

## 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)

All patients should break their fast if:

- Blood glucose <70 mg/dL (3.9 mmol/L)
- re-check within 1 h if blood glucose 70–90 mg/dL (3.9–5.0 mmol/L)
- Blood glucose >300 mg/dL (16.6 mmol/L)\*
- Symptoms of hypoglycaemia, hyperglycaemia, dehydration or acute illness occur

Hypoglycaemia	Hyperglycaemia
<ul style="list-style-type: none"> <li>• Trembling</li> <li>• Sweating/chills</li> <li>• Palpitations</li> <li>• Hunger</li> <li>• Altered mental status</li> <li>• Confusion</li> <li>• Headache</li> </ul>	<ul style="list-style-type: none"> <li>• Extreme thirst</li> <li>• Hunger</li> <li>• Frequent urination</li> <li>• Fatigue</li> <li>• Confusion</li> <li>• Nausea/vomiting</li> <li>• Abdominal pain</li> </ul>

### Iftar - evening meal (after sunset)

Risk stratification for fasting in patients with diabetes

<b>High</b>	<ul style="list-style-type: none"> <li>• People with T1DM</li> <li>• People with T2DM with poor glycaemic control (HbA1c &gt; 8.5%)</li> <li>• Hypoglycaemic unawareness</li> <li>• Severe or recurrent hyperglycaemia in 3 months before Ramadan</li> <li>• History of DKA or hyperosmolar hyperglycaemic coma in 3 months before Ramadan</li> <li>• Comorbidities (e.g. CKD, heart failure, etc.)</li> <li>• Acute illness (e.g. diabetic foot infection, etc.)</li> <li>• Pregnant women</li> </ul>
<b>Moderate</b>	<ul style="list-style-type: none"> <li>• People with T2DM with moderate glycaemic control (HbA1c 7.5–8.5%)</li> <li>• People with moderately-controlled T2DM on oral glucose-lowering agents (DPP4 inhibitors, SGLT2 inhibitors, gliclazide)</li> <li>• People with moderately-controlled T2DM on GLP1 receptor agonists</li> <li>• People with well-controlled T2DM on basal insulin</li> </ul>
<b>Low</b>	<ul style="list-style-type: none"> <li>• People with well-controlled T2DM (HbA1c &lt;7.5%) on diet alone</li> <li>• People with well-controlled T2DM on monotherapy and otherwise healthy</li> </ul>

\*Consider individualisation of care.

IDF 2018

SAHF 2020

### 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

April 2020 V1 1

### **Document adapted from:**

International Diabetes Federation: Diabetes and Ramadan Practical Guidelines (2018) <https://www.idf.org/e-library/guidelines/87-diabetes-and-ramadan-practical-25.html>

The South Asian Health Foundation (UK) Guidelines for Managing Diabetes During Ramadan: 2020 Update (2020) <https://www.sahf.org.uk/resources>

**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**	Premixed insulin modification
	Basal insulin	Short-acting insulin	
<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 T1DM  
\*Adjust the insulin dose taken before suhoor; \*\*Adjust the insulin dose taken before iftar  
NPH, neutral protamine Hagedorn

**From: IDF (2018)**

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

- 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

- 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 non-sweetened beverages
- Avoid caffeinated and sweetened drinks

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

**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.diabetestimes.co.uk/virtual-diabetes-and-ramadan-meeting-series-announced/>
- Diabetes Times: <https://www.diabetestimes.co.uk/virtual-diabetes-and-ramadan-meeting-series-announced/>
- <https://www.diabetestimes.co.uk/virtual-diabetes-and-ramadan-meeting-series-announced/>
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**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](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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