement with our finding that sex
 did not work as a

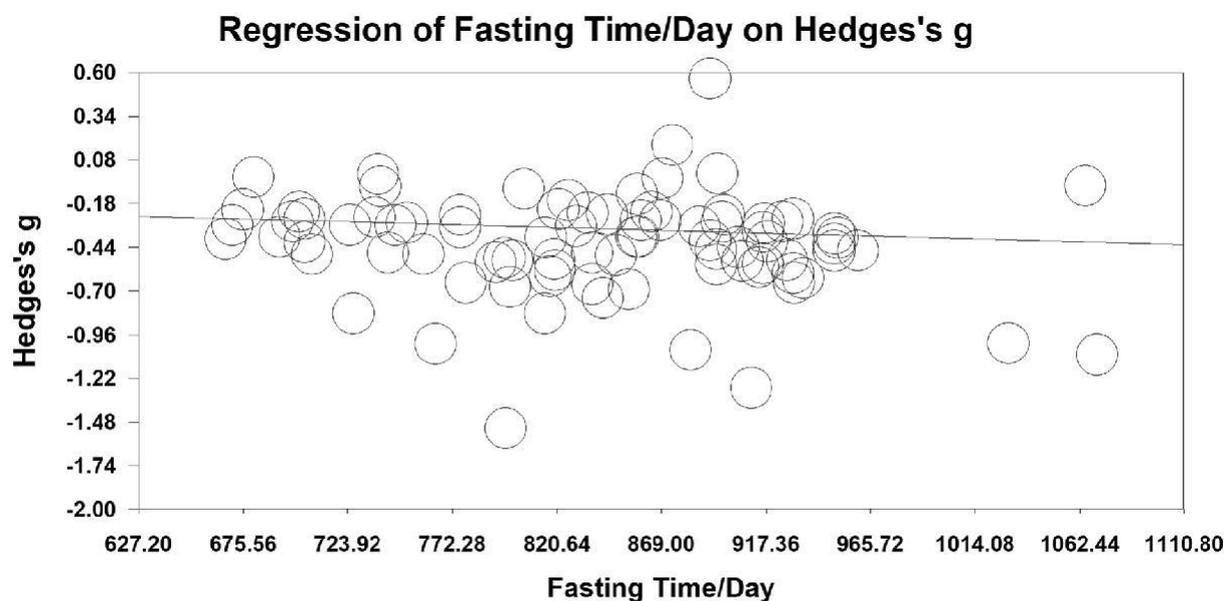


Fig. 6 Regression analysis for changes in body weight according to fasting minutes/day of fasting subjects and Hedges' g values for the 85 studies (4176 subjects) included in the meta-analysis. The correlation was statistically significant ($\beta = -0.0003$, $P_{value} = 0.049$)

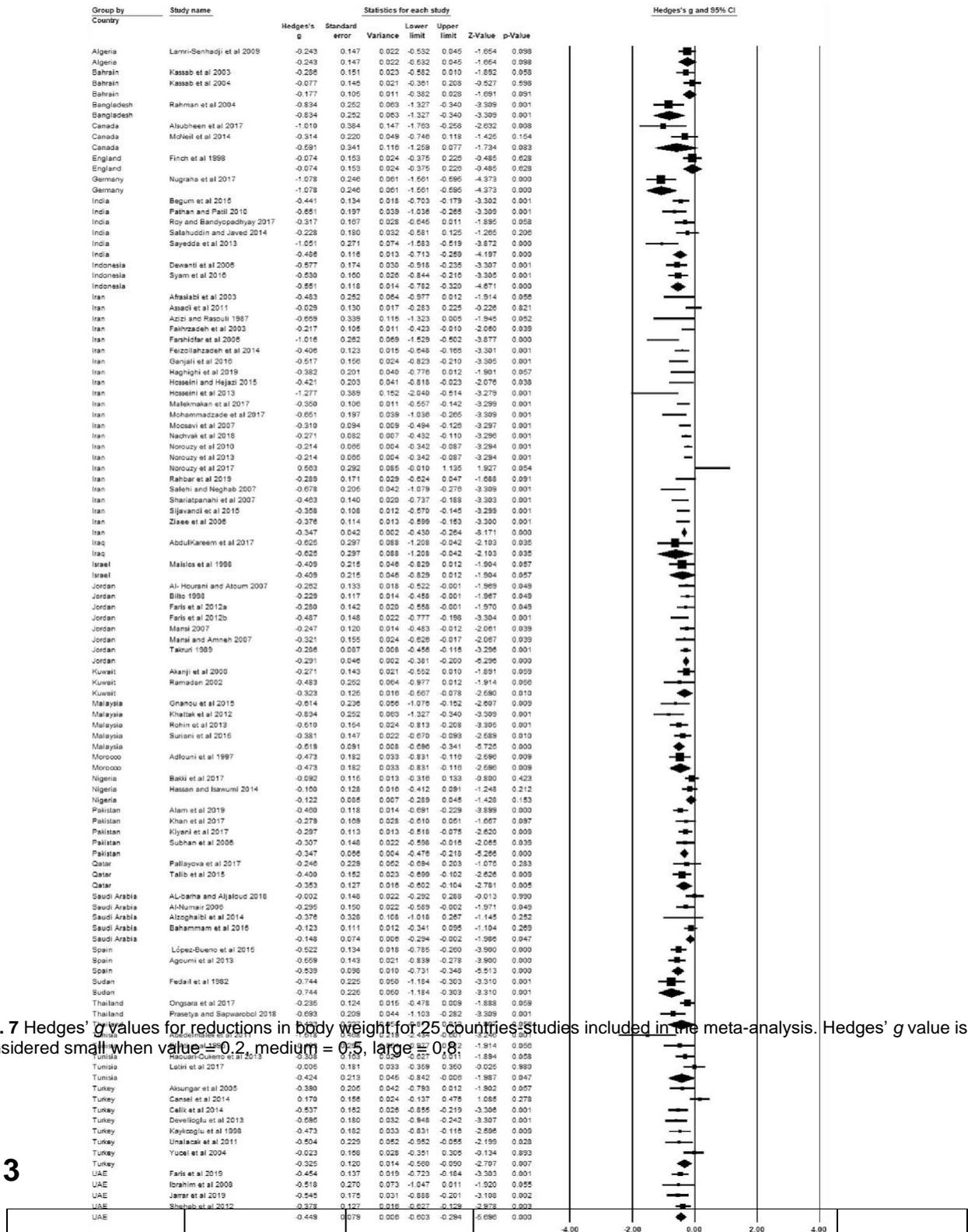


Fig. 7 Hedges' g values for reductions in body weight for 25 countries studies included in the meta-analysis. Hedges' g value is considered small when value = 0.2, medium = 0.5, large = 0.8.

Table 3 Characteristics of studies included in body weight change during Ramadan reviewed and analyzed as per the country included with three or more studies

Component	Country	K^a	N^b	I^2^c (%)	Hedges' g (95%CI) ^d
Body weight change	Iran	22	1542	53.1	- 0.305 (- 0.356 to - 0.254)
	Jordan	7	480	0.001	- 0.291 (- 0.434 to - 0.268)
	Turkey	7	227	67.6	- 0.301 (- 0.381 to - 0.200)
	India	5	176	50.6	- 0.291 (- 0.612 to - 0.304)
	Malaysia	4	134	0.001	- 0.291 (- 0.696 to - 0.341)
	Pakistan	4	239	0.001	- 0.291 (- 0.381 to - 0.002)
	Saudi Arabia	4	177	0.001	- 0.148 (- 0.296 to - 0.200)
	Tunisia	4	92	69.9	- 0.297 (- 0.505 to - 0.089)
	UAE	4	172	0.001	- 0.449 (- 0.603 to - 0.294)

^a K : denotes the number of studies

^b N : denotes the number of participants

^c I^2 statistic describes the percentage of variation across studies due to heterogeneity rather than chance [162]

