SYMPTOM

Decreased appetite

Decreased appetite means feeling less hungry than usual or having less interest in eating.

WHAT IT FEELS LIKE
Little hunger or feeling full after a few bites

WHERE IT IS FELT
Stomach and whole-body sense of hunger

MOST COMMON CAUSES
Short-term illness, stress, medication side effects

WHEN IT IS URGENT
Unable to drink, with dehydration, confusion, or severe pain

USUALLY LASTS
Days with minor illness; longer when the underlying cause continues

SEE A DOCTOR IF
Lasting over a week, recurring, or causing unplanned weight loss

Overview

Decreased appetite means feeling less hungry than usual or having less interest in food. You may eat smaller portions, skip meals, or need reminders to eat.

Appetite often falls temporarily during an infection, emotional stress, or a change in routine. Medicines and longer-term health conditions can also affect hunger.

Feeling full after only a small amount of food is called early satiety . Mention this separately to a clinician because it may suggest a digestive problem.

A brief appetite change is not always harmful, but eating or drinking too little can cause dehydration, weakness, muscle loss, or unplanned weight loss.

What it may feel or look like

Food may seem less appealing, or normal meal times may pass without hunger. Other signs include:

Related symptoms such as fever, constipation, low mood, pain, difficulty swallowing, or changes in taste can help identify the cause. In children, older adults, and people needing help

with food, reduced intake may first be noticed by a caregiver.

- Leaving more food than usual
- Feeling full unusually quickly
- Forgetting or choosing not to eat
- Losing weight without trying
- Having less energy or strength
- Finding that nausea, smells, tastes, or mouth pain interfere with eating

Common causes

Short-term illnesses , including colds, influenza, and stomach infections, commonly reduce hunger. Fever, nausea, congestion, and tiredness may make eating less appealing.

Stress and emotional health can alter hunger signals. Anxiety, grief, depression, and major life changes may reduce appetite. Depression may also cause persistent sadness, loss of interest, sleep changes, or difficulty concentrating.

Medicines and treatments may cause nausea, dry mouth, altered taste, slower digestion, or reduced hunger. Examples include some antibiotics like amoxicillin or doxycycline , stimulants like methylphenidate or lisdexamfetamine , strong pain medicines, and cancer treatments. Do not stop a prescribed medicine without speaking to the prescriber.

Mouth and digestive problems , such as dental pain, mouth ulcers, reflux, constipation, nausea, or difficulty swallowing, can make eating uncomfortable. Changes in taste or smell after an infection, with ageing, or because of medicines may also make food unappealing.

Less common causes include thyroid or other hormone problems, liver or kidney disease, inflammatory conditions, dementia, and disorders affecting digestion. Serious illnesses, including cancer, can cause appetite and weight changes, but these symptoms have many more common explanations. Ongoing appetite loss or unexplained weight loss should be assessed.

When to seek medical care

Seek emergency help if decreased appetite occurs with:

Arrange same-day medical care if you cannot keep fluids down, pass very little urine, have a very dry mouth with dizziness, or show other signs of significant dehydration. Also seek

same-day advice for worsening weakness, repeated vomiting, or severe pain.

Book a routine appointment if the change lasts more than about a week, keeps returning, or causes unplanned weight loss. Seek care sooner for difficulty swallowing, ongoing vomiting or diarrhoea, persistent fever, yellow skin or eyes, marked fatigue, or continuing low mood.

Children, frail older adults, pregnant people, and anyone with diabetes or another condition affected by food intake may need earlier advice. If you use insulin or another medicine that lowers blood sugar, follow your sick-day or low-blood-sugar plan and seek help if you cannot eat safely.

- Severe chest or abdominal pain
- Serious trouble breathing
- Fainting, new confusion, or difficulty waking
- Vomiting blood or passing black, tar-like stool

How the cause is found

A clinician will ask when the change began, how much you eat and drink, whether your weight has changed, and whether you have nausea, pain, bowel changes, swallowing problems, altered taste, low mood, or a recent infection. Bring a list of medicines, supplements, and non-prescription products.

An examination may include checking your weight, hydration, mouth, abdomen, temperature, and strength.

Tests are not always needed after a brief illness. Persistent appetite loss may require blood or urine tests for infection, anaemia, inflammation, or thyroid, liver, or kidney problems. Digestive tests or imaging may be considered when symptoms involve swallowing, the stomach, or the intestines.

Treatment and self-care

Treatment depends on the cause. Dental pain, constipation, nausea, depression, or medicine side effects may need specific care.

While your appetite is low:

Do not force large meals, which may worsen nausea or early fullness. If drinks make you feel full, have most fluids between meals while continuing to drink enough to prevent dehydration.

A pharmacist or clinician can review medicines that may affect appetite. A dietitian can help if you are losing weight, have dietary restrictions, or cannot meet your nutritional needs.

- Eat small meals or snacks more often
- Choose foods rich in protein and energy
- Drink regularly, using small sips if nauseated
- Eat when your appetite is strongest
- Keep easy-to-prepare foods available
- Try cold or mild-smelling foods if cooking smells are unpleasant
- Consider gentle activity before eating if you feel well enough

What to expect

Appetite often returns over several days as a minor illness improves or stress settles. Recovery may take longer while nausea, pain, altered taste, or fatigue continues.

Monitor your overall intake and condition rather than one meal. If practical, weigh yourself no more than weekly under similar conditions. A continuing downward trend matters more than normal daily fluctuations.

Ongoing appetite loss can cause poor nutrition and muscle loss, especially in older or unwell people. Follow up with a clinician if symptoms persist, recur, or worsen.

Common questions

Is decreased appetite the same as an eating disorder?

No. Appetite loss is a symptom and can happen even when you want to eat. Eating disorders involve complex thoughts and behaviours around food, weight, or body image. Either issue deserves support.

Should I use nutritional drinks?

They may help if you cannot eat enough but are not necessary for every brief appetite change. Ask a clinician or dietitian first if weight loss continues or you have diabetes, kidney disease, swallowing problems, or dietary restrictions.

Can stress really reduce hunger?

Yes. Stress can change digestion and the brain signals regulating hunger. Discuss persistent

anxiety, low mood, or grief with a healthcare professional.

What information should I track?

Record when the symptom began, what food and fluids you can manage, weight changes, related symptoms, and recent medicine changes.

Sources

- MedlinePlus Medical Encyclopedia: Appetite - decreased , U.S. National Library of Medicine
- NHS: Unintentional weight loss , National Health Service
- NHS: Malnutrition , National Health Service
- NIDDK: Symptoms and causes of gastroparesis , National Institute of Diabetes and Digestive and Kidney Diseases
- NICE Clinical Guideline CG32: Nutrition support for adults , National Institute for Health and Care Excellence