



# Considerations in managing diabetes therapies during Ramadan

All patients with diabetes wishing to fast during Ramadan should receive proper counselling 1-2 months before the onset of Ramadan. Assessment should include a full annual review, detection of complications along with measurements of HbA1c, blood pressure and lipids, as well as specific advice including potential risks of fasting.

Before Ramadan	During Ramadan
<b>Diet controlled</b>	No change needed. Health lifestyle advice reiterated. Adequate fluid intake should be ensured in order to prevent the risk of thrombotic events.
<b>Biguanides:</b> Metformin 500 TDS	Take one-third of dose at dawn (sunrise-Sehr), and two-thirds at dusk (sunset-Iftar).
Metformin SR 1000mg OD	Metformin 1000mg (sunset-Iftar).
<b>Thiazolidinediones:</b>	No change.
<b>Sulphonylureas:</b> Gliclazide 80mg BD	Gliclazide 80mg (sunset-Iftar), 40mg (sunrise-Sehr).
Glimepiride 4mg OD	Glimepiride 4mg (sunset-Iftar).
<b>Prandial regulators:</b> Repaglinide 4mg BD	No change (taken with Iftar and Sehr).
<b>DPP-IV inhibitors:</b>	No change, if taken with SU, dose of SU will need reducing.
<b>GLP 1 Analogues:</b> Exenatide 10mcg BD	No change (may need dose reduction if severe nausea, or if used in combination with SU).
Liraglutide 1.2mg OD	
Other GLP 1 Analogues	Please speak with your healthcare professional for guidance on taking this medicine during Ramadan.
<b>Insulins:</b> Long-acting analogues Insulin glargine and Insulin detemir	Reduce dose by 20%. Administer with Iftar.
<b>Pre Mixed Insulin:</b>	The morning insulin dose should be taken at dusk (Iftar) and half of the evening dose should be taken at dawn (Sehr).
<b>Rapid-acting insulins</b>	Omit afternoon dose. Twice daily with Iftar and Sehr meals.
<b>SGLT2 inhibitors</b>	Please speak with your healthcare professional for guidance on taking this medicine during Ramadan.

These are general guidelines for changes in diabetes regime before and during Ramadan. These are not extensive and any changes should be made following consultation with the clinician and the patient and should be tailored to the needs of the individual patient. This has been fully sponsored by Boehringer Ingelheim Lilly diabetes alliance and has been adapted from Karamat MA et al (2010) Review of diabetes management and guidelines during Ramadan. J R Soc Med 103: 139-47.

**OD** = once daily   **BD** = twice daily   **TDS** = three times daily