

## North East London Guidance for Safe Fasting During Ramadan

Date	Version	Committee/Group/Network	Role	Review Date
March 2023	1.0	Diabetes clinical Leads and specialists	Document consultation: Reviewed and provided expert feedback and comments	February 2024
March 2023	1.0	North East London Formulary & Pathways Group (NEL FPG)	Approved	February 2024

**This document has been adapted from the Tower Hamlets, Newham and Waltham Forest (TNW) 'Fasting safely during Ramadan guidance v1.3' for use across NEL.**

### Authors/Editors

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## Introduction

This guidance is to support healthcare professionals to support patients with healthcare conditions during Ramadan. Ramadan is one of the most holy months in the Muslim calendar. During this period, Muslims will fast for 29-30 days between the hours of sunrise and sunset (depending on the geographical location and season of the year) and increase in spiritual and devotional acts such as prayer, giving to charity, and strengthening family ties. Ramadan is expected to begin on 22<sup>nd</sup> or 23<sup>rd</sup> March 2023 and ends on either the 20<sup>th</sup> or 21<sup>st</sup> April 2023, depending on the sighting of the new moon. It helps if NHS frontline staff are aware of, and respect this important religious obligation, and how such beliefs may affect the different elements of care.

## Exemptions from fasting

Fasting is not considered compulsory for certain groups:

- People who are acutely unwell or have a long-term condition that may be worsened by fasting (physical or mental)
- Those who are very frail
- Women who are pregnant or breastfeeding or menstruating
- Travellers

The British Islamic Medical Association (BIMA) has also undertaken a series of rapid evidence reviews to explore the effect of observing the fast of Ramadan with common health conditions and provide recommendations for health professionals. Patients with pre-existing conditions who intend to fast should be risk stratified considering age, frailty, previous experiences of fasting, and the number of medical conditions. See further information [here](#). **An approach to advising people with existing conditions about fasting has been published recently in the British Medical Journal, see [here](#).**

## Fasting Safely During Ramadan

If a person is healthy with no pre-existing conditions, there is no evidence to suggest fasting is harmful to their health provided they are adequately hydrated in non-fasting hours.

**Considerations:**

**1) Maintaining adequate hydration:**

- Longer, warmer days may present an increased risk of dehydration which can particularly affect people with existing medical problems such as diabetes, high blood pressure, heart disease/lung disease, pregnant or elderly. People fasting should be advised to;
  - ✓ Avoid long periods of time in the sun on a sunny day
  - ✓ Drink plenty of water during non-fasting hours
  - ✓ Reduce caffeinated drinks including tea, coffee, and sweet or fizzy drinks
  - ✓ Eat a balanced diet that includes low releasing energy foods at the start of the fast (Sehri) to help maintain energy levels. Eat appropriate portion meals and reduce carbohydrate content and use healthier cooking methods (e.g. baking rather than frying).

**2) Dietary Recommendations**

- Try to have the meal at Sehri (early morning) just before sunrise, not at midnight. This will spread out your energy intake more evenly and result in a more balanced blood glucose when fasting.
- Include fruits, vegetables, dhal, and yogurt in your meals at Iftar(evening) and Sehri.
- Limit fried foods e.g. paratha, puri, chevera, katlamas, fried kebabs, and Bombay mix.
- Water should be the first choice for quenching thirst, otherwise, choose sugar-free types of fizzy drinks, decaffeinated drinks, and cordials. Avoid adding sugar to hot drinks; use a sweetener where needed e.g. Canderel, Sweetex, Hermesetas.
- Fill up on starchy foods such as basmati rice, chapatti, and pitta bread before you begin the fast.

<b>Food to Avoid</b>	<b>Alternative Foods</b>
Deep fried foods e.g. pakoras, samosas, fried dumplings	Chickpeas, baked samosas, boiled dumplings
High sugar Indian sweets e.g. Ghulab, Rasgulla, Burfi, Balushahi, Baklawa, Mithai	Milk-based sweets and puddings, e.g. Rasmalai
High-fat cooked foods, e.g. oily curries, and pastries	Alternate with chapattis made without oil and baked or grilled meat and chicken. Make pastry at home and use a single layer.

