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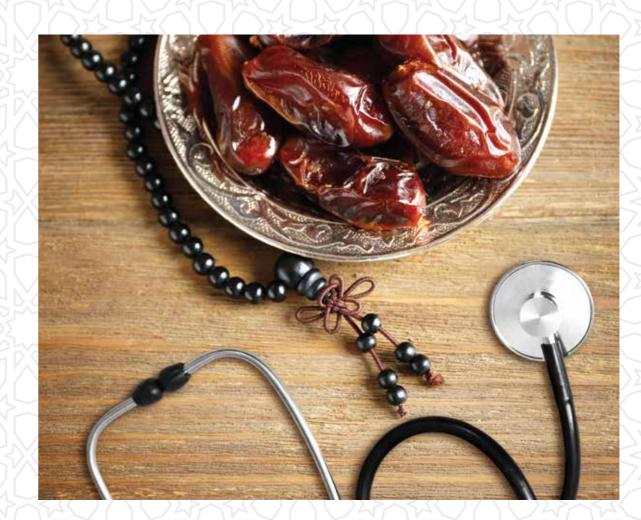
Reference: Diabetes and Ramadan: Practical Guidelines International Diabetes Federation (IDF), in collaboration with the Diabetes and Ramadan (DAR) International Alliance. April 2016. http://www.idf.org/news/idf-dar-diabetes-in-ramadan-guidelines. Last accessed 2 May 2016.





MANAGEMENT OF DIABETES DURING RAMADAN

QUICK REFERENCE GUIDE



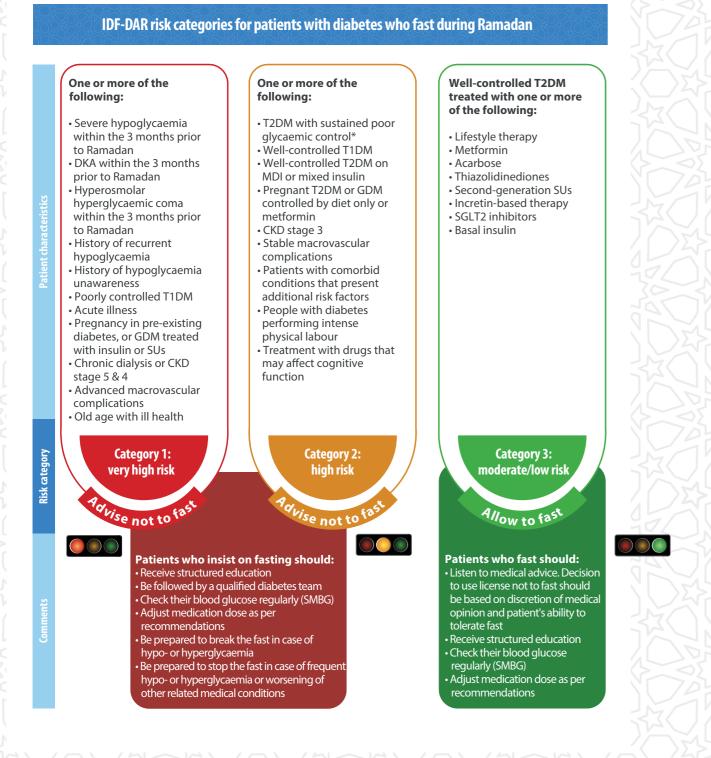
This Quick Reference Guide provides key messages and a summary of the Practical Guide to Diabetes Management in Ramadan. Details of the evidence supporting these recommendations can be found in the Practical Guidelines, available on the following website: http://www.idf.org/news/idf-dar-diabetes-in-ramadan-guidelines



The IDF/DAR Diabetes and Ramadan: Practical Guidelines and patient leaflets have been made possible with the support of Sanofi Diabetes.

Stratification of risks associated with fasting

During Ramadan, the risk of events such as hypoglycaemia and hyperglycaemia is increased due to fasting in patients with diabetes. It is important to quantify and stratify the risk of each patient to provide best possible care.



*The level of glycaemic control is to be agreed upon between doctor and patient according to a multitude of factors DKA: Diabetic ketoacidosis; T1DM: Type 1 diabetes mellitus; GDM:Gestational diabetes mellitus; SUs: Sulfonylureas; CKD: Chronick kidney disease; T2DM: Type 2 diabetes mellitus; MDI: multiple daily insulin; SGLT-2: Sodium-glucose co-transporter 2; SMBG: Self monitoring of blood glucose

Medication adjustment for people with diabetes

Adjustments to the dose, timing or the type of medication are needed to minimize the risk during fasting.

Oral anti-diabetic drugs (OADs)

Metformin

- 1 Time daily dosing: No dose modification. To be taken at iftar (evening meal at sunset)
- 2 Times daily dosing: No dose modification

3 Times daily dosing: Afternoon dose should be combined with dose taken at iftar. Morning dose to be taken before suhoor (pre-dawn meal before fasting begins at sunrise)

Prolonged-release metformin: No dose modification

Acarbose

No dose modifications required

To be taken at iftar

Thiazolidinediones (TZDs)

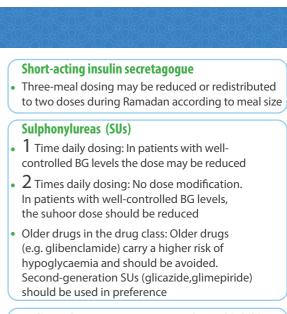
- No dose modification is required
- Doses can be taken with iftar or suhoor

Incretin -based therapies

 Incretin-based therapies are associated with a lower risk of hypoglycaemia and may be preferable for use during Ramadan.

Dipeptidyl peptidase-4 (DPP-4) inhibitors No dose modification

Insulin		
Long/intermediate -acting (basal) insulin Reduce dose by 15–30%. To be taken at iftar	 Short-acting insulin Normal dose at iftar Lunch-time dose to be omitted Suhoor dose to be reduced by 25–50% 	 Premixed insu 1 Time daily: N taken at iftar 2 Times daily: taken at iftar, Su reduced by 25- 3 Times daily: be omitted. Iftar be adjusted. Do carried out even



Sodium-glucose co-transporter-2 (SGLT2) inhibitor

- To be used with caution in some patients
- During Ramadan no dose adjustment is required and it is advised that the dose be taken with iftar

Glucagon-like peptide-1 receptor agonists (GLP-1 RAs)

As long as GLP-1 RAs have been appropriately dose-titrated prior to Ramadan (6 weeks before), no further treatment modifications are required.

ulin

Normal dose to be

- : Normal dose to be Suhoor dose to be -50%
- Afternoon dose dose to r & suhoor doses should ose titration to be ery 3 days

Insulin pump

- Basal rate: Dose to be reduced by 20-40% in the last 3-4 hours of fasting. Dose to be increased by 0-30% early after iftar
- Bolus rate: Normal carbohydrate counting and insulin sensitivity principles apply