IMPACT HEALTH
Physician Guided Wellness

THE FUEL EDITION / A PHYSICIAN'S GUIDE

Running on Empty

Practical answers about meals, low energy and making a food routine work in a busy life.

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For adults who want to understand their experience and find a manageable place to begin.

Where do I start?

If your energy seems to rise and fall around meals, it is reasonable to pay attention to what you eat, when you eat and how your day is organized. A quiz result is an invitation to explore those patterns, not an explanation of their cause.

When I talk with patients about food, the conversation often comes back to three practical issues: making room for protein, knowing what the next meal will be, and avoiding a day that runs on caffeine and missed meals.

This guide will help you choose one place to begin. You do not need to overhaul your kitchen or prepare a perfect menu.

FIND THE QUESTION THAT SOUNDS LIKE YOU

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> *Start with the meal or habit that is hardest to manage. Make that one thing easier first.*

START WITH YOUR EXPERIENCE

Why am I tired after I eat?

I would first want to know what “tired” means for you. Is it sleepiness after a large lunch, a shaky feeling a few hours later, or exhaustion that lasts all day? Those are different experiences, and the details matter.

Think about the meal itself, how long it had been since you last ate, your sleep the night before and how much caffeine you had. This gives us a useful starting point without deciding on a cause too soon.

Feeling a crash does not, by itself, prove that your blood sugar dropped too low. When low blood sugar is suspected, a clinician may need to assess symptoms alongside glucose measurements. [5]

> **NOTICE A PATTERN, NOT EVERY BITE**
>
> For a few days, jot down the meal time, a brief description of what you ate, when the tiredness began and what it felt like. A few useful notes are better than a tracking system you cannot keep up with.

In my practice, I also ask whether meals include protein and whether people are regularly going long stretches without eating. These are practical questions we can work on while keeping other possible contributors in mind.

How much protein should I aim for?

Protein is a recurring part of my food conversations. I want patients to look at whether they are including it regularly, rather than getting to the end of the day and realizing it was barely part of their meals.

In my practice, I often discuss targets around 100 grams a day for women and 150 to 200 grams for men, adjusted for the individual. These describe my coaching approach; they are not minimum requirements for every reader.

Protein needs depend on body size, activity, age and health. A clinician or registered dietitian can help you choose a suitable amount, especially if you have kidney disease or have been given a specific nutrition plan. [1]

> **START WITH ONE MEAL**
>
> Look at breakfast or lunch. What protein food could you include consistently? Eggs, yogurt, cottage cheese, beans, tofu, fish, poultry or other foods you enjoy can be part of that conversation.

You do not need to hit a number perfectly tomorrow. Start by noticing what you already eat and where planning would help. More protein is not a guarantee that fatigue will disappear.

Do I need to give up carbs?

I encourage patients to think about the whole meal. My practical approach is often to start with the protein food, then include vegetables or fruit and the other foods that complete the meal.

That order can be a useful reminder to include protein. It is not a rule that everyone must follow, and it does not guarantee a particular blood sugar response.

You can include carbohydrates. A varied eating pattern can include whole grains, beans, fruits and vegetables alongside protein foods and fats. These foods fit within a Mediterranean-style approach to eating. [14]

A SIMPLE WAY TO PLAN

Choose a protein food, add produce you enjoy, and include other foods that make the meal satisfying. For example: chicken or beans, roasted vegetables and rice. Adjust the portions to your needs.

Instead of labeling every carbohydrate as a problem, notice what you can prepare, what you tolerate and whether the meal works for your day. If you suspect true low blood sugar after meals, bring that concern to your clinician. [5]

What if mornings are always rushed?

When breakfast keeps getting skipped, my first question is often whether you know the night before what you plan to eat. Deciding in the middle of a busy morning makes it harder.

For someone struggling with low energy and missed meals, I often recommend trying a breakfast routine that includes protein. Treat it as a practical experiment, not a test of whether you are doing mornings correctly.

OPTIONS I DISCUSS WITH PATIENTS

A homemade breakfast burrito prepared ahead.
A yogurt bowl with fruit and granola.
Hard-boiled eggs with other foods you enjoy.
Oatmeal with a protein food alongside it.

Pick one or two options you like. Check that the ingredients are available, and do the part that saves you the most effort the night before.

If you are helping children get ready, the solution may be a breakfast you can take with you. It does not have to be a quiet, perfectly arranged meal before everyone else wakes up.

> *Knowing what you will eat is often more useful than searching for the perfect breakfast.*

How can lunch work on a busy day?

I often recommend preparing lunch so the decision is already made when work gets busy. Leftovers can make this much easier than creating a separate lunch menu.

When you plan dinner, consider whether you could prepare enough for the next day. Set aside the lunch portion as part of putting the meal away.

