SelfDecode™

MTNR1B (Diet & Blood Sugar)

Gene Report

REPORT CATEGORIES

NUTRITION

BLOOD SUGAR CONTROL

Sample Client

Report date: 15 January 2026

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DISCLAIMER

This report does not diagnose this or any other health conditions. Please talk to a healthcare professional if this condition runs in your family, you think you might have this condition, or you have any concerns about your results.

Personal information

NAME

Sample Client

SEX AT BIRTH

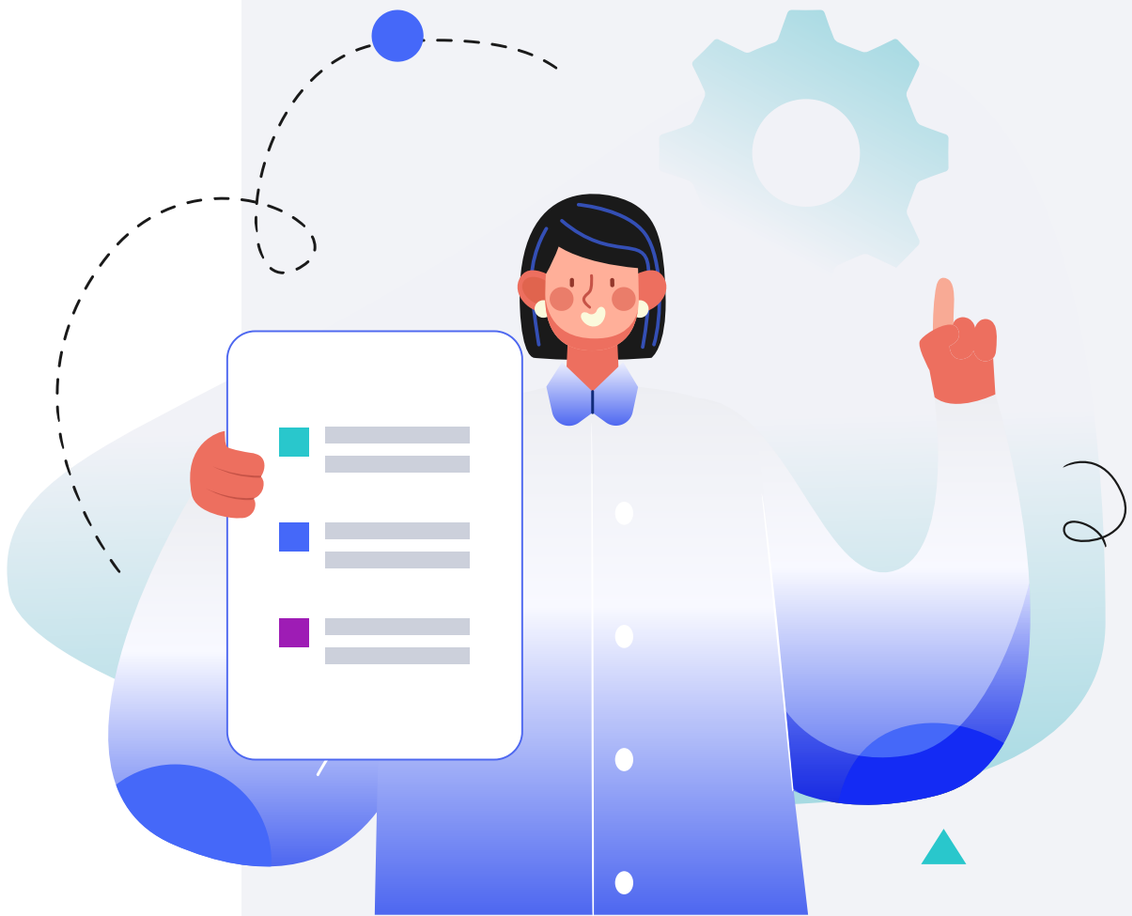
Male

HEIGHT

5ft 5" 165cm

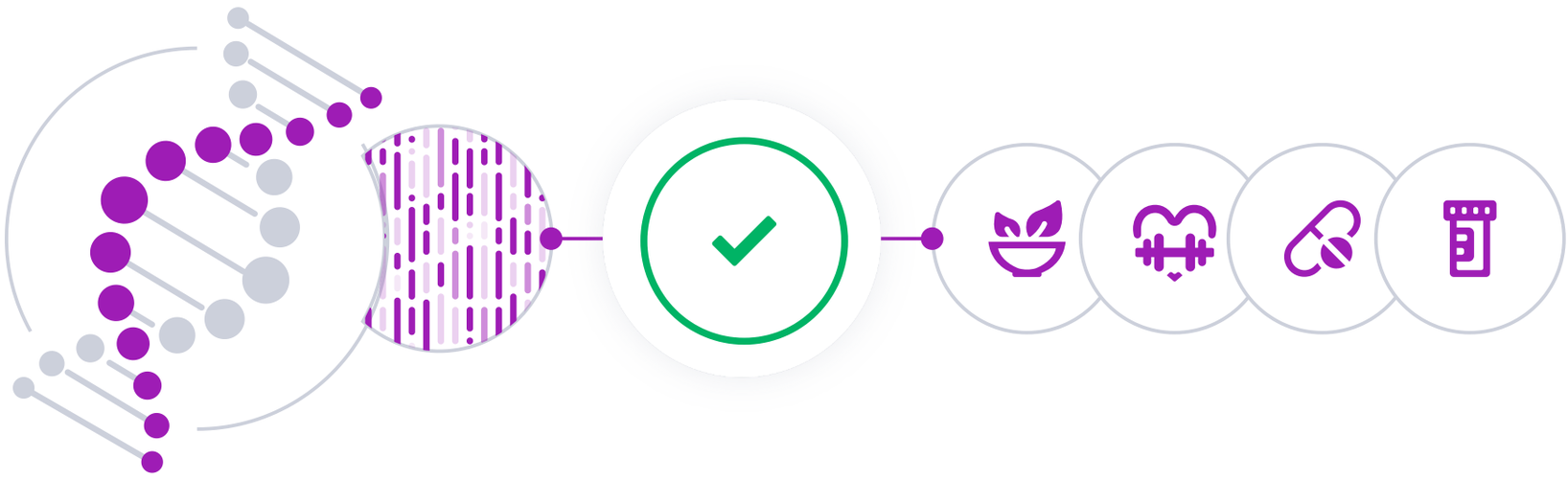
WEIGHT

137lb 62kg



How this works

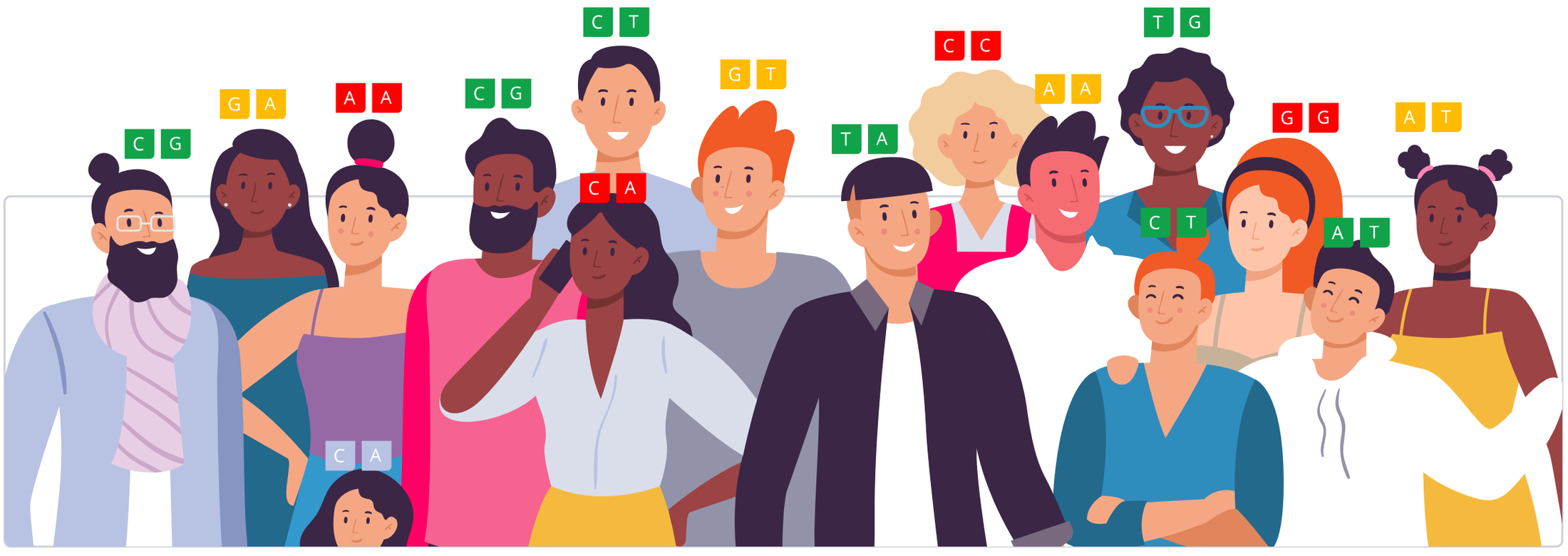
Our Wellness Reports analyze how your DNA influences your health.
We then use this analysis to give you personalized risk estimates and recommendations.



