

ISSN: 1671-8852 Volume 45, Issue 06, December, 2024

Clinical characteristics and risk factors of feeding intolerance in twin preterm infants

Yang, Z.¹, Yang, S.¹, Wei, X.¹, Xiong, M.¹, Gan, B.¹

Department of Public Health and Preventive Medicine, School of Medicine, Jinan University, No. 601 Huangpu Road West, Guangzhou 510632, China¹

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Keywords:

cardiometabolic indicators; intermittent fasting; time-restricted eating; weight loss

ABSTRACT

To investigate the clinical characteristics and risk factors for feeding intolerance (FI) in preterm infants and to provide evidence for early identification, effective prevention and treatment of FI. A total of 116 preterm infants were recruited in the Department of Neonatology, West China Second Hospital, Sichuan University, from July 2016 to December 2016. Self-designed "the clinical observation table for feeding intolerance of preterm infant" was used to find out the main risk factors of FI in preterm infants. There were 62 cases of FI. The incidence of FI in preterm infants was 53.45% (62/116). It was 44.93% (31/69) and 65.96% (31/47) for males and females, respectively, with significant difference between them (P<0.05). The incidence of FI in very low birth weight infants was 48.57% (34/70), and in the extremely low birth weight infant was 88.89% (8/9). FI in preterm infants mainly occurred in the period of being fed within 48-72 h. The symptoms included abdominal distension, gastric retention, vomiting and stomach brown color for clinical manifestations. Among them, abdominal distension was the main clinical manifestation. The logistic multivariate regression analysis showed that birth weight <1 000 g (P<0.05), the use of caffeine citrate (P<0.05) and the formula feeding (P<0.05) were the main risk factors for FI. The incidence of FI is very high in preterm infants. Birth weight <1 000 g, the use of caffeine citrate, and formula feeding are main risk factors for FI.



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1. INTRODUCTION

In the past decades, the rate of general and abdominal obesity has increased markedly among Chinese adults [1]. In 2019, more than 50% adults aged 18 or above were classified as overweight or obese according to body mass index (BMI) [2]. The number of Chinese people with overweight or obesity is estimated to grow to 790 million in 2030 [3]. As an established risk factor of cardiometabolic diseases, the obesity epidemic has increased the burden on the medical system in China [4]. By 2030, the medical cost attributed to overweight and obesity in China is predicted to be USD 61 billion [3]. Furthermore, at the same BMI values, Chinese individuals are at higher risk of cardiometabolic diseases than Black and White adults in the US [5]. Developing effective strategies for obesity prevention and management is important in the Chinese

population.

Various forms of fasting have been developed, including intermittent fasting (IF), calorie restriction, long-term fasting, very low-calorie diet, and fasting-mimicking diet [6]. In recent years, IF has been an emerging dietary intervention for weight management. IF refers to diverse recurring eating patterns that require fasting for different time periods, ranging from hours to a few days [7], which includes alternate-day fasting (ADF), periodic fasting, and time-restricted eating (TRE). Previous studies demonstrated the potential benefits of IF with respect to obesity, insulin resistance, dyslipidaemia, hypertension, and inflammation [8], [9].

Although IF is a potential weight management strategy, its efficacy may vary by dietary habits in the study population because of the adherence issue. A recent study reported that the average eating window of 1596 Chinese adults was 13.03 h, in which 45% of individuals commenced eating at 8:00-9:00 a.m., and 52% of participants ceased eating at 8:00 p.m. [10]. According to NHANES 2009-2014, the average eating window, first mealtime, and last mealtime of 15,341 adults aged 20 or above were 12.2 ± 0.06 h, 8:08 a.m., and 8:18 p.m., respectively [11]. With a potentially longer eating duration in the Chinese population than in the US, conducting IF by restricting the eating window may not have the same efficacy. In addition, whether IF is beneficial mainly because of calorie restriction is unclear. A one-year randomized controlled trial (RCT) with 139 Chinese participants found that early TRE (8:00 a.m. to 4:00 p.m.) combined with daily calorie restriction had similar effects as calorie restriction only on weight loss and body fat reduction in people with obesity [12], but more trials in the Chinese region are warranted to verify the finding.

In brief, the previous literature suggested a lack of systematic review of the efficacy of IF in improving cardiometabolic health of the Chinese population and whether the potential benefit of IF is independent of calorie restriction during the intervention. Gaining additional understanding on the efficacy of IF in the Chinese population may help health care professionals formulate evidence-based weight loss plans for individuals who are overweight and obese.