**3) Regular physical activity and light exercise during non-fasting hours where possible.**

- 4) Taking medicines:** Patients need to continue to take their medicines even when fasting, so they should be advised not to stop unless advised by a healthcare professional to do so.
- Some medicines may need changing, which should be discussed with the healthcare professional supporting the patient’s care. Doing this a few weeks, even months before Ramadan is prudent.
  - Some temporary changes may need to be made. These must be done on an individual case basis

The NHS patient resource [Ramadan health guide \(mcb.org.uk\)](https://www.nhs.uk/healthcare-professionals/religious-faith/ramadan-health-guide/) independently produced by Communities in Action provides further information and advice.

Clinical health conditions and fasting

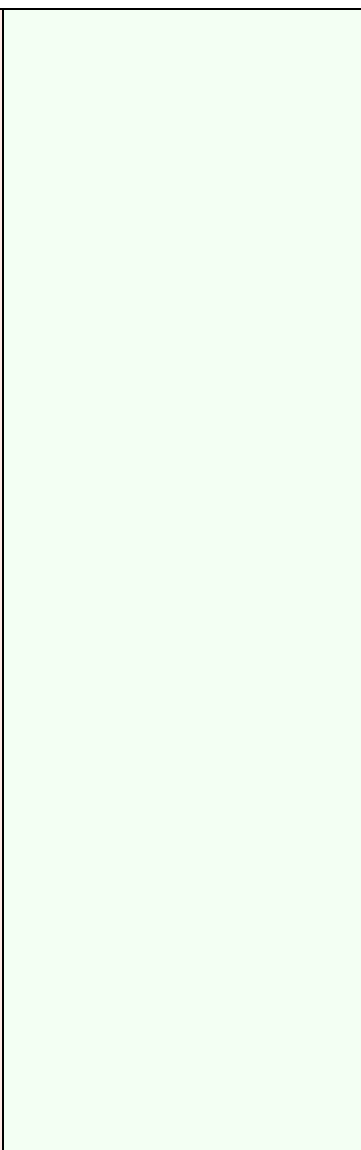
Those who should not fast	Those who may consider fasting	Comments/advice for those who wish to fast
<b>Respiratory</b>		
<ul style="list-style-type: none"> <li>• Those experiencing an acute exacerbation of their chronic lung condition</li> <li>• Severe Asthma/COPD</li> <li>• Poorly controlled lung disease with a high risk of exacerbations /hospital admissions</li> <li>• Those receiving immunosuppressants for active lung disease</li> <li>• Those receiving anti-fibrotic therapy</li> </ul>	<ul style="list-style-type: none"> <li>• Where the condition is controlled e.g. asthma/COPD with inhaler use</li> </ul>	<ul style="list-style-type: none"> <li>• Patients should continue with their regular medication.</li> <li>• Inhalers are considered <b>not</b> to invalidate fasts, whereas, inhalation solutions e.g. Respimat® should be taken during non-fasting period.</li> <li>• Patients should continue to monitor their symptoms and the frequency of reliever medication.</li> <li>• Those advised to measure peak flows should continue doing so.</li> <li>• Ensure a current self-management plan is available.</li> <li>• Patients should ensure they have appropriate supplies of necessary medications including rescue packs of antibiotics and steroids and should be reminded to not share inhalers, spacer devices, or nebulizers.</li> <li>• Advise patients that if they are worried about the timings of taking inhalers and fasting, this should be discussed with a healthcare professional (HCP).</li> <li>• Those recovering from an exacerbation should not fast until they have fully recovered and consulted with their HCP.</li> </ul> <p><b>Additional information for patients</b>            Asthma UK information: <a href="https://www.asthma.org.uk/advice/living-with-asthma/fasting/">https://www.asthma.org.uk/advice/living-with-asthma/fasting/</a>            Right Breath: <a href="https://www.rightbreathe.com/">https://www.rightbreathe.com/</a></p>