Similarly, our Trait Reports look at how your DNA influences your traits.

Your DNA is like an instruction manual — it contains a lot of information.
You can think of it as a blueprint for your body.

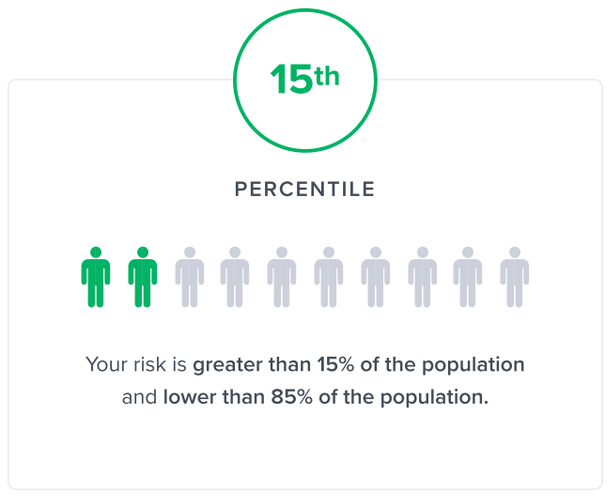
Genetic variants are parts of DNA that differ from person to person. Some can make you more vulnerable to certain health issues, while others may influence traits such as eye color.



We use artificial intelligence and machine learning to analyze all this information. We then summarize your results as a risk score or display it on a gauge.

When we give a risk score, the risk icon tells you if you are at a higher or lower risk compared to other people:

In total, we analyze up to 83 million genetic variants.



Genotype color info: AA You don't have any risk alleles | AA You have 1 risk allele | AA You have 2 risk alleles

Your risk is also displayed as a percentile. This will tell you how your risks compare to our sample population. The lower your percentile number, the lower your risk. The "50th percentile" would be an average risk.

Similarly, the gauge tells you your relative risk score compared to our sample population, or it indicates a specific trait or haplotype you are more likely to have based on your genetic variants.

When applicable, we also list top evidence-based recommendations that may help lower your risk. The focus is on recommendations that may be of benefit to you, based on your genetics.

Our recommendations come in four categories: lifestyle, diet, supplements and drugs.
The following icons tell you which category a recommendation falls into:

Our team of scientists also ranks each recommendation.
We rank based on impact and the strength of evidence in the medical literature.

Impact shows how strongly a recommendation will affect your health in a certain area.
Evidence is how much scientific support there is for the recommendation. Rankings are from 1 to 5 (low to high):

Impact

Impact scores range from 1-5. These scores reflect how much of an effect each recommendation can have. An impact score of 5 predicts the biggest effect.

