Document Control

Guidelines: Fasting Safely During Ramadan

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To be read in conjunction with the following documents:

Current and relevant Summary of Product Characteristics (SPC) monograph of drugs included in document. Available at:

(http://www.medicines.org.uk)

Current and relevant BNF monograph.

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Version:		**Details of Significant Change**
1.0 Final	24.04.2020	Original document produced by Yasmine Korimbux
1.1 Final	23.03.2021	•Updates to GOV.uk advice on COVID-19 and staying at home •Information and links to guidance on fasting and the COVID-19 vaccine. •Updated advice from the British Islamic Medical Association (BIMA) •Inclusion of Cambridge Diabetes Education (CDEP) programme

Fasting Safely During Ramadan

Introduction

Ramadan is one of the most holy months in the Muslim calendar. During this period Muslims will fast for 30 days during daylight hours and increase in spiritual devotional acts such as prayer, giving to charity and strengthening family ties. Ramadan is due to start on the 12th or 13th April 2021.

Ramadan During COVID-19

This Ramadan will be a different experience for the Muslim community due to the on-going COVID-19 pandemic and it is important people stay healthy and fast safely.

Adherence to the Government guidelines on social distancing, isolation and shielding should be followed.

GOV UK - National lockdown: Stay at Home : https://www.gov.uk/guidance/national-lockdown-stay-at-home
GOV UK - COVID-19: guidance on shielding and protecting people defined on medical grounds as extremely vulnerable click here

The British Islamic Medical Association (BIMA) has information on Ramadan and safety of fasting here: https://britishima.org/saferamadan/

Patients with suspected COVID-19 like symptoms should be advised to follow Government advice and contact the NHS via 111 and further information can be found here.

In light of the COVID-19 pandemic, episodes of any illness should be taken seriously and may require breaking of the fast. In this instance particularly prolonged fever, it is important to remain hydrated. Medical attention should be sought where appropriate and advised to contact their GP or 111.

If a household member has COVID-19 or develops symptoms whilst fasting, they should break the fast immediately and contact their GP or use the 111 online service.

Following a COVID-19 illness patients should only restart fasting when they have fully recovered and after consultation with an appropriate clinician.

Exemptions from fasting

Fasting is not considered compulsory for certain groups:

- people who are acutely unwell or have a long-term condition (physical or mental)
- very frail
- women who are pregnant or breastfeeding or menstruating
- travellers

The British Islamic Medical Association (BIMA) are advising people to consider the concession whereby those who are more at risk if they contract COVID-19 are excused from fasting at this time, and that missed fasts can be made up at a later date in the year.

The British Islamic Medical Association (BIMA) has also undertaken a series of rapid evidence reviews to explore the effect of observing the fast of Ramadan with common health conditions, and provide recommendations for health professionals. Patients with pre-existing conditions who intend to fast should be risk stratified giving consideration to age, frailty, previous experiences of fasting and the number of medical conditions. See here.

Fasting safely during Ramadan

If you are healthy with no pre-existing conditions, there is no evidence to suggest fasting is harmful to your health provided you are adequately hydrated in non-fasting hours.

Considerations:

1) Avoiding dehydration

- During the longer, warmer days can bring an increased risk of dehydration
- Dehydration can particularly affect people with existing medical problems such as diabetes, high blood pressure, heart disease / lung disease, pregnant or elderly.
- Avoid long periods of time in the sun
- Drink plenty of plain water during non-fasting hours
- Reduce caffeinated drinks including tea, coffee and sweet / fizzy drinks
- Eating balanced diet and slow release energy foods at the start of the fast to help maintain energy levels. Have appropriate portion sizes. Reduce carbohydrate content of consumed foods and use healthier cooking methods (e.g. baking rather than frying).

2) Regular physical activity and light exercise during non-fasting hours where possible

3) Taking medicines

- It is really important patients continue to take their medicines even when fasting.
- Some medicines may need changes but should be discussed with their GP or specialist prior to fasting.
- Do not stop taking medications
- Often it is possible to make temporary changes to enable fasting safely.
- If you experience any problems taking any medicines and fasting please consult with your GP.

