

Understanding Patients View

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How to Minimize
Fasting Risk

To Fast or Not to Fast
The Dilemma

Patients Perspectives on Ramadan Fasting
Review of the Literature

Recommendation of Management
Way Forward

How to Minimize Fasting Risk: Understanding Patients View

Agenda

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Agenda 1

To Fast or Not to Fast

The Dilemma



Contents available at ScienceDirect

Diabetes Research
and Clinical PracticeHomepage: www.elsevier.com/locate/diabres

What Do We Have So Far?

Review articles regarding guidelines, management, and strategies for diabetes control during Ramadan fasting^{1, 2, 3, 4, 5}

- IDF-DAR Practical Guidelines for the management of diabetes during Ramadan⁶



IDF-DAR Practical Guidelines

- Practical information and skills to deliver medical care and support for patients with diabetes during Ramadan fasting.

To Fast or Not to Fast: The Dilemma



Ramadan: Prac

n^{a,*}, Monira A'n Bebakar^d,dul Basitⁱn^m, Me'i^b, C

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¹Raveendran et al. Diabetes control during Ramadan fasting. Cleve Clin J Med. 2017; 84: 352–356. ²Badshah et al. Management of diabetes in Ramadan. J Ayub Med Coll Abbottabad. 2018; 30: 596–602.

³Ali et al. Guidelines for managing diabetes in Ramadan. Diabet Med. 2016; 33: 1315–1329. ⁴Lee et al. Strategies to make Ramadan fasting safer in type 2 diabetics: a systematic review and network meta-analysis of randomized controlled trials and observational studies. Medicine (Baltimore). 2016; 95: 1–8. ⁵Zaina et al. [Diabetes and Ramadan fasting—update 2019]. Harefuah. 2019; 158: 276–281.

- Extensive literature on diabetes during Ramadan to ensure patients could fast in a safer manner.^{1, 2, 3, 4, 5, 6, 7}
 - Epidemiology and physiology of Ramadan fasting
 - Risk stratification
 - Structured education programs
 - Modification of medications
 - Types and application of anti-diabetic agents
 - Methods of managing blood glucose level
 - Lifestyle adjustment

Subjective feelings of patients with diabetes on Ramadan fasting?

⁶Hassanein et al. Diabetes and Ramadan: practical guidelines. Diabetes Res Clin Pr. 2017; 126: 303–316.

⁷Beshyah et al. Bibliometric analysis of the literature on Ramadan fasting and diabetes in the past three decades (1989–2018). Diabetes Res Clin Pract. 2019; 151: 313–322.



Agenda 2

Patients Perspectives on Ramadan Fasting

Review of the Literature

Databases:

CINAHL Plus with Full Text, Cochrane Central Register of Controlled Trials, Cochrane Clinical Answers, Cochrane Database of Systematic Reviews, MEDLINE Complete, Psychology and Behavioral Sciences

Search Key Terms

Diabetes

AND Ramadan OR Ramadhan

AND patient experience or patient perception or patient opinions or patient attitudes or patient views or patient feelings


Limiters

2015 – 2022

Academic Journals

⁸ RESEARCH ARTICLE

Experiences and views of people with diabetes during Ramadan fasting: A qualitative meta-synthesis

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Databases:

Twelve databases (PubMed, Embase, Cochrane Library, Science Direct, CINAHL, PsycINFO, Joanna Briggs institute, Web of Science, and four Chinese databases)

Inclusion Criteria:

SPIDER Model

- S: people T1DM and T2DM experiencing Ramadan fasting
PI: experience (or perspective, attitude, knowledge, perception) of religious beliefs, medication, health education, HCP, related to Ramadan fasting
D: interview, focus group, group discussion, questionnaire
E: thematic analysis, content analysis, ethnography, narrative, descriptive
R: qualitative research or mixed methods

