DIET & WEIGHT

When Weight Loss Is Not Good News

If the scale is dropping without your permission, here is why the change deserves attention and how to start the conversation.

The change you did not choose

Your clothes feel looser. The number on the scale has slipped again. Perhaps someone else noticed before you did. When you have not changed how you eat or how active you are, weight loss can feel less like an achievement than a message you cannot read.

That uncertainty matters. Weight naturally reflects more than body fat: it includes muscle, bone and water too. Diet, activity, stress, sleep, age, family history and genetics can all play a part. A scale can show that something changed, but it cannot tell you what changed or why.

The simplest dividing line is intention. If you were deliberately changing your diet to lose weight, a lower number may be an expected result. If you were not trying, the same movement deserves a different response. General medical guidance is direct: talk to a healthcare provider when you are losing weight without trying.

There is no need to wait until you can explain it. Sudden, unexpected weight loss can be associated with thyroid problems, cancer, infectious diseases, digestive diseases or certain medicines. That list does not tell you which explanation applies, and it cannot be used to diagnose yourself. It tells you why unexplained loss should not be dismissed.

This is especially important later in life. Body mass index (BMI), which compares weight with height, can underestimate body fat in older people and others who have lost muscle. Maintaining muscle and strength is particularly important for older adults, and sudden weight loss in an older person should always be checked by a healthcare provider.

A scale cannot name the reason

Weight is a clue, not a verdict. A falling number does not reveal whether you have lost fat, muscle or water, because all three contribute to body weight. Nor can BMI separate fat from muscle and bone. Even a number that still sits within a familiar range does not explain an unplanned change.

That is why the conversation should not begin and end with whether your current weight looks "healthy." A healthcare provider can consider BMI alongside your health history and other

factors. The direction and context of the change matter: you are reporting something your body is doing without an obvious decision from you.

Certain medicines are among the possible causes of unexpected weight loss. Thyroid, digestive and infectious diseases are also on the list, as is cancer. These possibilities vary enormously, and the supplied evidence does not say how commonly each one accounts for weight loss. Treating the list as a set of odds would create certainty that is not there.

The useful question, then, is not whether you can identify the cause from home. You cannot do that from weight alone. The useful question is whether the change was intended. If it was not, it has already crossed the line from a lifestyle puzzle into a medical conversation.

Unintended weight loss is not something you need to make more dramatic before it counts. The available guidance does not provide a threshold you must cross before speaking up. It says to contact a provider when weight is being lost without trying, and it singles out sudden loss in older adults as something that should always be checked.

The absence of an explanation is itself the reason to have the conversation.

Intentional loss has an explanation

The distinction becomes clearer when you look at research on deliberate weight loss. A 2025 review of 99 randomised clinical trials involving 6,582 adults found that intermittent fasting and continuous energy restriction reduced weight compared with eating without those restrictions. Alternate-day fasting produced only a small additional reduction compared with continuous restriction, and longer trials were still needed.

An earlier review of 27 intermittent-fasting trials also recorded weight loss, but many studies were small and short. Twelve studies comparing intermittent fasting with calorie restriction found equivalent results. In other words, when a person has deliberately changed how they eat, weight loss has a plausible context-even if research cannot promise how much they will lose or whether it will last.

Medicines can provide another clear context. A 2024 review of four randomised trials involving 3,087 people with overweight or obesity and without diabetes found substantial long-term weight loss with once-weekly semaglutide compared with placebo. Gastrointestinal adverse events were more common, although most were temporary and mild to moderate. This was treatment studied for weight loss, not unexplained loss appearing from nowhere.

Supplements may also produce modest changes. A review of 37 randomised trials found that L-carnitine supplementation had a modest effect on body weight, particularly among adults with overweight or obesity. The higher-quality trials confirmed an effect on weight, but not

every measure of body composition changed. Again, there is an identifiable intervention to mention.

These findings are not reasons to assume that a diet, medicine or supplement explains your change. They show why context is so valuable. If you have intentionally altered your eating or are using something intended to affect weight, tell your provider. If none of that applies, say so plainly. The absence of an explanation is itself the reason to have the conversation.

Bring the change into the room

Before you contact a healthcare provider, write down the sentence that matters most: "I am losing weight without trying." Do not soften it into a general concern about eating well or reaching a healthy weight. The lack of intention is the clinically important part of the story.

Add the information you can verify. Record your current weight and any earlier measurements you have, along with changes you deliberately made to diet or activity-if there were any. Note the medicines and supplements you take so the provider knows what belongs in the picture. Do not use these notes to decide the cause yourself; use them to make the change easier to describe.

If you cannot reconstruct an exact pattern, that should not stop you making contact. Weight tracking can identify change, but it never tells the whole health story. You do not need to supply your own diagnosis, and the available guidance does not require you to reach a particular amount of loss before asking for help.

This week, use a bathroom scale and a notebook to capture your current weight and the facts around it, then contact a healthcare provider about any loss you did not intend. For an older adult with sudden loss, make that contact rather than watching and waiting. The notebook gives you something concrete to carry into a conversation the scale cannot finish.

Where this comes from

- Body Weight

  MedlinePlus, U.S. National Library of Medicine · https://medlineplus.gov/bodyweight.html
- Intermittent fasting strategies and their effects on body weight and other cardiometabolic risk factors: systematic review and network meta-analysis of randomised clinical trials.

  BMJ (Clinical research ed.), 2025 · https://pubmed.ncbi.nlm.nih.gov/40533200/

- Intermittent fasting and weight loss: Systematic review.

  Canadian family physician Medecin de famille canadien, 2021 · https://pubmed.ncbi.nlm.nih.gov/32060194/
- 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.

  Clinical nutrition ESPEN, 2021 · https://pubmed.ncbi.nlm.nih.gov/32359762/
- Long-Term Efficacy and Safety of Once-Weekly Semaglutide for Weight Loss in Patients Without Diabetes: A Systematic Review and Meta-Analysis of Randomized Controlled Trials.

  The American journal of cardiology, 2024 · https://pubmed.ncbi.nlm.nih.gov/38679221/
- Ketogenic Diet Benefits to Weight Loss, Glycemic Control, and Lipid Profiles in Overweight Patients with Type 2 Diabetes Mellitus: A Meta-Analysis of Randomized Controlled Trails.

  International journal of environmental research and public health, 2022 · https://pubmed.ncbi.nlm.nih.gov/36012064/