

Clarion call to fasting diabetics by top Muslim endocrinologist

CHRIS BATEMAN

TOO many Muslim diabetics refuse to break their fast over Ramadan, risking dehydration, dangerously uncontrolled glucose and insulin levels and thrombosis (blood clots) – in spite of clinical and spiritual advice to the contrary.

This is according to Dr Hoosen Randeree, an endocrinologist at the Parklands Medical Centre in Durban, who addressed a multi-disciplinary cardiometabolic Axis Forum held at the Cape Town Foreshore from April 19-21 this year.

He was updating clinical colleagues on the use of glycaemic therapies during fasting.

Randeree said that among the 100 000 Muslims estimated to be diabetic (that is, representing some ten percent of SA's Muslim population), fasting during Ramadan remained a challenge.

'More studies are needed to show outcomes after interventions. The existing ones show that many individuals who ought to have broken their fast because their blood sugar had dropped or spiked, did not. They went against medical advice because of their enthusiasm to complete the fast.'

He believes greater education using radio and spiritual leaders and social media messaging is needed to convey that if ill, pregnant, travelling, or diabetic, Muslims are exonerated from fasting. He added pointedly, 'They actually could be going against religious practice by causing harm to their bodies.'

Randeree believes 90 percent of diabetic patients should be able to fast during Ramadan by having pre-and post-fasting individual clinical assessments and counselling that includes dietary and hydration adjustments.

There are an estimated 1.9 billion Muslims worldwide, representing 25% of the global population. The global diabetic fasting problem was tackled head-on in January 2013 with the formation of the Diabetes and Ramadan International Alliance, (DAR), an International Diabetes Federation-affiliated body that disseminates advice, organises annual conferences as well as multi-disciplinary

trainings and conducts innovative actions and studies.

Randeree, who treats and advises many Muslim diabetics, says adverse reactions tend to get worse the longer they fasted.

He conducts pre-Ramadan individual clinical assessments, including detailed history taking, assessing self-management knowledge and glucose levels before advising patients on when and what to eat, and appropriate exercise and water intake during non-fasting periods.

Diabetics risk kidney damage if they do not increase their fluid intake during non-fasting hours.

He says it's worth considering pre-Ramadan fasting to establish healthy insulin control habits, (diet and/or oral or injectable insulin) and stressed that finger-pricks or insulin injections do not break the fast.

'We need greater education from our spiritual leaders and clinicians, especially with the former reassuring diabetics that the spiritual reward is no less if they look after their diabetes needs,' he said.

It was vital to report any acute metabolic complications that had occurred in preceding months or years, plus any chronic complications of the kidney or heart, pregnancies, frailty, and other age-associated ailments.

If a diabetic's blood sugar level was above three, they should talk to their doctor and adjust their therapy. If it was above five, the medical advice was usually to not fast.

He emphasised that the clinical guidelines for Ramadan fasting were endorsed by spiritual leaders, adding that post Ramadan evaluations were every bit as important as pre-fasting assessments. This was to identify gaps in glucose control and to assess how well the Ramadan treatment plan worked, enabling adjustment to future fasting regimens.

'Our job is to mitigate the risks associated with fasting and to empower diabetic patients to fast,' he said.

Randeree said that many of his patients messaged or called him during Ramadan, 'telling me they have this or that issue. We then adjust. There's no

time to say I'll decide when I see you because each day goes by so fast. There is no one-size-fits-all. People differ in what they eat, how much they eat, and in what their activities are. In some you increase their insulin dose, in others you reduce it because they eat more than normal.'

He said risk mitigation was an integration of individual and community-level components, backed by the use of wearable technology.

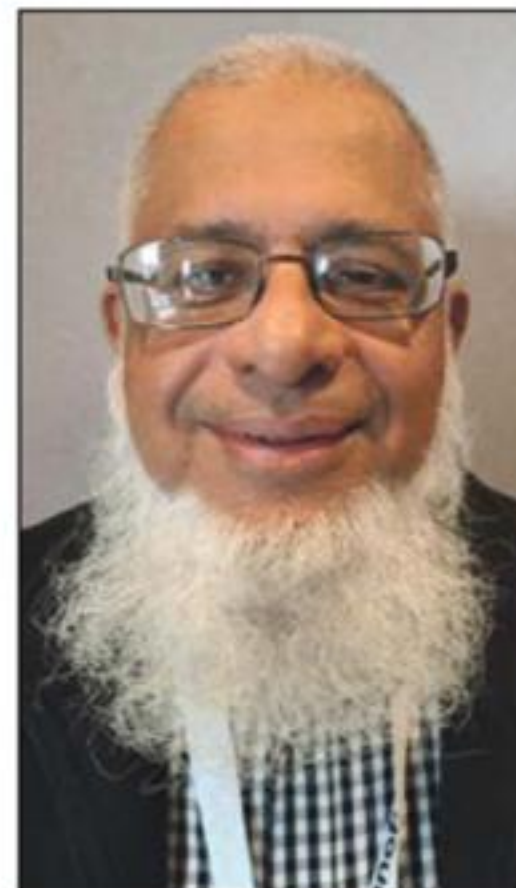
The Islamic Medical Association (IMA) sent out daily diabetes and other medical advice bulletins during Ramadan, he said.

Randeree pleaded for greater religious and professional medical collaboration, saying there were often parallel or differing opinions that needed synthesising.

Measuring the impact of what was happening for diabetic Muslims was urgently needed via on-the-ground studies.

'It's like pre-pregnancy planning for diabetes (gestational diabetes being another major problem in South Africa). Instead of asking if you intend to fall pregnant, you ask if you intend to fast during Ramadan. Then you can make a call on how appropriate it is or include adjustments.'

Randeree cited a religious injunction from Prophet Muhammad (SAW) that, 'God has created a cure for everything and wants us to use it,' adding that following medical advice would 'maximise your spiritual benefit.'



Dr Hoosen Randeree

Photo CHRIS BATEMAN

ORION STUDY DESIGN

Real-World Safety and Effectiveness of Insulin Glargine u300/ml
in participants with Type 2 Diabetes who fast during Ramadan:
The Observational Orion Study¹

GLA-300 treatment adjustment was expected during Ramadan, based on DAR guidelines²

Primary Objective

To determine the percentage of people with ≥ 1 episode of severe and/or symptomatic documented hypoglycaemia with self-monitored plasma glucose < 3.9 mmol/L in the Ramadan period

- Primary analysis during Ramadan period

Toujeo[®] reduced HbA_{1c} during the fasting period of Ramadan



Primary endpoint: NO participants experienced severe Hypoglycaemia during Ramadan or post-Ramadan



Majority of patients experienced NO interruption in Toujeo[®] treatment during Ramadan



High number of diabetic patients fast at least once during Ramadan

Worldwide
n=12,243



T1DM



T2DM



...fast for ≥ 15 days during Ramadan³

Hyperglycemia and severe Hypoglycemia are major risks for diabetic patients fasting during Ramadan¹

Increase in the number of severe glycemic complications per month from pre-Ramadan to during Ramadan¹

T1DM



T2DM



5.0 Fold
0.01

*p<0.0001