^d CI, confidence interval

499 significant moderator in body weight loss induced by Rama- 535
 500 dan. In our analysis, the small effect size in body weight 536
 501 (Hedges' g value of - 0.360, 95% CI - 0.405 to - 0.315) 537
 502 equates to - 1.022 kg, which is less than the mean of weight 538
 503 loss reported by the meta-analyses of Sadeghirad and col- 539
 504 leagues [32] and Fernando et al. [33], respectively. 540

505 The weight loss induced by Ramadan fasting observed 541
 506 in the current analysis is the sum of reductions in both fat 542
 507 masses (expressed in terms of body fat percent and absolute 543
 508 fat mass), as well as fat-free mass as reported by Fernando 544
 509 and colleagues [33]. This reduction in body weight and 545
 510 body fat compartment induced by intermittent fasting dur- 546
 511 ing Ramadan is consistent with the body weight and body 547
 512 fat reductions caused by other models of intermittent fasting 548
 513 regimens [2, 93, 94]. 549

514 The relatively more significant reduction in body weight 550
 515 reported during summer and autumn in comparison to win- 551
 516 ter is explained by the nature of Ramadan diurnal fasting, 552
 517 which depends on the day hour fasting rather than night hour 553
 518 fasting reported in other religions and intermittent fasting 554
 519 regimens [95, 96]. Because the day hours' fasting during 555
 520 Ramadan increases in summer (reaching 17 h), in compari- 556
 521 son to winter (reaching 12 h), it becomes reasonable to lose 557
 522 more weight at the end of Ramadan in the summer season, 558
 523 vs. winter. Further, the higher temperature and humidity 559
 524 during summer favors the reduction of body weight as a 560
 525 result of the excessive sweating and more dehydrated state 561
 526 [97]. However, considering the body weight loss is transient 562
 527 during Ramadan [32, 33], it becomes pivotal to emphasize 563
 528 the importance of maintenance of weight loss after Rama- 564
 529 dan, and addressing the factors triggering weight gain after 565
 530 Ramadan in research works. 566

531 In fact, according to the Islamic rules and instructions of 567
 532 the Prophetic *Sunnah* directed by the Prophet Mohammad 568
 533 (PBUH), adult Muslims are encouraged to voluntarily fast 569
 534 two days a week (namely Monday and Thursday), any six 570

535 days in the lunar or "Islamic" month of *Shawwal* (the month 536
 537 after Ramadan, *Hijri*), the three full-moon days (13th, 14th, 538
 539 and 15th days of each lunar month, *Hijri*), the Day of *Ara-fah* 540
 541 (9th of *Dhu'l - Hijja* in the Islamic *Hijri* calendar), to fast as 542
 543 often as possible in the two lunar months before Rama-dan 544
 545 (*Rajab* and *Sha'aban*), and to fast the first nine days of *Dhu'l-* 546
 547 *Hijja* in the lunar Islamic calendar for those who are not 548
 549 performing *Hajj* (the pilgrimage to Makkah) [98, 99]. 550
 551 Practicing such voluntary fasting after Ramadan has been 552
 553 reported to maintain weight loss and to improve metabolic 554
 555 markers and food intakes among overweight and obese 556
 557 adult Muslims [98, 100, 101], an effect that may extend for six 558
 559 months after Ramadan [100]. 560

561 The heterogeneity of the studies included in the cur- 562
 563 rent meta-analysis for the body weight could be ascribed to variable 564
 565 effects and confounding factors, and due to several 566
 567 inconsistencies in designing, conducting, and interpreting 568
 569 results of the studies undertaken during Ramadan. It is con- 569
 570 ceivable that a critical violation that many fasting people do 570
 during Ramadan is skipping a pre-dawn meal (*suhoor*), a matter 571
 that could contribute to a significant daily caloric deficit, and would 572
 be expected to promote metabolic abnormalities, increased 573
 postprandial insulin levels, increased fat oxidation, and 574
 conceivably confound the incumbent results [103]. Further, 575
 variable changes in lifestyle behaviors such as physical activity 576
 and sleep patterns [102, 103] accompanying the fasting month 577
 of Ramadan may impact body weight changes. Thus, future 578
 research has to consider all the covariables mentioned above 579
 and to control the interfering factors that may hinder Ramadan 580
 research results in less accurate, especially total caloric and 581
 dietary intakes, physical activity and sleep patterns. 582

583 Strengths of the current review stems from that it is the 584
 585 one with the largest number of harvested and analyzed arti- 586
 587 cles ever published in the literature on Ramadan and body 588
 589 weight changes. Second, the strict inclusion and exclusion 590

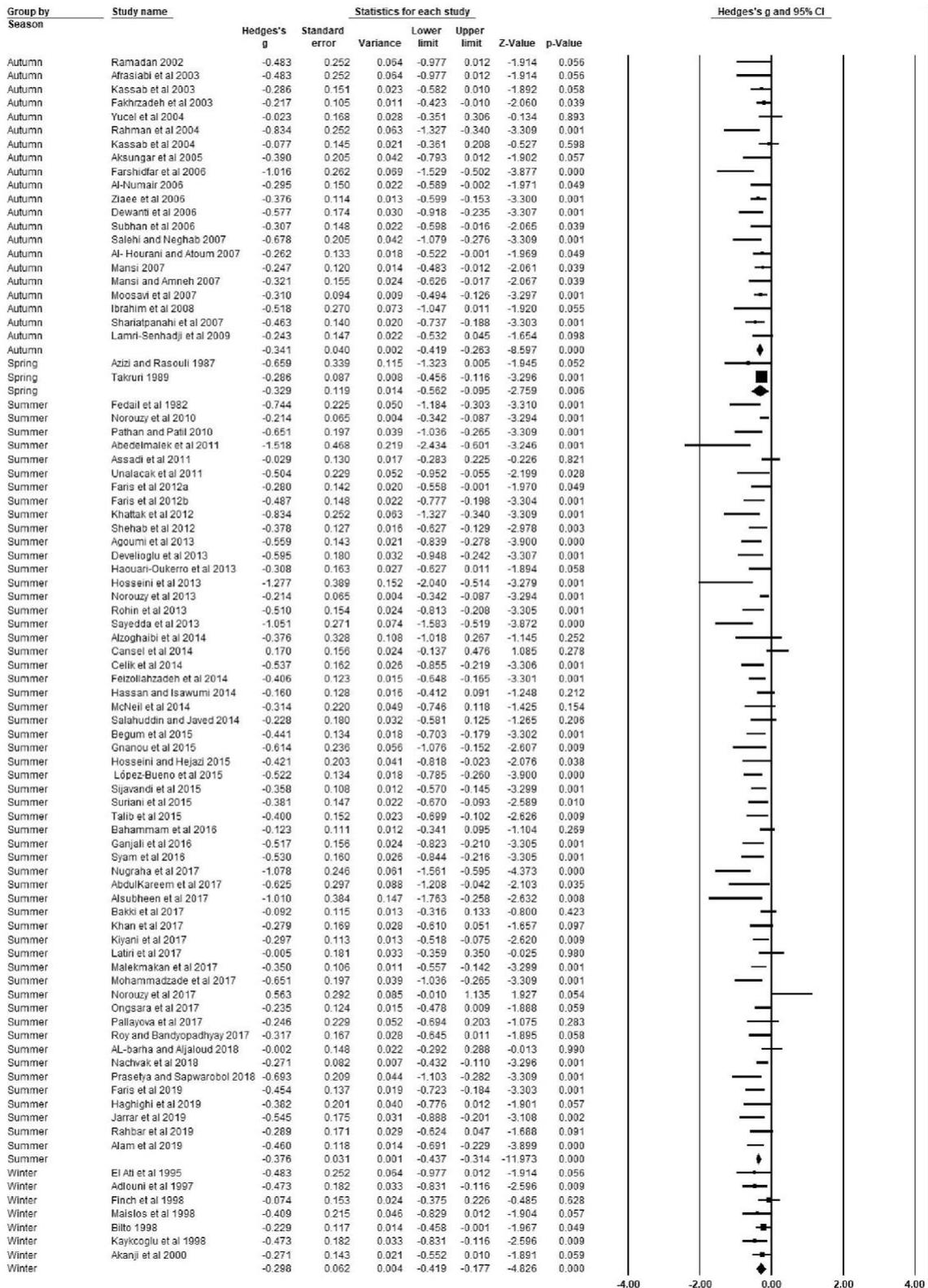


Fig. 8 Hedges' g values for changes in body weight for studies included in the meta-analysis according to the season during which the study was conducted. Hedges' g value is considered small when value = 0.2, medium = 0.5, large = 0.8.