4) Covid vaccination and fasting

Questions have been raised about whether taking the coronavirus vaccine, potential side effects of feeling unwell after being vaccinated, or taking daily pain relief medication will invalidate fasting. **BIMA has produced information supporting that having the COVID-19 vaccination does not invalidate the fast.**

BIMA Question and Answer: https://britishima.org/operation-vaccination/hub/statements/#FAST.

Clinical Conditions and Fasting

Clinical condition	Those who should not fast	Those who may consider fasting	Comments / Advice for those who wish to fast
Respiratory	• Those experiencing an acute exacerbation of their chronic lung condition • Severe Asthma/COPD • Poorly controlled lung disease with high risk of exacerbations /hospital admissions • Those receiving immunosuppressants for active lung disease • Those receiving anti-fibrotic therapy	Where condition is controlled e.g. asthma/COPD with inhaler use	- Patients should continue with their regular medication. - Inhalers are considered not to invalidate fasts. Whereas inhalation solutions e.g. Respimat® should be taken during eating periods. - Patients should monitor their symptoms and frequency of reliever medication. - If advised to measure peak flows, continue to do so. - Ensure a current self-management plan is available. - Patients should ensure they have appropriate supplies of necessary medications including rescue packs of antibiotics and steroids, and should be reminded to not share inhalers, spacer devices or nebulisers. - If patients are worried about timings of taking inhalers and fasting this should be discussed with a Health Care Professional (HCP). - Those recovering from an exacerbation should not fast until they have fully recovered and consulted with their HCP. More information here: Asthma UK information can be found: https://www.asthma.org.uk/advice/living-with-asthma/fasting/ Right Breath: https://www.rightbreathe.com/
Cardiovascular	• Moderate - severe heart failure • Pulmonary hypertension • Recent Acute Coronary Syndrome / myocardial	Hypertension, Stable angina, Mild – moderate heart failure, Supraventricular tachycardias/Atrial Fibrillation/Non	- Patients should continue to take all their regular medication. - Hypertension - Monitor with home BP machines if available. - Antiplatelets should be taken after main meal. - Drugs including diuretics may contribute to dehydration/ Acute kidney injury (AKI). Patients should be informed about following sick day rules and may need review with clinician to consider dose changes / alternatives. NICE - AKI use of medicines in people with or at increased risk of AKI https://www.nice.org.uk/advice/ktt17/chapter/Key-points

	infarction (<6 weeks) • Cardiomyopathy • Severe valvular disease • Poorly controlled arrhythmias (as defined by your specialist) • Drugs where timings are critical e.g. ticagrelor	sustained ventricular Tachycardia, Intracardiac devices (pacemaker, ICD), Mild/mild-moderate valvular disease	- Discuss with a HCP where required to ensure medicine timings can be altered to be compatible with fasting times e.g. move from twice daily regime to once daily. - For DOACs: Avoid >12 hours between taking twice a day anticoagulant (due to risk of not achieving 24 hours of anticoagulation) - Seek advice if condition worsens, or develop new symptoms or adverse effects. **ACEI/ARBs/renin angiotensin antagonists in light of Covid** The European Society of Cardiology, The Renal Association (UK), The Heart Failure Society of America, American College of Cardiology and American Heart Association all recommend that patients taking the above medications should not stop taking these medications, unless they are specifically asked to do so by their clinician. **Advice from BHF:** Conditions such as heart failure can worsen if medication is not taken regularly or at increased risk of dehydration, and your symptoms may become more severe. If you experience fluid building up in the ankles, breathlessness and fatigue, it could be a sign you need to return to your normal medication routine. Therefore it may not be appropriate to continue fasting. BHF – fasting during Ramadan: Click here
Chronic Kidney Disease	• Acutely unwell patients • CKD patients in stage 4-5 with eGFR<30 ml/min • Patients on haemodialysis / peritoneal dialysis • Polycystic kidney disease • Patients requiring immunosuppressi	Patients with stable disease	- Patients should continue taking their medicines as prescribed - Patients should maintain their normal diet and fluid intake - Should seek advice if condition worsens, or develop new symptoms or adverse effects.