**Cardiovascular**

<ul style="list-style-type: none"> <li>• Moderate - severe heart failure</li> <li>• Pulmonary hypertension</li> <li>• Recent Acute Coronary Syndrome/myocardial infarction (&lt;6 weeks)</li> <li>• Cardiomyopathy</li> <li>• Severe valvular disease</li> <li>• Poorly controlled arrhythmias (as defined by the specialist)</li> <li>• Drugs where timings are critical e.g. ticagrelor</li> </ul>	<ul style="list-style-type: none"> <li>• Hypertension</li> <li>• Stable angina</li> <li>• Mild – moderate heart failure</li> <li>• Supraventricular tachycardias</li> <li>• Atrial Fibrillation</li> <li>• Non-sustained ventricular tachycardia</li> <li>• Intracardiac devices (pacemaker, ICD)</li> <li>• Mild/mild-moderate valvular disease</li> </ul>	<ul style="list-style-type: none"> <li>• Patients should continue to take all their regular medication.</li> <li>• <b>Hypertension</b> - Monitor with home BP machines if available.</li> <li>• <b>Antiplatelets</b> should be taken after the main meal.</li> <li>• Drugs including <b>diuretics</b> may contribute to dehydration/acute kidney injury (AKI). Patients should be informed about following <u>sick day rules</u> and may need to review with a clinician to consider dose changes/alternatives. <b>See NICE - AKI use of medicines in people with or at increased risk of AKI:</b> <a href="https://www.nice.org.uk/advice/ktt17-">https://www.nice.org.uk/advice/ktt17-</a></li> <li>• Advise patients to discuss with a HCP where required to ensure medicine timings can be altered to be compatible with fasting times e.g. move from a twice-daily regime to once daily.</li> <li>• <b>DOACs:</b> avoid &gt;12 hours between taking twice a day anticoagulant (due to the risk of not achieving 24 hours of anticoagulation)</li> <li>• Advise patients to <b>seek advice</b> if the condition worsens, or develops new symptoms or adverse effects.</li> </ul> <p><b>ACEI/ARBs/renin-angiotensin antagonists in light of COVID-19:</b> The European Society of Cardiology, The Renal Association (UK), The Heart Failure Society of America, the American College of Cardiology, and the American Heart Association all recommend that patients taking the above medications should not stop taking these medications unless they are specifically asked to do so by their clinician. For more information, please visit: <a href="https://ukkidney.org/health-professionals/covid-19/ukka-resources/uk-kidney-association-uk-position-statement-covid-19">https://ukkidney.org/health-professionals/covid-19/ukka-resources/uk-kidney-association-uk-position-statement-covid-19</a></p> <p><b>Advice from British Heart Foundation BHF for patients (see <a href="#">here</a>)</b> Conditions such as heart failure can worsen if medication is not taken regularly or at increased risk of dehydration, your symptoms may become more severe. If you experience fluid building up in the ankles, breathlessness, and fatigue, it could be a sign you need to return to your normal medication routine. Therefore, it may not be appropriate to continue fasting.</p>
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<p><b>Chronic kidney disease</b></p>		
<ul style="list-style-type: none"> <li>• Acutely unwell patients</li> <li>• CKD patients in stages 4-5 with eGFR&lt;30 mL/min/1.73m<sup>2</sup></li> <li>• Patients on haemodialysis/peritoneal dialysis</li> <li>• Polycystic kidney disease</li> <li>• Patients requiring immunosuppression (e.g. renal transplant)</li> <li>• CKD stage 3-5 patients with other co-morbidities or at risk of dehydration</li> <li>• Nephrotic syndrome</li> <li>• Patients whose treatment regimens are not stable and need regular monitoring</li> </ul>	<ul style="list-style-type: none"> <li>• Patients with stable disease</li> </ul>	<ul style="list-style-type: none"> <li>• Patients should continue taking their medicines as prescribed.</li> <li>• Patients should maintain their normal diet and fluid intake.</li> <li>• Patients should be informed of the importance of fluid intake overnight (1.5 to 2 litres for most people) to avoid dehydration.</li> <li>• Patients should seek advice if the condition worsens, or develop new symptoms or adverse effects.</li> <li>• Ramadan and Eid recipes for people living with CKD can be found <a href="#">here</a>.</li> <li>• Contact Details Community Renal Clinic 020 3594 1704 / 020 3594 1705 Muslim Chaplaincy Service (Barts Health) 020 3594 2070 Email address: Helen.rainey@bartshealth.nhs.uk BHNT.Communityrenal<a href="mailto:service@nhs.net">service@nhs.net</a></li> </ul>
<p><b>Diabetes</b></p>		
<ul style="list-style-type: none"> <li>• Type 1 diabetes</li> <li>• Type 2 diabetes with sustained poor control within the last 12 months</li> <li>• Type 2 diabetes with renal or cardiovascular co-morbidities</li> <li>• Type 2 diabetes on insulin</li> <li>• Having started SGLT2 within 4 weeks of Ramadan</li> </ul>	<ul style="list-style-type: none"> <li>• Well-controlled type 2 diabetes</li> </ul>	<ul style="list-style-type: none"> <li>• Regular blood glucose monitoring during Ramadan is advised especially if on sulfonylureas or insulin.</li> <li>• Patients are recommended to break their fast if their blood glucose is &lt;5mmol/L or &gt;16.7mmol/L at any time during the fast.</li> <li>• All patients should follow the recommended sick day rules: <a href="https://www.england.nhs.uk/london/london-clinical-networks/our-networks/diabetes/diabetes-COVID-19-key-information/">https://www.england.nhs.uk/london/london-clinical-networks/our-networks/diabetes/diabetes-COVID-19-key-information/</a></li> <li>• Patients taking some medications (e.g. sulfonylureas) may need to adjust their dose and/or timings (e.g. three daily dosing to twice daily). Converting sulfonylureas to shorter-acting options (e.g. repaglinide) may be preferable during fasting to reduce the risk of hypoglycemia.</li> <li>• Insulins require a dose reduction (e.g. short-acting/pre-mixed by 25-50%) and/or a change to timings.</li> </ul> <p><b><u>Medicines that do not require dose change (advice from diabetic consultant at Barts Health – Prof. Tahseen Chowdhury)</u></b></p>