571 criteria applied give a more robust and reliable estimate for
 572 the effect size. The last strength is that we performed sub-
 573 group analyses and meta-regressions (adjustment for covari-
 574 ates) which were not performed before. However, the current
 575 work entailed two major limitations that should be consid-
 576 ered: first, the fact that the study population was mostly men;
 577 makes it difficult to generalize the results on both male and
 578 female fasting people. Second, calorie intakes pre- and post-
 579 RDIF were not measured in the analysis, a matter that should
 580 be considered in any future research on Ramadan fasting and
 581 body weight changes.

582 Conclusions

583 In conclusion, RDIF elicits a significant, but small, reduc-
 584 tion in body weight. The heterogeneity in the findings likely
 585 reflects the variable dietary and lifestyle behaviors practiced
 586 during the month of Ramadan, along with the variation in
 587 the time duration of fasting and variable climatic and geo-
 588 graphical conditions surrounding fasting people in different
 589 countries. Through this work, it can also be emphasized that
 590 weight loss is by no means universal and that weight gain
 591 is possible and does happen in a significant group of people
 592 who fast during Ramadan.

593 Supplementary 1 for combined means 594 calculation

595 <https://www.dropbox.com/s/nds744tcpqhs5g/Supplementary%20%20222020.docx?dl=0>
 596

597 Supplementary 2 for quality assessment

598 <https://www.dropbox.com/s/dhol3u83kpgbgrq/Supplementary%20%20222020.doc?dl=0>
 599

600 Data repository link

601 <https://www.dropbox.com/s/40t9f6w70o8lbtD/Final%20Ramadan%20meta%20data%20472019%20%28Weight%20and%20BMI%29.xlsx?dl=0>
 602
 603

604 MOOSE checklist repository link

605 https://www.dropbox.com/s/u23n0hIk4fb457d/MOOSE_Checklist%201122019%20FINAL.pdf?dl=0
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Author contributions MF and HJ contributed to the conception and design of the work. MF and HJ participated in researching and collecting articles. MF and JS participated in the article reviews and data extraction. HJ performed all data analyses. MF and HJ contributed to drafting the manuscript, and CC contributed to critically revising the manuscript and provided intellectual contributions to strengthen the manuscript. All authors were involved in writing the paper and approved the final version for publication.

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Compliance with ethical standards

Conflict of interest The authors have no conflicts of interest to declare.

Ethical approval This article does not contain any studies with human participants performed by any of the authors

Informed consent For this type of research, formal consent is not required.

References

1. Tremmel M, Gerdttham U-G, Nilsson P, Saha S (2017) Eco-nomic burden of obesity: a systematic literature review. *Int J Environ Res Public Health* 14:435. <https://doi.org/10.3390/ijerph14040435>
2. Varady K (2011) Intermittent versus daily calorie restriction: which diet regimen is more effective for weight loss? *Obesity Rev* 12:e593–e601
3. Hruby A, Hu FB (2015) The epidemiology of obesity: a big picture. *Pharmacoeconomics* 33:673–689. <https://doi.org/10.1007/s40273-014-0243-x>
4. Sundfør T, Svendsen M (2018) Effect of intermittent versus continuous energy restriction on weight loss, maintenance, and cardiometabolic risk: a randomized 1-year trial. *Nutr Metab Cardiovasc Dis* 28:698–706
5. Harvie M, Wright C, Pegington M, McMullan D, Mitchell E, Martin B, Cutler RG, Evans G, Whiteside S, Maudsley S, Camandola S, Wang R, Carlson OD, Egan JM, Mattson MP, Howell A (2013) The effect of intermittent energy and carbohydrate restriction v. daily energy restriction on weight loss and metabolic disease risk markers in overweight women. *Br J Nutr* 110:1534–1547. <https://doi.org/10.1017/s0007114513000792>
6. Freire R (2020) Scientific evidence of diets for weight loss: different macronutrient composition, intermittent fasting, and popular diets. *Nutrition* 69:110549. <https://doi.org/10.1016/j.nut.2019.07.001>
7. Azizi F (2010) Islamic fasting and health. *Ann Nutr Metab* 56:273–282
8. Sakr AH (1975) Fasting in Islam. *J Am Diet Assoc* 67:17–21
9. Davis CS, Clarke RE, Coulter SN, Rounsefell KN, Walker RE, Rauch CE, Huggins CE, Ryan L (2015) Intermittent energy restriction and weight loss: a systematic review. *Euro J Clin Nutr* 70:292. <https://doi.org/10.1038/ejcn.2015.195>
10. Seimon RV, Roekenes JA, Zibellini J, Zhu B, Gibson AA, Hills AP, Wood RE, King NA, Byrne NM, Sainsbury A (2015) Do intermittent diets provide physiological benefits over continuous diets for weight loss? A systematic review of clinical trials. *Mol Cell Endoc* 418:153–172

