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NADEP
NATIONAL ASSOCIATION OF DIABETES EDUCATORS OF PAKISTAN
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International Diabetes Federation
IDF Centre of Education 2009-2013

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DIABETES EDUCATOR

Ramadan specific guidelines for doctors

Written By Prof. Muhammad Yaqoob Ahmedani:

The Ramadan specific guidelines given below are based on our experience. The most important point is the realization that the patient care must be highly individualized and the management plan may differ for each patient.

Patients taking oral hypoglycemic agents

Patients on metformin alone

We suggest that patients on metformin and diet control should continue with their dosage as Pre Ramadan and take them at Sehar and Iftar. For example; patient taking 1 gram BD should continue with their dosage at Sehar and Iftar. For patients taking metformin 500 mg three times a day, we recommend 500 mg at Sehar and 1000 mg at Iftar.

Patients on Acarbose alone

We suggest continuing the prescribed dose(s) of Acarbose at Sehar and Iftar.

Sulphonylureas

During Ramadan change the timing of the once daily dose of Sulphonylurea (such as glimepiride) from the usual morning dose to the evening (at Iftar) and reduce the dose to 75% of the actual dosage. For patients on twice a day dosage regimen, reduce the morning dose to 75% and should be given at Iftar, reduce the night dose to 50% and should be taken at Sehar.

Thiazolidinediones alone

During Ramadan change the timing of the once daily dose of Thiazolidinediones (such as pioglitazone) from the usual morning dose to the evening (at Iftar) dose.

Dipeptidyl peptidase-4 inhibitors (DPP 4 inhibitors) alone

The same Pre Ramadan dose can be continued during Ramadan except for the change in timing.

Patients taking combination of oral hypoglycemic agents

Those on combination of secretagogues and other oral hypoglycemic agents would require adjustment in dosage and timing of all the drugs in the combination.

Patients taking insulin

Single basal insulin and oral combined treatment

Patients on combination either with metformin or with sulphonylureas or both, with insulin need to adjust their dosage. We suggest patients who take long acting basal insulin, such as glargine, to reduce the dose by 30%. i.e. 20 units to be reduced to 14 units and those taking with combination of sulphonylurea in addition of this reduction also need to reduce the dose of sulphonylurea to 75% of actual dosage, this means patients taking 4mg of glimepiride in morning should cut down to 3mg at Iftar.

Premixed insulins

We suggest patients on 70/30 regime should do modification in their regime by taking 75% morning pre Ramadan dose at Iftar and shifting of pre Ramadan night dosage to pre Sehar and reducing it to half. For example patients taking 40 units of premixed in morning should cut down to 30 units at Iftar and taking 30 units at night should reduce to 16 units at Sehar.

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Patients on R and N regime

We suggest that patients need modification in their dosage. Full dose of R and 75% of N of the morning pre Ramadan dose should be given at Iftar. Whereas, 50% reduced pre Ramadan evening dose of R and N should be given at Sehar.

First night of Ramadan

First night of Ramadan (that is the night before first fast) is very important. The pre-dinner dosage of OHA/ Insulin should be reduced to 75% of usual dose for eg. Patient taking 20 units at night should be given 16 units.

Exercise

Normal levels of physical activity may be maintained. However, excessive physical activity may lead to a higher risk of hypoglycemia and should be avoided, particularly during the few hours before the sunset meal. Quite commonly, multiple prayers (Tarawih) are offered after the sunset meal; this generally involves repeated cycles of rising, kneeling and bowing and should be considered as part of the daily exercise program.

When to consider breaking the fast

All patients should understand that they must always and immediately end their fast if hypoglycemia (blood glucose of < 60mg/dl (3.3 mmol/l)) occurs because their blood glucose may drop further if they delay treatment. The fast should also be broken if blood glucose reaches < 70 mg/dl (3.9 mmol/l) in the first few hours after the start of fast, especially if insulin, sulphonylurea drugs or meglitinide are taken at Sehar.

Ramadan focused education

In our Ramadan study 2009; those who attended an education program focusing on Ramadan had a significant decrease in hypoglycemic events. We suggest that patients with diabetes should ideally attend some form of structured education to increase their chances of being well when fasting during Ramadan. Doctors should discuss the following aspects of fasting:

1) Hypo and Hyperglycemia symptoms, (2) Self-monitoring of blood glucose, especially if they develop symptoms 3) Dosage and timing alteration, (4) Diet and fluid intake during Ramadan, (5) Physical activity, (6) When to break the fast.

Diet in Ramadan

All patients should take atleast 3 meals a day i.e. Sehri, Iftar and Dinner. Diet during Ramadan should not differ significantly from a healthy and balanced diet. It should aim at maintaining a constant body mass. The common practice of ingesting large amounts of food rich in carbohydrate and fat, especially at the sunset meal, (Iftar) should be avoided. Because of the delay in digestion and absorption, ingestion of food containing "complex" carbohydrates may be advisable at the predawn meal, while food with simple carbohydrates may be more appropriate at the sunset meal. Based on our recent study we recommend to reduce the intake of carbohydrates and spread the carbohydrate intake over 3 or 4 occasions (Sehri, Iftar, Dinner and Bedtime). It is also recommended that fluid intake should be increased during non-fasting hours and the predawn meal should be taken as late as possible before Sehar.

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