

RAMADAN AND DIABETES

A PRACTICAL GUIDE FOR PEOPLE WITH DIABETES AND HEALTH CARE PROFESSIONALS

➤ WHY IS THIS LEAFLET FOR YOU?

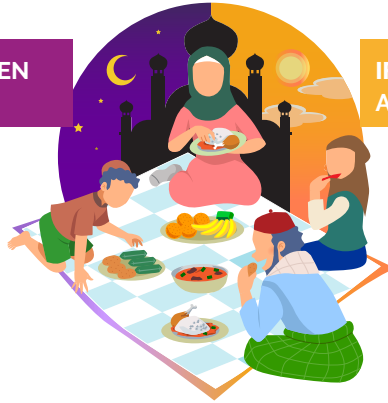
This leaflet has been designed for people with diabetes who wish to fast during Ramadan to help you to understand:

- How to manage your glucose levels during Ramadan
- How fasting and feasting can affect glucose levels.
- How to manage glucose testing during Ramadan
- How to manage non-insulin treatments during Ramadan
- Insulin management
- Managing food intake and fluids
- When to seek help

> BACKGROUND

Every year the Muslim population look forward to the appearance of the new crescent moon that signals the first day of Ramadan. This time of fasting and celebration occurs in the ninth and most holy month of the Islamic calendar. The timing of Ramadan is different each year as the Islamic calendar is linked to lunar activity. This time allows the person to focus on their faith and also perform generous acts. Ramadan lasts for 29-30 days each year depending on the sighting of the moon.

SUHOOR: MEAL TAKEN BEFORE DAWN



IFTAR: MEAL TAKEN AT DUSK;

Many people who are Muslim plan to fast during Ramadan. If you are thinking of fasting and are on any diabetes treatment you should visit your Diabetes Team or GP for advice at least **1-2 months** before the start of Ramadan

Throughout Ramadan fasting during sunrise and sunlight is compulsory for all healthy Muslims.

People who are not required to fast include:

- i** Children below the age of puberty
- i** Pregnant women
- i** People with long term conditions such as diabetes as this may leave them at risk of short-term diabetes complications related to high or low glucose readings
- i** Those with learning difficulties
- i** Those with mental health problems
- i** Those travelling more than 57.5 miles a day .
- i** During menstruation
- i** Older people

People unable to fast including those with long term conditions can make up the fast later (Qadha). This includes, providing food to others or offering donations to people less fortunate (give Fidyah). Speak to your local Mosque leader for advice.

> FOOD CHOICES

During Ramadan your eating pattern may be very different to normal. You should still aim to eat a balanced diet and include foods from all the food groups.

AT DAWN (SEHRI)

Meals should be formed around **starchy carbohydrates** such as:

- Rice
- Chapattis
- Potatoes
- Bread
- Cereals

i Starchy carbohydrates are broken down into glucose after eating and therefore have a direct effect on your glucose levels. Starchy carbohydrates are a good source of energy and should be included in the diet, however, to prevent high glucose levels after eating try to avoid large portions of these foods. Try eating whole grain sources of starchy carbohydrates, lentils and/or oats as these foods release energy slowly which can help to maintain your glucose levels and make you feel less hungry.

Dehydration: Try drinking sugar free drinks to quench thirst instead of drinking tea or coffee at Sehri as caffeine stimulates faster water loss through urination.

Try to avoid sweet or salted lassi, mango pulp, tropical juices and full sugar fizzy drinks.

- At sunset the fast is ended, traditionally a date or water is the first thing to be eaten/drunk to open the fast after which prayers are offered.
- Dates are a good source of energy and fibre. Having a sensible portion will prevent high glucose levels. A sensible portion is 1-2 dates.
- The main meal is eaten afterwards. If you are following a balanced diet then normal weight should be maintained.

