

Ramadan Planner

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What is Ramadan?

Ramadan is a holy month in which Muslims observe fasting between the hours of sunrise and sunset. They abstain from food, drink and medication. Yes, not even water. Fasting is one of the five pillars of Islam.

When is Ramadan?

Ramadan in 2023 will run from on or around 22 March for 29 or 30 days, ending with Eid al-Fitr, a religious holiday celebrated by Muslims worldwide (1). Islam follows a lunar calendar and occurs approximately 10 days earlier each year. Fasting time is longer during the summer in the northern hemisphere. During this time, people will generally eat two meals a day: one before sunrise (Suhoor) and one after sunset (Iftar)

Who should fast during Ramadan?

All healthy Muslims who have reached puberty. Exemptions apply for elderly, children, the infirm, and pregnant women (2). The Epidemiology of Diabetes and Ramadan (EPIDIAR) survey of over 12,000 people with diabetes in 13 Islamic countries, indicated that approximately 79% of people with T2D fast during Ramadan (3) thus a cornerstone of managing diabetes during Ramadan is patient education, which should include information on risks, glucose monitoring, nutrition, exercise and medication (2,5)

Risks

- DKA
- Hyperglycaemia
- Hypoglycaemia
- Dehydration -leading to thrombosis

When to break the fast

- Blood glucose <3.9 mmol/L or >16.6 mmol/L
- Re-check within 1 hour if blood glucose is between 3.9-5.0 mmol/L
- Symptoms of hypoglycaemia, hyperglycaemia, dehydration or acute illness occur

Structured education should include

- Risk quantification
- The role of SMBG
- When to break the fast
- When to exercise
- Fluids and meal planning
- Medication adjustments during fasting

RECOMMENDED MEDICATION CHANGES DURING RAMADAN FOR ADULTS WITH TYPE 2 DIABETES (2,5)

Prior to Ramadan

Metformin
1. Once daily
2. Twice daily
3. Thrice daily
4. S/R formulation

During Ramadan

No change in daily dose
1. Usual dose at iftar
2. Usual dose at iftar and sahoor
3. Combine lunchtime dose at iftar and take sahoor dose as normal
4. Take at Iftar

Unless you are confident on managing insulin doses in the context of fasting - seek specialist advice

Patients on >3 meds are at higher risk of hypoglycaemia (especially if on insulin or SU)

SGLT2i

No dose change is usually required however regimen should be well established prior to Ramadan. Take usual dose with iftar - counsel on maintaining good hydration

Oral GLP1-RA (6)
Needs to be taken 30 mins prior to food, drink or medication. Take at Iftaar time with small amount of water then then wait 30 min while taking part in the Maghrib prayer and eat afterwards.

GLP1RA

No dose change is usually required, should be established on a tolerated dose prior to Ramadan. If not tolerated either reduce dose or stop especially nausea and vomiting.

DPP4i

No dose adjustment is usually required

TZD

No dose adjustment is usually required. Can be taken with either sahoor or iftar, preferably the larger meal. Takes 10-12 weeks for maximal effect therefore consider starting a few weeks prior to Ramadan.

Exercise

Avoid vigorous exercise (increased risk of hypos and dehydration), especially in the hours just before sunset.

SU

1. Once daily
2. Twice daily

Consider substituting, reducing dose or stopping
1. Take usual dose with iftar
2. Usual dose at iftar and reduce sahoor dose by 50%

Risk Stratification (2)

There are many risk stratification tools available (1) The IDF tool, considers various factors that influence fasting & associated risks, with the resulting score providing an overall risk level.

| | | |
|-------------|---------------|------------------------|
| Score 0-3 | Low risk | Should be able to fast |
| Score 3.5-6 | Moderate risk | Advised not to fast |
| Score >6 | High risk | Should not fast |

High Risk - very high risk of developing complications
• Recommended that these individuals do not fast
• Still insist on fasting the utmost care & monitoring should be provided alongside the strategies & recommendations
Moderate Risk - Recommended that do not fast
• Still insist on fasting need to be aware of techniques & strategies to decrease risk
Low Risk - Discuss techniques & strategies to minimise risks

Dietary Advice (2,4,5)

Divide daily calories between Suhoor and Iftar, plus 1-2 snacks if necessary.
Ensure meals are well balanced:
45-50% carbohydrate (ideally unrefined carbohydrates), 20-30% protein, 35% fat (preferably mono- and polyunsaturated).
Include low glycaemic index, high-fibre foods that release energy slowly before and after fasting, e.g. granary bread, beans, rice, Plenty of fruit, vegetables and salads.
Minimise foods that are high in saturated fats, e.g. ghee, samosas, pakoras. Use small amounts of oil when cooking, e.g. olive, rapeseed. Avoid sugary desserts.
Keep hydrated between sunset and sunrise by drinking water or other non-sweetened beverages. Avoid caffeine and sweetened drinks.

References

- 1) <https://www.diabetes.org.uk/guide-to-diabetes/managing-your-diabetes/ramadan>
- 2) <https://www.daralliance.org/daralliance/idf-dar-practical-guidelines-2021/>
- 3) A Population-Based Study of Diabetes and Its Characteristics During the Fasting Month of Ramadan in 13 Countries: Results of the Epidemiology of Diabetes and Ramadan 1422/2001 (EPIDIAR) study
- 4) Dietary Patterns and Glycemic Control and Compliance to Dietary Advice Among Fasting Patients With Diabetes During Ramadan - <https://doi.org/10.2337/dc13-2063>
- 5) Recommendations for management of diabetes during Ramadan: update 2020, applying the principles of the ADA/EASD consensus - <https://drc.bmj.com/content/8/1/e001248>
- 6) Recommendations for Titration and Administration of Oral Semaglutide for the Treatment of Type 2 Diabetes during Ramadan - <https://www.karger.com/Article/FullText/527475>