PHYSICAL HEALTH & HEALTHY LIVING FACTSHEET

Healthy Weight and Metabolism

Understanding weight change without blame, shame or quick-fix promises

The short version

Body weight is influenced by energy intake and use, but also by biology, age, hormones, sleep, stress, medicines, illness, disability, food access, income and environment. A healthy approach considers the whole person. Weight can be useful clinical information, but it is not a measure of character, effort or worth.

What does metabolism mean?

Metabolism describes the chemical processes that keep the body alive and functioning. The body uses energy at rest, to digest food and during movement. Energy needs vary between people and can change over time.

Resting needs	Energy used for breathing, circulation, temperature control, organ function and tissue repair. Body size, age, sex, muscle and health can influence it.
Food processing	Digesting, absorbing and storing nutrients uses some energy. This is only one part of total daily energy use.
Movement	Planned activity and ordinary movement both use energy. Ability and safe activity levels differ, particularly with pain, fatigue, disability or illness.
Adaptation	During weight loss the body may need less energy and appetite signals may change. This helps explain why maintenance can be difficult; it is not simply failed willpower.

Why weight can change

Weight change usually has more than one influence. Look for patterns and context rather than assuming a single cause.

Food and drink	Portion size, energy density, sugary drinks, alcohol, meal pattern, appetite and food availability can affect overall intake.
Activity and function	Work, caring, mobility, pain, fatigue, injury, disability and sedentary time may change energy use and the ability to prepare food or exercise.
Age and hormones	Ageing, pregnancy, perimenopause and menopause can affect body composition, fat distribution, appetite, sleep and activity. Weight gain around the abdomen is common in menopause.
Sleep and stress	Poor sleep, sleep apnoea, shift work and chronic stress can affect appetite, energy, food choices and the capacity to be active.
Health conditions	Examples include an underactive thyroid, polycystic ovary syndrome, Cushing's syndrome, depression and conditions that restrict movement. Fluid retention may also increase weight.
Medicines	Some steroids, antidepressants, antipsychotics, diabetes medicines, beta blockers and other treatments can affect appetite, fluid, activity or weight. Never stop prescribed medicine without advice.
Social circumstances	Income, housing, caring, transport, safe spaces, working hours, culture and access to suitable food and services all shape what is realistic.

A slower metabolism is rarely the whole explanation

Energy needs can fall with age, reduced muscle, weight loss or lower activity, but sudden or persistent change deserves a wider review. Avoid unregulated tests or supplements claiming to diagnose or 'reset' metabolism.

Understanding weight and health measurements

Body weight	A useful trend in some circumstances, but it cannot show body composition, fitness, nutrition or health on its own. Hydration, bowel contents and fluid retention can alter short-term readings.
BMI	Weight in kilograms divided by height in metres squared. It is a practical population and clinical measure, not a direct measure of body fat and may misclassify muscular people.
Waist-to-height ratio	For many adults with BMI below 35, waist circumference divided by height can help estimate central fat and cardiometabolic risk. NHS advice is to keep the waist below half of height.
Health markers	Blood pressure, cholesterol, blood glucose or HbA1c, liver health, sleep, mobility, symptoms and quality of life can add important context.
Body composition	Muscle, fat, bone and fluid contribute to weight. Consumer scales can estimate composition but vary in accuracy and should not replace clinical assessment.

BMI needs careful interpretation

NHS and NICE use lower BMI thresholds for some ethnic backgrounds because cardiometabolic risk can occur at a lower BMI. BMI is unsuitable in pregnancy and requires caution with significant muscle mass, frailty, oedema, amputation or conditions affecting height. Ask for personalised interpretation.

Discussing weight respectfully

- ask permission before discussing weight or taking measurements
- avoid blaming every symptom on weight
- focus on health priorities chosen together
- use the person's preferred language
- consider eating-disorder history and emotional safety
- provide suitable scales, seating and privacy

Building a supportive eating pattern

There is no single perfect diet. A sustainable pattern should meet nutritional needs, suit health conditions and culture, be affordable and be realistic to continue.