- 662 11. Headland M, Clifton P, Carter S, Keogh J (2016) Weight-loss
663 outcomes: a systematic review and meta-analysis of intermittent
664 energy restriction trials lasting a minimum of 6 months. *Nutri-*
665 *ents* 8:354. <https://doi.org/10.3390/nu8060354>
- 666 12. Antoni R, Johnston KL, Collins AL, Robertson MD (2017)
667 Effects of intermittent fasting on glucose and lipid metabolism.
668 *Proceed Nutr Soci* 76:361–368
- 669 13. Trepanowski JF, Canale RE, Marshall KE, Kabir MM, Bloomer
670 RJ (2011) Impact of caloric and dietary restriction regimens
671 on markers of health and longevity in humans and animals:
672 a summary of available findings. *Nutr J* 10:107. [https://doi.](https://doi.org/10.1186/1475-2891-10-107)
673 [org/10.1186/1475-2891-10-107](https://doi.org/10.1186/1475-2891-10-107)
- 674 14. Trepanowski JF, Kroeger CM, Barnosky A, Klempel MC, Bhutani
675 S, Hoddy KK, Gabel K, Freels S, Rigdon J, Rood J (2017)
676 Effect of alternate-day fasting on weight loss, weight maintenance,
677 and cardioprotection among metabolically healthy obese
678 adults: a randomized clinical trial. *JAMA Int Med* 177:930–938
- 679 15. Moro T, Tinsley G, Bianco A, Marcolin G, Pacelli QF, Battaglia
680 G, Palma A, Gentil P, Neri M, Paoli A (2016) Effects of eight
681 weeks of time-restricted feeding (16/8) on basal metabolism,
682 maximal strength, body composition, inflammation, and cardio-
683 vascular risk factors in resistance-trained males. *J Transl Med*
684 14:290
- 685 16. Obert J, Pearlman M, Obert L, Chapin S (2017) Popular weight
686 loss strategies: a review of four weight loss techniques. *Curr*
687 *Gastroenterol Rep* 19(12):61
- 688 17. Patterson RE, Laughlin GA, Lacroix AZ, Hartman SJ, Natarajan
689 L, Senger CM, Martínez ME, Villaseñor A, Sears DD, Marinac
690 CR, Gallo LC (2015) Intermittent fasting and human
691 metabolic health. *J Acad Nutr Diet* 115:1203–1212. [https://doi.](https://doi.org/10.1016/j.jand.2015.02.018)
692 [org/10.1016/j.jand.2015.02.018](https://doi.org/10.1016/j.jand.2015.02.018)
- 693 18. Patterson RE, Sears DD (2017) Metabolic effects of intermittent
694 fasting. *Annu Rev Nutr* 37:371–393. [https://doi.org/10.1146/](https://doi.org/10.1146/annurev-nutr-071816-064634)
695 [annurev-nutr-071816-064634](https://doi.org/10.1146/annurev-nutr-071816-064634)
- 696 19. Faris M, Jahrami HA, Alsibai J, Obaideen AA (2019) Impact
697 of Ramadan diurnal intermittent fasting on metabolic syndrome
698 components in healthy, non-athletic Muslim people aged over 15
699 years: a systematic review and meta-analysis. *Br J Nutr* 4:1–22.
700 <https://doi.org/10.1017/S000711451900254X>
- 701 20. Stroup DF, Berlin JA, Morton SC, Olkin I, Williamson GD, Rennie
702 D, Moher D, Becker BJ, Sipe TA, Thacker SB (2000) Meta-
703 analysis of observational studies in epidemiology: a proposal
704 for reporting. Meta-analysis of observational studies in epidemiology
705 (MOOSE) group. *JAMA* 283:2008–2012. [https://doi.](https://doi.org/10.1001/jama.283.15.2008)
706 [org/10.1001/jama.283.15.2008](https://doi.org/10.1001/jama.283.15.2008)
- 707 21. Nachvak SM, Pasdar J, Pirsaeheb S, Darbandi M, Niazi P,
708 Mostafai R, Speakman JR (2018) Effects of Ramadan on food
709 intake, glucose homeostasis, lipid profiles, and body composition.
710 *Eur J Clin Nutr* 73:594–600. [https://doi.org/10.1038/s41430-](https://doi.org/10.1038/s41430-018-0189-8)
711 [0-018-0189-8](https://doi.org/10.1038/s41430-018-0189-8)
- 712 22. Meo SA, Hassan A (2015) Physiological changes during fasting
713 in Ramadan. *J Pak Med Assoc* 65:S6–S14
- 714 23. Radhakishun N, Blokhuis C, van Vliet M, von Rosenstiel I, Weijer
715 O, Heymans M, Beijnen J, Brandjes D, Diamant M (2014)
716 Intermittent fasting during Ramadan causes a transient increase
717 in total, LDL, and HDL cholesterol and hs-CRP in ethnic obese
718 adolescents. *Eur J Ped* 173:1103–1106
- 719 24. Altman D, Machin D, Bryant T, Gardner M (2013) Statistics with
720 confidence: confidence intervals and statistical guidelines. Wiley,
721 Hoboken
- 722 25. Borenstein M, Hedges L, Higgins J, Rothstein H (2005) *Compre-*
723 *hensive meta-analysis (Vers 2)*. Biostat, Inc, Englewood Cliffs
- 724 26. Higgins JP, Green S (2011) *Cochrane handbook for systematic*
725 *reviews of interventions-Identifying and measuring heterogeneity,*
726 4th edn. Wiley, Hoboken
- 727 27. Higgins JP, Green S (2011) *Cochrane handbook for systematic*
728 *reviews of interventions-Incorporating heterogeneity into ran-*
729 *dom-effects models,* 4th edn. Wiley, Hoboken
- 730 28. Chen H, Manning AK, Dupuis J (2012) A method of moments
731 estimator for random effect multivariate meta-analysis. *Biomet-*
732 *rics* 68:1278–1284
- 733 29. Duval S, Tweedie R (2000) A nonparametric “trim and ill”
734 method of accounting for publication bias in meta-analysis. *J*
735 *Am Stat Ass* 95:89–98
- 736 30. Kayıkçıoğlu Ö, Erkin EF, Erakgün T (1998) The influence of
737 religious fasting on basal tear secretion and tear break-up time.
738 *Intern Ophthal* 22:67–69
- 739 31. Trepanowski JF, Bloomer RJ (2010) The impact of religious
740 fasting on human health. *Nutr J* 9:57. [https://doi.](https://doi.org/10.1186/1475-2891-9-57)
741 [org/10.1186/1475-2891-9-57](https://doi.org/10.1186/1475-2891-9-57)
- 742 32. Sadeghirad B, Motaghipisheh S, Kolahdooz F, Zahedi MJ, Hagh-
743 doost AA (2014) Islamic fasting and weight loss: a systematic
744 review and meta-analysis. *Pub Health Nutr* 17:396–406
- 745 33. Fernando H, Zibellini J, Harris R, Seimon R, Sainsbury A (2019)
746 Effect of Ramadan fasting on weight and body composition in
747 healthy non-athlete adults: a systematic review and meta-analysis.
748 *Nutrients* 11:478. <https://doi.org/10.3390/nu11020478>
- 749 34. Kul S, Savaş E, Öztürk ZA, Karadağ G (2014) Does Ramadan
750 fasting alter body weight and blood lipids and fasting blood glu-
751 cose in a healthy population? A meta-analysis. *J Relig Health*
752 53:929–942
- 753 35. Al-barha NS, Aljaloud KS (2018) The effect of Ramadan fast-
754 ing on body composition and metabolic syndrome in apparently
755 healthy men. *Am J Mens Health* 13(1):1557988318816925. [https](https://doi.org/10.1177/1557988318816925)
756 [://doi.org/10.1177/1557988318816925](https://doi.org/10.1177/1557988318816925)
- 757 36. Norouzy A, Salehi M, Philippou E, Arabi H, Shiva F, Mehrnoosh
758 S, Mohajeri S, Mohajeri SR, Motaghdari Larjani A, Nematy
759 M (2013) Effect of fasting in Ramadan on body composition
760 and nutritional intake: a prospective study. *J Hum Nutr Diet*
761 26:97–104
- 762 37. Ramadan J (2002) Does fasting during Ramadan alter body com-
763 position, blood constituents, and physical performance? *Med*
764 *Princ Pract* 11:41–46
- 765 38. Fahrial Syam A, Suryani Sobur C, Abdullah M, Makmun D
766 (2016) Ramadan fasting decreases body fat but not protein
767 mass. *Int J Endocrinol Metab* 14:e29687–e29687. [https://doi.](https://doi.org/10.5812/ijem.29687)
768 [org/10.5812/ijem.29687](https://doi.org/10.5812/ijem.29687)
- 769 39. Yuçel A, Degirmenci B, Acar M, Albayrak R, Haktanir A (2004)
770 The effect of fasting month of Ramadan on the abdominal fat
771 distribution: assessment by computed tomography. *Tohoku J Exp*
772 *Med* 204:179–187
- 773 40. Faris M, Madkour MI, Obaideen AK, Dalah EZ, Hasan HA, Rad-
774 wan HM, Jahrami HA, Hamdy O, Mohammad MG (2019) Effect
775 of Ramadan diurnal fasting on visceral adiposity and serum adi-
776 pokines in overweight and obese individuals. *Diabetes Res Clin*
777 *Pract* 153:166–175
- 778 41. Barkia A, Mohamed K, Smaoui M, Zouari N, Hammami M,
779 Nasri M (2011) Change of diet, plasma lipids, lipoproteins, and
780 fatty acids during Ramadan: a controversial association of the
781 considered Ramadan model with atherosclerosis risk. *J Health*
782 *Popul Nutr* 29(5):486–493
- 783 42. Lamri-Senhadj M, El Kebir B, BellevilleBouchenak JMJSMJ
784 (2009) Assessment of dietary consumption and time-course of
785 changes in serum lipids and lipoproteins before, during, and after
786 Ramadan in young Algerian adults. *Singap Med J* 50:288–294
- 787 43. Abedelmalek S, Souissi N, Takayuki A, Hadouk S, Tabka Z
788 (2011) Effect of acute maximal exercise on circulating levels
789 of interleukin-12 during Ramadan fasting. *Asian J Sport Med*
790 2:154–160
- 791 44. Alzogaibi MA, Pandi-Perumal SR, Sharif MM, BaHammam AS
792 (2014) Diurnal intermittent fasting during Ramadan: the effects