2. Materials and Methods

This meta-analysis was performed according to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses 2020 statement [13]. The study protocol was registered in PROSPERO (CRD42022359891).

2.1 Search Strategy

Five databases, namely, Ovid MEDLINE, Embase (via Ovid), Ovid Emcare, WanFang, and the China Academic Journal Network Publishing Database (CNKI) were used to identify relevant RCTs that investigated the efficacy of IF on Chinese populations up to October 2022, using a combination of keywords related to IF (e.g., intermittent fasting or time-restricted feeding or periodic fasting) and RCT (e.g., RCT or clinical trial or controlled clinical trial or randomization or random assignment). Reference lists of the included studies were also retrieved for potential eligible studies. The details of the search terms that were used are summarized in Table S1.

2.2 Study Selection

Two independent reviewers (KC and KL) were involved in the two-stage process for the selection of studies. After duplicate studies were excluded, the titles and abstracts were first screened. The abstracts followed by full contents of studies that met the pre-specified eligibility criteria were assessed with reference to the inclusion and exclusion criteria.



ISSN: 1671-8852 Volume 45, Issue 06, December, 2024

3. Conclusion

Among Chinese adults, adopting IF for at least three weeks can result in some degree of weight loss and improvement in cardiometabolic health. IF may have potential roles in weight management, but more well-designed studies are necessary to provide robust evidence of its effects on weight management by considering the effects of sex and meal timing and to account for the dietary habits of the Chinese population. Moreover, the possible adverse incidents and long-term effects of IF interventions need to be studied by conducting more long-term and large-scale clinical trials.

4. References

- [1] Ma, S.; Xi, B.; Yang, L.; Sun, J.; Zhao, M.; Bovet, P. Trends in the prevalence of overweight, obesity, and abdominal obesity among Chinese adults between 1993 and 2015. Int. J. Obes. 2021, 45, 427–437.
- [2] Chen, K.; Shen, Z.; Gu, W.; Lyu, Z.; Qi, X.; Mu, Y.; Ning, Y. Prevalence of obesity and associated complications in China: A cross-sectional, real-world study in 15.8 million adults. Diabetes Obes. Metab. 2023, 25, 3390–3399.
- [3] Hu, G. More vigorous efforts are needed to fight obesity, a serious public health problem in China. Obesity 2021, 29, 1580–1581.
- [4] Report on Cardiovascular Health and Diseases in China 2021: An Updated Summary. Biomed. Environ. Sci. 2022, 35, 573–603.
- [5] Pan, W.H.; Flegal, K.M.; Chang, H.Y.; Yeh, W.T.; Yeh, C.J.; Lee, W.C. Body mass index and obesity-related metabolic disorders in Taiwanese and US whites and blacks: Implications for definitions of overweight and obesity for Asians. Am. J. Clin. Nutr. 2004, 79, 31–39.
- [6] Wilhelmi de Toledo, F.; Grundler, F.; Sirtori, C.R.; Ruscica, M. Unravelling the health effects of fasting: A long road from obesity treatment to healthy life span increase and improved cognition. Ann. Med. 2020, 52, 147–161.
- [7] Anton, S.D.; Moehl, K.; Donahoo, W.T.; Marosi, K.; Lee, S.A.; Mainous, A.G.; Leeuwenburgh, C.; Mattson, M.P. Flipping the Metabolic Switch: Understanding and Applying the Health Benefits of Fasting: Flipping the Metabolic Switch. Obesity 2018, 26, 254–268.
- [8] De Cabo, R.; Mattson, M.P. Effects of Intermittent Fasting on Health, Aging, and Disease. N. Engl. J. Med. 2019, 381, 2541–2551.
- [9] Yang, F.; Liu, C.; Liu, X.; Pan, X.; Li, X.; Tian, L.; Sun, J.; Yang, S.; Zhao, R.; An, N.; et al. Effect of Epidemic Intermittent Fasting on Cardiometabolic Risk Factors: A Systematic Review and Meta-Analysis of Randomized Controlled Trials. Front. Nutr. 2021, 8, 669325.
- [10] Tang, R.; Wang, J.; Zhang, W.; Fu, W.; Zhuo, L.; Yang, J.; Wang, Q.; Kun, Y. Eating window and eating habits of adults in China: A cross-sectional study. Heliyon 2023, 9, e17233.
- [11] Kant, A.K. Eating patterns of US adults: Meals, snacks, and time of eating. Physiol. Behav. 2018, 193, 270–278.

