

Editorial

Safe Fasting for Diabetic Patients

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Fasting in the holy month of Ramadan is one of the five pillars of Islam. Fasting for patients with diabetes can become a serious problem if proper precautions are not taken. Navigating Ramadan with diabetes requires careful planning and close monitoring. The changes in eating and sleeping patterns can significantly impact blood sugar levels, making it crucial for individuals with diabetes to understand the potential risks and how to address them.¹ I will try to summarize the risks and challenges of diabetic patients in Ramadan and will suggest evidence-based solutions to these problems. Ramadan involves fasting from dawn to sunset, meaning prolonged periods without eating and drinking^{1,2,3}. This can lead to the following complications:

Hypoglycemia is a significant risk, especially during the later hours of the fast. Symptoms include lethargy, dizziness, sweating, confusion and even coma.

Hyperglycemia (high blood sugar): Eating sugary or carbohydrate-rich foods during Iftar (the evening meal) can cause very high blood sugar spikes. Symptoms may include dry mouth, thirst, increased urination, weakness, nausea and vomiting, restlessness etc.

Lack of water and other fluids during fasting can lead to dehydration, low blood pressure and further complications

Increased risk of diabetic ketoacidosis (DKA) is a serious complication that can occur when high levels of blood acids called ketones are produced in the body. It is mainly seen in type 1 diabetes but can also present in patients with type 2 diabetes.

Effective diabetes management during Ramadan involves a combination of pre-Ramadan counselling, dietary and medications' adjustments and regular glucose monitoring.^{1,2} All this should start 6-8 weeks before Ramadan when patient should visit his/her physician for proper guidance about fasting.

It is important that diabetic patients should consult their physician well before Ramadan, ideally 6-8 weeks for proper advice and adjustment of medications' dosages.^{1,2,5} Risk stratification is important. The attending physician will assess each individual's risk for fasting. It is a simple calculation based on age of patient, type of diabetes, previous experiences of fasting, chronic complications of diabetes, type of medications etc., and stratifies the individuals in low, moderate and high risk categories. Low risk patients can fast safely, moderate risk can fast but with precautions and high risk individuals are advised against fasting. Suhur (pre-dawn meal): should be balanced and should include complex carbohydrates, fiber, and protein to provide sustained energy.^{1,3,4} Patients should take in plenty of water to keep them hydrated. Iftar (evening meal) Break the fast with 1-2 dates and water, followed by a balanced meal. Avoid excessive consumption of sugary drinks and fried foods. Fruit juices are generally avoided and if taken the quantity should not exceed 180 ml. Rather, taking fresh fruits is recommended. Portion control is key to healthy fasting in Ramadan. Proper drinking of water is very important to maintain hydration. Medication dosages and timings must be adjusted and individualized during Ramadan under the guidance of a certified healthcare

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professional.^{1,4} Individuals taking insulin or certain oral medications are at higher risk of hypoglycemia and must see their physician for their adjustment.^{1,3}

Frequent blood sugar monitoring is essential during fasting to avoid hypo or hyperglycemia. Research has proven that there are timings when chances of hypo or hyperglycemia are maximum. These include suhoor time, 2 hours after suhoor, at mid-day, at afternoon, pre-iftar and 2 hours after iftar. Patient should monitor their sugar levels at these times or at any other time when they experience symptoms of hypo or hyperglycemia. It is important to know that it does not break the fast.

It is advisable to break the fast if: Blood sugar levels drop below 70 mg/dL (3.9 mmol/L), blood sugar levels rise above 300 mg/dL (16.7 mmol/L),^{1,2,3} patient experiences symptoms of hypo or hyperglycemia. Moderate exercise is generally safe. Patients can continue their usual exercise schedule after iftar.^{1,2,3} No additional exercise is advised for those who pray 'Tarawih'. In summary, safe fasting in Ramadan is quite possible for diabetic patients if they follow timely pre-Ramadan counselling with their physician, risk stratification, dietary and medications adjustments and proper exercise as advised in the guidelines.

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