

Can Type 1 Diabetes Patients Safely Fast during Ramadan?

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The issue whether people with Type 1 Diabetes can safely fast during Ramadan has been the subject of quite a few debates over the years.

Had it been a simple "yes" or "no" issue, there would have been no reason to debate. However, like a lot of other topics in medical management, this particular subject overlaps both the science and the art of medicine.

Religious beliefs, as we all know, evoke a strong response from the followers of any particular religion. Fasting during Ramadan is a key pillar of Islam and is not something is taken lightly by Muslims. Although the Holy Quran clearly specifies the exemptions from fasting such as an illness (1), most Muslims still have a strong desire to fast, if at all possible. In reality, quite a few individuals with type 1 diabetes do fast as we do see in our clinical practice (2).

As the onset of Type 1 Diabetes is generally at a young age in most instances, the youth in particular are under peer pressure as well. Therefore as healthcare professionals, we have to empathize with this desire.

The recent guidelines jointly published by the International Diabetes Federation and the Diabetes and Ramadan Alliance (3) have not categorically recommended that people with type 1 diabetes should not fast at all. As expected, they have put them in the "high risk" category.

In line with the key principle of individualizing the management plan for any person with diabetes, the decision whether to fast or not in someone with Type 1 diabetes also needs to be individualized.

Without any doubt, major "red flags" such as hypoglycemic unawareness or a recent episode of diabetic ketoacidosis should be treated as reasons not to recommend fasting in these individuals (4).

The decision to proceed with fasting needs to be made after a careful and thorough evaluation. The healthcare provider should then focus on extensive diabetes education and provide a strong clinical support team. Concurrently, responsible patient behavior in terms of the proper diet, adherence to the recommended therapeutic regime, frequent blood glucose monitoring and close contact with the support team should yield the desired outcome.

References

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