Understanding Hunger, Appetite and Fullness

Learning your own food signals

Hunger, appetite, fullness and satiety overlap, but they are not the same. Each can be influenced by the body, emotions, medication, sensory processing, routine, stress, illness and access to food. This guide offers a non-judgmental way to notice patterns without turning eating into another test to pass.

Four related experiences

Hunger

Hunger is the body's need for energy and nourishment. It may arrive through stomach sensations, but it can also appear as tiredness, headache, shakiness, irritability, poor concentration, nausea, feeling cold or suddenly becoming overwhelmed. Not everyone receives an obvious "empty stomach" signal.

Appetite

Appetite is the desire or willingness to eat. It is shaped by smell, taste, appearance, memory, expectation, mood, sensory safety and what food is available. You can have appetite without strong physical hunger, and you can be hungry while having very little appetite.

Fullness

Fullness describes sensations that build as food and fluid enter the stomach. It can range from the first signs that hunger is easing to uncomfortable physical pressure. Fullness can arrive quickly, slowly or unexpectedly depending on the meal, digestion, anxiety and sensory experience.

Satiety

Satiety is the longer-lasting sense that eating has been sufficiently satisfying and nourishing for now. It is influenced by meal size, energy, protein, carbohydrate, fat, fibre, enjoyment and the confidence that food will remain available.

Signals are information, not rules

Body signals are useful, but they are not always clear or immediately trustworthy. A person may need to eat because it is time, because medication requires food, because the next opportunity is hours away, or because they know a delayed hunger crash is likely. Eating without obvious hunger can still be appropriate self-care.

A supportive principle

You do not have to earn food by becoming extremely hungry, and you do not have to stop at the first hint of fullness. Context matters.

Why signals may be difficult to notice

Interoception is the ability to notice and interpret sensations from inside the body. Hunger and fullness are interoceptive signals, alongside thirst, temperature, pain, heartbeat and the need for the toilet. Some people notice these early and clearly; others recognise them only when they become intense.

Autism and sensory processing

Autistic people may experience interoceptive signals as quiet, delayed, inconsistent or hard to name. Strong external sensations, focused interests, masking or sensory overload can compete with internal cues. A person may not feel hungry until they are shaky or distressed, then find eating harder because the nervous system is already overloaded.

ADHD and attention

ADHD can affect time awareness, task switching, planning and remembering to eat. Hyperfocus may make signals easier to overlook. Stimulant medication can reduce appetite for part of the day, while hunger may return strongly as medication wears off. Regular eating opportunities can protect against a late-day crash.

ARFID

With ARFID, desire to eat may be reduced by sensory sensitivity, fear of consequences or low interest in food. Hunger does not automatically make an unsafe food feel possible. Waiting for intense hunger can increase nausea, panic and rigidity, making safe food and low-pressure routine particularly important.

Stress, anxiety and trauma

The threat response can suppress digestion and appetite, cause nausea, tighten the throat or create a churning stomach. For others, food becomes regulating, predictable or comforting. Neither response is a moral failing; both are nervous-system responses that deserve understanding.

Depression, grief and exhaustion

Low mood and exhaustion can reduce appetite, motivation, preparation capacity and pleasure. Some people eat less; others seek readily available foods more often. The practical need may be easier access and reduced decision-making rather than more discipline.

Illness, hormones and medication

Pain, infection, digestive conditions, pregnancy, menopause, sleep loss and many medicines can change hunger, appetite, taste, nausea, fullness or thirst. New or persistent changes deserve clinical review, especially when accompanied by weight change, weakness, vomiting, pain or difficulty swallowing.

The hunger-fullness range

A scale can be a language tool, not a command. Numbers are optional. Some people prefer words, colours or pictures. The aim is to identify your own early, middle and late signals and respond before discomfort becomes extreme.

Early need

Possible signs include thinking about food, reduced patience, mild emptiness, losing focus, feeling less settled or noticing that several hours have passed. This may be a useful time to begin planning or choose an accessible snack.

Clear hunger

Signals may include stomach sensations, lower energy, irritability, headache, shakiness, urgency or difficulty deciding. At this point, familiar and quickly available food may be more manageable than cooking or experimenting.

Extreme hunger

A person may feel dizzy, nauseated, tearful, angry, panicked or unable to organise a meal. Extreme hunger can look like “not wanting anything” because decision-making and sensory tolerance have fallen. A reliable emergency option can help restore capacity.

Comfortably satisfied

Hunger has eased, the body feels steadier and attention can move away from food. Satisfaction may include physical comfort, enough energy and a meal that felt acceptable. It does not need to feel perfectly balanced.

Full or overfull

Fullness may involve pressure, reduced interest, slowing down or wanting space. Overfullness can happen through delayed cues, scarcity, distraction, medication effects, social circumstances or simply enjoying food. Curiosity is more useful than shame.

> **Try descriptive language**
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> Instead of “good” or “bad”, try: quiet, emerging, clear, urgent, easing, satisfied, full or uncomfortable. Descriptions support learning without judgment.

When internal cues are unreliable

Regular eating can be a bridge while signals are faint or disrupted. External supports might include meal anchors, reminders, visible snacks, eating alongside someone, linking food to medication or using a simple routine. Structure and body awareness can work together.

