





Summary fasting guidelines for Diabetes during Ramadan

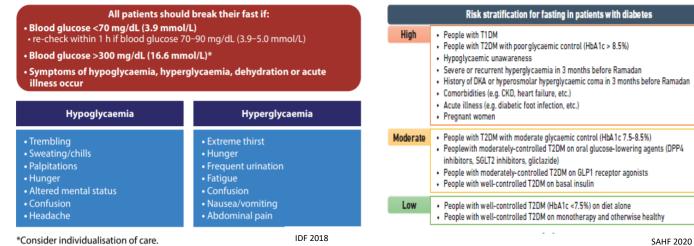
This summary document has been adapted from the IDF fasting guidelines (2018) and SAHF Guidelines (2020). An individualised patient-centric treatment plan is essential to allow both type 1 and type 2 patients to achieve optimal glycaemic outcomes but enable them to observe a risk-free month of fasting during Ramadan.

Please refer to specific sick-day rules guidelines in times of illness for drug dose modifications.

If patients have symptoms of COVID-19, SUSPECTED OR CONFIRMED, they are recommended not to fast.

Suhoor - morning meal (before sunrise)

Iftar - evening meal (after sunset)



*Consider individualisation of care.

IDF 2018

Metformin: Daily dose remains unchanged

Immediate release: OD – Take at iftar; BD – Take at iftar and suhoor; TDS – consider switching to BD dosing- morning dose at suhoor, combine afternoon and evening dose at iftar

Prolonged release: Take at iftar

SU: Switch to newer SU (gliclazide) avoid glibenclamide Monitor blood glucose up to 2-4 times a day with dose changes and thereafter 2-4 times per week

OD – Take at iftar. Dose may be reduced in patients with good glycaemic control

BD – Iftar dose remains unchanged. Suhoor dose reduced in patients with good glycaemic control. This may vary according to meal size.

Short Acting insulin secretagogues (repaglinide, nateglinide): TDS dosing reduced to two doses (BD) taken with iftar and suhoor

DPP4-inhibitors/GLP-1-RAs/Pioglitazone (can be taken AM or PM)/Acarbose: No dose modification

SGLT2 inhibitors: no dose modification, take at iftar, consume fluids +++

Insulin therapy: Switch to insulin analogues where possible

Long- or intermediate-acting basal insulin:

- OD NPH/detemir/glargine/degludec. Take at iftar. Reduce dose by 15–30%
- BD NPH/detemir/glargine. Swap usual dosing. Take usual morning dose at iftar. Reduce evening dose by 50% and take at suhoor

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Rapid- or short-acting prandial/bolus insulin:

• Take normal dose at iftar. Omit lunchtime dose. Reduce suhoor dose by 25–50%

Dose titration should be performed every 3 days and adjustments made according to BG levels

Premixed insulin:

- OD Take normal dose at iftar
- **BD** If dose usually higher in morning, consider the higher dose at iftar and lower dose at suhoor. Take usual morning dose at iftar. Reduce evening dose 25–50% and take at suhoor
- TDS Omit afternoon dose. Adjust iftar and suhoor doses according to blood glucose test

Fasting/pre-iftar/ pre-suhoor blood glucose	Pre-iftar*	Post-iftar*/ post-suhoor**	
	Basal insulin	Short-acting insulin	Premixed insulin modification
<70 mg/dL (3.9 mmol/L) or symptoms	Reduce by 4 units	Reduce by 4 units	Reduce by 4 units
70–90 mg/dL (3.9–5.0 mmol/L)	Reduce by 2 units	Reduce by 2 units	Reduce by 2 units
90–130 mg/dL (5.0–7.2 mmol/L)	No change required	No change required	No change required
130–200 mg/dL (7.2–11.1 mmol/L)	Increase by 2 units	Increase by 2 units	Increase by 2 units
>200 mg/dL (11.1 mmol/L)	Increase by 4 units	Increase by 4 units	Increase by 4 units
*These recommendations also apply to patients with *Adjust the insulin dose taken before suhoor; **Adjus NPH, neutral protamine Hagedorn			From: IDF (2018)

Insulin pump: Caution high risk patient group specialist diabetes team input required

- \bullet Basal rate Reduce dose by 20–40% in the last 3–4 hours of fasting. Increase dose by 0–30% early after iftar
- Bolus rate Normal carbohydrate counting and insulin sensitivity principles apply

General dietary advice for patients with diabetes during Ramadan (IDF 2018).

- Divide daily calories between suhoor and iftar, plus 1–2 snacks if necessary
- Ensure meals are well balanced
- 45–50% carbohydrate
- 20–30% protein
- <35% fat (preferably mono- and polyunsaturated)
- Include low glycaemic index, high fibre foods that release energy slowly before and after fasting
 - E.g. granary bread, beans, rice
- Include plenty of fruit, vegetables and salads
- Minimise foods that are high in saturated fats
 - E.g. ghee, samosas, pakoras
- Avoid sugary desserts
- Use small amounts of oil when cooking
 - E.g. olive, rapeseed
- Keep hydrated between sunset and sunrise by drinking water or other nonsweetened beverages
- Avoid caffeinated and sweetened drinks

Additional resources for Diabetes during Ramadan Advice:

Diabetes UK: https://www.diabetes.org.uk/guide-to-diabetes/managing-your-diabetes/ramadan

Diabetes on the net:

https://www.diabetesonthenet.com/journals/issue/572/article-details/how-manage-diabetes-during-ramadan PDF

Diabetes Times: <a href="https://diabetestimes.co.uk/virtual-diabetes-and-diabetes-

ramadan-meeting-series-announced/

Sick Day Rules - including COVID-19

Sandwell and West Birmingham CCG Formulary COVID-19 Homepage

Diabetes UK: https://www.diabetes.org.uk/about_us/news/coronavirus

NHS: https://www.nhs.uk/conditions/coronavirus-covid-19/

https://www.england.nhs.uk/london/london-clinical-

networks/ournetworks/diabetes/diabetes-covid-19-key-information/

Patient Leaflet Trend: http://trend-uk.org/resources/

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