If a very large lunch leaves you uncomfortable or sleepy, consider a smaller meal that still includes enough food for you. “Lighter” should not mean trying to get through the afternoon hungry.

> **KEEP A BACKUP YOU WILL ACTUALLY USE**
>
> Choose a simple combination you enjoy, such as cottage cheese with fruit and other meal foods, a yogurt bowl, or a ready-to-assemble meal from your usual groceries. Build your own short backup list.

You may still buy lunch sometimes. The goal is to reduce last-minute decisions, not to turn eating away from home into a failure.

My easiest lunch or backup option:

How can I plan meals when I have very little time?

My usual starting suggestion is to block about two hours once a week for planning, groceries and whatever preparation you can reasonably complete. Saturday or Sunday often works, but use the day that fits your life.

That is a planning framework, not a promise that every household can finish all of it in two hours. If you need to split the work into shorter blocks, do that.

> **USE THE TIME FOR THREE DECISIONS**
>
> 1. Choose three or four dinners for the week.
> 2. Plan enough for selected leftover lunches or dinners.
> 3. Check ingredients, get groceries and prepare the steps that will help on your busiest nights.

Include the nights when you will have takeout, eat at an activity or use a backup meal. A realistic plan is more useful than one that assumes every evening will go smoothly.

Grocery pickup or delivery may save time if it fits your budget. Repeating familiar meals is fine. The purpose of planning is to make eating easier throughout the week.

> *Put the time on the calendar. Then keep the plan simple enough to use.*

Will less caffeine leave me with less energy?

Patients often worry that reducing caffeine will make an already tiring day harder. I understand that concern. I ask about both the amount and the timing, especially when someone relies on caffeine into the afternoon.

In my practice, I often discuss 200 milligrams a day or less. When sleep or energy concerns continue, I may suggest a lower amount, such as 100 milligrams or less, with none after noon. These are my starting approaches, not universal thresholds.

Caffeine can interfere with sleep, and sensitivity varies. Reducing it gradually can make withdrawal symptoms easier to manage. Check labels: cup size and caffeine content differ. [2]

> **MAKE THE CHANGE MANAGEABLE**
>
> First, write down the caffeine you actually have. Choose one serving to reduce or move earlier. Replace the routine with something you enjoy, such as water or a caffeine-free drink, rather than simply leaving a gap.

Notice how you feel over time. Persistent fatigue needs a broader conversation; it should not automatically be blamed on caffeine.

How do I remember to drink water?

I like a plan that connects drinking water to things you already do. A bottle you can refill is often easier to keep track of than a vague goal to “drink more.”

I often discuss roughly 80 to 100 ounces of water a day with patients. The right amount needs to be individualized; that range is not a minimum for every adult.

> **MY BOTTLE EXAMPLE**
>
> With a 32-ounce bottle, the checkpoints might be lunchtime, the end of the workday and early evening. Three full bottles would be 96 ounces. Use fewer or smaller refills if your personal target is lower.

Fluid needs vary, and food and other drinks also contribute. Follow a clinician’s fluid limit if you have one. Forcing extra water is not always helpful. [3]

For my patients who forget to drink, I often suggest beginning the morning with water. I also prefer spreading it through the day rather than trying to catch up with a large amount just before bed.

My realistic water checkpoints:

Does meal timing have to be exact?

For someone who struggles with low energy and repeatedly misses meals, I usually start with a more regular eating routine. I do not make intermittent fasting the first project for that person.

Look for the part of your day where food becomes an afterthought. It might be breakfast, a workday lunch or the long stretch between lunch and evening activities.

Plan for that gap using food you can realistically have available. The aim is a workable rhythm, not a rigid clock that makes family life harder.

> **WHAT ABOUT EVENINGS?**
>
> Consider your bedtime, hunger and how eating affects your comfort. Avoiding a heavy meal close to bed may help sleep. There is no single dinner deadline in this guide. [7]

My discussions about evening snacks depend on the person. A snack is not a requirement, and you do not need to add one just because a particular schedule says to.

If you take medicines that affect blood sugar or already have a prescribed eating plan, discuss major changes in meal timing with your care team.

AN OPTIONAL CONVENIENCE

Do I need a protein supplement?

Start by looking at the foods you already eat. A supplement does not replace a plan for breakfast, lunch and dinner.

Some people find a protein product convenient when time is limited. Whether it fits your needs depends on your total intake, health and food preferences. [1]

SEE THE OPTIONS I SHARE

If you would like to see what I use and recommend, visit the Protein section on the Impact Health supplement page. It includes the current protein products available through our store.

Consider the ingredients, any allergies, the serving size and the cost. Ask your clinician or dietitian whether a product fits your personal nutrition plan.

Impact Health and Dr. Snustad may earn money from purchases through the store. Buying a product is optional; the routines in this guide can be built around food.

