



Fasting and diabetes

About fasting and diabetes

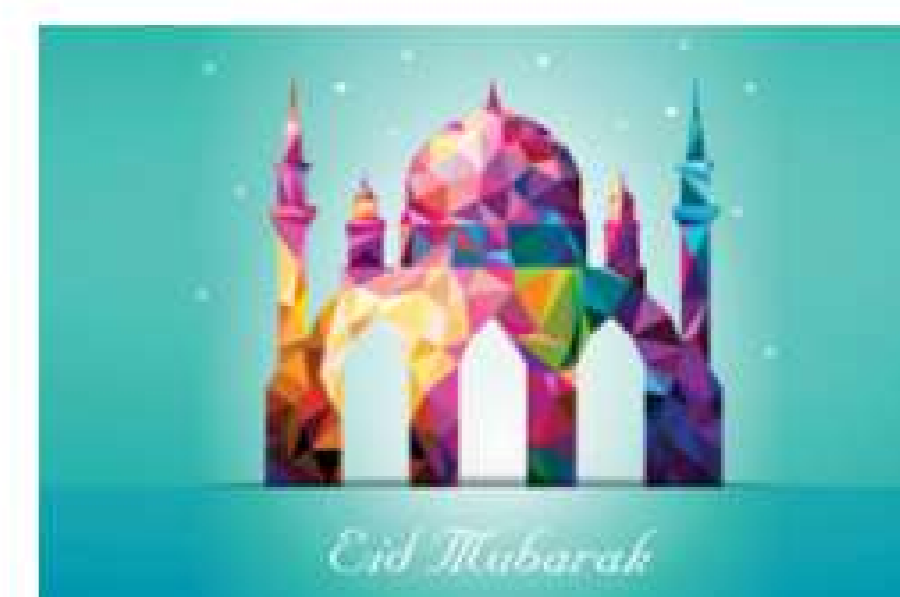
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About fasting and diabetes

Fasting during Ramadan is an important personal decision for those with diabetes. The decision to fast should be made based on religious recommendation, with careful considerations for the risks and complications associated with fasting you should consult your doctor for advice prior to fasting during Ramadan



Preparations prior to fasting during ramadan

If you have diabetes and intend to fast during Ramadan, you should be prepared for the following in order to undertake the fast as safely as possible:

(a) Pre-Ramadan medical review¹

Assessment of the following through doctor consultation should be performed 1-2 months before Ramadan:

- Overall well-being;
- Glycaemic control;
- Blood pressure control;
- Lipid control; and
- Diabetes-related complications.

Following these assessments, you will be advised on the necessary changes in diet and medication plan, so that you can initiate fasting while being on an antidiabetic regimen.

(b) Patient education¹

You and your family members/caregivers should attend diabetes educational programmes several weeks before Ramadan. It is important that everyone understands and receives the necessary diabetes care education which includes:

- The risks of fasting (ie, may lead to dehydration, hypoglycaemia or hyperglycaemia);
- Signs and symptoms of:
 - Dehydration (eg, dry mouth, thirst, decreased urine input);
 - Hypoglycaemia (eg, shakiness, anxiety, sweating, fast heartbeat, dizziness, hunger); and
 - Hyperglycaemia (eg, blurry vision, frequent urination, high blood glucose, increased fatigue).
- Blood glucose monitoring;
- Meal planning and food choices;
- Physical activity;
- Medication administration; and
- Management of acute complications (eg, administration of glucose-containing drinks to manage hypoglycaemia).



Managing diabetes during ramadan

You should immediately end your fast if you have symptoms of dehydration, hypoglycaemia or hyperglycaemia. Here are some tips in managing diabetes during Ramadan:

Self-monitoring of blood glucose (SMBG)^{2,3}



- Keep a daily log of your blood glucose levels. It is recommended to perform SMBG at least 3 times per day during fasting hours
 - 2 hours post-*sahur* (pre-dawn)
 - 1/2 hour pre-*iftar* (sunset)
 - 2 hours post-*iftar*
- Finger prick for SMBG or insulin injection does not constitute breaking of fast

Meal planning and food choices⁴



- Never skip *sahur*. *Sahur* should consist of a balanced meal with adequate high-fibre carbohydrates (eg, brown rice), taken as late as possible just before *imsak* (dawn) to avoid unnecessary prolonged fasting
- Do not delay breaking of the fast at *iftar*. Limit intake of high-sugary foods (eg, *kuih*). Nevertheless, one to two *kurma* (dates) at the start of *iftar* may be taken as part of carbohydrate exchange. Main meal is encouraged after *Maghrib* prayers
- Include fruits and vegetables at both *sahur* and *iftar*
- Limit intake of salty and fried foods
- Drink sufficient water to replenish fluid loss during the day. Aim for 8 glasses a day

Physical activity⁴



Physical activity or exercise needs to be adjusted during Ramadan. The following are recommended:

- Perform light- and moderate-intensity exercise on a regular basis
- Avoid vigorous exercise during daytime
- Exercise 1–2 hours after the break of fast
- Perform *Tarawih* night prayers

Medication⁴



Take your medications (oral and/or insulin injection therapy) as prescribed by your doctor

Fasting during Ramadan for patients with diabetes carries potential risks and complications. Close follow-up with your doctor is essential to maintain a healthy body.

References

1. Al-Arouj M, et al. *Diabetes care* 2010;33:1895–1902.
2. Pathan MF, et al. *Indian J Endocrinol Metab* 2012;16:499–502.
3. Jaleel MA, et al. *Indian J Endocrinol Metab* 2011;15:268–273.
4. Ministry of Health Malaysia. Clinical practice guidelines: Management of type 2 diabetes mellitus (5th Edition); 2015.

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