Appetite is more than hunger

Appetite helps translate the need for food into something a person can actually eat. A nourishing meal is not helpful if its smell, texture or preparation demands make it inaccessible. Appetite can be supported through safety, familiarity,

choice and reduced effort.

Sensory appetite

Temperature, texture, brand, presentation and predictability may determine whether eating is possible. The same food can feel acceptable one day and impossible another. Protecting safe foods supports intake and gives the nervous system a stable base.

Emotional appetite

Food can offer pleasure, comfort, celebration, connection or a pause. Eating for emotional reasons is part of being human. Concern is more appropriate when food is the only available coping tool, causes distress or is followed by punishment and rigid compensation.

Practical appetite

Sometimes the question is not “What do I want?” but “What can I manage?” A ready meal, fortified drink, toast, cereal, smooth soup or repeated meal may be the most supportive choice available. Convenience is an accessibility tool.

What supports lasting satiety?

Satiety is personal, but meals often last longer when they contain enough overall energy and a combination of carbohydrate, protein and fat. Fibre may help some people but can increase discomfort or early fullness for others. Additions should respect tolerance, allergies, digestion and sensory needs.

- Add a tolerated protein or fortified alternative to a familiar carbohydrate.
- Add a source of fat where acceptable to increase energy without greatly increasing volume.
- Use a preferred drink, sauce or texture to make eating easier.
- Keep the original safe food unchanged and place an optional addition alongside it.
- Notice whether satisfaction, energy and comfort last longer - not whether a meal looks ideal.

Early fullness and low appetite

Small, frequent eating opportunities may be easier than large meals. Energy-dense additions, softer textures or nourishing drinks can help where medically appropriate. Persistent early fullness, pain, vomiting, swallowing difficulty or unexplained weight loss should be assessed by a healthcare professional.

A gentle observation practice

Choose three to seven days when observation is possible. Do not aim to control intake. Record only enough to see patterns; stop if tracking increases anxiety, rigidity or eating-disorder thoughts.

Before eating

- How long is it since I last ate?
- What body, mood or thinking signals do I notice?
- How available is appetite: absent, uncertain, present or strong?
- What food feels realistically accessible right now?

During eating

- Are the temperature, texture, smell and pace manageable?
- Is hunger easing? Is comfort changing?
- Do I need more time, a drink, a pause or a familiar addition?

After eating

- Do I feel steadier, satisfied, still hungry, full or uncomfortable?
- How are my energy, concentration and mood over the next two hours?
- What made eating easier or harder?

Build your personal signal map

Complete the following phrases in your own words: My early hunger often looks like... My late hunger often looks like... When appetite is low, I can usually manage... Comfortable satisfaction feels like... Fullness becomes uncomfortable when... The reminders or people that help me eat are...

Keep it low pressure

If you cannot identify a signal, write “not sure”. Uncertainty is useful information. The skill develops through repeated, safe noticing rather than forcing an answer.

A practical support plan

- Keep two or three reliable foods visible and available.
- Plan a low-energy meal and an emergency option.
- Use neutral reminders before hunger becomes extreme.
- Match experiments to a regulated time, not a crisis point.
- Review medicine timing and appetite changes with the prescriber.
- Ask a registered dietitian for individual support where intake, weight or medical needs are concerning.

When to seek additional support

Speak with a GP or registered dietitian when appetite loss, early fullness or altered signals persist; when eating is painful; when there is choking, vomiting, faintness, dehydration, nutritional deficiency or unexpected weight change; or when the available range is becoming smaller. A sudden severe symptom or allergic reaction needs urgent assessment.

Eating-disorder warning signs

Seek eating-disorder-informed support if body cues are being overridden by rigid rules, weight or shape fears, compensatory exercise, bingeing, vomiting, laxative use, secrecy, guilt, rapid weight change or increasing avoidance. Hunger and fullness work can require careful adaptation during recovery; prescribed meal structure may need to take priority.

Questions for reflection

- Which signals do I notice earliest: physical, emotional, cognitive or behavioural?
- What tends to silence or delay my hunger?
- Which foods remain possible when appetite is low?
- What helps a meal feel satisfying as well as physically filling?
- Do I need greater routine, greater flexibility, or a mixture of both?
- Who could help me notice patterns without monitoring or judging me?

A message from Maggie

If hunger and fullness do not feel obvious, you are not failing at something everyone else understands. Bodies communicate differently, and years of stress, restriction, masking, illness or disrupted routines can make those messages harder to hear. Begin with reliability and safety. Eat before you reach crisis when you can, protect foods you know you can manage, and let curiosity replace judgment. Your needs remain valid even when your body whispers rather than shouts.

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Further information and sources

NHS - Healthy eating, loss of appetite and eating-disorder information: nhs.uk
British Dietetic Association - Food facts and Find a Dietitian: bda.uk.com
Beat - Eating-disorder information and support: beateatingdisorders.org.uk
National Autistic Society - Eating and autism information: autism.org.uk
Royal College of Psychiatrists - ARFID information: rcpsych.ac.uk

This guide provides general education and does not replace individual medical, dietetic or mental-health advice.