

Understanding Food Noise: Causes, Symptoms and Treatment Options in Dunedin & Otago

By Mr Mark Grant | Southern Weight Loss | Dunedin, Otago and Southland

Many people describe a constant internal dialogue about food.

“What should I eat next?”

“I’m full... but still thinking about snacks.”

“I just ate, so why am I hungry again?”

“I can’t stop thinking about certain foods.”

This experience is often called food noise.

It can affect people living with obesity, people at a healthy weight, those trying to lose weight, and people who have previously had bariatric surgery. It is common, real, and often misunderstood.

For patients, food noise can feel exhausting.

For GPs, it is often an important clue that appetite regulation is not functioning normally.

What is food noise?

Food noise is a non-medical term used to describe:

- Frequent thoughts about food
- Persistent urges to eat despite not being physically hungry
- Preoccupation with meals, snacks, or cravings
- Difficulty ignoring food cues
- Repetitive mental bargaining around eating
- Feeling mentally “pulled” toward food

It is not simply hunger. Many patients can tell the difference between:

Physical hunger

A gradual need for energy that improves after eating.

Food noise

A mental drive to eat, often urgent, cue-driven, emotional, or repetitive.

Why does food noise happen?

Food noise is usually multifactorial. It is rarely about weak willpower.

1. Biology and appetite hormones

The body actively defends weight.

When weight is lost, hunger hormones often rise and satiety signals fall. This can increase thoughts about food.

Important systems include:

- Ghrelin – increases hunger
- GLP-1 – improves fullness
- Leptin – signals energy stores
- Dopamine reward pathways – drive seeking behaviour

This is one reason many people regain weight after dieting.

2. Highly processed modern food environment

Frequent exposure to:

- Convenience foods
- Large portions
- Sweet/salty combinations
- Constant advertising
- Easy access delivery apps

...can amplify reward-driven eating.

3. Stress and emotional regulation

Stress, anxiety, boredom, loneliness, and fatigue commonly increase food thoughts.

For some people, food becomes:

- Reward
- Relief
- Distraction
- Soothing mechanism

4. Sleep deprivation

Poor sleep increases hunger hormones and cravings, especially for energy-dense foods.

5. Habit loops

Repeated patterns such as:

- Dessert after dinner
- Snacks while watching TV
- Eating while driving
- Treating stress with food

...can become automatic mental triggers.

How food noise presents in patients without surgery

Common presentations include:

- Constant snacking urges
- “Thinking about food all day”
- Loss of control eating episodes
- Evening grazing
- Repeated dieting then rebound eating
- Strong cravings for specific foods
- Eating when not hungry
- Shame after eating
- Feeling “obsessed” with food

Many patients assume they lack discipline when, in reality, appetite regulation is dysregulated.

How food noise presents after bariatric surgery

Many patients experience a major reduction in food noise after surgery, especially in the first 12–24 months. This is one reason surgery can be so effective.

Procedures such as gastric sleeve and gastric bypass can improve appetite signalling and satiety.

However, food noise can return later.

Common post-surgery scenarios

1. Weight regain phase

As time passes, hormonal effects may lessen and old patterns can re-emerge.

2. Grazing

Small frequent calorie-dense eating can bypass restriction.

3. Emotional eating despite restriction

Patients may not tolerate large meals but still seek reward through frequent eating.

4. Reactive hunger

Poor protein intake, liquid calories, alcohol, and high refined carbohydrate intake may worsen appetite swings.

5. Shame and silence

Some patients feel they have “failed surgery” when they need reassessment and support.

Important message for patients

Food noise after surgery does not mean surgery has failed.

It often means:

- Appetite biology has changed again
- Nutrition needs attention
- Behavioural patterns have resurfaced
- Stress is driving eating
- Additional treatment is needed

This is common and treatable.

Assessment for GPs

When patients report food noise, consider:

- Weight trajectory
- Meal pattern
- Protein intake
- Sleep quality
- Mood / anxiety
- Binge eating symptoms
- ADHD traits
- Alcohol intake
- Medications causing appetite increase
- Menopause / hormonal changes
- Post-bariatric anatomy or complications if relevant

Bloods may be appropriate depending on context:

- HbA1c
- Iron studies
- B12
- Folate
- Vitamin D
- Thyroid function
- Renal/liver profile

Post-bariatric patients may need specialist review.

Treatment options

Best outcomes usually come from combining biological + behavioural + psychological treatment.

1. Psychological interventions

Cognitive Behavioural Therapy (CBT)

Helpful for:

- Trigger recognition
- Breaking thought-action cycles
- Managing urges
- Reframing all-or-nothing thinking

Acceptance & Commitment Therapy (ACT)

Useful for learning to tolerate urges without acting on them.

Trauma-informed therapy

Important when eating is linked to past trauma or emotional regulation.

Mindfulness-based approaches

Can reduce automatic eating and increase awareness of hunger/fullness.

2. Lifestyle changes

Sleep

Aim for regular sleep patterns where possible.

Stress management

Walking, exercise, therapy, journalling, structured downtime.

Environment design

Reduce frictionless access to trigger foods.

Examples:

- Keep tempting foods out of sight
- Buy single serves rather than bulk packs
- Plan meals before hunger hits

Routine

Irregular eating often worsens food noise.

3. Diet strategies

Protein first

Protein often improves satiety.

General targets vary, but many adults benefit from structured protein intake across meals.

Fibre and whole foods

Vegetables, legumes, fruit, oats, and minimally processed foods can help fullness.

Regular meals

Skipping meals can trigger rebound eating later.

Reduce liquid calories

Sugary drinks, alcohol, and calorie-dense coffees often worsen appetite control.

Identify trigger foods

Some people do better limiting foods that repeatedly trigger overeating.

4. Exercise

Movement helps appetite regulation, mood, insulin sensitivity, and stress reduction.
Especially helpful:

- Walking
- Resistance training
- Consistent moderate activity

5. Medication options

For appropriate patients, anti-obesity medication can be transformative.

GLP-1 / GIP-based treatments

Examples include:

- Semaglutide
- Tirzepatide

These can reduce hunger, cravings, and food noise significantly.
They may be useful:

- Before surgery
- Instead of surgery
- After surgery for regain or recurrent appetite

Other options

Depending on country, history, and suitability:

- Phentermine/topiramate
- Naltrexone/bupropion

6. Bariatric surgery

For some patients with obesity and significant metabolic disease, surgery remains the most effective long-term treatment.

Many patients report dramatic reduction in food noise after:

- Gastric sleeve
- Gastric bypass

Some may later need medication or behavioural support as biology adapts.

When should patients seek help?

Consider assessment if you experience:

- Constant intrusive thoughts about food
- Repeated weight regain
- Eating despite not being hungry
- Loss of control eating
- Distress around food
- Food thoughts returning after surgery

You do not need to wait until things are severe.

Key message for GPs

Food noise can be a clinically useful symptom representing dysregulated appetite signalling rather than poor motivation.

Management improves when framed as:
a chronic biopsychosocial condition requiring ongoing support
...rather than a character flaw.

How we approach food noise at Southern Weight Loss

We help patients across Otago and Southland with:

- Medical weight management
- Bariatric surgery
- Structured follow-up
- Nutritional support
- Psychological support pathways
- Treatment of regain after prior surgery

Local care matters, especially for long-term conditions.

Final thoughts

If food feels “too loud,” that is worth listening to.

Food noise is common.

It is explainable.

And it is treatable.

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