

EDITORIAL

Pre-Ramadan Education: A Necessary Tool for People with Diabetes to Fast Safely

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Fasting in the month of Ramadan is one of Islam's five pillars. Fasting during this holy month is mandatory for all healthy adult Muslims.

There are 148 million Muslims with diabetes, around the globe and a significant number of them fast during Ramadan.¹

Some of the health experts do not consider fasting to be safe in people with diabetes. While others, based on their own experience supported by the accumulating scientific evidence, contradict this and consider fasting to be safe for people with diabetes, provided they are furnish Pre-Ramadan education and given an individualized treatment plan.²

Nevertheless, among people with diabetes there are certain groups which are at higher risk of developing certain complications during fasting and must be identified before Ramadan.

The IDF and the Diabetes and Ramadan (DAR) International Alliance have jointly provide a comprehensive guidance on "fasting in people with diabetes". This guideline gives practitioners an appropriate background and the practical advice so that they can help people with diabetes to fast safely during Ramadan while minimizing the risk of complications.

It is worth noting that the IDF-DAR Guidelines are of value only if they are followed simultaneously, both by the patients and the healthcare providers.

It has been shown that with patient education, adjustment of the drug dosage and active glucose monitoring, people with diabetes even having poor glycemic control can fast safely with minimal complications.³

The potential complications that may occur while fasting are hypoglycemia, hyperglycemia,

dehydration and thrombosis. Hypoglycemia during Ramadan in people with diabetes is usually due to mismatching of drugs dosage and meal intake. Hyperglycemia is usually due to dietary irregularities especially at iftar.

Studies have reported that awareness in people with diabetes regarding Ramadan fasting at primary care level is not at par with that at tertiary care level.⁴ This may be due to the primary care clinics being very busy especially in the period before Ramadan but it may also partly be due to lack of awareness at physician levels.

People with diabetes who have been educated in Pre-Ramadan period have shown to be comparatively more following the advice of their healthcare provider as compare to those who have not been educated.

Structured education encompasses, the risk assessment, adjustment in dosage and timing of medication, active glucose monitoring, dietary modifications encouraging ample fluid intake, the degree of physical activity, knowledge about the symptoms of hypoglycemia and hyperglycemia and awareness about glucose levels at which the fasting must be discontinued. Furthermore, the misconceptions about taking injections and other forms of pricking while fasting need to be cleared off.⁵

Studies have shown that higher rate of complications is associated with lack of comprehensive Pre-Ramdan education.^{6, 7} Moreover, there is strong evidence that structured education during Pre-Ramadan visit helps to prevent the complications.

Literature supports the evidence that any mode of education such as one to one, sessions, group session, or by means of providing education

material, is significantly better than providing no education.

Conclusively, fasting during month of Ramadan is extremely desirous for Muslim people with diabetes. Leading their patients to safe fasting is the responsibility of every practicing physician. This purpose can be best achieved by arranging a pre- Ramadan visit comprising of a checkup and risk evaluation as well as structured education about safe fasting.

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