Letters

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Ramadan and women's health

Ramadan is a widely observed practice of Muslim communities across the world. In April 2022, millions of people will undergo a month of radical change, withholding from all food and drink during daylight hours and giving more in charity and reflection. Ramadan can be challenging to those with chronic health conditions. Islamic law places an emphasis on the preservation of life: those who are likely to come to harm through fasting are religiously exempt.

Nonetheless, the desire to fast is strong for many, not least due to the strong communal experience that Ramadan brings; patients often persist despite medical advice to the contrary.[1] Appointments and work schedules are rearranged outside the month to maximise the Ramadan experience, including women who are due for their smear tests and mammograms.

Muslim women have a mandatory religious exemption from fasting during the menstruation or lochial phase. Women who are pregnant/breastfeeding may not fast if they fear harm to them or their child. The change in routine during Ramadan may cause erratic menstrual cycles, particularly with longer fasts and significantly altered sleep/food intake. Some women may wish to control their periods with medication to allow for more (predictable) days of fasting in Ramadan. Pregnant and breastfeeding women may also wish to fast if they feel able to and should be supported where it is safe to do so through practical guidance that is published around this and for chronic diseases.[1,2]

Fasting for consecutive days in Ramadan is not the only option that Muslim patients may take. Alternate-day fasting or fasting for a portion of the month is also possible, with options to make up fasting straight after Ramadan or in the winter months where shorter days and cooler weather help those who may find it intolerable otherwise.[3]

Patient-centred shared decision making is the hallmark of general practice and empowering patients is the key to productive clinician–patient relationships.[1] Muslim women have one of the poorest patient satisfaction experiences and outcomes, especially around maternal health.[4] Through greater awareness of issues such as Ramadan, we can redress the lack of equity and move to improve these health inequalities.

Salman Waqar,

Academic Clinical Fellow, Nuffield Department of Primary Care Health Sciences, University of Oxford, Oxford.

Email: salman.waqar@phc.ox.ac.uk

Nazim Ghouri,

Honorary Clinical Senior Lecturer, Institute of Cardiovascular and Medical Sciences, University of Glasgow, Glasgow; Queen Elizabeth University Hospital, Glasgow.

Sahira Dar,

GP, NHS Greater Glasgow and Clyde, Primary Care Division, Glasgow.

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Locums and antibiotic prescribing

Borek *et al*'s quantitative study of locum GPs' prescribing of antibiotics compared with other prescribers in general practice, published over 6 years after the events studied, is seriously flawed both in the design of the study and in the authors' interpretation of the outcome.[1]

The retrospective study design is flawed because there can be no randomisation of patients to either locum or non-locum consultation. The implied premise is that patients who attend locums and emerge with a particular diagnosis are exactly comparable with those attending others with the same diagnosis, and that the proportion of patients for whom antibiotics are appropriate is the same for both groups.

Patients often exercise choice in their booking of appointments. Many elect for continuity and seek an appointment with their regular doctor. Those whose symptoms are most severe may settle for an appointment with whoever is available soonest, which may be more likely to be a locum. It is therefore inappropriate to assume that the severity of the illness, the patients' level of risk, the exact nature of the illness in patients with the same diagnostic label, or its likelihood of responding to an antibiotic is equivalent in both groups.

The authors then go on to muddle statistical significance with clinical significance. I believe that the same prescriber (me, for instance) with similar patients actually prescribes in a statistically different way on a Monday morning and a Friday evening for patients with the same diagnostic label … and probably differently again the next Monday. A 4% difference is no difference at all in the context of complex human behaviours of this kind. The conclusion should surely be that 6–7 years ago GPs, prescribing nurses, and locum GPs all prescribed antibiotics similarly.

Arnold G Zermansky,

Returnee GP and Visiting Senior Research Fellow, University of Leeds, Leeds.

Email: a.g.zermansky@leeds.ac.uk

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Author response

We thank Dr Zermansky for their engagement with our paper. The qualitative