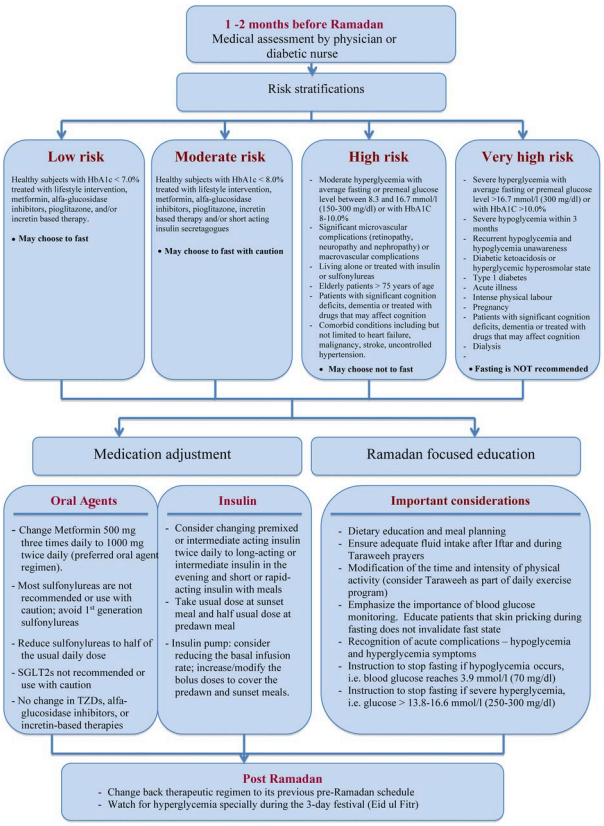
1 -2 months before Ramadan
Medical assessment by physician or diabetic nurse
Risk stratifications
Low risk
Healthy subjects with HbA1c < 7.0% treated with lifestyle intervention, metformin, alfa-glucosidase inhibitors, pioglitazone, and/or incretin based therapy.
• May choose to fast
Moderate risk
Healthy subjects with HbA1c < 8.0% treated with lifestyle intervention, metformin, alfa-glucosidase inhibitors, pioglitazone, incretin based therapy and/or short acting insulin secretagogues
• May choose to fast with caution
High risk
- Moderate hyperglycemia with average fasting or premeal glucose level between 8.3 and 16.7 mmol/l (150-300 mg/dl) or with HbA1C 8-10.0%
- Significant microvascular complications (retinopathy, neuropathy and nephropathy) or macrovascular complications
- Living alone or treated with insulin or sulfonylureas
- Elderly patients > 75 years of age
- Patients with significant cognition deficits, dementia or treated with drugs that may affect cognition
- Comorbid conditions including but not limited to heart failure, malignancy, stroke, uncontrolled hypertension.
• May choose not to fast
Very high risk
- Severe hyperglycemia with average fasting or premeal glucose level >16.7 mmol/l (300 mg/dl) or with HbA1C >10.0%
- Severe hypoglycemia within 3 months
- Recurrent hypoglycemia and hypoglycemia unawareness
- Diabetic ketoacidosis or hyperglycemic hyperosmolar state
- Type 1 diabetes
- Acute illness
- Intense physical labour
- Pregnancy
- Patients with significant cognition deficits, dementia or treated with drugs that may affect cognition
- Dialysis
-
• Fasting is NOT recommended
Medication adjustment
Ramadan focused education
Oral Agents
- Change Metformin 500 mg three times daily to 1000 mg twice daily (preferred oral agent regimen).
- Most sulfonylureas are not recommended or use with caution; avoid 1st generation sulfonylureas
- Reduce sulfonylureas to half of the usual daily dose
- SGLT2s not recommended or use with caution
- No change in TZDs, alfa-glucosidase inhibitors, or incretin-based therapies
Insulin
- Consider changing premixed or intermediate acting insulin twice daily to long-acting or intermediate insulin in the evening and short or rapid-acting insulin with meals
- Take usual dose at sunset meal and half usual dose at predawn meal
- Insulin pump: consider reducing the basal infusion rate; increase/modify the bolus doses to cover the predawn and sunset meals.
Important considerations
- Dietary education and meal planning
- Ensure adequate fluid intake after Iftar and during Taraweeh prayers
- Modification of the time and intensity of physical activity (consider Taraweeh as part of daily exercise program)
- Emphasize the importance of blood glucose monitoring. Educate patients that skin pricking during fasting does not invalidate fast state
- Recognition of acute complications – hypoglycemia and hyperglycemia symptoms
- Instruction to stop fasting if hypoglycemia occurs, i.e. blood glucose reaches 3.9 mmol/l (70 mg/dl)
- Instruction to stop fasting if severe hyperglycemia, i.e. glucose > 13.8-16.6 mmol/l (250-300 mg/dl)
Post Ramadan
- Change back therapeutic regimen to its previous pre-Ramadan schedule
- Watch for hyperglycemia specially during the 3-day festival (Eid ul Fitr)