	on (e.g. renal transplant) • CKD stage 3-5 patients with other co-morbidities or at risk of dehydration • Nephrotic syndrome • Patients whose treatment regimens are not stable and need for regular monitoring		
Diabetes	• Type 1 diabetes • Type 2 diabetes with sustained poor control within last 12months • Type 2 diabetes with renal or cardiovascular co-morbidities • Type 2 diabetes on insulin • Having started SGLT2 within 4 weeks of Ramadan	Well controlled type 2 diabetes	Regular blood glucose monitoring during Ramadan is advised especially if on sulfonylureas or insulin. - Patients are recommended to break their fast if their blood glucose is <5mmol/l or >16.7mmol/l at any time during the fast. All patients should follow the recommended sick day rules. https://www.england.nhs.uk/london/london-clinical-networks/our-networks/diabetes/diabetes-COVID-19-key-information/ Patients taking some medications e.g. sulfonylureas (SUs) may need to make adjustments to dose and/or timings e.g. three daily dosing to twice daily. Converting sulfonylureas to shorter acting options e.g. Repaglinide may be a preferable during fasting to reduce risk of hypoglycaemia. Insulins require a reduction in dose (e.g. short acting/pre-mixed by 25-50%) and or change to timings. Information can be found in the attached BMJ Ramadan Fasting document below.

	• Acute hyperglycaemic complications • History of significant or recurrent hypogly caemia episodes • Hypoglycaemia unawareness, • Advanced macrovascular diabetic complications • Chronic dialysis and CKD (eGFR <45%) • Renal transplant • Pregnancy in pre-existing diabetes or GDM • Acute illness • Treatment with drugs that can affect cognitive function		 BMJ Ramadan Fasting.pdf **<u>Information from Prof. Tahseen Chowdhury – Royal London Hospital</u>** Patients with diabetes and significant health complications should not fast. **Medicines that require no dose change:** • Metformin – if on BD dosing no need to change to OD preparation. If TDS dosing patients should miss out lunchtime dose. • DDP4 inhibitors (Gliptins) • GLP1 • SGLT2 - Don't start within one month of or during Ramadan. If stable on it, do not stop it. Warn patients of signs of euglycaemic ketoacidosis (abdominal pain, nausea or vomiting) to seek medical advice. **Medicines that require dose change:** • Sulfonylureas & Meglitinides - Half usual morning dose and take at start of fast. Take full usual dose when ending the fast. • Insulins: BD insulin – Half usual morning dose and take at start of fast. Take full usual dose when ending the fast. No need to change to OD insulin. OD insulin – take when ending the fast instead of bedtime Patients should have sufficient insulin/oral hypoglycaemic medicines, glucose monitoring (blood glucose strips or continuous glucose monitoring sensors) during this period. Have emergency contact numbers of their specialist diabetes teams for advice. - Patients should take their medicines as prescribed. - Patients should maintain their normal diet and fluid intake during times of eating. - Patients should be advised of having low GI foods.

			- Should seek advice if condition worsens or develop new symptoms or adverse effects. - Patients should be assessed and receive appropriate education and instructions related to physical activity, meal planning, glucose monitoring, and dosage and timing of medications where appropriate. Information for patients: Diabetes UK – Managing your diabetes in Ramadan. Click here. The Muslim Council of Great Britain has also produced some useful guidance on fasting whilst also living with diabetes. Download here. Cambridge Diabetes Education Programme (CDEP): https://www.cdep.org.uk/ Watch the IDF Diabetes and Ramadan animation: Know your risk before fasting here <https://cdep.us11.list-manage.com/track/click?u=55366204aa4def81bc0781d13&id=3c04559e9d&e=33dbddc910> Information for HCP: Diabetes Ramadan Alliance (DAR) – Practical guidelines. Click here. https://idf.org/our-activities/education/diabetes-and-ramadan/healthcare-professionals.html International Diabetes Forum – diabetes and Ramadan. Click here. Sign in to CDEP <https://cdep.us11.list-manage.com/track/click?u=55366204aa4def81bc0781d13&id=a85cb51ff5&e=33dbddc910> CDEP's 20-minute Diabetes and Ramadan topic supports healthcare staff: - identify the risk category for people with diabetes who wish to fast during Ramadan and - empower them to do so safely through appropriate education and advice. <https://cdep.us11.list-manage.com/track/click?u=55366204aa4def81bc0781d13&id=c9d539a6ff&e=33dbddc910>
Gastro Intestinal	• Patients with established cirrhosis • Patients who are < 6months post liver transplant	Patients with stable: -chronic liver disease without cirrhosis -inflammatory bowel disease	Patients should continue taking their medicines as prescribed. Patients should maintain their normal diet and fluid intake and be aware of signs of dehydration. Should seek advice if condition worsens, or develop new symptoms or adverse effects. **IBD – Advice from Gastroenterology Consultants at Barts Hospital**

