Diabetes and Ramadan

A case for safer fasting using oral antidiabetic drugs

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(Signature of healthcare professional)

First Name		**Profession**	
Surname		**Telephone**	
HPC No.		**City**	
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1. What is Mrs DB's risk score for Ramadan fasting this year?

☐ **A** 2.5 ☐ **B** 3.5 ☐ **C** 6.5

2. What is Mrs DB's estimated risk level for Ramadan fasting this year?

☐ **A** Low ☐ **B** Moderate ☐ **C** High

3. Which recommendations regarding Ramadan fasting are appropriate for Mrs DB?

☐ **A** Fasting is both safe and obligatory ☐ **B** Advise against fasting altogether
☐ **C** She can fast if she prefers, but must follow medical advice and regularly monitor her blood glucose levels

4. Which of the listed OADS is considered both safe for use during Ramadan, with low risk of hypoglycaemia, and requires no medication adjustment?

☐ **A** Acarbose ☐ **B** Pioglitazone ☐ **C** SUs ☐ **D** All of the above ☐ **E** A and B only

5. Mrs DB is using metformin twice daily. Does her usual metformin regimen require adjustment during Ramadan fasting?

☐ **A** No dose modification is necessary ☐ **B** Reduce dose, take only at Iftar ☐ **C** Increase dose, take only at Suhoor

6. Which of the listed features of short-acting insulin secretagogues are advantageous to their use during Ramadan fasting?

☐ **A** Taken before a meal ☐ **B** Short duration of action carries low risk of hypoglycaemia
☐ **C** Usual three-meal dosing can be reduced or redistributed to two doses ☐ **D** All of the above
☐ **E** B and C only

7. Mrs DB is using gliclazide MR 60mg bd. What is the appropriate advice regarding changes to her SU dosing?

☐ **A** Iftar dose remains the same, reduce Suhoor dose ☐ **B** Reduce Iftar dose, Suhoor dose remains the same
☐ **C** There is no need to change her SU dosing

8. Studies have shown that the proportion of patients experiencing a hypoglycaemic event while fasting is consistently lower for second-generation SUs compared to the older SUs.

☐ **A** True ☐ **B** False

9. Which statement regarding the use of DPP-4 inhibitors during Ramadan is incorrect?

☐ **A** Low risk of hypoglycaemia ☐ **B** Maintains good glycaemic control
☐ **C** Requires prior dose titration ☐ **D** Taken independently of meals
☐ **E** Not associated with weight gain

10. Mrs DB is using dapagliflozin. Which recommendations are appropriate regarding SGLT-2 inhibitor use during Ramadan fasting?

☐ **A** Ensure adequate hydration ☐ **B** Lower dose taken with Suhoor ☐ **C** Usual dose taken with Iftar ☐ **D** A and C

11. Due to safety concerns, SGLT-2 inhibitors are not recommended for use during Ramadan in the elderly, patients with renal impairment, hypotensive individuals, those at risk of dehydration and those taking diuretics.

☐ **A** True ☐ **B** False

12. Compared to non-Ramadan periods, T2DM patients experience a ___ increase in severe hyperglycaemia during Ramadan fasting.

☐ **A** 3.0-fold ☐ **B** 4.7-fold ☐ **C** 7.5-fold

13. For diabetics who choose to fast during Ramadan, hyperglycaemia occurs most frequently:

☐ **A** Between Suhoor and 9am ☐ **B** Between 3pm and Iftar ☐ **C** Between midday and 3pm

14. In terms of SMBG, which recommendation is true for Mrs DB during Ramadan fasting?

☐ **A** At least daily after Iftar, preferably twice a day ☐ **B** According to the seven-point blood glucose monitoring method
☐ **C** Whenever experiencing symptoms of hypoglycaemia, hyperglycaemia or feeling otherwise unwell
☐ **D** A and C ☐ **E** B and C

15. Ramadan meals should divide an adequate amount of calories between Suhoor, Iftar and snacks if necessary; meals should be balanced, with 20-30% carbohydrate, 40-50% protein and <35% fat.

☐ **A** True ☐ **B** False

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