

Time-Restricted Eating Can Help Cut Liver Fat

Limiting the daily period of food consumption was as effective as calorie restriction for reducing liver fat and body weight for people with MASLD.

August 11, 2025 By Sukanya Charuchandra

Time-restricted eating significantly reduced liver fat, visceral fat and waist size without serious adverse effects in people with [metabolic dysfunction-associated fatty liver disease \(MASLD\)](#), performing as well as traditional calorie restriction. The authors of the study, published in the [Journal of Hepatology](#), suggest this might be a promising dietary approach for managing fatty liver disease.

MASLD and its more severe form, metabolic dysfunction-associated steatohepatitis (MASH), are responsible for a growing proportion of advanced liver disease worldwide. Over time, the buildup of fat in the liver (steatosis) can lead to serious complications, including fibrosis, [cirrhosis](#) and [liver cancer](#). Fatty liver disease often occurs in people with obesity, type 2 diabetes and other metabolic conditions. With only [one approved medication](#), management of MASLD and MASH largely depends on lifestyle changes such as weight loss and exercise.

Previous research has shown that time-restricted eating during a set number of hours per day can help with weight loss, body composition and insulin resistance. Dae Won Jun, MD, PhD, of Hanyang University College of Medicine in South Korea, and colleagues explored the impact of time-restricted eating to control MASLD in people with overweight or obesity ([NCT05579158](#)).

The study population initially included 337 people, with 333 in the final analyses. This group was randomly assigned to one of three interventions: 113 followed the standard of care (advice about a healthy lifestyle but no specific dietary regimen), 110 practiced time-restricted eating (limiting food consumption to about eight hours per day) and 110 reduced the number of calories they consumed.

Over the course of 16 weeks, liver fat decreased by nearly 26% in the group that practiced time-restricted eating, which was comparable to the 25% drop in the calorie restriction group. In comparison, people in the standard care group lost less than 1% of liver fat.

Time-restricted eating and calorie restriction were also linked to similar improvements in body weight (4.6% versus 4.1% weight loss), body composition and waist circumference when

compared to the standard care group. Both intervention groups saw nearly a 9% reduction in visceral fat while the standard care group had a 3% gain. Liver stiffness (a noninvasive measure of fibrosis), glucose regulation and sleep quality were likewise comparable in people who followed time-restricted eating and calorie restriction.

“Time-restricted eating effectively reduces hepatic steatosis in MASLD, with comparable benefits on weight loss, body composition and metabolic parameters as calorie restriction,” the researchers concluded. “Time-restricted eating may serve as a practical dietary strategy for MASLD management, warranting further long-term investigations.”

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