SYMPTOM

Night eating

Night eating means regularly eating late in the evening or after waking from sleep.

WHAT IT FEELS LIKE
Feeling driven to eat late or after waking

WHERE IT IS FELT
Stomach hunger, food cravings, or a whole-body urge

MOST COMMON CAUSES
Delayed meals, daytime under-eating, disrupted sleep

WHEN IT IS URGENT
Shaking, sweating, or confusion while taking diabetes medicines

USUALLY LASTS
From occasional nights to months, based on the cause

SEE A DOCTOR IF
Weekly episodes, distress, memory gaps, or unexplained weight change

Overview

Night eating means eating late in the evening or waking from sleep to eat. You may be fully awake and remember eating, or you may have little memory of it the next morning.

An occasional late snack is common and does not necessarily indicate a health problem. Night eating is more important to assess when it happens repeatedly, disrupts sleep, causes distress, affects your health, or feels difficult to control.

Night eating is a symptom rather than one diagnosis. It can relate to meal timing, inadequate daytime food intake, stress, disrupted sleep, medicines, or an eating or sleep disorder. In people taking certain diabetes medicines, waking hungry can sometimes be a sign of low blood sugar.

What it may feel or look like

Night eating can take different forms. You might:

Some people eat a small snack and remain fully aware. Others eat a large amount in a short time. A large, distressing episode with a sense of lost control may have features of binge

eating.

Eating while only partly awake is different. This may be a sleep-related eating disorder, particularly if you have limited memory, eat unusual or unsafe items, or injure yourself while preparing food.

- Feel little interest in breakfast but become very hungry later
- Eat much of your daily food after the evening meal
- Wake with a strong belief that you need food to return to sleep
- Feel out of control while eating
- Find food, wrappers, or kitchen mess you do not remember leaving
- Experience guilt, embarrassment, poor sleep, or daytime tiredness

Common causes

A delayed schedule is a frequent explanation. If work, school, caregiving, or other demands push meals later, hunger may naturally occur at night.

Not eating enough during the day can also lead to evening hunger. Skipping breakfast or lunch, following a very restrictive diet, or exercising without enough food may contribute. Trying to "make up" for night eating by fasting the next day can keep this pattern going.

Stress, anxiety, low mood, loneliness, and boredom can affect both appetite and sleep. Poor or irregular sleep may also make hunger cues harder to interpret.

Less common causes include eating disorders and sleep disorders. Night eating syndrome involves repeated evening or nighttime eating while awake, together with distress or problems in daily life. Binge-eating disorder involves repeated episodes of eating unusually large amounts with a sense of lost control. Sleep-related eating disorder happens during partial arousal from sleep, often with limited awareness.

Some medicines can increase appetite or contribute to unusual behaviors during sleep. Examples include certain steroid medicines, antipsychotic medicines, and prescription sleep medicines. Alcohol, cannabis, and other substances may also affect appetite, judgment, or sleep.

Low blood sugar can cause nighttime hunger, sweating, shaking, nightmares, or confusion. This is most relevant if you use insulin or another diabetes medicine that can lower blood sugar.

When to seek medical care

Book a routine appointment if night eating happens about weekly for several weeks, causes distress, interrupts sleep, or feels difficult to control. Also arrange an appointment if you have memory gaps, unexplained weight change, frequent binge-like episodes, or concerns about your relationship with food.

Seek same-day medical advice if nighttime eating is accompanied by shaking, sweating, a racing heartbeat, confusion, or an unusually low glucose reading, especially if you take diabetes medicine. Follow your established low-blood-sugar plan while arranging help.

Get emergency help if someone cannot be woken, has a seizure, faints, has severe confusion, chokes, or is seriously injured. If low blood sugar is suspected and the person cannot safely swallow, do not give food or drink by mouth.

Unaware cooking, leaving appliances on, or eating toxic or inedible substances also needs prompt medical assessment because it creates an immediate safety risk.

How the cause is found

A clinician will usually ask when the eating occurs, how much you remember, and whether you feel hungry, distressed, or out of control. They may ask about your daytime meals, sleep, mood, medicines, alcohol or drug use, and any diabetes symptoms.

A one- or two-week record can be useful. Note meal times, nighttime awakenings, what you ate, how aware you felt, sleep hours, and any symptoms such as sweating or shakiness. Avoid detailed tracking if it increases anxiety or restrictive eating.

Depending on your symptoms, an assessment may include blood tests or glucose monitoring. If you eat with little awareness or show other unusual sleep behaviors, referral to a sleep specialist or an overnight sleep study may be considered. There is no single test that explains every case.

Treatment and self-care

Treatment depends on the pattern and its cause. A regular meal rhythm may help when delayed meals or inadequate daytime intake are contributing. Aim for satisfying meals and snacks during waking hours rather than severely restricting food after an episode.

Keep a consistent sleep and wake schedule where possible. Reduce easy access to cooking hazards if you eat while partly asleep. Household members may help by securing sharp tools,

toxic products, and appliances, but measures should support safety rather than punish eating.

If a medicine may be involved, speak with the prescriber. Do not stop insulin, sleep medicine, psychiatric medicine, or steroids like prednisone or hydrocortisone on your own.

Support may include a registered dietitian, psychological therapy, sleep treatment, or diabetes care. Treatment for an eating disorder focuses on regular eating, reducing distress, and addressing thoughts and behaviors around food. Medicine is sometimes used for a specific diagnosed condition, but there is no single medicine for all night eating.

What to expect

Night eating caused by a temporary schedule change or missed meals may improve once eating and sleep become more regular. Patterns linked to ongoing stress, an eating disorder, a sleep disorder, or medication may continue until the underlying issue is addressed.

Improvement may happen gradually. Useful signs include fewer awakenings, less urgency around food, better daytime eating, and reduced distress. A recurrence during stressful or disrupted periods does not mean treatment has failed; it may mean your support plan needs review.

Common questions

Is eating after a certain time automatically unhealthy?

No. Meal timing alone does not define a medical problem. Your overall food intake, sleep, symptoms, health conditions, and how the pattern affects you matter more than a fixed clock time.

Does waking to eat mean I have night eating syndrome?

Not necessarily. That diagnosis involves a repeated pattern with awareness and meaningful distress or impairment. Other explanations include delayed meals, insufficient daytime food, disrupted sleep, medicines, and low blood sugar.

Can low blood sugar wake me up hungry?

Yes. It may also cause sweating, shaking, nightmares, a fast heartbeat, or confusion. If you use diabetes medicine, check your glucose as directed and follow your established treatment plan.

Should I skip breakfast after eating at night?

Usually, compensating with fasting or severe restriction can increase later hunger. Returning to regular, adequate meals is often more helpful. Seek individual advice if you have diabetes or

another condition that affects meal planning.

Sources

- American Academy of Sleep Medicine. International Classification of Sleep Disorders, Third Edition, Text Revision (ICSD-3-TR) . 2023
- Allison KC, Lundgren JD, O'Reardon JP, and colleagues. "Proposed Diagnostic Criteria for Night Eating Syndrome." International Journal of Eating Disorders . 2010;43(3):241-247
- National Institute of Diabetes and Digestive and Kidney Diseases. "Binge Eating Disorder." National Institutes of Health, reviewed June 2021
- Centers for Disease Control and Prevention. "Treatment of Low Blood Sugar (Hypoglycemia)." Updated May 2024
- US Food and Drug Administration. "Boxed Warning for Risk of Serious Injuries Caused by Sleepwalking With Certain Prescription Insomnia Medicines." Drug Safety Communication, April 2019