- Acute hyperglycaemic complications
- History of significant or recurrent hypoglycaemia episodes
- Hypoglycaemia unawareness
- Advanced macrovascular diabetic complications
- Chronic dialysis and CKD (eGFR <45%)
- Renal transplant
- Pregnancy in pre-existing diabetes or GDM
- Acute illness
- Treatment with drugs that can affect cognitive function



- **Metformin** – if on BD dosing no need to change to OD (modified release) preparation. If TDS dosing, patients should miss out on the lunchtime dose.
- **DDP4 inhibitors** (Gliptins e.g. sitagliptin, linagliptin)
- **GLP1 agonists** (e.g. liraglutide, dulaglutide, semaglutide)
- **SGLT2i** (e.g. dapagliflozin, empagliflozin) – ideally, don't start within one month of or during Ramadan. If stable on it, do not stop it. Warn patients of signs of euglycaemic ketoacidosis (abdominal pain, nausea, or vomiting) – to seek medical advice.

**Medicines that require dose change (advice from diabetic consultant at Barts- Prof Tahseen)**

- **Sulfonylureas & repaglinide** – half the usual morning dose and take at the start of the fast. Take the full usual dose when ending the fast.

• **Insulins:**

Type of Insulin	Advise and information
Long- or intermediate-acting basal insulin	OD – NPH/detemir/glargine/degludec. Take at Iftar. Reduce dose by 15–30% BD – NPH/detemir/glargine. Swap the usual dosing. Take the usual morning dose at Iftar. Reduce the evening dose by 50% and take at Sehri
Rapid- or short-acting prandial/bolus insulin	Take the normal dose at Iftar. Omit lunchtime dose. Reduce Sehri dose by 25–50%. <b>Dose titration should be performed every 3 days and adjustments made according to BG levels.</b>
Premixed insulin	OD – Take normal dose at Iftar BD – If the dose is usually higher in the morning, consider the higher dose at Iftar and the lower dose at Sehri. Take the usual morning dose at Iftar. Reduce the evening dose by 25–50% and take at Sehri TDS – Omit afternoon dose. Adjust Iftar and Sehri doses according to the blood glucose test
Insulin pump	<b>Caution high-risk patient group specialist diabetes team input required</b> Basal rate – Reduce dose by 20–40% in the last 3–4 hours of fasting. Increase dose by 0– 30% early after Iftar Bolus rate – Normal carbohydrate counting and insulin sensitivity principles apply