- on leptin and ghrelin levels. PLoS ONE 9:e92214. <https://doi.org/10.1371/journal.pone.0092214>
45. Develioglu ON, Kucur M, Ipek HD, Celebi S, Can G, Kulekci M (2013) Effects of Ramadan fasting on serum immunoglobulin G and M, and salivary immunoglobulin A concentrations. *J Int Med Res* 41:463–472. <https://doi.org/10.1177/0300060513476424>
 46. Faris M, Jahrami HA, Obaideen AA, Madkour MI (2019) Impact of diurnal intermittent fasting during Ramadan on inflammatory and oxidative stress markers in healthy people: systematic review and meta-analysis. *J Nutr Intermed Metab* 15:18–26. <https://doi.org/10.1016/j.jnim.2018.11.005>
 47. Adawi M, Watad A, Brown S, Aazza K, Aazza H, Zouhir M, Sharif K, Ghanayem K, Farah R, Mahagna H (2017) Ramadan fasting exerts immunomodulatory effects: insights from a systematic review. *Front Immunol* 8:1144
 48. Akrami FM, Ahmadi Z, Hassanshahi G, Akrami EM, Ravari A, Ghalebi SR (2013) Dose Ramadan fasting affects inflammatory responses: evidences for modulatory roles of this unique nutritional status via chemokine network. *Iran J Basic Med Sci* 16:1217–1222
 49. Mohammadzade F, Vakili M, Seyediniaki A, Amir Khanloo S, Farajolahi M, Akbari H (2017) Effect of prolonged intermittent fasting in Ramadan on biochemical and inflammatory parameters of healthy men. *J Clin Basic Res* 1:38–46
 50. Mushtaq R, Akram A, Mushtaq R, Khwaja S, Jo ASJPMS (2019) The role of inflammatory markers following Ramadan fasting. *Pak J Med Sci* 35(77–81):35
 51. Shariatpanahi MV, Shariatpanahi ZV, Shahbazi S, Moshtaqi M (2012) Effect of fasting with two meals on BMI and inflammatory markers of metabolic syndrome. *Pak J Biol Sci* 15:255–258
 52. Ibrahim WH, Habib HM, Jarrar AH, Al-Baz SA (2008) Effect of Ramadan fasting on markers of oxidative stress and serum biochemical markers of cellular damage in healthy subjects. *Ann Nutr Met.* <https://doi.org/10.1159/000172979>
 53. Mahmood MM, Mohammed KI (2010) Effect of Ramadan fasting on the levels of IL-1 α , IL-2, IL-6, and IL-8 cytokines. *Diyala J Pure Sci* 6:308–313
 54. Pallayova M, Zaghloul HB, Aror T, Choudhury SM, Omar OM, Chagoury OL, Taheri S (2017) Investigating physiological glucose excursions before, during, and after Ramadan in adults without diabetes mellitus. *Physiol Behav* 179:110–115. <https://doi.org/10.1016/j.physbeh.2017.05.032>
 55. Prasetya G, Sapwarobol S (2018) Intermittent fasting during Ramadan improves insulin sensitivity and anthropometric parameters in healthy young Muslim men. *Am J Lifestyle Med* 15:59827618815430.
 56. Alkandari JR, Maughan RJ, Roky R, Aziz AR, Karli U (2012) The implications of Ramadan fasting for human health and well-being. *J Sport Sci* 30:S9–S19
 57. Alam I, Gul R, Chong J, Tan CTY, Chin HX, Wong G, Doggui R, Larbi A (2019) Recurrent circadian fasting (RCF) improves blood pressure, biomarkers of cardiometabolic risk and regulates inflammation in men. *J Transl Med* 17:1–29
 58. Alinezhad-Namaghi M, Salehi M (2016) Effects of Ramadan fasting on blood pressure in hypertensive patients: a systematic review. *J Fasting Health* 4:17–21
 59. Assadi M, Akrami A, Beikzadeh F, Seyedabadi M, Nabipour I, Larijani B, Afarid M, Seidali E (2011) Impact of Ramadan fasting on intraocular pressure, visual acuity and refractive errors. *Singap Med J* 52:263–266
 60. Malekmakan L, Sayadi M, Pakfetrat M, Moosavi B, Mousavinezhad H (2017) The Effect of fasting on anthropometric parameters and blood pressure levels: A report from southern Iran. *Int Cardio Res J* 11(4)
 61. Norouzy A, Hasanzade Dalooe M, Khoshnasab AH, Khoshnasab A, Farrokhi J, Nematy M, Safarian M, Nezafati P, Alinezhad-Namaghi M (2017) Trend of blood pressure in hypertensive and normotensive volunteers during Ramadan fasting. *Blood Press Monit* 22:253–257
 62. Sijavand MSA, Shahsavan F, Askarizadeh F, Namaty M, Heravian J, Mahmodi Z, Rakhshandadi T, Sedaghat MR (2015) Effect of Ramadan fasting on blood pressure and lipid profiles. *J Nutr Fasting Health* 3:126–131
 63. Trabelsi K, El Abed K, Trepanowski JF, Stannard SR, Ghlissi Z, Ghozzi H, Masmoudi L, Jammoussi K, Hakim A (2011) Effects of Ramadan fasting on biochemical and anthropometric parameters in physically active men. *Asian J Sport Med* 2:134–144
 64. Sweileh N, Schnitzler A, Hunter G, Davis B (1992) Body composition and energy metabolism in resting and exercising Muslims during Ramadan fast. *J Sport Med Physi Fit* 32:156–163
 65. Stannard SR, Thompson MW (2008) The effect of participation in Ramadan on substrate selection during submaximal cycling exercise. *J Sci Med Sport* 11:510–517. <https://doi.org/10.1016/j.jsams.2007.03.003>
 66. Racinais S, Periard JD, Li CK, Grantham J (2012) Activity patterns, body composition, and muscle function during Ramadan in a Middle-East Muslim country. *Int J Sports Med* 33:641–646. <https://doi.org/10.1055/s-0032-1304645>
 67. Takruri HR (1989) Effect of fasting in Ramadan on body weight. *Saudi Med J* 10:491–494
 68. Pérez-Martínez P, Mikhailidis DP, Athyros VG, Bullo M, Couture P, Covas MI, de Koning L, Delgado-Lista J, Díaz-López A, Drevon CA (2017) Lifestyle recommendations for the prevention and management of metabolic syndrome: an international panel recommendation. *Nutr Rev* 75(5):307–326
 69. Abd El-Kader SM, Saiem Al-Dahr MH (2016) Impact of weight loss on oxidative stress and inflammatory cytokines in obese type 2 diabetic patients. *Afr Health Sci* 16:725–733. <https://doi.org/10.4314/ahs.v16i3.12>
 70. Huang C-J, McAllister MJ, Slusher AL, Webb HE, Mock JT, Acevedo EO (2015) Obesity-related oxidative stress: the impact of physical activity and diet manipulation. *Sport Med* 1:32. <https://doi.org/10.1186/s40798-015-0031-y>
 71. Hajer GR, van der Graaf Y, Olijhoek JK, Edlinger M, Visseren FL (2007) Low plasma levels of adiponectin are associated with low risk for future cardiovascular events in patients with clinical evident vascular disease. *Am Heart J* 154:750
 72. Madkour MI, El-Serai AT, Jahrami HA, Sherif NM, Hassan RE, Awadallah S (2019) Ramadan diurnal intermittent fasting modulates *SOD2*, *TFAM*, *Nrf2*, and sirtuins (*SIRT1*, *SIRT3*) gene expressions in subjects with overweight and obesity. *Diabetes Res Clin Pract* 155:107801. <https://doi.org/10.1016/j.diabetes.2019.107801>
 73. Isomaa B, Almgren P, Tuomi T, Forsén B, Lahti K, Nissen M, Taskinen M-R, Groop L (2001) Cardiovascular morbidity and mortality associated with the metabolic syndrome. *Diabetes Care* 24:683–689
 74. Feizollahzadeh S, Rasuli J, Kheirouri S, Alizadeh M (2014) Augmented plasma adiponectin after prolonged fasting during Ramadan in men. *Health Promot Perspect* 4:77–81
 75. Vardarli MC, Hammes H-P, Vardarli I (2014) Possible metabolic impact of Ramadan fasting in healthy men. *Turk J Med Sci* 44:1010–1020
 76. Hosseini SRA, Sardar MA, Hejazi K, Farahati S (2015) The effects of aerobic exercise during Ramadan on the levels of leptin and adiponectin in overweight women. *J Fasting Health* 3:35–42
 77. Shirai K (2004) Obesity as the core of the metabolic syndrome and the management of coronary heart disease. *Curr Med Res Opin* 20:295–304
 78. Khan Khattak MMA, Abu Bakar I, Yeim L (2012) Does religious fasting increase the fat-free mass (FFM) and reduce abdominal obesity? *Nutr Food Sci* 42:87–96

