Many thanks to NHS Lothian for their help in the preparation of this leaflet.
## Ramadan and Diabetes

As you know, Ramadan is the Holy Month for Muslims - a time of worship, self-discipline, austerity and charity. Fasting is necessary for all healthy adult Muslims, nothing being consumed between dawn and sunset. Alterations to mealtimes, daily routine and use of special traditional foods occur during the Holy Month. People who are Muslim and have diabetes can be exempted from fasting. But you may wish to fast.

Fasting could cause problems for you if you have diabetes as your health is closely linked with diet, meal timings and medications. But having diabetes does not mean you cannot fast. This booklet gives you guidelines on what to do if you do 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 nurse or doctor or GP.*

### Group 1: People controlling their diabetes by diet and exercise

If you control your diabetes by diet and exercise, 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 and Iftar
- Fill up on starchy food such as cereals, basmati rice, chapati or naan at either meal
- Include fruits, vegetables, dhal and yoghurt in your meals
- Only have small amounts of foods such as ladoo, 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, exercise and tablets

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

**Taking METFORMIN or ACARBOSE**

If you feel unwell during the fast taking these tablets you can consider stopping or reducing them. If you continue to take them, the largest dose should be taken at Iftar, so that they work when you are eating. *If you are in doubt about what to do with your tablets when fasting, discuss this with your diabetes nurse or doctor or GP.*

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Taking GLICLAZIDE, GLIPIZIDE, GLIMEPIRIDE or GLIBENCLAMIDE
(with or without Metformin)
These tablets can cause your blood sugar to go low (hypoglycaemia) when you are fasting which could make you feel ill (see last page for symptoms). You can consider reducing or changing the times of taking these tablets when fasting. Also, there are new quick acting tablets (such as Repaglinide and Nateglinide) that might be more suitable for you to take when fasting. If you are in doubt about what to do with your tablets when fasting, discuss this with your diabetes nurse or doctor or GP.

Taking PIOGLITAZONE or ROZIGLITAZONE
(with other tablets or insulin)
These tablets are usually taken in the morning. They can cause hypoglycaemia (low blood sugar) if you are fasting, so it is best to take the largest dose at Iftar.

Testing blood sugars when taking tablets and fasting
When you take tablets for your diabetes, you may have been shown how to check your blood sugar with a meter.
It is a good idea to check your blood sugar more often when fasting to make sure it is not rising too high (more than 10) or dropping too low (less than 4). If your results worry you and you don’t know what to do, contact your diabetes nurse or doctor or GP.

Group 3: People controlling their diabetes by taking insulin (with or without tablets)
It is important that you follow the same guidelines as Group 1 and 2 regarding diet and rest.
If you control your diabetes with insulin, it is vital that you know what to do when fasting to avoid high blood sugars (hyperglycaemia – more than 10) or low blood sugars (hypoglycaemia – less than 4). There are several new insulins (such as Novorapid, Humalog and Glargine) now available that you can use when fasting, which allow you to do so safely. You can also change the timings of your insulin injections or alter the doses. You will need the help of your diabetes nurse or doctor to change your insulin so 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 sugar frequently to make sure you are not going ‘hypo’ (less than 4) or that your blood sugar is not rising too high (more than 10).

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HYPOGLYCAEMIA (blood sugar less than 4)
Signs and symptoms – sweating, shaking, palpitations, double vision, hunger pangs, slurred speech, odd behaviour

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

Treatment –

IF YOU HAVE A HYPO WHEN FASTING, YOU MUST BREAK YOUR FAST OTHERWISE YOU MAY GO INTO A COMA

Take something sugary to eat or drink. Then take something starchy to eat like a sandwich or chappati to keep your blood sugar up

- If you can, test your blood sugar
- 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 besides diabetes
- You are at risk if your diabetes is not well controlled and your blood sugars swing up and down
- You are at risk if you do not take the right diabetes treatment when fasting

The Quran allows you not to fast if you have an illness or medical condition and you can donate some money to charity. But if you really want to fast, make sure you can do this safely.

Contact your diabetes nurse or doctor or GP for advice about your treatment if you have any doubts.

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