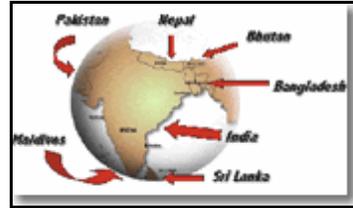


RAMADAN AND DIABETES FASTING AND FEASTING WITH DIABETES



- People who have diabetes can be exempted from fasting; others may still wish to fast. Fasting could cause problems for you if you have diabetes as your health and glucose levels are closely linked with diet, meal timings and medication, but having diabetes does not mean you cannot fast. This information leaflet gives advice on what to do if you have diabetes and want to fast, so that you can do so safely.
- **If you are in any doubt about what you should do with your treatment while fasting, contact your Diabetes Specialist Nurse, Doctor or GP.**

GROUP 1: People controlling their diabetes with careful diet, exercise,

If you control your diabetes by diet, exercise, metformin and insulin provided you continue to be careful with your diet, you can fast safely during Ramadan. If you are overweight, you can lose weight during the Holy Month, which can improve your diabetic control.

- 🍴 Divide your food into 2 meals – **Sehri/suhoor and Iftar**.
- 🍴 Eat small amounts of starchy foods such as cereals, basmati rice, chapatti or naan at both meals.
- 🍴 Include fruits, vegetables, dhal and yoghurt in your meals.
- 🍴 Only have small amounts of foods such as laddoo, jelaibi or burfi.
- 🍴 Avoid very fatty fried foods like samosa or pakora.
- 🍴 Stick to low calorie or 'diet' drinks, or water, and drink plenty.
- 🍴 You may feel tired when fasting during Ramadan, so although it is important that you continue your daily activity and prayer, try to rest at some point in the day.

GROUP 2: People controlling their diabetes with diet, tablets, and exercise

It is important that you follow the same advice as Group 1 regarding diet and resting.



People taking METFORMIN

If you feel unwell during the fast taking these tablets, you can consider reducing them for Ramadan. Most people should continue to take them and the largest dose should be taken at Iftar, so that they work when you are eating.



People taking GLICLAZIDE, GLIPIZIDE, GLIMEPIRIDE & GLIBENCAMIDE (with or without Metformin)

These tablets work for a whole day and can cause your blood glucose to go low (hypoglycaemia) during the day when you are fasting, which could make you feel ill.

There are other tablets (such as Tolbutamide, Repaglinide and Nateglinide), which wear off more quickly and are more suitable for you to take when fasting.



People taking PIOGLITAZONE (with other tablets or insulin)

These tablets are usually taken in the morning. They can sometimes cause low blood glucose if you are fasting, so it is best to take the largest dose at Iftar.



People taking SITAGLIPTINE, VILDAGLIPTIN OR SAXAGLIPTIN tablets

These tablets are taken once daily. They are often taken with other tablets for diabetes. No changes are required if these tablets are taken alone or with metformin. The dose of these tablets rarely needs to be changed during Ramadan.

**IF YOU ARE IN DOUBT WHAT TO DO WITH YOUR TABLETS WHEN FASTING,
PLEASE DISCUSS THIS WITH YOUR DIABETES NURSE, DOCTOR OR GP.**

GROUP 3: People controlling their diabetes with insulin, diet and exercise



People taking One Injection per Day with or without Metformin

If taking a once daily injection of long acting insulin such as Lantus or Levemir, take it as usual. If after a few days of fasting you are experiencing blood glucose levels of 4 or less (hypos) during the day, you could slightly reduce the dose of insulin by 10%.

If you have to cut back your insulin dose during Ramadan, you should discuss what dose you will need in future with your GP or Diabetes Specialist Nurse. after Ramadan finishes.



People taking Two Injections per Day with or without Metformin

If taking twice daily injections of a pre-mixed insulin i.e. Humalog Mix 25, Novomix 30, Humulin M3, Insuman Comb 25; there is a problem because most of the insulin works during the day and could make you go hypo when fasting.