79. Harder-Lauridsen NM, Rosenberg A, Benatti FB, Damm JA, Thomsen C, Mortensen EL, Pedersen BK, Krogh-Madsen RJN (2017) Ramadan model of intermittent fasting for 28 d had no major effect on body composition, glucose metabolism, or cognitive functions in healthy lean men. *Nutrition* 37:92–103
80. SaA A, Ismail M, Baker A, Blair J, Adebayo A, Kelly L, Chandurkar V, Cheema S, Joanisse DR, Basset FA (2017) The effects of diurnal Ramadan fasting on energy expenditure and substrate oxidation in healthy men. *Br J Nut* 118:1023–1030
81. Rynders CA, Thomas EA, Zaman A, Pan Z, Catenacci VA, Melanson EL (2019) Effectiveness of intermittent fasting and time-restricted feeding compared to continuous energy restriction for weight loss. *Nutrients* 11:2442
82. Hatori M, Vollmers C, Zarrinpar A, DiTacchio L, Bushong EA, Gill S, Leblanc M, Chaix A, Joens M, Fitzpatrick JA (2012) Time-restricted feeding without reducing caloric intake prevents metabolic diseases in mice fed a high-fat diet. *Cell Met* 15:848–860
83. Chaix A, Lin T, Le HD, Chang MW, Panda S (2019) Time-restricted feeding prevents obesity and metabolic syndrome in mice lacking a circadian clock. *Cell Met* 29(303–319):e304
84. Chaix A, Zarrinpar A, Miu P, Panda S (2014) Time-restricted feeding is a preventative and therapeutic intervention against diverse nutritional challenges. *Cell Met* 20:991–1005
85. Alemán-Mateo H, Salazar G, Hernández-Triana M, Valencia M (2006) Total energy expenditure, resting metabolic rate and physical activity level in free-living rural elderly men and women from Cuba, Chile, and Mexico. *Eur J Clin Nutr* 60:1258–1265
86. BaHammam A, Alrajeh M, Albabtain M, Bahammam S, Sharif M (2010) Circadian pattern of sleep, energy expenditure, and body temperature of young, healthy men during the intermittent fasting of Ramadan. *Appetite* 54:426–429
87. Lessan N, Saadane I, Alkaf B, Hambly C, Buckley AJ, Finer N, Speakman JR, Barakat MT (2018) The effects of Ramadan fasting on activity and energy expenditure. *Am J Clin Nutr* 107:54–61
88. Al-Hourani H, Atoum M (2007) Body composition, nutrient intake, and physical activity patterns in young women during Ramadan. *Singap Med J* 48:906–910
89. Faris M, Kacimi S, RaA A-K, Fararjeh MA, Bustanji YK, Mohammad MK, Salem ML (2012) Intermittent fasting during Ramadan attenuates proinflammatory cytokines and immune cells in healthy subjects. *Nutr Res* 32:947–955. <https://doi.org/10.1016/j.nutres.2012.06.021>
90. Yeoh E, Zainudin SB, Loh WN, Chua CL, Fun S, Subramaniam T, Sum CF, Lim SC (2015) Fasting during Ramadan and associated changes in glycemia, caloric intake and body composition. *Am J Clin Nutr* 62:302–307
91. Mazidi M, Karimi E, Rezaee P, Nematy M, Salehi M (2014) The effects of Ramadan fasting on body composition. *Shiraz E-Med J* 15:e19733
92. Lessan N, Ali T (2019) Energy metabolism and intermittent fasting: the Ramadan perspective. *Nutrients* 11:1192
93. Gotthardt JD, Verpeut JL, Yeomans BL, Yang JA, Yasrebi A, Roepke TA, Bello NT (2015) Intermittent fasting promotes fat loss with lean mass retention, increased hypothalamic norepinephrine content, and increased neuropeptide Y gene expression in diet-induced obese male mice. *Endocrinology* 157:679–691
94. Harvie MN, Pegington M, Mattson MP, Frystyk J, Dillon B, Evans G, Cuzick J, Jebb SA, Martin B, Cutler RG (2011) The effects of intermittent or continuous energy restriction on weight loss and metabolic disease risk markers: a randomized trial in young overweight women. *Int J Obesity* 35:714
95. Di Francesco A, Di Germanio C, Bernier M, de Cabo R (2018) A time to fast. *Science* 362:770–775
96. Gabel K, Hoddy KK, Haggerty N, Song J, Kroeger CM, Trepanowski JF, Panda S, Varady KA (2018) Effects of 8-hour time restricted feeding on body weight and metabolic disease risk factors in obese adults: a pilot study. *Nutr Healthy Aging* 4:345–353
97. Subhan MM, Siddiqui QA, Khan MN, Sabir S (2006) Does Ramadan fasting affect expiratory low rates in healthy subjects? *Saudi Med J* 2:1656–1660
98. Suriani I, Shamsuddin K, Khalib A, Hazizi A, Latifah A (2014) Ramadan fasting and voluntary fasting-potential weight loss and weight maintenance opportunity for overweight and obese Muslims. *Int J Public Health Clin Sci* 1:28–29
99. Ismail S, Manaf RA, Mahmud A, Shamsuddin K (2018) Influence of an intervention program promoting voluntary fasting practices and its perceived barriers among overweight or obese Muslim women working in the public sector, Malaysia. *Malay J Med Health Sci* 14:1–6
100. Ismail S, Shamsuddin K, Khalib A, Hazizi A, Latifah A, Fadlan M (2015) Comparing the sustainability of an Islamic dietary intervention to maintain weight loss six months after Ramadan between intervention and control groups. *J Fasting Health* 3:86–93
101. Ismail S, Shamsuddin K, Latif KA, Saad HA, Majid LA, Othman FM (2015) Voluntary fasting to control post-Ramadan weight gain among overweight and obese women. *Sultan Qaboos Univ Med J* 1:e98–e104
102. Faris M, Jahrami H, Alhayki F, Alkhwaja N, Ali A, Aljeeb S, Abdulghani I, BaHammam A (2019) Effect of diurnal fasting on sleep during Ramadan: a systematic review and meta-analysis. *Sleep Breath*. <https://doi.org/10.1007/s11325-019-01986-1>
103. Almeneessier AS, BaHammam AA, Alzogaibi M, Olaihs AH, Nashwan SZ, BaHammam AS (2019) The effects of diurnal intermittent fasting on pro-inflammatory cytokine levels while controlling for sleep/wake pattern, meal composition, and energy expenditure. *PLoS ONE* 14:e0226034. <https://doi.org/10.1371/journal.pone.0226034>
104. Fedail SS, Murphy D, Salih S, Bolton C, Harvey R (1982) Changes in certain blood constituents during Ramadan. *Am J Clin Nutr* 36:350–353
105. Azizi F, Rasouli H (1987) Serum glucose, bilirubin, calcium, phosphorus, protein, and albumin concentrations during Ramadan. *Med J Islamic Rep Iran* 1:38–41
106. El Ati J, Beji C, Danguir J (1995) Increased fat oxidation during Ramadan fasting in healthy women: an adaptive mechanism for lipoprotein cholesterol and decrease in low-density lipoprotein cholesterol. *Ann Nutr Met* 41:242–249
108. Finch GM, Day JE, Welch DA, Rogers PJ (1998) Appetite changes under free-living conditions during Ramadan fasting. *Appetite* 31:159–170
109. Maislos M, Abou-Rabiah Y, Zuili I, Iordash S, Shany S (1998) Gorging and plasma HDL-cholesterol—the Ramadan model. *Eur J Clin Nutr* 52:127–130
110. Bilito YY (1998) Effects of Ramadan fasting on body weight and the biochemical and haematological parameters of the blood. *Arab Gulf J Sci Res* 16:1–14
112. Afrasiabi A, Hassanzadeh S, Sattarivand R, Mahboob S (2003) Effects of Ramadan fasting on serum lipid profiles in 2 hyperlipidemic groups with or without diet pattern. *Saudi Med J* 24:23–26