When a recommendation affects something we can measure, we use those measurements to assign the impact score. For example, a recommendation that decreases cholesterol by 20% will have a higher impact score than one that decreases it by 5%.

Some recommendations affect things that we cannot directly measure, like stress or mood. For these, the impact score is based on how well they work relative to other recommendations and standard treatments. The best ones get the highest scores.

If there is a lot of research that shows a recommendation works especially well for your genotype, the impact score gets increased.

Recommendation Evidence

5 / 5

Recommendations that are considered effective and generally recommended by experts and medical bodies.

4 / 5

Recommendations that are considered likely effective and that have multiple independent meta-analyses and a great many studies supporting them.

3 / 5

Recommendations that are considered possibly effective and have many studies supporting them

2 / 5

Recommendations that have insufficient evidence, with two or several clinical trials supporting them, or many studies but with ambiguous results.

1 / 5

Recommendations that have insufficient evidence, with a single clinical trial, or with many studies most of which didn't find support for the recommendation.

0 / 5

No evidence in humans.

Genotype-specific Evidence

High-quality

Direct evidence that a recommendation helps more in people with your gene variant (many clinical trials, afew large clinical trials, or a meta-analysis).

Medium-quality

Direct evidence that a recommendation helps more in people with your gene variant (a few clinical trials or one large clinical trial).

Low-quality

Direct evidence that a recommendation helps more in people with your gene variant (a single clinical trial or more trials with inconsistent results).

Indirect

A recommendation may help more in people with your gene variant because it targets a specific gene or protein affected by your variant (e.g., MTHFR, dopamine).

In theory

A recommendation may help more in people with your gene variant because it targets a specific mechanism affected by your variant (e.g., inflammation, oxidative stress).

Some things to keep in mind:

- Genetics doesn’t play a considerable role in a condition or a trait.
- There is not enough research available to estimate a genetic predisposition.
- There are technical limitations to estimating or presenting a genetic predisposition.
- The topic is sensitive, and a genetic predisposition should only be estimated and presented by a healthcare professional.

Introduction

The *MTNR1B* gene provides instructions for making a receptor that responds to melatonin, a hormone that helps regulate our internal body clock, also known as the circadian rhythm. This rhythm controls our sleep-wake cycle and many other processes, including how our bodies manage blood sugar.

In addition to its role in the brain, the MTNR1B receptor is found in the pancreas, influencing how much insulin is released. Insulin is the hormone that helps control blood sugar levels. If melatonin signaling is disrupted—due to irregular sleep, stress, or changes in light exposure—it can throw off the body's ability to manage blood sugar.

Scientists have found that changes in the MTNR1B gene can affect how well this system works, potentially leading to higher blood sugar levels and an increased risk of type 2 diabetes. Learning about these genetic differences can help us better understand how sleep, lifestyle, and metabolism are connected.

Genetics

PERSONALIZED TO GENES

Based on the gene variant we looked at, you are predisposed to higher MTNR1B activity. People with this variant may have higher blood sugar. Their blood sugar may be more affected by late dinners and early breakfasts, so they may benefit more from intermittent fasting.

However, keep in mind that other genetic and environmental factors influence melatonin release and blood sugar levels.

Recent years have brought fascinating insights into how our internal clock affects metabolism, particularly through the melatonin receptor gene MTNR1B. One genetic variant in this gene - **rs10830963** - has emerged as a key player in the connection between sleep timing and blood sugar control.

The **minor "G" allele** has one of the strongest links with **high blood sugar and type 2 diabetes**. It increases the expression of melatonin receptors in pancreatic beta cells. These beta cells release insulin, and when they have more melatonin receptors, they become more sensitive to melatonin's signals [R, R].