Balance	Use the Eatwell Guide as a flexible pattern: vegetables and fruit, higher-fibre starchy foods, protein foods, dairy or alternatives, and small amounts of unsaturated oils.
Protein	Include suitable protein sources across the day to support muscles, recovery and fullness. Individual needs vary with age, illness, kidney health and activity.
Fibre	Vegetables, fruit, pulses and wholegrains can support bowel health and fullness. Increase gradually and seek advice when gastrointestinal conditions require adjustment.
Fluids	Hydration supports normal function. Water and lower-sugar drinks can reduce energy from drinks, unless a clinical team has advised a fluid restriction.
Pattern	Regular meals help some people manage hunger; others prefer different patterns. Notice energy, hunger, fullness, symptoms and practical barriers rather than following rigid rules.
Enjoyment	Foods do not need moral labels such as 'good' or 'bad'. Frequency, amount, overall pattern and personal circumstances matter.

A useful starting point

- choose one change that solves a real problem, such as adding a protein-rich breakfast or replacing one sugary drink
- plan for difficult days with simple meals, frozen vegetables, tinned pulses or other accessible options
- review hunger, mood, symptoms, energy, cost and enjoyment—not only the scale
- seek a registered dietitian for complex medical, nutritional or eating-disorder needs

Avoid extreme restriction

NICE says low-energy diets of 800 to 1,200 kcal a day should only be considered within a supported multicomponent service for specified groups. Diets under 800 kcal a day are for a clinically assessed need within specialist care, should be nutritionally complete, supervised and time limited—not used as a long-term strategy.

Movement, strength, sleep and recovery

Everyday movement	Walking, wheeling, household tasks, standing, active travel and adapted movement all count. Start from current ability and break activity into manageable amounts.
Aerobic activity	UK guidance for adults aims for 150 minutes of moderate or 75 minutes of vigorous activity weekly, or a mixture, but any amount is beneficial and plans should be adapted to health and function.
Strength	Muscle-strengthening activity on at least two days weekly supports muscle, bones, function and healthy ageing. Chair-based and resistance-band options may be suitable.
Sedentary time	Breaking up long periods of inactivity can be valuable even when formal exercise is difficult. Use safe movement snacks that fit symptoms and capacity.
Sleep	Poor sleep can make appetite, food choices and weight management harder. Persistent snoring, witnessed pauses, daytime sleepiness or insomnia deserve assessment.
Recovery	Pain, fatigue, illness and treatment can require pacing and rest. More exercise is not always better; avoid boom-and-bust cycles and seek clinical advice where needed.

Health benefits can occur without dramatic weight loss

Improved fitness, strength, sleep, food quality, blood pressure, glucose control, mobility and wellbeing matter. NHS information notes that losing around 5% to 10% of body weight can improve health for many people living with overweight or obesity, but goals should be individualised.

Make the plan accessible

- choose seated, supported or water-based options if appropriate
- use short sessions and allow recovery
- track function and confidence as well as minutes
- build around treatment, fatigue and pain patterns
- ask a physiotherapist or qualified professional for adaptations
- stop and seek help for concerning symptoms

A safe, sustainable weight-management plan

1. Understand	Review weight history, current health, medicines, sleep, eating pattern, activity, symptoms, mental wellbeing and practical circumstances.
2. Choose	Agree one or two meaningful goals, such as improved mobility, steadier meals, better sleep or a modest weight change—not an arbitrary ideal weight.
3. Support	Identify the support needed: family, GP, dietitian, physiotherapist, psychological support, a recognised service or reasonable adjustments.
4. Act	Use small repeatable actions. Change the environment where possible: shopping list, meal options, reminders, equipment, transport or activity access.
5. Review	Review trends over weeks, not daily fluctuations. Include symptoms, strength, energy, sleep, blood results, confidence and whether the plan is liveable.
6. Adapt	Plateaus and setbacks are information. Adjust the plan after illness, treatment changes, caring pressure, menopause changes or altered mobility.

Be cautious with quick-fix claims

- supplements, teas, patches or programmes claiming to melt fat, detox the body or permanently boost metabolism
- guaranteed losses or precise results within a fixed time
- unnecessary food exclusion, unless medically indicated and nutritionally planned
- before-and-after images presented without context, or testimonials used as proof
- unregulated tests that claim to identify a unique metabolism, intolerance or hormone imbalance

Maintenance is part of treatment

Weight regain is common because biology, appetite, circumstances and previous habits continue to influence weight. Ongoing support, flexible routines and compassionate review are more useful than blame.

