**Title: The effect of changing what or when you eat on diet quality over 6-months in people with Type 2 Diabetes**

*Aim:* Improving diet quality is important for health, especially for individuals with type 2 diabetes mellitus (T2DM). Time-restricted eating (TRE), where eating is reduced to 8-10 h window per day, may improve diet quality. We explored the effect of receiving TRE advice versus individualised dietetic advice (DIET) on diet quality over 6-months in people with T2D.

*Methods:* In a parallel group, randomised controlled trial, 43 participants with T2DM (17 F/26 M; age 56 ± 8 y; BMI: 32 ± 4 kg/m2; HbA1c: 7.6 ± 0.8%) completed a 6-month intervention. Participants were randomly assigned to TRE (1000-1900 h) or DIET, receiving four consultations over four months. Diet quality was assessed using Healthy Eating Index for Australian Adults (HEIFA; score = 0-100 (where higher = higher diet quality); Roy et al., *Nutrition*, 2016) from 5-days of food records collected at baseline and 6-months. Statistical analyses were performed using linear mixed models.

*Results: A*verage total HEIFA score did not improve in either group (TRE: baseline: 50 ± 9, 6 mo.: 48 ± 9; DIET: baseline: 49 ± 10, 6 mo.: 50 ± 8), but 29% of TRE and 45% of DIET participants improved total HEIFA scores. A main effect of intervention (p=0.04) and a trend for an intervention × time effect (p=0.08) was observed for vegetable serves, where the DIET group had higher vegetable consumption and maintained their vegetable intake (serve, Δ=-0.1 ± 2.1) from baseline to 6 months.

*Conclusions:* Despite only being provided diet timing advice, 29% of TRE participants, with ~45% of those receiving individualised dietetic advice, improving diet quality. These findings suggest the need for increased support to facilitate greater dietary behavioural change in individuals with T2DM. As TRE was not detrimental to diet quality, TRE could be used as an initial strategy prior to incorporating intentional dietetic advice.