- 1056 113. Kassab S, Abdul-Ghafar T, Nagalla DS, Sachdeva U, Nayar U
1057 (2003) Serum leptin and insulin levels during chronic diurnal
1058 fasting. *Asia Pacific J Clin Nutr* 12:483–487
- 1059 114. Fakhrzadeh H, Larijani B, Sanjari M, Baradar-Jalili R, Amini M
1060 (2003) Effect of Ramadan fasting on clinical and biochemical
1061 parameters in healthy adults. *Ann Saudi Med* 23:223–226
- 1062 115. Rahman M, Rashid M, Basher S, Sultana S, Nomani M
1063 (2004) Improved serum HDL cholesterol profile among
1064 Bangladeshi male students during Ramadan fasting. *East
1065 Mediterr Health J* 10:131–137
- 1066 116. Kassab S, Abdul-Ghafar T, Nagalla DS, Sachdeva U,
1067 Nayar U (2004) Interactions between leptin, neuropeptide-
1068 Y, and insulin with chronic diurnal fasting during Ramadan.
1069 *Ann Saudi Med* 24:345–349
- 1070 117. Aksungar FB, Eren A, Ure S, Teskin O, Ates G (2005) Effects of
1071 intermittent fasting on serum lipid levels, coagulation status, and
1072 plasma homocysteine levels. *Ann Nutr Metab* 49(2):77–82
- 1073 118. Farshidfar G, Yousi H, Vakili M, Asadi Noughabi F (2006) The
1074 effect of Ramadan fasting on hemoglobin, hematocrit, and
1075 blood biochemical parameters. *J Res Health Sci* 6:21–27
- 1076 119. Al-Numair N (2006) Body weight and some biochemical
1077 changes associated with Ramadan fasting in healthy
1078 Saudi men. *J Med Sci* 6:112–116
- 1079 120. Ziaee V, Razaee M, Ahmadinejad Z, Shaikh H, Yousei R,
1080 Yar-mohammadi L, Bozorgi F, Behjati MJ (2006) The
1081 changes of metabolic profile and weight during Ramadan
1082 fasting. *Singap Med J* 47:409–414
- 1083 121. Dewanti L, Watanabe C, Ohtsuka R (2006) Unexpected
1084 changes in blood pressure and hematological parameters
1085 among fasting and nonfasting workers during Ramadan in
1086 Indonesia. *Eur J Clin Nutr* 60:877–881
- 1087 122. Salehi M, Neghab M (2007) Effects of fasting and a medium
1088 calorie balanced diet during the holy month Ramadan on
1089 weight, BMI, and some blood parameters of overweight
1090 males. *Pak J Biol Sci* 10:968–971
- 1091 123. Al Hourani HM, Atoum MF, Akel S, Hijawi N, Awawdeh S
1092 (2009) Effects of Ramadan fasting on some haematological
1093 and biochemical parameters. *Jordan J Biol Sci* 2:103–108
- 1094 124. Mansi KMS (2007) Study the effects of Ramadan fasting on
1095 the serum glucose and lipid profile among healthy
1096 Jordanian students. *Am J Appl Sci* 4:565–569
- 1097 125. Moosavi S, Kabir A, Moghimi A, Chehrei A, Rad MB (2007)
1098 Evaluation of the effect of Islamic fasting on lung volumes and
1099 capacities in healthy persons. *Saudi Med J* 28:1666–1670
- 1100 126. Ibrahim WH, Habib HM, Jarrar AH, Al-Baz SA (2008) Effect
1101 of Ramadan fasting on markers of oxidative stress and
1102 serum biochemical markers of cellular damage in healthy
1103 subjects. *Ann Saudi Med* 28:175–181
- 1104 127. Shariatpanahi ZV, Shariatpanahi MV, Shahbazi S, Hossaini A,
1105 Abadi A (2008) Effect of Ramadan fasting on some indices of
1106 insulin resistance and components of the metabolic syndrome
1107 in healthy male adults. *Br J Nutr* 100:147–151
- 1108 128. Norouzy A, Salehi M, Arabi H, Shiva F, Mehrmoosh S, Mohajeri
1109 SMR, Sabery M, Frost G, Nematy M (2010) Effects of Rama-
1110 dan fasting on anthropometric indices. *Fasting and Sustainable
1111 Health Conference* in 2010. 65
- 1112 129. Pathan M, Patil R (2015) Effect of Ramadan fasting on body
1113 weight and lipid profile. *Biomed Pharmacol J* 3:167–170
- 1114 130. Ünalacak M, Kara IH, Baltaci D, Erdem Ö, Bucaktepe PGE
1115 (2011) Effects of Ramadan fasting on biochemical and hema-
1116 tological parameters and cytokines in healthy and obese indi-
1117 viduals. *Metabo Syndr Relat Disord* 9:157–161
- 1118 131. Faris M, Hussein RN, Al-Kurd RA, Al-Fararjeh MA, Bustanji YK,
1119 Mohammad MK (2012) Impact of Ramadan intermittent fasting on
1120 oxidative stress measured by urinary 15-isoprostane. *J Nutr
1121 Metab.* <https://doi.org/10.1155/2012/802924>
- 1122 132. Shehab A, Abdulle A, El Issa A, Al Suwaidi J, Nagelkerke
1123 N (2012) Favorable changes in lipid profile: the effects of
1124 fasting after Ramadan. *PLoS ONE* 7:e47615
- 1125 133. Agoumi A, Martinez Martinez F, Garcia de la Serrana HL
1126 (2013) The assessment of the follow-up of the Muslim
1127 population during the period of Ramadan. *Nutr Food Sci.*
1128 <https://doi.org/10.4172/2155-9600.1000220>
- 1129 134. Haouari-Oukero F, Ben-Attia M, Kaâbachi N, Haouari M (2013)
1130 Ramadan fasting influences on food intake consumption, sleep
1131 schedule, body weight, and some plasma parameters in healthy
1132 fasting volunteers. *Afr J Biotech* 12:3327–3332
- 1133 135. Hosseini SRA, Sardar MA, Hejazi K, Farahati S (2013) The
1134 effect of Ramadan fasting and physical activity on body com-
1135 position, serum osmolarity levels, and some parameters of
1136 electrolytes in females. *Int J Endocrinol Metab* 11:88–94
- 1137 136. Rohin MAK, Rozano N, Abd Hadi N, Nor M, Nasir M, Abdul-lah S,
1138 Dandinasivara Venkateshaiah M (2013) Anthropometry and body
1139 composition status during Ramadan among higher institution
1140 learning center staffs with different body weight status. *Sci World J.*
1141 <https://doi.org/10.1155/2013/308041>
- 1142 137. Sayedda K, Kamal S, Ahmed QS (2013) Effect of Ramadan
1143 fasting on anthropometric parameters, blood pressure,
1144 creatine phosphokinase activity, serum calcium, and
1145 phosphorus in healthy students of Shri Ram Murti smarak
1146 institute of medical sciences, Bareilly-UP. *National J
1147 Physiol Pharm Pharmacol* 3:48–52
- 1148 138. Cansel M, Tasolar H, Yagmur J, Ermis N, Acikgoz N,
1149 Eyyup-koca F, Pekdemir H, Ozdemir R (2014) The effects
1150 of Ramadan fasting on heart rate variability in healthy
1151 individuals: a prospective study. *Anadolu Kardiyol Derg*
1152 14:413–416. <https://doi.org/10.5152/akd.2014.5108>
- 1153 139. Celik A, Saricicek E, Saricicek V, Sahin E, Ozdemir G, Boz-
1154 kurt S, Okumus M, Sucakli MH, Cikim G, Coskun Y (2014)
1155 Effect of Ramadan fasting on serum concentration of
1156 apelin-13 and new obesity indices in healthy adult men.
1157 *Medical Sci Monit* 20:337–342
- 1158 140. Hassan MB, Isawumi MA (2014) Effects of fasting on
1159 intraocular pressure in a black population. *Middle East
1160 Afri J Ophthal* 2:328–331
- 1161 141. McNeil J, Mamlouk MM, Duval K, Schwartz A, Nardo Junior N,
1162 Doucet É (2014) Alterations in metabolic profile occur in
1163 normal-weight and obese men during the Ramadan fast
1164 despite no changes in anthropometry. *J Obesity* 2014:482547.
1165 <https://doi.org/10.1155/2014/482547>
- 1166 142. Salahuddin M, Masood-ul-Hassan J (2014) Effects of Ramadan
1167 fasting on some physiological and biochemical parameters in
1168 healthy and hypertensive subjects in Aurangabad district of
1169 Maharashtra. *India J Fasting Health* 2(1):7–13
- 1170 143. Begum TA, Jahan N, Sultana N, Choudhury R, Yeasmin T
1171 (2015) Effect of Ramadan fasting on total cholesterol (TC)
1172 low-density lipoprotein cholesterol (LDL-C) and high-
1173 density lipoprotein cholesterol (HDL-C) in healthy adult
1174 male. *J Bangladesh Soc Physiol* 10:46–50
- 1175 144. Gnanou JV, Caszo BA, Khalil KM, Abdullah SL, Knight VF,
1176 Bidin MZ (2015) Effects of Ramadan fasting on glucose
1177 homeostasis and adiponectin levels in healthy adult
1178 males. *J Diabetes Metab Disord* 14:55
- 1179 145. Hosseini SRA, Hejazi K (2015) Evaluation of changes in
1180 blood hematological and biochemical parameters in
1181 response to Islamic fasting and regular physical activity in
1182 male and female subjects. *J Fasting Health* 3:118–125
- 1183 146. López-Bueno M, González-Jiménez E, Navarro-Prado S,
1184 Montero-Alonso MA, Schmidt-RioValle J (2015) Influence of
1185 age and religious fasting on the body composition of