Keeping a healthy weight: If you are overweight you may find that you lose some weight if you are reducing your portions and being more active. In particular, reducing portions of fatty (e.g. samosas, pakoras, chevda, oil) and sugary (e.g. burfi, jalebi) foods will help you achieve this.

Constipation: Drink plenty of water when ending your fast and eat fibre rich foods including whole grain carbohydrates, fruits and vegetables with skins.

> EXERCISE

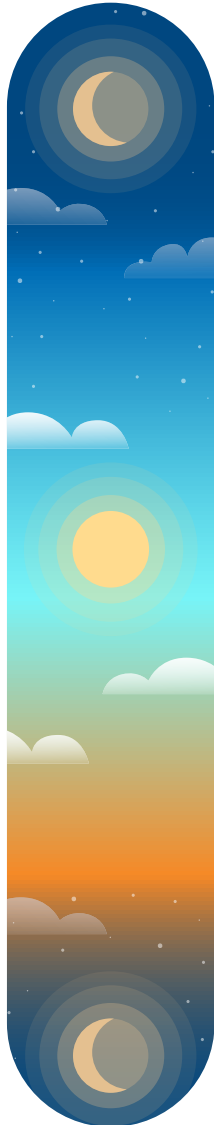
Praying 5 times a day and the additional special night prayers (Taraweeh), which can last anything from 1-2 hours each night) is physical activity. It is advised that you test before and after prayers if you are taking diabetes medication that can lead to hypoglycaemia (Hypos). It may be necessary for you to take 'hypo' treatment or eat a light snack e.g. fruit You can determine whether this is necessary by looking at your results.



> GLUCOSE TESTING

Glucose testing will not break your fast, however be aware that you will have to end your fast and eat if your glucose levels fall below 4.0mmol/L.

What happens to your body when you fast:



⌚ 2 am

Suhoor:
Pre dawn meal

Usually your body enters into a fasting state around **8 hours** after the last meal

⌚ 10 am

Fasting during
the day

Your body will initially use stored sources of glucose **which can increase the risk of hypoglycaemia on some medications and / or insulin**

⌚ 3 pm

Fasting during
the day

This may cause **some difficulties** in maintaining your glucose levels

⌚ 9pm

Iftar - ending
the fast

Later in the fast your body will break down fat as a source of energy

> MANAGING DIABETES MEDICATIONS DURING RAMADAN

People with diabetes not recommended to fast during Ramadan for their own safety include:

- ❗ People with Type 1 or Type 2 diabetes on a mixed insulin regimen e.g. Novomix 30, Humulin M3
- ❗ People with Type 1 or Type 2 struggling with frequent hypoglycaemia (low glucose levels)
- ❗ Those who are pregnant.

⚠ Remember! If a fasting person becomes ill, they can end the fast during the day by eating or drinking.



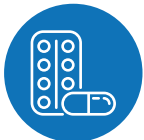
Diabetes managed with diet alone:

- ❗ If your diabetes is managed by diet only you can fast without the risk of hypoglycaemia (hypos- low glucose levels).
- ❗ You would not need to test your glucose



Diabetes managed with diet, tablets or other injectable non-insulin treatment:

- ❗ The timing of the fast and of when meals can be taken needs to be considered as some may lead to an increased risk of hypoglycaemia (hypos)
- ❗ Your diabetes team will advise on if you need to test your glucose



Metformin:

- ❗ Does not increase hypo risk so can be taken with no dose adjustment.
- ❗ If only on Metformin you will not need to glucose test. If on other diabetes treatments your diabetes team will advise on whether testing is required

> MEDICATION ADJUSTMENTS¹:

1. CHANGES TO METFORMIN DOSING DURING RAMADAN

Once Daily (OD)

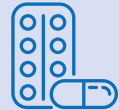
- i** **No dose modification usually required**
- i** Take at Iftar

Twice Daily (BD)

- i** **No dose modification usually required**
- i** Take at Iftar and Suhoor

Three times a day (TDS)