> *A useful product should make your routine easier. It should not become another thing you feel you must buy to begin.*

What matters most when life gets busy?

1. Pay attention to protein.

Include it deliberately in your meal planning. My emphasis is on noticing what you eat and finding a suitable target, not assuming that more will solve every energy problem.

2. Give planning a place on the calendar.

Choose meals, check groceries and prepare a few helpful steps. A modest plan you repeat is more useful than an elaborate plan you use once.

3. Notice missed meals and long gaps.

If low energy is already a problem, start by making food available at the times you tend to miss it. You do not have to add a complicated eating schedule.

> **WHEN THE WEEK GOES OFF PLAN**
>
> Use the backup meal. Start again with the next meal. A difficult day does not erase the routines you are building.

> *Consistency over time matters more than making every meal perfect.*

What could I try this week?

Choose one practical change from this guide. Keep the rest of the week familiar enough that you can notice whether the change is manageable.

The meal or habit I want to make easier:

The small step I will take:

When I will plan, shop or prepare for it:

My backup if the day changes:

AT THE END OF THE WEEK

Was the plan realistic? What got in the way? What did I notice about my energy or comfort? Keep, simplify or adjust the step. Improvement does not prove a diagnosis, and no improvement is useful information too.

What if I already eat well and still feel exhausted?

I would want to hear what you have already tried and what “eating well” looks like in your actual day. There may be useful changes to make, and food may not explain the whole problem.

Fatigue can have many contributors, including sleep problems, medications and medical conditions. Your clinician can decide whether an examination or testing is appropriate. [8]

BRING A FEW CLEAR NOTES

When did this start?
Is it tied to meals, or present throughout the day?
What other symptoms have you noticed?
What medicines and supplements do you take?
What have you tried, and what happened?

If you have already had blood work, ask what the results do and do not explain and what follow-up makes sense. You deserve a conversation about persistent symptoms, even when the first set of results is reassuring.

The main question I want to ask at my appointment:

When should I ask for help?

Do not assume that ongoing exhaustion is simply a failure to plan, eat well or stay consistent. Daily habits are worth discussing, and persistent symptoms deserve medical attention too.

Arrange an appointment if fatigue is not improving after a couple of weeks of basic self-care, or sooner if it is worsening or disrupting everyday life. [8]

GET URGENT HELP

Fatigue with chest pain, trouble breathing, a feeling that you may pass out, or unusual bleeding needs urgent medical attention. Call emergency services for severe or life-threatening symptoms. [8]

Bring a short description of when the fatigue occurs, how long it has been happening, changes in your sleep or meals, and your medications and supplements. You do not need a perfect diary to have a useful conversation.

> *Your symptoms deserve to be heard. A manageable routine and a thoughtful medical evaluation can work together.*

YOUR GUIDE

About Dr. Brittany Snustad



I’m Dr. Brittany K. Snustad, a physician and the voice behind Impact Health.

In my work with patients, I hear how frustrating it is to feel tired, overwhelmed or unsure where to begin.

My teaching starts with listening, asking practical questions and helping people find a next step they can repeat.

Sleep, food, hydration, movement and stress all deserve attention. I also want people to feel comfortable asking for a closer look when symptoms continue.

You do not need to change everything at once. The goal is to understand your experience and make a plan that fits your life.

MY APPROACH

Start small. Be consistent. Pay attention to what helps, and ask for support when you need it.

AN OPTIONAL NEXT STEP

Keep learning, at your own pace

Skipped the email opt-in after your free energy quiz?

If you would like more helpful information from Dr. Brittany Snustad, you can choose to receive free educational emails from Impact Health.

Continue exploring practical ideas about food, sleep, digestion and everyday habits, with a focus on small steps you can use in real life.

STAY CONNECTED

Sign up for free educational emails

Signing up is optional. You can keep using this guide whether or not you choose to receive emails.

A note about this guide

This guide shares general health education and Dr. Brittany Snustad's teaching approach. It does not diagnose a condition, provide a personal treatment plan or replace care from your own clinician.

Examples and daily targets are starting points for discussion. Your needs may differ because of your health, medications, pregnancy, activity, age or other circumstances. Follow any individualized instructions you have been given.

Do not use a quiz result or this guide to decide that you have a hormone disorder, nutrient deficiency, food allergy or digestive condition. Persistent or worsening symptoms deserve assessment.

Discuss supplements and substantial dietary changes with a qualified clinician. Product links are optional shopping resources, not proof that a product is needed or will improve your symptoms.

Impact Health and Dr. Snustad may earn money from purchases through their supplement store. You do not need to buy a product to use the ideas in this guide.

Small numbered links throughout the guide open supporting educational sources. Clinical recommendations and your circumstances can change over time.