

Diabetes and Ramadan - Who Is Exempted From Fasting?

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Medicine and religion have a common foundation. Both aims at achieving a 'higher' state of living and good health. As mentioned in the WHO definition, "Health is a state of complete physical, mental and social well-being and not merely the absence of disease and infirmity"¹. Religion promotes good health through instruction on food, drink, a healthy life style and social support providing better mental health, more positive psychological state, optimism and faith, which reduces stress and improves physical health². For a devout Muslim, one such means of achieving a state of spiritual wellbeing in Ramadan, The ninth month of the lunar calander. This month besides special prayers, calls abstaining from food and drink or any other oral intake from before dawn to dusk by all healthy adult muslims. The period of fasting can extend from ten to sixteen hours depending on the geographic location and season of the year. The Quran states:

"O you who believe! Fasting is prescribed to you as it was prescribed to those before you so that you may attain self restraint"³.

Though fasting is obligatory in Ramadan but those who are sick and have high risks as advised by their physician, should consider not fasting. Exemptions have been provided with clear instructions in the Holy Quran.

"Whoever witnesses the month (of Ramadan) then he/she should fast. But, if any of you is ill or travelling - then he or she is exempted from fasting"⁴.

It has been observed that people feel that by not observing the Ramadan fasts they would be failing in their religious duties. This leads to many patients with chronic diseases as Diabetes Mellitus, Hypertension, Coronary Artery Disease and Chronic Kidney Disease wanting to observe fasts. The instructions from religion are clear that if fasting leads to a life-threatening situation as in people with unstable angina, organ-threatening disorders, as in patients with end-stage renal disease, or public health-threatening as in case of a long-distance bus driver with a tendency to hypoglycaemia, fasting should be avoided or interrupted.

A temporary illness can also cause an interruption in the continuity of fasting, but then there is the laxity of the instruction, that "the missed fast should be completed at another time", because "Allah intends ease for you and does not intend to put you in difficulty"⁴.

Scientists have been discussing on evidence based studies on the exemptions for people with diabetes in Ramadan.

These are stratified as Very High Risk, High Risk, Moderate Risk and Low Risk (Table). The first two categories are advised against fasting as damage to health can be pertinent. All diabetics have to be counseled whether intending to fast or not as there is always a change in lifestyle during the Holy month. Basic knowledge has to be conveyed to the individual with diabetes by the physician and a joint decision taken. If fasting can lead to adversities in health, this has to be discussed and a mutually agreed upon decision taken.

It has to be kept in mind that culture and social pressures have to be kept in the forefront as going against this can lead to psychological pressures. A diabetic not fasting in Ramadan in a

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household where all others are fasting can be singled out and get a feeling of discrimination. The traditional foods of the month, full of calories, both at Suhoor and Iftar can cause hyperglycaemia in a diabetic member of the family who is not fasting.

It should be remembered that Ramadan is a month for observing self-discipline, regularity and time management. If rules are followed, the diabetic gains the benefit of a moderate weight loss, a reduction in body fat, serum lipids and blood pressure. Self-control and self-discipline practiced for the thirty days can become permanent traits and have a long lasting effect. Special prayers offered in the month provide tranquillity and mental relaxation.

It is very rightly stated, "The physician who manages diabetes in Ramadan, and provides pre-Ramadan counseling for it, has to walk a tight rope"⁵. The physician has to strike a balance between the patient's wishes and preferences along with cultural habits on one hand, biomedical needs on the other, and algorithmic or textbook guidance on yet another one! This practice is known as Person Centred Care (PCC)⁶. It is a mutual understanding between the diabetic and the physician on who should and who should not fast. Even if not advised to fast, the person with diabetes can adopt the disciplined life in Ramadan for acquiring health benefits.

Patients with advanced macrovascular complications
 People living alone who are treated with insulin or sulfonylureas
 Patients with comorbid conditions that present additional risk factors
 Old age with ill health
 Drugs that may affect mentation

C-Moderate risk

Well-controlled patients treated with short-acting insulin secretagogues such as repaglinide
 orateglinide

D-Low risk

Well-controlled diabetes treated with lifestyle therapy, metformin, acarbose, thiazolidinediones, and/or incretin-based therapies in otherwise healthy patients.

References

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Table. Updated Risk Stratifications in Diabetes (2010)⁵

A-Very high risk

Severe hypoglycaemia within the last 3 months prior to Ramadan
 Patient with a history of recurrent hypoglycaemia
 Patients with hypoglycaemia unawareness
 Patients with sustained poor glycaemic control
 Ketoacidosis within the last 3 months prior to Ramadan
 Type 1 diabetes
 Acute illness
 Hyperosmolar hyperglycaemic coma within the previous 3 months
 Patients who perform intense physical labour
 Pregnancy
 Patients on chronic dialysis

B-High risk

Patients with moderate hyperglycaemia (average blood glucose between 150 and 300 mg/dl, A1C 7.5-9.0%)
 Patients with renal insufficiency
