

Ramadan and Diabetes Prof Rayaz Malik

American Diabetes Association recommendations for management of diabetes during Ramadan

BMJ 26 6 10 Management of patients wanting to fast during Ramadan

High Risk of Hypo

DM1

H/o severe or frequent hypos or hypo unawareness

Ketosis/HONK

Dialysis

Pregnant

Acute illness

Heavy labourer

Old living alone on Insulin or SU

CVD [danger of fatal arrhythmia if hypo]

Low Risk

On Repaglinide [some risk]

Diet only MF only Acarbose Incretins Pioglitazone

Those on Insulin or SU must have meters. Stop fast if BM<3.9 or >16 or acute illness

MF shift dose 1/3 am 2/3 pm

SU shift dose half of am dose to pm

Insulin Basal take in PM less 20%

BD Premix switch larger dose to pm and reduce the [new] am dose by 30%

Basal Bolus Reduce basal by 20% omit the middle of day bolus as no food

Do sugars. Analogue Insulins best [short acting component wears off does not go on through the fast. Also possibility of increasing the short acting component of sugars high in late evening]