

# **DIABETES & RAMADAN**

**Ramadan Specific Guidelines 2018 For Doctors**

**By**

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**The following guidelines are based on our research and clinical  
experience of last 20 years.**

**It should be realized that patient care is highly individualized and  
management may differ for each patient.**

### **1: Pre-Ramadan Visit:**

- It is mandatory 6-8 weeks before Ramadan
- Call your patients for assessment in the month of Rajab & Shaban

### **2: Assess:**

- a) General well being
  - b) Glycemic control & hypoglycemia risk
  - c) Cardiac & renal status
- as well as other co morbidities of your patients

### **3: Educate regarding**

#### **➤ a) HYPOGLYCAEMIA SYMPTOMS**

- Trembling • Sweating/chills • Palpitations • Hunger • Altered mental status • Confusion • Headache

#### **➤ b) HYPERGLYCAEMIA SYMPTOMS**

- Extreme thirst • Hunger • Frequent urination • Fatigue • Confusion • Nausea/vomiting • Abdominal pain

#### **➤ c) WHEN TO BREAK THE FAST**

All patients should break their fast if:

- Blood glucose <70 mg/dl
- Blood glucose > 300 mg/dl symptomatic (seek medical advice/break the fast).

#### **➤ d) SELF MONITORING OF BLOOD GLUCOSE**

Patient should frequently check blood glucose specially on following times

- Pre sehri
- 2hr after sehri
- Mid day
- Before iftar
- 2,3 hours after iftar
- When develop symptoms of hypoglycaemia, hyperglycaemia or feel unwell.
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**REMOVE MISCONCEPTION REGARDING PRICKING DURING FAST**

➤ **e) TARGETS OF SMBG**

Less tight glycemic targets should be kept during the day to prevent hypoglycemia

(ie between **100 - 200 mg/dl**)

&

Tighter targets during the night to prevent hyperglycemia

(ie between **100 -180 mg/dl**)
























**First night of Ramadan**

- take dinner early
- reduce night dose with late dinner
- sehri should not be skipped & must be taken as late as possible & allowed.

➤ **f) DRUG DOSE & TIME ALTERATIONS**

**MONOTHERAPY**

**JUST CHANGE TIMINGS**



















<b>METFORMIN</b>	<b>SEHRI</b>	<b>IFTAR</b>
<b>OD</b> 	---	
<b>BD</b> 		
<b>TDS</b> 		
<b>ACARBOSE</b>		
<b>OD</b> 	--	
<b>BD</b> 		
<b>TDS</b> 		
<b>PIOGLITAZONE</b>		
<b>OD</b> 		
<b>DPP4 INHIBITORS</b>		
<b>OD</b> 	--	
<b>BD</b> 		

## SULFONYLUREAS

Older drugs in the class (e.g. glibenclamide) carry a higher risk of hypoglycaemia should be avoided

Second-generation SUs (glicazide, glimepiride) should be used in preference



























### CHANGE IN DOSE MAYBE REQUIRED

<b>SULFONYLUREAS</b>	<b>Sehri</b>	<b>Omit</b>	<b>Iftar</b>
<b>OD</b> 			
<b>In well controlled patients</b>			<b>75% initially and then adjust according to glycemic control</b> 
<b>BD</b>  	<b>half dose</b> 		
<b>MEGLITINIDES</b>			
<b>OD</b> 			
<b>BD</b>  	<b>half dose</b> 		
<b>TDS</b>   	<b>half dose</b> 	<b>Mid Day dose</b>	

### Patient taking combination of oral hypo glycaemic drugs.

Those on combination of secretagogues and other OHA would require adjustment in dosage and timings of all the drugs in the combination.

### ✓ **INSULIN DOSE ADJUSTMENTS**

<b>Short acting insulin</b>	<b>Sehri</b>	<b>Omit</b>	<b>Iftar</b>
<b>BD</b>  	<b>half dose</b> 		
<b>TDS</b>   	<b>half dose</b> 	<b>Mid day dose</b>	
<b>Long /intermediate acting insulin</b>			
<b>OD</b> 			<b>70%</b> 
<b>BD</b>  	<b>half dose</b> 		
<b>Pre mixed insulin</b>			
<b>OD</b> 			
<b>BD</b>  	<b>half dose</b> 		
<b>TDS</b>   	<b>half dose</b> 	<b>Mid day dose</b>	

➤ **g) DIET PLAN**

Diet during Ramadan should not differ from a healthy & balanced diet .

It should aim at maintaining a constant body mass.

- ❖ Divide total calories between sehri,iftar& dinner.
- ❖ Caloric distribution should be 45-50% from carbohydrates, 20-30% from proteins & less than 35% from fats.
- ❖ Complex carbohydrates may be advisable at sehri& food with simple carbohydrates may be appropriate at iftar.
- ❖ Make sure early iftar& late sehri to prevent hypoglycemia.  
Avoid saturated fats • E.g. ghee, samosas, pakoras
- ❖ Avoid sugary desserts.
- ❖ Avoid salty & excessive spices
- ❖ Avoid caffeinated & sweetened drinks.
- ❖ Take plenty of fruits & vegetables
- ❖ Use small amounts of oil when cooking

❖ **HEALTHY CHOICES AT IFTAR**

- ❖ Shami Kabab 1 medium
- ❖ Chooley/Red beans/Black eyed peas ½ cup
- ❖ Dahibarey 1 bara + ¼ cup yogurt chutney
- ❖ Roti kabab roll 1/3 medium
- ❖ Fruit chart ½ cup
- ❖ Sandwich (brown bread) 1 slice
- ❖ Pasta (brown flour) 1/3 cup

❖ **HEALTHY CHOICES AT SEHRI**

- ❖ Paratha +lassi
- ❖ Roti +Meat/Chicken salan+ Milk
- ❖ Roti+Kabab+Milk shake (Fruits+ milk)
- ❖ Daliya+ Milk + Fruits +Dry fruits
- ❖ Roti+ Qeema+ fruit+ Lassi

➤ **h) FLUID INTAKE**

Ensure adequate fluid intake between iftar&sehri to maintain fluid balance and prevent dehydration .

(At least 10 -15 glasses in short intervals)

➤ **i) WHEN TO EXERCISE**

- Rigorous exercise is not recommended during fasting because of the increased risk of hypoglycaemia and/or dehydration
- Patients with diabetes should be encouraged to take regular light-to-moderate exercise during Ramadan.
- Tarawihprayers should be considered as part of their daily exercise activities.