Eating Regularly When Appetite Is Low

Low appetite is not a failure of motivation. Hunger cues can become quiet during stress, depression, grief, illness, pain, medication changes, sensory overload, disrupted sleep or long periods of under-eating. Waiting to feel hungry may mean the body goes without what it needs.

Why appetite may change

- Anxiety, low mood, burnout, grief or feeling constantly rushed.
- ADHD, autism, reduced interoception or difficulty switching tasks.
- ARFID, sensory sensitivity, fear of consequences or low interest in food.
- Nausea, reflux, constipation, pain, infection or another health condition.
- Medication side effects, alcohol or substance use.
- Dental, swallowing, financial, access or cooking difficulties.

Structure can stand in for hunger

When internal cues are unreliable, external cues can help. Regular opportunities to eat do not need to be large meals. A clock, calendar, medication routine, work break or supportive person can create a gentle prompt. The aim is dependable nourishment, not perfect timing.

Make the task smaller

- Choose the easiest available food rather than waiting for the ideal meal.
- Use ready-made, frozen, delivered or pre-portioned options without shame.
- Reduce preparation, washing up and decision-making.
- Keep tolerated food visible and within reach.
- Eat in a lower-sensory space or alongside a familiar activity if helpful.
- Accept repeated foods; variety can be built later when intake is steadier.

Small and frequent

A snack, drink or small portion may feel more manageable than a full plate. Build from what is already tolerated. Energy-dense additions can increase nourishment without greatly increasing volume, but allergy, intolerance, swallowing and medical needs must be considered individually.

Drinks can help - and sometimes fill you up

Milk, suitable plant drinks, smoothies, soups or prescribed nutritional drinks may contribute energy and nutrients. Large drinks immediately before food may reduce appetite for some people. Keep hydration going across the day and ask a dietitian or clinician for individual advice.

Protect safe foods

For ARFID or sensory restriction, safe foods are a nutritional foundation. Do not remove them because they appear repetitive or less “healthy”. Brand, temperature, texture, packaging and preparation can all affect whether eating is possible. Any change needs an acceptable backup.

Medication and appetite

Some medicines reduce appetite, cause nausea or change taste; others may increase appetite. Do not stop prescribed medication suddenly. Record timing and symptoms, then speak with the prescriber or pharmacist. Adjusting dose timing or managing side effects may help, but this requires professional advice.

When mood is low

Depression can make shopping, preparing food and starting to eat feel impossible. Use the minimum viable plan: one accessible option, one drink and one prompt. Ask someone to sit with you, prepare food, shop or send a reminder. Practical support is part of care, not dependence or laziness.

A low-appetite backup plan

- **Three foods I can usually manage:** _____
- **Two nourishing drinks:** _____
- **My easiest preparation method:** _____
- **Where I will keep visible options:** _____
- **Three prompt times or routines:** _____
- **Who can help and how:** _____

A gentle day framework

On waking: drink or small option **Mid-morning:** check-in
Middle of day: easiest meal or snack **Afternoon:** drink and option
Evening: familiar meal or components **Before bed:** review without judgement

Notice progress beyond quantity

- I responded to a prompt even without hunger.
- I made food easier to access.
- I accepted help or used a convenience option.
- I protected a safe food and added nourishment where possible.
- I noticed a medication, mood, pain or sensory pattern to discuss.

When to seek medical help

Contact a GP if appetite loss persists, eating is becoming increasingly difficult, or there is weakness, dehydration, swallowing difficulty, repeated vomiting, pain, bowel changes, signs of deficiency or unexpected weight loss. Malnutrition can occur at any body size. Urgent symptoms such as collapse, confusion, severe dehydration, vomiting blood or severe breathing difficulty need emergency help.

Eating-disorder and ARFID support

Seek specialist support when restriction is affecting health, growth, relationships or daily life; when food fears are expanding; or when rules, guilt, body image or compensatory behaviours are present. Treatment may involve medical monitoring, dietetics, occupational therapy and psychological support.

A message from Maggie

> *When appetite is low, "just eat" can feel impossible and blaming. Begin with the smallest version of nourishment that is genuinely available to you. Repetition, convenience and support are allowed. Enough matters more than presentation, and needing structure does not make the food less valid.*

Maggie Learoyd MNCPS
Psychotherapist | ADHD, Autism & ARFID Specialist
Founder, Space to Breathe Therapy

Sources and further information

NICE - Nutrition support for adults: oral nutrition support, enteral tube feeding and parenteral nutrition: nice.org.uk
NHS - Malnutrition, unintentional weight loss, depression and medicine information: nhs.uk
Beat - ARFID and eating-disorder support: beateatingdisorders.org.uk
British Dietetic Association - Find a Dietitian: bda.uk.com

Current UK guidance checked September 2026. Educational information only; this guide does not replace individual medical, dietetic or eating-disorder care.