

Fasting during Ramadan – advice for patients

2nd April – 1st May 2022

- The British Islamic Medical Association (BIMA) has consulted a wide range of Islamic scholars, where the majority have stated that:
 - Taking a COVID-19 lateral flow test, or PCR test does not invalidate the fast
 - Receiving the COVID-19 vaccination intramuscularly does not invalidate the fast

Clinical condition	Considerations to take
Medication regimes	Some drugs may be required to be taken multiple times a day – these need to be discussed with the patient's GP/consultant, before Ramadan so any adjustments can be made appropriately
Diabetes	<p>Those with medical conditions, such as diabetes, are exempt from fasting; however some individuals may make a personal decision to fast regardless of this exemption. These patients should consult their GP or diabetes clinic for advice before the start of Ramadan, especially if the patient is using insulin, because their insulin dose and timings may need to be adjusted accordingly. For those patients unable to fast and concerned about fulfilling their duties, the local Imam can provide guidance in this area.</p> <p>Prolonged fasts (greater than eight hours) can increase the risk of dehydration and hypoglycaemia, which can lead to illness.</p>

- To minimise the extent/effects of dehydration – drink plenty of water between dusk and dawn; when breaking the fast, avoid drinks containing caffeine and sugar
- To prevent/minimise hypoglycaemia – meals should be eaten closer to dawn and not at midnight
- Always carry/have nearby diabetes identification and glucose treatment
- Ensure they have access to emergency contact numbers for their diabetes team
- Food at dawn should include slow energy-releasing carbohydrates, for example, basmati rice, beans, fruits and vegetables, oat-based cereals, lentils and pulses, and pitta bread
- Food at dusk should include starchy foods – overeating should be avoided and patients should be advised to avoid eating large amounts of fried food or food with high levels of fat and sugar
- Test blood glucose levels regularly – this will not break a person's fast:
 - o If blood glucose is below 4.0mmol/l, end fast and treat with glucose
 - o If blood glucose at dawn is below 4.0mmol/l whilst on insulin or any other medicines that can cause hypoglycaemia – do not fast and treat with glucose
 - o If blood glucose is over 16.7mmol/l – end fast immediately

	<p>Guidance for patients is available in English and other languages (Arabic, Bengali and Urdu) from the Diabetes UK website.</p>
Cardiovascular disease	<p>Although some patient with cardiovascular disease decide to fast, there are some who may be considered at high risk and it is advised they should not fast – the risk should be discussed with the patient’s GP/consultant.</p> <p>If you are deciding to fast:</p> <ul style="list-style-type: none">· Ensure a home blood pressure monitoring system is available at home· Some drugs may require frequent dosing, or require to be taken with food – this should be discussed with the patient’s GP/consultant for any adjustments; however, not all drugs/brands can be switched, for example, different brands of modified-release preparations of diltiazem strength greater than 60mg do not have the same clinical effects· The patient should check with their GP on the current process on diagnostic testing as these may be reduced during the COVID-19 pandemic
Respiratory disease	<p>Although fasting will have little impact to a patient with respiratory disease, such as asthma, during the COVID-19 pandemic, the following advice can be given:</p>

	<ul style="list-style-type: none">· Ensure inhalers, nebulisers and rescue packs, as required are at hand· Using inhalers does not break a person's fast; however, please note there is a greater difference in opinion amongst Islamic scholars on this, therefore, patients should be advised to consult with their local imam
Adrenal disease	Try to avoid prolonged sun exposure which can lead to water and salt losses.

Source: the NPA