**Patients should:**

- Have sufficient insulin/oral hypoglycaemic medicines, and glucose monitoring (blood glucose strips or continuous glucose monitoring sensors) during this period.
- Have emergency contact numbers of their specialist diabetes teams for advice.
- Take their medicines as prescribed.
- Maintain their normal diet and fluid intake during times of eating.
- Be advised to have low GI (glycaemic index) foods.
- Seek advice if the condition worsens or develops new symptoms or adverse effects.
- Be assessed and receive appropriate education and instructions related to physical activity, meal planning, glucose monitoring, and dosage and timing of medications where appropriate.

**Information for patients:**

- Diabetes UK – Managing your diabetes in Ramadan. Click [here](#).
- Diabetes UK [advice on fasting and managing your diabetes during Ramadan](#) and factsheet in [English](#), [Arabic](#), [Bengali](#), and [Urdu](#)
- Diabetes UK tips on [healthy food and drink choices during Ramadan](#)
- The Muslim Council of Great Britain has also produced some useful guidance on fasting whilst also living with diabetes. Download [here](#).
- Watch the IDF Diabetes and Ramadan animation: Know your risk before fasting [here](#)

**Information for HCPs:**

- Diabetes Ramadan Alliance (DAR) – Practical guidelines. Click [here](#).
- International Diabetes Forum – diabetes and Ramadan. Click [here](#).
- CDEP's 20-minute Diabetes and Ramadan topic supports healthcare staff (requires login):
  - identify the risk category for people with diabetes who wish to fast during Ramadan and
  - empower them to do so safely through appropriate education and advice.



**Gastrointestinal**

<ul style="list-style-type: none"> <li>• Patients with established cirrhosis</li> <li>• Patients who are &lt;6 months post liver transplant</li> <li>• Patients with symptomatic active inflammatory bowel disease</li> <li>• Patients with significant acute or chronic diarrhoea / high output ileostomy</li> <li>• Patients on prednisolone at doses &gt;20mg per day</li> </ul>	<ul style="list-style-type: none"> <li>• Stable chronic liver disease without cirrhosis</li> <li>• Stable inflammatory bowel disease in remission</li> <li>• Stable peptic ulcer disease, reflux oesophagitis, and irritable bowel syndrome</li> </ul>	<ul style="list-style-type: none"> <li>• Patients should continue taking their medicines as prescribed.</li> <li>• Patients should maintain their normal diet and fluid intake and be aware of signs of dehydration.</li> <li>• Patients should seek advice if the condition worsens, or develop new symptoms or adverse effects.</li> </ul> <p><b>IBD – Advice from Gastroenterology Consultants at Royal London Hospital</b></p> <ul style="list-style-type: none"> <li>• Most IBD medications can be taken either as an OD or BD preparation and therefore can be taken as normal during the month.</li> <li>• Some 5-ASA medications are still prescribed as TDS or even QDS, but these can safely be converted to OD: there is good evidence that once-daily dosing of 5ASAs is just as effective as more frequent doses in IBD.</li> <li>• Medications that patients self-inject such as Adalimumab, Ustekinumab, Golimumab, and Methotrexate should be continued as should the intravenous infusions Infliximab &amp; Vedolizumab (these are also available for SC self-administration).</li> <li>• IBD Helpline:</li> </ul> <table border="1" data-bbox="900 791 2190 1158"> <thead> <tr> <th>Location</th> <th>Contact Number</th> <th>Emails</th> </tr> </thead> <tbody> <tr> <td><b>Homerton Healthcare NHS Foundation Trust</b></td> <td>Adult: 0208 5105906</td> <td>Adult: <a href="mailto:Huh-tr.homertonibdcns@nhs.net">Huh-tr.homertonibdcns@nhs.net</a></td> </tr> <tr> <td><b>Barking, Havering, and Redbridge University Trust</b></td> <td>Adult: 01708 435 000 ext 3090 or 3673</td> <td>Adult: <a href="mailto:bhnut.ibdhelp@nhs.net">bhnut.ibdhelp@nhs.net</a></td> </tr> <tr> <td><b>Royal London and Mile End Hospital</b></td> <td>Paediatric and young adults: 020 3594 0402</td> <td>Adult: <a href="mailto:bhnt.ibdhelpline@nhs.net">bhnt.ibdhelpline@nhs.net</a>  Paediatric and young adults: <a href="mailto:bartshealth.pibd.helpline@nhs.net">bartshealth.pibd.helpline@nhs.net</a></td> </tr> </tbody> </table> <p>Muslim Chaplaincy Service (Barts Health): 02035942070</p>	Location	Contact Number	Emails	<b>Homerton Healthcare NHS Foundation Trust</b>	Adult: 0208 5105906	Adult: <a href="mailto:Huh-tr.homertonibdcns@nhs.net">Huh-tr.homertonibdcns@nhs.net</a>	<b>Barking, Havering, and Redbridge University Trust</b>	Adult: 01708 435 000 ext 3090 or 3673	Adult: <a href="mailto:bhnut.ibdhelp@nhs.net">bhnut.ibdhelp@nhs.net</a>	<b>Royal London and Mile End Hospital</b>	Paediatric and young adults: 020 3594 0402	Adult: <a href="mailto:bhnt.ibdhelpline@nhs.net">bhnt.ibdhelpline@nhs.net</a>  Paediatric and young adults: <a href="mailto:bartshealth.pibd.helpline@nhs.net">bartshealth.pibd.helpline@nhs.net</a>
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**Neurological disease**