→ The best way around this is to change to a different insulin regimen (called a basal/bolus regimen), well before Ramadan starts.

An alternative is to change to a premixed insulin with a smaller long acting component (such as Humalog Mix 50) so there will be less insulin around during the day. This will need to be taken with breakfast and evening meal before Ramadan starts. When Ramadan starts, take your usual dose with your largest meal at Iftar. If you decide to take a smaller meal before Suhoor, you will need a much smaller dose with that meal.

The last alternative is to under dose with insulin, cutting your dose by 10%, but this will not keep the diabetes under good control. Please seek medical advice if glucose levels too high (higher than 17mmol) or too low (less than 4mmol).



People taking Three Injections per Day

If you are on a three times daily mix you would need to miss out the lunchtime dose. But take the other doses, with meals.

Remember to go back to your normal doses after Ramadan finishes.



People taking four Injections per Day

If you are on a basal/ bolus regime (4 injections per day), you would need to take your long acting as normal.

Take your rapid acting insulin only when you eat, if your meal is higher in carbohydrates than normal you may need to increase this dose.

One way to check if you have given correct amount is to test 2hours after eating. If your result is under 8.5 mmols you have estimated correctly.

If you are in doubt about what to do with your medication when fasting, discuss this with your Diabetes Nurse, Doctor, or GP.



GROUP 4: People taking EXENATIDE (Byetta) or LIRAGLUTIDE (Victoia) with or without other medications.

It is important that you follow the same advice as Group 1 regarding diet and resting.

There is usually no need to change the injection. It is important that it is **given before food and there is 6 hours between the 2 injections.**

Testing blood glucose when taking tablets, insulin, Byetta and fasting



It may be a good idea to check your blood glucose more often when fasting to make sure it is not rising too high (more than 10 mmol/l) or dropping too low (less than 4 mmol/l). **If your results worry you and you don't know what to do, contact your Diabetes Nurse, Doctor, or GP.**

You will need the help of your Diabetes Nurse or Doctor to change your insulin or timings, so please contact them for advice well in advance of the next Holy Month.



If you fast and are taking insulin, it is important to check your blood glucose frequently to make sure you are not going 'hypo' (less than 4mmol/l) or that your blood glucose is not rising too high (more than 10mmol/l).

HYPOGLYCAEMIA (blood glucose less than 4)



Signs and symptoms – sweating, shaking, dizzy, palpitations, pins and needles around the mouth, double vision, hunger pangs, slurred speech, odd behaviour, confusion, drowsiness.



Reasons for hypoglycemia – taking too many diabetes tablets or too much insulin and not balancing them with food, delaying or missing meals, more exercise than normal.

IF YOU HAVE A HYPO WHEN FASTING, YOU SHOULD BREAK THIS PROMPTLY TO AVOID THE HYPO GETTING WORSE AND MAKING YOU UNWELL

HYPO TREATMENT

- Take fasting acting glucose as per leaflet. Then take something starchy to eat, to keep your blood sugar up as recommended in leaflet.
- If you can, test your blood glucose.
- Try to work out why you had a hypo.
 - Was it because you fasted and didn't change your diabetes treatment?
 - Was it because you were doing hard physical work and not resting?

PEOPLE AT RISK WHEN FASTING

- ◆ You and your baby are at risk if you fast when pregnant.
- ◆ You are at risk if you have other illnesses as well as diabetes.
- ◆ You are at risk if your diabetes is not well controlled and your blood glucose swings up and down.
- ◆ You are at risk if you do not take the right diabetes treatment when fasting.

DIABETES SPECIALIST NURSES' CONTACT NUMBER:

Homerton Hospital Tel 020 8510 5920
020 8510 5555 bleep 065
Mon – Fri 09.00 – 17.00 hours.

'Drop in Clinic' at the Hackney Diabetes Centre, Homerton Hospital
Monday 1.30- 2.30pm
Friday 9.00- 9.30am