- 1186 Muslim women living in a westernized context. *Nutr Hosp* 31:1067–1073 1222
- 1187 31:1067–1073 1223
- 1188 147. Suriani I, Shamsuddin K, Latif KA, Saad HA (2015) The 1224
- 1189 effect of the Malaysian Food Guideline guidance on a 1225
- 1190 group of overweight and obese women during Ramadan. 1226
- 1191 *Saudi Med J* 36:40–45
- 1192 148. Talib RA, Canguven O, Al-Rumaihi K, Al Ansari A, Alani M 1227
- 1193 (2015) The effect of fasting on erectile function and sexual desire 1228
- 1194 on men in the month of Ramadan. *Urol J* 12:2099–2102 149. 1229
- 1195 BaHammam AS, Pandi-Perumal SR, Alzoghaibi MA (2016) The 1230
- 1196 effect of Ramadan intermittent fasting on lipid peroxidation in 1231
- 1197 healthy young men while controlling for diet and sleep: 1232
- 1198 a pilot study. *Ann Thoracic Med* 11:43–48 1233
- 1199 150. Ganjali N, Mozaffari-Khosravi H, Afkhami Ardakani M, Shahraki 1234
- 1200 M, Fallahzadeh H (2016) Effect of Islamic fasting on glucose, 1235
- 1201 lipid profile and Body Mass Index, adiponectin and leptin in 1236
- 1202 obese individuals. *J Nutr Fasting Health* 4:57–63 1237
- 1203 151. Nugraha B, Ghashang SK, Hamdan I, Gutenbrunner C (2017) 1238
- 1204 Effect of Ramadan fasting on fatigue, mood, sleepiness, and 1239
- 1205 health-related quality of life of healthy young men in the sum- 1240
- 1206 mertime in Germany: a prospective controlled study. *Appetite* 1241
- 1207 111:38–45. <https://doi.org/10.1016/j.appet.2016.12.030> 1242
- 1208 152. AbdulKareem NG, Khalil NS, Jasim AE, Alkabban M (2017) 1243
- 1209 Some biochemical changes during summer Islamic fasting 1244
- 1210 in diseased patients in comparison with normal. *Am J Med* 1245
- 1211 *Sci* 5:27–34 1246
- 1212 153. Bakki B, Goni BW, HarunaYusuph FB (2017) Ramadan Fast- 1247
- 1213 ing: Effect on the Metabolic Profile of Healthy Medical Stu- 1248
- 1214 dents in the northeast, Nigeria. *Saudi J Med.* 133–137 1249
- 1215 154. Khan N, Rasheed A, Ahmed H, Aslam F, Kanwal F (2017) 1250
- 1216 Effect of Ramadan fasting on glucose level, lipid profile, 1251
- 1217 HbA1c, and uric acid among medical students in Karachi, 1252
- 1218 Pakistan. *East Mediter Health J* 23:274–279 1253
- 1219 155. Kiyani MM, Memon AR, Amjad MI, Ameer MR, Sadiq M, 1254
- 1220 Mahmood T (2017) Study of human Biochemical parameters 1255
- 1221 during and after Ramadan. *J Relig Health* 56:55–62
156. Latiri I, Sandid S, Fennani MA, Hadrich M, Masmoudi T, 1222
- Maatoug C, Zammit-Chatti M, Chamari K, Ben Saad H 1223
- (2017) The effects of Ramadan fasting on the spirometric 1224
- data of healthy adult males. *Am J Men's Health* 11:1214– 1225
1223. <https://doi.org/10.1177/1557988316675091> 1226
157. Ongsara S, Boonpol S, Prompalad N, Jeendum N (2017) The 1227
- effect of Ramadan fasting on biochemical parameters in 1228
- healthy Thai subjects. *J Clin Diagn Res* 11:CD14–CE18 1229
158. Roy AS, Bandyopadhyay A (2017) Effect of Ramadan 1230
- intermittent fasting on haematological parameters, lipid 1231
- profile, and renal markers in young Muslim males of 1232
- Kolkata, India. *Indian J Physiol Pharmacol* 61:361–367 1233
159. Haghghi S, Attarzade Hosseini SR, Saleh Moghaddam M, 1234
- Rajabian M, Kiani MA, Taghizade Moghaddam H, Sezavar 1235
- Kamali SM (2019) Effects of fasting on glucagon-like pep- 1236
- tide-1 hormone (GLP-1), and lipid profile indices in obese 1237
- and thin women. *Int J Pediatr* 7:9095–9102 1238
160. Jarrar AH, Beasley JM, Ohuma EO, Cheikh Ismail L, 1239
- Qeshta DA, Mohamad MN, Al Dhaheri AS (2019) Effect of 1240
- high fiber cereal intake on satiety and gastrointestinal 1241
- symptoms during Ramadan. *Nutrients* 11:939. 1242
- <https://doi.org/10.3390/nu11040939> 1243
161. Rahbar AR, Safavi E, Rooholamini M, Jaafari F, Darvishi 1244
- S, Rahbar A (2019) Effects of intermittent fasting during 1245
- Rama-dan on insulin - like growth factor-1, interleukin 2, 1246
- and lipid profile in healthy Muslims. *Int J Prev Med* 10:7. 1247
- <https://doi.org/10.4103/ijpvm.IJPVM25217> 1248
162. Higgins JP, Thompson SG, Deeks JJ, Altman DG (2003) Measur- 1249
- ing inconsistency in meta-analyses. *BMJ* 327:557–560 1250
163. Deeks JJ, Higgins JP, Altman DG (2008) Analysing data and 1251
- undertaking meta-analyses. *Cochrane handbook for systematic* 1252
- reviews of interventions: Cochrane book series:243–296* 1253