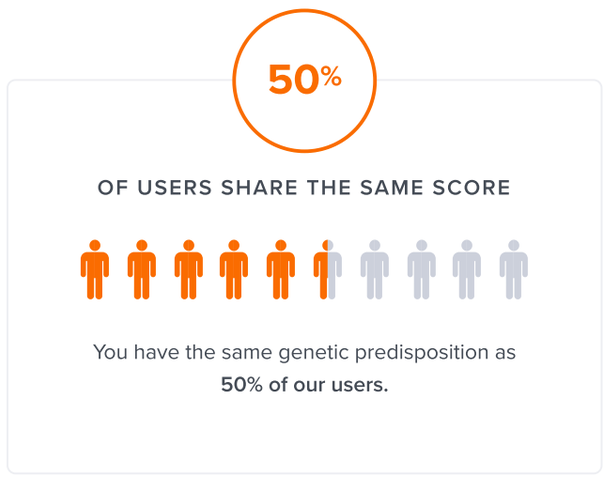
Here's where timing becomes crucial: **Melatonin naturally suppresses insulin release** - a useful feature during our normal sleeping hours when we're not eating. However, people carrying the G allele have heightened sensitivity to this effect. For these individuals, **eating late at night can lead to a reduced insulin response and higher blood sugar levels** [R].

New research has uncovered something unexpected: carriers of this variant produce melatonin for about 41 minutes longer than non-carriers, and their melatonin offset (when melatonin levels drop in the morning) is **delayed by about 80 minutes** [R].

This finding has important implications, particularly for early risers. If you carry this variant and wake up early, you might still have elevated melatonin levels when you eat

HIGHER ACTIVITY

Predisposed to higher MTNR1B activity based on the genetic variants we looked at



Your top variants that most likely impact your genetic predisposition:

GENE	SNP	GENOTYPE
MTNR1B	rs10830963	CG

The number of "risk" variants in this table doesn't necessarily reflect your overall result.

breakfast. Since melatonin suppresses insulin release, this could lead to **higher blood sugar levels during your morning meal**, contributing to diabetes [R].

Taken together, these studies suggest that people with rs10830963-G may particularly benefit from **intermittent fasting**. By avoiding late dinners and early breakfasts, you lessen the negative impact of melatonin on blood sugar control [R].

Your Recommendations

Your recommendations are prioritized according to the likelihood of it having an impact for you based on your genetics, along with the amount of scientific evidence supporting the recommendation.

You'll likely find common healthy recommendations at the top of the list because they are often the most impactful and most researched.

1 **Intermittent Fasting**

1

Intermittent Fasting

IMPACT 2 / 5

EVIDENCE 3 / 5

How to implement

Limit your daily eating to a specific window of time, typically within an 8-hour period such as from 12 pm to 8 pm, and fast for the remaining 16 hours of the day. Repeat this daily or for at least 3-4 days per week.

Description

Intermittent fasting is an eating pattern that involves cycling between periods of fasting and eating. It may help with weight management, improve metabolic health, and offer potential benefits for certain health conditions when done under proper guidance.

Intermittent fasting (IF) is a pattern of eating that alternates between periods of eating and fasting. The most popular IF method is called the 16/8 method, where you fast for 16 hours and eat during an 8-hour window.

People mainly practice IF to lose weight. Besides benefits related to weight reduction, IF may help lower the risk of [R]:

- Alzheimer's disease
- Joint pain
- Asthma
- Multiple sclerosis
- Stroke

Some types of intermittent fasting, such as Ramadan fasting, are also practiced for religious reasons.

How it helps

Intermittent fasting can help improve blood sugar control through several mechanisms. When we fast, insulin levels drop, allowing our bodies to become more sensitive to insulin when we do eat. This enhanced insulin sensitivity means our cells can take up glucose from the bloodstream more effectively, leading to better blood sugar regulation [R, R].

Additionally, fasting triggers cellular repair processes and can help reduce inflammation, which is often linked to insulin resistance. Regular fasting periods also give our metabolic system time to reset. During fasting periods, the body depletes its glucose stores and begins to use fat for energy, a process that can help maintain more stable blood sugar levels over time [R].

Research has shown that various forms of intermittent fasting, from time-restricted eating to alternate-day fasting, can improve fasting glucose levels and HbA1c, a marker of long-term blood sugar control. However, the specific fasting approach should be tailored to individual circumstances and medical conditions [R, R, R].