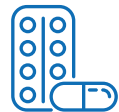
- i** Morning dose to be taken before Suhoor
- i** Combine afternoon dose with dose taken at iftar
- i** Prolonged-release metformin
- i** Morning dose to be taken before Suhoor
- i** Combine afternoon dose with dose taken at iftar



2. CHANGES TO SGLT2 INHIBITOR DOSING DURING RAMADAN

(Such as Canagliflozin, Dapagliflozin, Empagliflozin, Ertugliflozin)

- i** **No dose modification usually required**
- i** Take with iftar
- i** Use with caution in some individuals .
- i** Ensure adequate hydration



3. CHANGES TO SULPHONYLUEAS (SU) DOSING DURING RAMADAN

Once Daily (OD)

- i** Take at Iftar
- i** **In those with well-managed glucose levels the dose may be reduced**

Twice Daily (BD)

- i** Iftar dose remains the same
- i** **In those with well-controlled glucose levels the Suhoor dose should be reduced**

Older drugs in the class

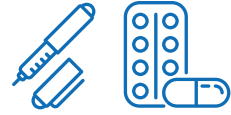
- i** Older Drugs (e.g. glibenclimide) carry a higher risk of hypoglycaemia and should be avoided
- i** **Second-generation SU's (e.g. Gliclizide, glimepiride) should be used in preference but still use with caution**

1. DAR Alliance <https://daralliance.me/guidelines>

4. CHANGES TO NON- INSULIN INJECTABLE THERAPIES DOSING DURING RAMADAN

These include:

- Byetta (Exenatide)
- Bydureon (Exenatide extended release)
- Victoza (Liraglutide)
- Lixientide (Lyxzumia)
- Truicity (Dulaglutide)
- Semaglutide (Oxempic)
- Tirzepatide (Mounjaro)



i These medications carry a low risk of hypos unless taken with a Sulphonylurea or Meglitinide so they can usually be continued to be taken at the same time and using the same prescribed dosage

i **No dose modification usually required**

5. OTHER MEDICATION DOSE CHANGES DURING RAMADAN

Acarbose

i **No dose modification required**

i The risk of hypoglycaemia is low

DPP-4 inhibitors

i **No dose modification required**

Pioglitazone

i **No dose modification required**

i The risk of hypoglycaemia is low

Oral Semaglutide (Rybelsus)

i **No dose modification required**

i Should be taken just before the fast is broken - **Rybelsus will need to be taken on an empty stomach with a glass of water 30 minutes before the fast is broken at Itfar**

6. CHANGES TO INSULIN DOSING DURING RAMADAN

⚠ If you take insulin you are strongly advised to contact your usual Diabetes Specialist Nurse or local Practice Nurse/ Advanced Nurse Practitioner for specific advice relating to the timing and dosage of insulin **at least one month before Ramadan commences** to ask for individualised advice.

> SOME USEFUL QUESTIONS:

Here are some questions you may find useful to ask when visiting your diabetes doctor or nurse.

- ❓ Is it safe for all Muslim people with diabetes to fast for Ramadan?
- ❓ Am I ok to fast if I am pregnant?
- ❓ Are older people exempt from fasting?
- ❓ Do any of my diabetes medications put me at risk of low glucose levels when fasting?
- ❓ If I am on a healthy diet and Metformin only will my doses need to change when I fast?
- ❓ If I take a sulphonyurea tablet such as Gliclazide or Glipizide or insulin treatment will my doses need to change and will I need to test my glucose?
- ❓ If I take insulin, can I still fast and how will this change my insulin doses and timing when I fast?



> USEFUL RESOURCES:

Trend Diabetes: www.trenddiabetes.online

Diabetes UK: www.diabetes.org.uk

Diabetes UK: ☎ 0345 123 2399

Adapted from the Leicester Diabetes Centre, Guide to managing your diabetes during Ramadan.



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