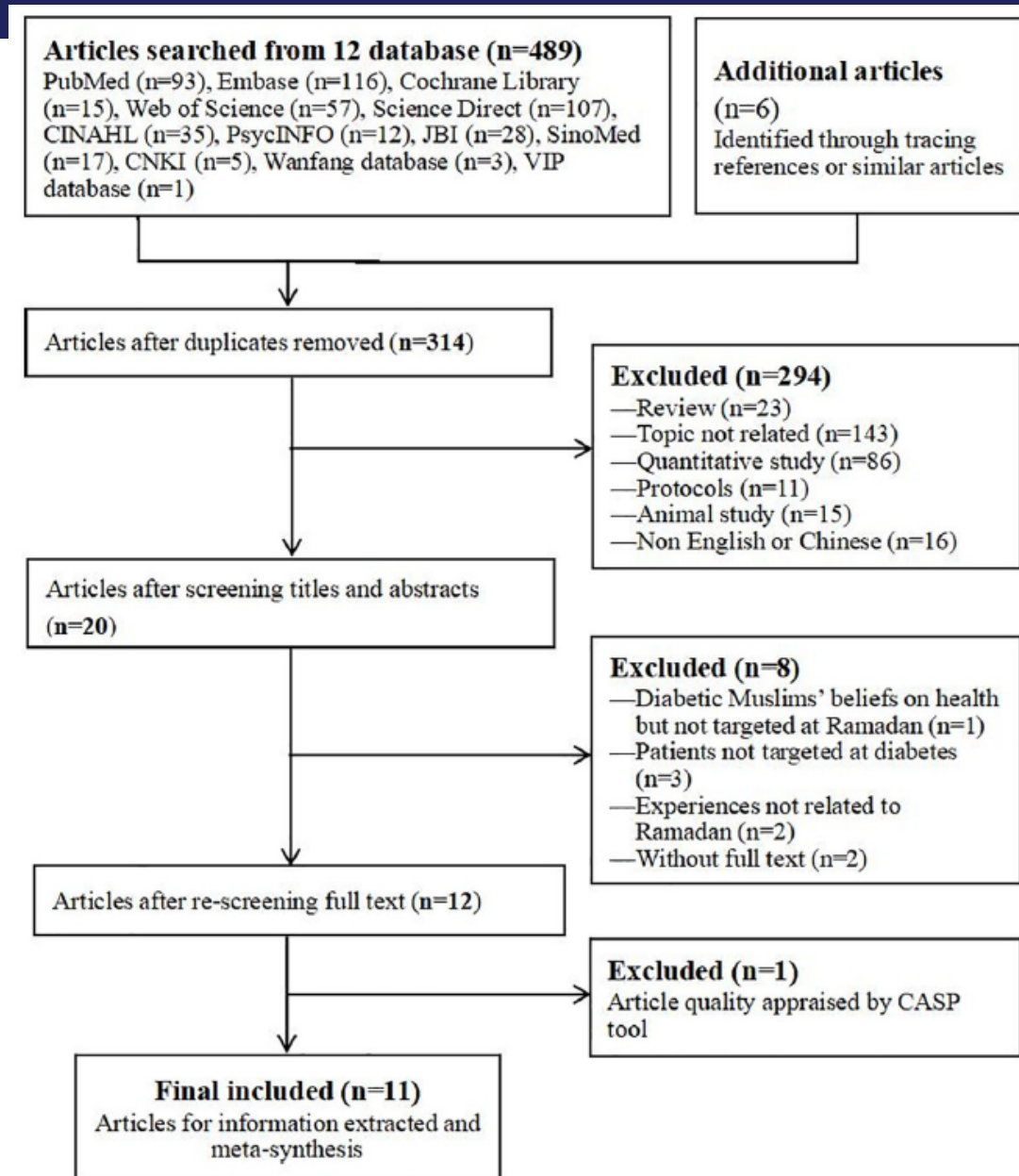
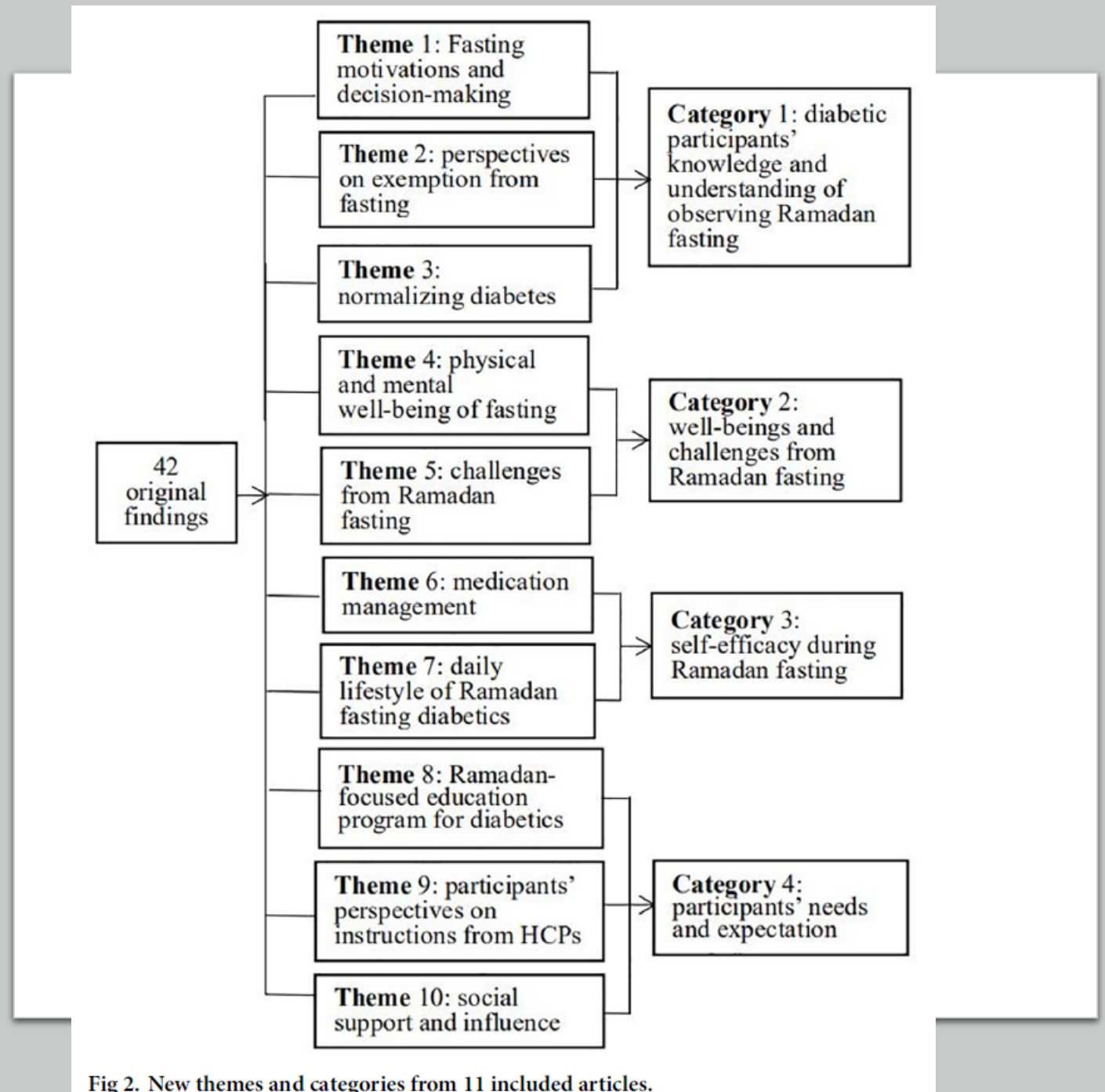