	• Patients with symptomatic active inflammatory bowel disease. • Patients with significant acute or chronic diarrhoea / high output ileostomy • Patients on prednisolone at doses > 20mg per day	- peptic ulcer disease, reflux oesophagitis and irritable bowel syndrome	Most IBD medications can be taken either as an OD or BD preparation and therefore can be taken as normal during the month. Some 5-ASA medications are still prescribed as TDS or even QDS, but these can safely be converted to OD: there is good evidence that once daily dosing of 5ASAs is just as effective as more frequent doses in IBD. Colazide (balsalazide) is an exception and could be switched to BD. IBD Helpline number: 02035943700 Muslim Chaplaincy Service: 02035942070
Neurological disease	• Any condition predisposing to respiratory complications e.g. bulbar weakness, neuromuscular disorders • Myasthenia Gravis on regular pyridostigmine • MND • Poorly controlled epilepsy, on multiple antiepileptic medications,	History of cerebrovascular disease or MS (low level disability) Well controlled epilepsy with medication regime compatible with length of fast Myasthenia gravis not requiring pyridostigmine or Purely ocular Migraine	- The long fasts may not be compatible with medication regimens involving more than one daily dosing. - Patients are at risk of dehydration e.g. Anticholinergic drugs and changes to sleeping patterns. See ABN guidance for management of immunosuppression during the COVID-19 pandemic https://www.theabn.org/news/492925/ABN-guidance-on-COVID19-and-MS-therapies.htm

	history of status epilepticus, regime incompatible with fasting • Parkinson's disease requiring regular levo-dopa • Neurodegenerative disorders with cognitive impairment		
Rheumatology	• Active SLE with renal involvement • Active vasculitis with renal involvement • Low eGFR secondary to connective tissue diseases/vasculitis • Scleroderma leading to pulmonary • Hypertension • Uncontrolled Gout • Higher dose of steroids >20mg/day	Rheumatological conditions in remission e.g. rheumatoid arthritis, polymyalgia rheumatica, connective tissue diseases and vasculitis. Osteoarthritis, Osteoporosis, Sjogren's syndrome, Controlled gout	Patients should continue taking their medicines as prescribed. - Patients should maintain their normal diet and fluid intake - Should seek advice if condition worsens, or develop new symptoms or adverse effects. RA - As the dosing interval might get longer while fasting, and aggravate pain, especially in the patients taking anti-inflammatory medications (steroidal and non-steroidal), modified release preparations could be considered. Gout - Those with well controlled gout should follow the dietary precautions and adequate rehydration. Patients with acute episode of gout should not be fasting, and should be following dietary advice.

Mental Health	• Anorexia/bulimia nervosa • Substance dependence disorder where stopping regime may cause harm • Medication dosing interval shorter than fasting hours, and necessary to prevent relapse /harm • Poorly controlled SMI disorders • Risk of electrolyte imbalance (e.g. lithium) or medication out of range	Stable / controlled disease with previous history of safe fasting	Patients should continue taking their medicines as prescribed. Dosing regimens may need review in light of long fasts. - Patients should maintain their normal diet and fluid intake - Should seek advice if condition worsens, or develop new symptoms or adverse effects.

References:

WHO. Safe Ramadan practices in the context of the COVID-19 - https://apps.who.int/iris/bitstream/handle/10665/331767/WHO-2019-nCoV-Ramadan-2020.1-eng.pdf

British Islamic Medical Association. Ramadan Initiative https://www.britishima.org/ramadan-initiative/

Muslim Council of Britain. Ramadan Guidance. https://mcb.org.uk/wp-content/uploads/2020/04/MCB-Ramadan-2020-Guidance.pdf

Muslim Council of Britain. Ramadan Health Factsheet. https://mcb.org.uk/wp-content/uploads/2020/04/MCB_Ramadan-Health-Factsheet-2020.pdf

Diabetes Ramadan Alliance (DAR) - https://www.daralliance.org/daralliance/guidelines/