bcdiabetes.ca
Patient Care + Research + Clinical Trials

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Ramadan & Diabetes

Tomorrow at 5:08 AM the holy month of Ramadan begins in Vancouver. During this month devout Muslims engage in intense prayer and reflection and fast from dawn to dusk. Fasting means no food AND no fluids. Because we are now close to the summer solstice, the period of fasting for those living in the northern hemisphere (north of 49 degrees, the US-Canada border) is more than 16 hours.

For people with diabetes no food or fluids for 16+ hours can pose challenges, in particular a higher risk of low blood sugar (hypoglycemia) and dehydration.

During Ramadan BCDiabetes recommends that all individuals on diabetes medication including insulin monitor their sugar even more closely than usual - dose adjustments will be necessary. The best way to do that is with a CGM/flash (see http://bit.ly/2JmOFIF) device following these recommendations (see http://bit.ly/2PR1HPT) . If a CGM is unaffordable ask BCDiabetes staff about Fund-a-Need (see http://bit.ly/2vJtisX).

> Sulfonylurea medications such as glyburide, gliclazide and glipizide should be stopped and not used even outside of the Ramadan period because of risk of low sugar. SGLT2 inhibitor (see http://bit.ly/2H7eRFJ, including empagliflozin, canagliflozin and dapagliflozin) doses should be halved.
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> Doses of basal (long-acting) insulins such as glargine, detemir, degludec and NPH should be reduced by at least 30% targeting a fasting blood sugar in the 5.0-7.0 range (see http://bit.ly/2V8TEPx).
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> Rapid insulin doses may need to be increased because meals in Ramadan are typically bigger than otherwise- doses of rapid insulin should be adjusted to keep the 2 hr post meal reading between 6.0 and 10.0 (see http://bit.ly/2H9PTWo).
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> Many patients on basal insulin alone outside of Ramadan should consider starting rapid insulins such as lispro, aspart and glulisine during Ramadan and potentially stopping basal insulin altogether.

There is no need to change the dose of metformin, DPP-4 inhibitors (such as linagliptin, saxagliptin and sitagliptin) and GLP-1 agents (see http://bit.ly/2vJtzMv including semaglutide, liraglutide and dulaglutide).