Fig 1. Flow chart of the literature search and screening.

- **8 countries:** Kuwait, Saudi Arabia, Australia, Malaysia, Egypt, the UK, Denmark and the USA
- **Study design:** Almost all studies used qualitative interviews.
- **Aims:** Participants' subjective feelings and some phenomena of fasting Ramadan.
- **Samples (N=267):**
 - 7 studies included only T2DM participants ($n=152$)
 - 2 studies included only T1DM ($n=87$)
 - 2 studies included both T1DM and T2DM ($n=28$)
- **Participants' medications**
- **Procedures of data collection:**
 - semi-structured interview method
 - 2 studies used group discussion or focus group discussion
 - 1 study used unstructured interview





Category 1

Knowledge and Understanding of Observing Ramadan Fasting

Theme 1

Fasting Motivations and Decision-Making

- **Motivations**
 - Performing religious obligation
 - Grasping the opportunity to regulate body and mental state
 - Learning from and communicating with other participants about fasting techniques
- **Decision Making**
 - The Qur'an provided guidance to make the decision to fast
 - 3 groups of participants

Theme 2

Perspectives on exemption from fasting

- **Relaxed perspective**
 - people with diabetes could be exempted from fasting
- **Strict perspective**
 - fasting was compulsory even for pregnant females
- **Moderate perspective**
 - people with diabetes could temporarily postpone fasting

Theme 3

Normalizing diabetes

- **Attitudes towards diabetes - many participants took their disease for granted**
 - did not perceive themselves as being ill
 - minimized the seriousness of the disease
 - ignored the importance of self-management



Category 2

Well-Being and Challenges from Ramadan Fasting

Theme 4

Physical and Mental Well-Being

- **Physical**
 - Better diabetes management
 - Control of blood glucose levels,
 - Body weight loss,
 - Lowering levels of cholesterol
- **Mental**
 - Felt spiritually connected to Allah
 - obtained from strong faith in Allah who gave power and strength to pull through those days
 - Felt a connection with suffering people to achieve a type of spiritual sublimation
 - Felt socially connected
 - opportunity to reunite with family

Theme 5

Challenges from Ramadan Fasting

- **Not mutually exclusive**
 - Feeling hungry, sick, dehydrated, lethargic and vulnerable
 - Experiencing blood glucose fluctuations, or hospital admission for diabetic ketoacidosis
 - Anxiety or fears of their body condition
 - Poorly understood by HCPs and lacking support from family or friends
 - Unwilling to disclose to non-Muslims
 - Symptoms, such as gastrointestinal tract disturbances, headache, and sleep disorders



