

# Out of Hours Ramadan:

what it means for general practice

Ramadan is the month of fasting, one of five pillars of Islam, and is ordained for Muslims in the Qur'an.<sup>1</sup> In the Arabic language the word for fasting 'sawm' means abstinence, and this applies to eating, drinking, sexual relations, and all immoral vices from dawn to sunset.

Islam exempts the duty of fasting for pregnant or nursing women where there is reason to fear harm to the mother or child, prepubescent children, older people, those with a mental illness, the sick, and those with chronic illness if there is medical concern that harm may occur. Despite this flexibility, many patients still choose to fast.<sup>2</sup> This year, Ramadan begins at the end of June, with daily fasts exceeding 18 hours in length. It is therefore helpful for GPs to know how to counsel individuals when making such decisions.

## THE BENEFITS OF FASTING

Fasting has many spiritual benefits. It allows deep introspection and an increased awareness of one's relationship with God and others around them, a greater appreciation of blessings, and encourages compassion, care, and charity. There are several physical benefits too; fasting reduces low-density lipoprotein and cholesterol levels, and improves weight and glycaemic control.<sup>3</sup> It could also regenerate the entire immune system by 'flipping a regenerative switch' according to a new study.<sup>4</sup> Smoking is prohibited, so Ramadan is an opportunity to promote smoking cessation.

## IMPLICATIONS FOR GENERAL PRACTICE

As clinicians, we need to first establish whether the patient's health may be significantly affected by fasting. Advising patients on diet, medications, physical activity, and early warning signs that require one to annul their fast is important. Empowering patients provides them with the confidence to optimise their fasting and shared decision-making is vital when disagreement may arise. Practices may consider training a staff member as a 'fasting advisor', who can receive guidance from local religious leaders and experienced clinicians to confidently manage the fasting patient.

## FASTING AND DIET

The faster eats pre-dawn and sunset meals, which allows for hydration and replenishes energy stores. A balanced diet,

as well as healthy cooking methods, should be encouraged. There is little harm with intermittent dehydration experienced in Ramadan and substantial fluid intake outside fasting prevents common problems such as headache, constipation, and lethargy.<sup>5</sup>

## FASTING AND DIABETES

A challenge for clinicians is assessing the safety of fasting for patients with diabetes. Associated risks include hypoglycaemia, hyperglycaemia, and dehydration. Patients with hypoglycaemic unawareness, recent ketoacidosis, or hyperglycaemic states, poor glycaemic control, gestational diabetes, and advanced macrovascular complications are high-risk and should be advised not to fast.<sup>6,7</sup>

Patients with non-insulin dependent diabetes on medication may have their dosages and timings reviewed. Insulin-dependent diabetics on basal-bolus regimes are discouraged from fasting. If they still wish to fast, reducing their background insulin by 20% and altering the midday insulin can reduce complications.<sup>6</sup> Blood glucose monitoring does not break one's fast and should be recommended.

Pre-Ramadan diabetes assessments in primary care have been suggested, however, with current capacity and funding concerns, this may prove difficult to achieve.<sup>7</sup>

## FASTING AND MEDICATION

Oral medications invalidate one's fast and when possible they can be taken around the fasting time, with longer-acting forms considered. Injections, intravenous treatment, eye drops, ear drops, and blood tests do not invalidate the fast. However, due to differences in Islamic jurisprudence on whether medications in inhaled or spray forms invalidate the fast, advise patients to seek reliable religious counsel alongside medical opinion. Patients with poorly-controlled lung disease should be made aware that medication compliance is of paramount importance and should not be compromised by their decision to fast.

## FASTING AND THE WORKFORCE

A significant proportion of clinicians working and training in general practice observe Ramadan. It is important for all the team to be aware of this and ensure the working environment allows for maintained productivity and standard of patient care and interaction. In particular, staff should be

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encouraged to take their allocated breaks, something often overlooked. The advice on diet, hydration, and the safety of fasting is as much applicable to staff as to patients and the fasting clinician should take precautions so their practice is never compromised.

Ramadan is a month held important by the Muslim population and acknowledging this, valuing diversity, understanding patients' concerns, and striving to provide support regardless of an individual's decision, will further improve care in general practice. We should embrace this unique challenge.

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