- [12] Liu, D.; Huang, Y.; Huang, C.; Yang, S.; Wei, X.; Zhang, P.; Guo, D.; Lin, J.; Xu, B.; Li, C.; et al. Calorie Restriction with or without Time-Restricted Eating in Weight Loss. N. Engl. J. Med. 2022, 386, 1495–1504.
- [13] Page, M.J.; McKenzie, J.E.; Bossuyt, P.M.; Boutron, I.; Hoffmann, T.C.; Mulrow, C.D.; Shamseer, L.; Tetzlaff, J.M.; Akl, E.A.; Brennan, S.E.; et al. The PRISMA 2020 statement: An updated guideline for reporting systematic reviews. BMJ 2021, 372, n71.
- [14] Talenezhad, N.; Mohammadi, M.; Ramezani-Jolfaie, N.; Mozaffari-Khosravi, H.; Salehi-Abargouei, A. Effects of l-carnitine supplementation on weight loss and body composition: A systematic review and meta-analysis of 37 randomized controlled clinical trials with dose-response analysis. Clin. Nutr. ESPEN 2020, 37, 9–23.
- [15] Higgins, J.P.T.; Thomas, J.; Chandler, J.; Cumpston, M.; Li, T.; Page, M.J.; Welch, V.A. (Eds.) Cochrane Handbook for Systematic Reviews of Interventions Version 6.3; Cochrane: Oxford, UK, 2022; Available online: https://training.cochrane.org/handbook (accessed on 17 July 2023).
- [16] Wong, J.; Chan, K.Y.; Lo, K. Sodium-glucose co-transporter 2 inhibitors on weight change and cardiometabolic profiles in individuals with overweight or obesity and without diabetes: A meta-analysis. Obes. Rev. 2021, 22, e13336.
- [17] Cai, H.; Qin, Y.L.; Shi, Z.Y.; Chen, J.H.; Zeng, M.J.; Zhou, W.; Chen, R.Q.; Chen, Z.Y. Effects of alternate-day fasting on body weight and dyslipidaemia in patients with non-alcoholic fatty liver disease: A randomised controlled trial. BMC Gastroenterol. 2019, 19, 219.
- [18] Chair, S.Y.; Cai, H.; Cao, X.; Qin, Y.; Cheng, H.Y.; Ng, M.T. Intermittent Fasting in Weight Loss and Cardiometabolic Risk Reduction: A Randomized Controlled Trial. J. Nurs. Res. 2022, 30, e185.
- [19] Che, T.; Yan, C.; Tian, D.; Zhang, X.; Liu, X.; Wu, Z. Time-restricted feeding improves blood glucose and insulin sensitivity in overweight patients with type 2 diabetes: A randomised controlled trial. Nutr. Metab. 2021, 18, 88.
- [20] Guo, Y.; Luo, S.; Ye, Y.; Yin, S.; Fan, J.; Xia, M. Intermittent Fasting Improves Cardiometabolic Risk Factors and Alters Gut Microbiota in Metabolic Syndrome Patients. J. Clin. Endocrinol. Metab. 2021, 106, 64–79.
- [21] Lin, Y.J.; Wang, Y.T.; Chan, L.C.; Chu, N.F. Effect of time-restricted feeding on body composition and cardio-metabolic risk in middle-aged women in Taiwan. Nutrition 2022, 93, 111504.
- [22] Liu, D. The Effects of Intermittent Fasting with Appropriate amount of Exercise on Overweight and Obese People: A randomized Controlled Trial. Master's Thesis, Nanchang University, Nanchang, China, 2019.
- [23] Xie, Z.; Sun, Y.; Ye, Y.; Hu, D.; Zhang, H.; He, Z.; Zhao, H.; Yang, H.; Mao, Y. Randomized controlled trial for time-restricted eating in healthy volunteers without obesity. Nat. Commun. 2022, 13, 1003.