<ul style="list-style-type: none"> <li>• Any condition predisposing to</li> </ul>	<ul style="list-style-type: none"> <li>• History of cerebrovascular</li> </ul>	<ul style="list-style-type: none"> <li>• The long fasts may not be compatible with medication regimens involving more than one daily dosing.</li> <li>• Patients are at risk of dehydration (e.g. anticholinergic drugs) and alterations to sleeping patterns.</li> </ul>
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<p>respiratory complications e.g. bulbar weakness, neuromuscular disorders</p> <ul style="list-style-type: none"> <li>• Myasthenia Gravis on regular pyridostigmine</li> <li>• MND</li> <li>• Poorly controlled epilepsy, on multiple antiepileptic medications, history of status epilepticus, regime incompatible with fasting</li> <li>• Parkinson's disease requiring regular levodopa</li> <li>• Neurodegenerative disorders with cognitive impairment</li> </ul>	<p>disease or MS (low-level disability)</p> <ul style="list-style-type: none"> <li>• Well-controlled epilepsy with a medication regime compatible with the length of fast</li> <li>• Myasthenia gravis not requiring pyridostigmine</li> <li>• Purely ocular migraine</li> </ul>	<p>See ABN guidance for the management of immunosuppression during COVID-19  <a href="https://www.theabn.org/news/492925/ABN-guidance-on-COVID19-and-MS-therapies.htm">https://www.theabn.org/news/492925/ABN-guidance-on-COVID19-and-MS-therapies.htm</a></p>
<p><b>Rheumatology</b></p>		
<ul style="list-style-type: none"> <li>• Active SLE with renal involvement</li> <li>• Active vasculitis with renal involvement</li> <li>• Low eGFR secondary to connective tissue diseases/vasculitis</li> <li>• Scleroderma leading to pulmonary</li> <li>• Hypertension</li> <li>• Uncontrolled Gout</li> <li>• Higher dose of steroids &gt;20mg/day</li> </ul>	<p><b>Rheumatological conditions in remission e.g.</b></p> <ul style="list-style-type: none"> <li>• Rheumatoid arthritis</li> <li>• Polymyalgia Rheumatica</li> <li>• Connective tissue diseases and vasculitis</li> <li>• Osteoarthritis</li> <li>• Osteoporosis</li> <li>• Sjogren's syndrome</li> <li>• Controlled gout</li> </ul>	<ul style="list-style-type: none"> <li>• Patients should continue taking their medicines as prescribed.</li> <li>• Patients should maintain their normal diet and fluid intake.</li> <li>• Patients should seek advice if the condition worsens, or they develop new symptoms or adverse effects.</li> </ul> <p><b>Rheumatoid arthritis</b>  Modified-release preparations could be considered as the dosing interval might get longer while fasting, and aggravate pain, especially in patients taking anti-inflammatory medications (steroidal and non-steroidal).</p> <p><b>Gout</b>  Those with well-controlled gout should follow dietary precautions and adequate rehydration. Patients with an acute episode of gout should not be fasting and should be following dietary advice.</p>
<p><b>Mental Health</b></p>		

