SYMPTOM

# Unintentional weight loss

Unintentional weight loss is a drop in body weight that happens without trying.

**WHAT IT FEELS LIKE**
Clothes becoming loose despite no effort to lose weight

**WHERE IT IS FELT**
Whole body, often noticed at the waist, face, or limbs

**MOST COMMON CAUSES**
Reduced food intake, low mood or stress, medication effects

**WHEN IT IS URGENT**
Unable to keep fluids down, fainting, or becoming confused

**USUALLY LASTS**
Until food intake improves or the underlying cause is treated

**SEE A DOCTOR IF**
Unplanned loss exceeding 5% of body weight within 6-12 months

## Overview

Unintentional weight loss means losing weight without changing your diet or activity to make it happen. It is a symptom, not a disease. Another name is involuntary weight loss.

Small changes can come from normal shifts in body fluid, different scales, or weighing at different times. A loss of more than 5% of your usual body weight over 6 to 12 months is generally considered important enough to assess. Smaller losses may also matter if they continue or you have other symptoms.

Weight loss can involve fat, muscle, or body fluid. Losing muscle may affect strength, balance, recovery from illness, and your ability to manage everyday tasks.

Many possible causes are treatable. Sometimes more than one factor is involved, particularly in older adults or people living with long-term health conditions.

## What it may feel or look like

You may first notice that your clothes, belt, rings, or dentures fit differently. Your face, arms, or legs may look thinner. Other people may notice the change before you do.

Weight loss may happen with:

These symptoms do not point to one diagnosis. Their timing and pattern help guide the medical assessment.

- Reduced appetite or feeling full unusually quickly
- Tiredness, weakness, or reduced muscle strength
- Nausea, vomiting, diarrhea, constipation, or abdominal discomfort
- Difficulty chewing or swallowing
- Changes in thirst or urination
- Low mood, anxiety, grief, or loss of interest in food
- Fever, night sweats, pain, or a persistent cough

## Common causes

Common explanations include eating less than your body needs. This can happen because of stress, grief, depression, anxiety, nausea, pain, dental problems, difficulty swallowing, or limited access to suitable food. Changes in taste or smell can also reduce appetite.

Medicines may reduce appetite, cause nausea or diarrhea, change taste, or affect how the body handles nutrients. Alcohol and other substances can also change eating patterns. Do not stop prescribed medicine without medical advice.

Digestive conditions can interfere with eating or nutrient absorption. Examples include persistent indigestion, ulcers, coeliac disease, inflammatory bowel disease, and long-lasting diarrhea.

Less common but important causes include an overactive thyroid, poorly controlled diabetes, long-term heart or lung disease, kidney or liver disease, chronic infections, and conditions affecting memory or movement. Cancer is one possible cause, but weight loss alone does not mean that cancer is present.

Sometimes several small problems combine. For example, a person may have dental pain, a new medicine, and low mood at the same time. In some cases, no cause is found during the first assessment.

## When to seek medical care

Book a routine appointment if you have lost more than 5% of your usual weight within 6 to 12

months without trying. Arrange an appointment sooner if the loss is continuing, you are eating very little, or it is affecting your strength and daily activities.

You should also make an appointment if weight loss comes with a persistent change in bowel habits, trouble swallowing, ongoing vomiting or diarrhea, unusual bleeding, a new lump, fever, night sweats, persistent pain, or a cough that does not improve.

Seek same-day medical care if you cannot keep fluids down, are passing very little urine, or have weight loss with marked thirst and frequent urination. These can be signs of dehydration or a problem with blood sugar.

Call emergency services if you have severe trouble breathing, chest pain, vomiting blood, black or heavily bloody stools, fainting, new confusion, or difficulty staying awake. These symptoms need urgent assessment regardless of how much weight you have lost.

## How the cause is found

A healthcare professional will ask how much weight you have lost, over what period, and whether the measurements were taken on the same scale. Previous weight records can help confirm the pattern.

You may be asked about appetite, meals, swallowing, bowel habits, pain, thirst, urination, mood, sleep, medicines, alcohol, smoking, and recent life changes. Mention dietary restrictions and any difficulty buying, preparing, or eating food.

The physical examination may include your mouth, abdomen, thyroid area, lymph nodes, heart, lungs, skin, and muscle strength. Your current weight may be compared with your height and earlier measurements.

Tests depend on your symptoms and medical history. They may include blood tests for anemia, inflammation, blood sugar, thyroid function, and liver or kidney problems. Urine tests, stool tests, imaging, or tests of the digestive system may be appropriate in some cases.

If initial tests do not show a cause, follow-up remains important. A change over time may provide information that was not clear at the first visit.

## Treatment and self-care

Treatment depends on what is causing the weight loss. This might involve adjusting a medicine, treating a digestive or hormone condition, improving dental care, or getting support for depression, anxiety, grief, or problems obtaining food.

While waiting for assessment, try to eat regularly rather than relying on hunger alone. Smaller meals and snacks may be easier if you feel full quickly. Choose foods containing protein and energy, such as eggs, dairy products, beans, fish, meat, tofu, nuts, or nut butters, according to your needs and preferences.

A dietitian can suggest ways to increase nutrition without making meals uncomfortably large. Nutritional drinks may help some people, but they are not a substitute for finding the cause.

Record your weight about once a week using the same scale, similar clothing, and a similar time of day. Also note appetite and related symptoms. Avoid repeated daily weighing unless a healthcare professional has asked you to do so, because fluid shifts can hide the overall pattern.

## What to expect

Weight often stabilizes when food intake improves or the underlying problem is treated. Regaining weight and muscle may take longer than stopping the loss.

Recovery depends on the cause, how much weight was lost, and your general health. Gentle strength-building activity may support muscle recovery when it is safe for you, but nutrition and medical assessment come first if you are weak or still losing weight.

Keep follow-up appointments even if initial tests are normal. Return sooner if the loss continues, new symptoms appear, or eating and drinking become difficult.

## Common questions

Can stress cause unintentional weight loss?

Yes. Stress, anxiety, grief, and depression can reduce appetite or disrupt meals. Ongoing weight loss should still be assessed rather than assumed to be emotional.

Can I lose weight even if I am eating normally?

Yes. Some conditions increase the body's energy use or reduce nutrient absorption. Your usual portions may also no longer meet your needs.

Could a medicine be responsible?

Possibly. Prescription medicines, nonprescription products, and supplements can affect appetite, digestion, taste, or body weight. Bring a complete list to your appointment, but do not stop treatment on your own.

Is one low weight measurement enough to be concerned?

Not always. Scales, clothing, and body fluid can affect a reading. Repeat the measurement under similar conditions and look for a continuing trend.

## Sources

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