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- [24] Zheng, J.; Liu, J.; Jiang, Y.; Pang, R.; Yang, X.; Liu, H.; Lin, N.; Li, Y.; Xiong, D.; Chen, X.; et al. Safety of Every-Other-Day Fasting in the Treatment of Spinal Cord Injury: A Randomized Controlled Trial. Am. J. Phys. Med. Rehabil. 2021, 100, 1184–1189.
- [25] Yin, C.; Li, Z.; Xiang, Y.; Peng, H.; Yang, P.; Yuan, S.; Zhang, X.; Wu, Y.; Huang, M.; Li, J. Effect of Intermittent Fasting on Non-Alcoholic Fatty Liver Disease: Systematic Review and Meta-Analysis. Front. Nutr. 2021, 8, 709683.
- [26] Liu, J.; Yi, P.; Liu, F. The Effect of Early Time-Restricted Eating vs Later Time-Restricted Eating on Weight Loss and Metabolic Health. J. Clin. Endocrinol. Metab. 2023, 108, 1824–1834.
- [27] Antoni, R.; Johnston, K.L.; Collins, A.L.; Robertson, M.D. Intermittent v. continuous energy restriction: Differential effects on postprandial glucose and lipid metabolism following matched weight loss in overweight/obese participants. Br. J. Nutr. 2018, 119, 507–516.
- [28] Cienfuegos, S.; Gabel, K.; Kalam, F.; Ezpeleta, M.; Wiseman, E.; Pavlou, V.; Lin, S.; Oliveira, M.L.; Varady, K.A. Effects of 4- and 6-h Time-Restricted Feeding on Weight and Cardiometabolic Health: A Randomized Controlled Trial in Adults with Obesity. Cell. Metab. 2020, 32, 366–378.e363.
- [29] Gabel, K.; Kroeger, C.M.; Trepanowski, J.F.; Hoddy, K.K.; Cienfuegos, S.; Kalam, F.; Varady, K.A. Differential Effects of Alternate-Day Fasting Versus Daily Calorie Restriction on Insulin Resistance. Obesity 2019, 27, 1443–1450.
- [30] Sutton, E.F.; Beyl, R.; Early, K.S.; Cefalu, W.T.; Ravussin, E.; Peterson, C.M. Early Time-Restricted Feeding Improves Insulin Sensitivity, Blood Pressure, and Oxidative Stress Even without Weight Loss in Men with Prediabetes. Cell Metab. 2018, 27, 1212–1221.e1213.
- [31] Ferrannini, E. Is insulin resistance the cause of the metabolic syndrome? Ann. Med. 2006, 38, 42–51.
- [32] Albosta, M.; Bakke, J. Intermittent fasting: Is there a role in the treatment of diabetes? A review of the literature and guide for primary care physicians. Clin. Diabetes Endocrinol. 2021, 7, 3.
- [33] Rui, L. Energy metabolism in the liver. Compr. Physiol. 2014, 4, 177–197.
- [34] Santos, H.O.; Macedo, R.C.O. Impact of intermittent fasting on the lipid profile: Assessment associated with diet and weight loss. Clin. Nutr. ESPEN 2018, 24, 14–21.
- [35] Harris, L.; Hamilton, S.; Azevedo, L.B.; Olajide, J.; De Brún, C.; Waller, G.; Whittaker, V.; Sharp, T.; Lean, M.; Hankey, C.; et al. Intermittent fasting interventions for treatment of overweight and obesity in adults: A systematic review and meta-analysis. JBI Database System. Rev. Implement. Rep. 2018, 16, 507–547.
- [36] Morales-Suarez-Varela, M.; Collado Sánchez, E.; Peraita-Costa, I.; Llopis-Morales, A.; Soriano, J.M. Intermittent Fasting and the Possible Benefits in Obesity, Diabetes, and Multiple Sclerosis: A Systematic Review of Randomized Clinical Trials. Nutrients 2021, 13, 3179.
- [37] Park, J.; Seo, Y.G.; Paek, Y.J.; Song, H.J.; Park, K.H.; Noh, H.M. Effect of alternate-day fasting on

obesity and cardiometabolic risk: A systematic review and meta-analysis. Metabolism 2020, 111, 154336.

- [38] Khanna, D.; Peltzer, C.; Kahar, P.; Parmar, M.S. Body Mass Index (BMI): A Screening Tool Analysis. Cureus 2022, 14, e22119.
- [39] Zhang, Q.; Zhang, C.; Wang, H.; Ma, Z.; Liu, D.; Guan, X.; Liu, Y.; Fu, Y.; Cui, M.; Dong, J. Intermittent Fasting versus Continuous Calorie Restriction: Which Is Better for Weight Loss? Nutrients 2022, 14, 1781.
- [40] Varkaneh Kord, H.; Tinsley, G.M.; Santos, H.O.; Zand, H.; Nazary, A.; Fatahi, S.; Mokhtari, Z.; Salehi-Sahlabadi, A.; Tan, S.C.; Rahmani, J.; et al. The influence of fasting and energy-restricted diets on leptin and adiponectin levels in humans: A systematic review and meta-analysis. Clin. Nutr. 2021, 40, 1811–1821.
- [41] Williamson, D.A.; Bray, G.A.; Ryan, D.H. Is 5% weight loss a satisfactory criterion to define clinically significant weight loss? Obesity 2015, 23, 2319–2320.