<ul style="list-style-type: none"> <li>• Anorexia/bulimia nervosa</li> <li>• Substance dependence A disorder where stopping the regime may cause harm</li> <li>• Medication dosing interval shorter than fasting hours, and necessary to prevent relapse/harm</li> <li>• Poorly controlled SMI disorders</li> <li>• Risk of electrolyte imbalance (e.g. lithium) or medication out of range</li> </ul>	<p>Stable/controlled disease with previous history of safe fasting</p>	<ul style="list-style-type: none"> <li>• Patients should continue taking their medicines as prescribed. Dosing regimens may need review in light of long fasts.</li> <li>• Patients should maintain their normal diet and fluid intake</li> <li>• Patients should seek advice if the condition worsens, or they develop new symptoms or adverse effects.</li> </ul> <p>Information on how to manage a patient with an eating disorder can be found here:  <a href="https://www.bda.uk.com/resource/ramadan-and-eating-disorders.html">https://www.bda.uk.com/resource/ramadan-and-eating-disorders.html</a>  <a href="https://freedfromed.co.uk/img/guides/Ramadan%20and%20Eating%20Disorders%20Brief%20guide_Shortened.pdf">https://freedfromed.co.uk/img/guides/Ramadan%20and%20Eating%20Disorders%20Brief%20guide_Shortened.pdf</a></p>
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### Ramadan During COVID-19

Due to ongoing COVID-19, people in the Muslim community need to stay healthy and fast safely during Ramadan.

The BIMA has information on Ramadan and the safety of fasting here: <https://britishima.org/saferamadan/>

Patients with suspected COVID-19-like symptoms should be advised to follow Government and medical advice, and contact the NHS via 111. Further information can be found [here](#).

In light of COVID-19, episodes of any illness should be taken seriously and may require the breaking of the fast. In this instance, particularly prolonged fever, it is important to remain hydrated. Medical attention should be sought where appropriate and patients advised to contact their GP or 111.

If a household member has COVID-19 or develops symptoms whilst fasting, they may need to break the fast and contact their GP or use the 111 online service depending on their symptoms.

Following a COVID-19 illness, patients should only restart fasting when they have fully recovered.

**COVID-19 vaccination and fasting:**

**Vaccination of Muslim patients during Ramadan, either during or outside of fasting hours, should be able to continue as normal.**

British Islamic Medical Association viewed the analysis of Islamic scholars and confirmed that having the Covid-19 vaccine does not invalidate the fast. The vaccine does not contain pork or another animal, foetal, or alcohol products – this reflects the advice of the majority of Islamic scholars that it is permissible. Please see further guidance [here](#).

**How to Prepare for Ramadan During Covid-19**

Please visit the [SafeRamadan-2021-MCB-guidance.pdf \(britishima.org\)](#)

**BIMA advise people to consider the concession whereby those who are more at risk if they contract COVID-19 may be excused from fasting at this time, and that missed fasts can be made up at a later date in the year.**

## References:

- WHO. Safe Ramadan practices in the context of the COVID-19 - <https://apps.who.int/iris/bitstream/handle/10665/331767/WHO-2019-nCoV-Ramadan-2020.1-eng.pdf>
- British Islamic Medical Association. Ramadan Initiative- <https://www.britishima.org/ramadan-initiative/>
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