Category 3

Self-Efficacy during Ramadan Fasting

Theme 6

Medication Management

- **Medication Time**
 - Administered hypoglycemic drugs or insulin before Sahoor (*the last meal before fasting starts*) or before Iftar (*breaking fasting at sunset to have meal*)
- **Medication Doses**
 - Most are self-reliant
 - adjusted the doses
 - left out medication
 - Few followed their doctors' instructions to change the doses

Theme 7

Daily Lifestyle

- **Diets** during Ramadan are different from meals at ordinary times
 - Rich in carbohydrates and fat
 - Break fasting with dates
 - *Perspective 1: dates could cause poor glucose control*
 - *Perspective 2: dates could help restore normal blood glucose levels*
- **Food Intake**
 - Binge eating
 - Could not withstand food temptation (food rich in sugar and fat)
- **Physical Activity**
 - Feared hypoglycemia = decrease in daily activity to preserve energy
 - Physically active = increase movements (sports could offer benefits by reducing blood glucose)
 - Neutral = neither approved heavy exercise nor objected to daily activity regarded (walking as a good choice)

Category 4

Participants' Needs and Expectations

Theme 8

Ramadan-Focused Education Program

- **DAFNE course**
 - 95% of participants -Ramadan-focused education was important
 - Majority did not seek medical information after attending it (could fast in a safe manner)
- 9.4% participants instruction from HCPs was enough, and **extra education was redundant**

Theme 9

Participants' Perspectives on Instructions from HCPs

- **The role of HCPs was controversial**
- Like to seek advice from HCPs - *trained, empathetic, realized religious significance*
- Refusal to seek HCPs consultations:
 - fear of being advised not to fast
 - being confident and self-reliant due to previous experiences
 - thinking HCPs were incapable of guiding them due to a lack of expertise and deficient awareness of Muslim faith
- unwilling to disclose fasting to HCPs, especially pharmacists, and dissatisfied with their roles

Theme 10

Social Support and Influence

- **Experiencing social pressure**
- **Family**
 - some asking them to fast
 - some asking them to quit fasting
 - guilty and uncomfortable eating before their fasting family members
- **Colleagues at workplace**
 - conceal diabetes or fasting behavior at the workplace were at risk of causing health problems (hypoglycemia)

Perception and Behaviour of Type 2 Diabetes Patients towards Diabetes Management during Ramadan⁹

Aims:

To explore the perception and behaviour of Muslims with Type 2 Diabetes Mellitus (T2DM) in Hospital Tuanku Ampuan Najihah (HTAN) towards diabetes management during Ramadan.

Results:

- 32 T2DM patients were interviewed.
- Majority of the respondents were **able to fast during Ramadan without difficulties**.
- Many **believed that fasting could improve general well-being**.
- Most of **them never experienced hypoglycaemia while fasting**, but were aware of the symptoms and management of hypoglycaemia.
- Most respondents **did not adjust their medications during fasting** and reported either **unchanged or reduced dietary intake**.
- **Only a few** respondents **owned glucometer and monitored blood glucose routinely** although **most** respondents **acknowledged the benefits of SMBG**.
- Majority agreed that cost and logistic issues were the main barriers in practicing SMBG.

⁹Lee et al. Perception and behaviour of Type 2 Diabetes patients towards diabetes management during Ramadan. Pharmacy Research Reports 4(1). 2021.

A woman wearing a green and gold headscarf is laughing heartily while sitting at a table. The table is set with various colorful dishes, including a bowl of yellow soup, a plate of bread, and a bowl of fruit. The background is a blurred indoor setting with a couch and a lamp.

Agenda 3

Recommendation of Management

Way Forward

Recommendation of Management



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Balancing the Two Perspectives⁸

Insulin-dependent individuals call for special concern during Ramadan fasting.

- Ramadan-focused education (needs to be developed) and generalized, and existing guidelines should be improved to optimize the management of diabetes.
- Professional HCPs contribute to weigh the health risks and mental satisfaction for their patients, partly, to balance health and religion.
- Participants' psychological construction is another concern for religious scholars and psychologists.

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¹Raveendran AV, Zargar AH. Diabetes control during Ramadan fasting. *Cleve Clin J Med*. 2017; 84: 352–356. <https://doi.org/10.3949/ccjm.84a.16073> PMID: 28530893

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⁶Hassanein M, Al-Arouj M, Hamdy O, Bebakar WMW, Jabbar A, Al-Madani A, et al. Diabetes and Rama-dan: practical guidelines. *Diabetes Res Clin Pr*. 2017; 126: 303–316. <https://doi.org/10.1016/j.diabres.2017.03.003> PMID: 28347497

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⁹Lee WH, Salim MH, Muhammad Faizal MI. Perception and behaviour of Type 2 Diabetes patients towards diabetes management during Ramadan. *Pharmacy Research Reports* 4(1). 2021.

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