Medicines, surgery and professional support

Clinical review	A clinician can assess weight-related conditions, medicines, contraindications, nutritional risk and whether local weight-management services are appropriate.
Weight medicines	Options may include orlistat and, for eligible adults, medicines such as semaglutide or tirzepatide. Eligibility, availability and prescribing route differ. They require prescription, monitoring and lifestyle support.
How injections work	Semaglutide and tirzepatide can reduce appetite and increase fullness. They are not interchangeable with similarly branded diabetes medicines and should only be obtained from a legitimate prescriber and pharmacy.
Safety	Discuss pregnancy plans, contraception, surgery, diabetes treatment, side effects and other medicines. Tell the surgical and anaesthetic team if using a GLP-1 or GIP/GLP-1 medicine.
Review	Treatment should have agreed goals and regular review. Stopping medicine can be followed by weight regain; ask about longer-term support before starting.
Surgery	Bariatric surgery may be considered after specialist multidisciplinary assessment for eligible people. It requires lifelong nutritional monitoring and follow-up.

Never buy prescription weight-loss medicine from an unverified seller

Use a registered prescriber and pharmacy. Products sold through social media, beauty businesses or unregulated websites may be counterfeit, wrongly dosed or unsafe. A legitimate service assesses eligibility, explains risks and provides follow-up.

Who may help

- GP or prescribing clinician
- registered dietitian or registered nutritionist
- physiotherapist or appropriately qualified activity professional
- psychological or eating-disorder support
- specialist weight-management service
- pharmacist for medicine advice

When weight change needs medical assessment

Do not assume every weight change is caused by eating or activity. Contact a GP or appropriate clinician when change is unexpected, persistent or accompanied by other symptoms.

Unexpected loss	Unintentional weight loss, reduced appetite, difficulty swallowing, persistent diarrhoea, vomiting, pain, bleeding, a lump or marked fatigue needs assessment.
Rapid gain or swelling	Sudden weight increase with swollen legs or abdomen, breathlessness, chest symptoms or reduced urine can reflect fluid retention and needs prompt advice.
Possible thyroid symptoms	Weight gain with marked tiredness, feeling cold, constipation, dry skin, hair change or heavy periods may need assessment; symptoms have many possible causes.
Eating concerns	Binge eating, purging, severe restriction, fear of food, compulsive exercise or distress about body image deserves compassionate specialist support at any body size.
Treatment effects	Report significant change after starting or altering medicine. Do not stop cancer, steroid, psychiatric, diabetes or other essential treatment without the prescribing team.

Seek urgent help

Call 999 for severe breathing difficulty, chest pain, collapse, confusion or another life-threatening emergency. Use NHS 111 when urgent advice is needed and it is not an emergency.

Questions for an appointment

- Could a condition, medicine or fluid change be contributing?
- What health outcome are we trying to improve?
- Is this plan nutritionally adequate and safe with my treatment?
- Which measurements or blood tests would be useful?
- What support is available and accessible locally?
- When should we review progress or side effects?

Your healthy-weight and metabolism checklist

Context	What has changed in my health, medicines, sleep, hormones, activity, appetite, finances or caring responsibilities?
Measures	Which measures are meaningful for me—weight trend, waist, blood pressure, blood tests, function, symptoms or quality of life?
Nutrition	Am I receiving enough protein, fibre, fluids, vitamins and minerals, and is the plan safe for my conditions and treatment?
Movement	What movement and strength work is safe, accessible and realistic, with appropriate pacing and recovery?
Support	Do I need a GP, dietitian, physiotherapist, psychologist, pharmacist or specialist weight-management service?
Review	What will success look like beyond the scale, when will we review, and what changes should prompt earlier help?

Important information

This factsheet provides general adult health information for England and does not diagnose a condition or replace personalised medical or dietetic advice. Weight-management services and medicine eligibility vary. People who are pregnant, under 18, frail, living with an eating disorder or managing complex health conditions need appropriately tailored advice.

Evidence and review

Prepared in line with Health Matters UK's Evidence & Editorial Standards. Information was checked against current NHS, NHS England, NICE and UK government guidance. External guidance remains the responsibility of the issuing organisation.

- NICE. Overweight and obesity management (NG246), updated January 2026.
- NHS. Overweight and obesity in adults; BMI calculator; Understanding calories.
- NHS. Eating a balanced diet; Tips to help you lose weight; Healthy ways to gain weight.
- NHS England. Medicines for obesity and weight-management injections.
- NHS. Semaglutide; Tirzepatide; Underactive thyroid; Unintentional weight loss.
- UK Government. Eatwell Guide; Physical activity for adults and older adults.

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