Health Provider Guidance for Ramadan

February 28 - March 29 2025

- **Ramadan is a fasting period of 29-30 days, some Muslims fast from dawn to sunset**
- **This means abstaining from all food, drink and oral medications during this fasting period**
- **Eating, drinking, and medications may be taken between sunset and dawn.**
- **ASK your patients about their fasting plan**

Talk to your patients & make a plan

TIMING ADJUSTMENTS- Medications need to be rescheduled to fit into non-fasting hours

- **1x Daily Meds:** Typically taken at sunset or pre-dawn
- **2x Daily Meds:** One dose at **iftar** (meal at sunset) second dose at **suhoor** (pre-dawn meal)
- **3x Daily Meds:** These regimins may be require switching to long-acting formulations or alternatives

CONDITIONS REQUIRING CAREFUL ADJUSTMENT

- **Diabetes:**
  - Risk of hypoglycemia during fasting hours, and hyperglycemia after evening meal
  - Shift to long-acting insulin or reduce doses to prevent nocturnal hypoglycemia
  - Continuous glucose monitoring is recommended
- **Hypertension:**
  - Adjust antihypertensive medication to ensure 24-blood pressure control
  - Diuretics should generally be avoided during fasting hours to prevent dehydration
- **Gastrointestinal Disorders**
  - Acid reducing medications (PPI's, H2 blockers) can be taken before suhoor (pre-dawn meal) or at iftar (sunset meal) to prevent heartburn
- **Epilepsy:**
  - Switch to long-lasting antiepileptic drugs to maintain steady levels during fasting hours
- **Other Chronic Illnesses:** Asthma, kidney disease, gastrointestinal, and anti-psychotics may require individualized plans

Encourage patients with chronic conditions to schedule a medical review before Ramadan

Advise against high-fat, high sugar meals at iftar (sunset) & suhoor (pe-dawn)

Encourage hydration during non-fasting hours to help with medication absorption and efficacy

You can find more resources at Ethnomed.org

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Managing Diabetes During Ramadan

Topics for Providers to Address with Patients

It is important to prioritize both safety and cultural sensitivity in treatment plans for managing Type 2 Diabetes during Ramadan. There are several dimensions of quality of life to address during these conversations with patients, including the following:

EMOTIONAL

If the patient is unable to fast safely, does this bring up feelings of grief or anger? What forms of support does the patient have? Has the patient considered fidya?

FIDYA is giving a charitable donation if an individual is unable to fast

SOCIAL

How will others in the patient's home and community respond if the patient is unable to participate in some or all fasting activities? Does the patient need any support with communicating with loved ones about their healthcare needs?

COGNITIVE

Is the patient able to recognize and overcome "all or nothing" thinking? For example, if the patient plans to eat more calorie dense foods than usual for Suhoor or Iftar, do they have a plan for maintaining moderation?

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