Diabetes and Ramadan

Practical guidance to ensure a safer fast

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First Name		**Profession**	
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1. Which statement is incorrect? During the course of Ramadan fasting:

- ☐ **A** Sleep deprivation has been associated with decreased glucose tolerance and insulin resistance
- ☐ **B** Many hormone rhythms alter
- ☐ **C** A corresponding fluid deficit of 0.47kg has been indicated over an 18-hour fasting period

2. In terms of glucose homeostasis, at what stage of Ramadan fasting does the gluconeogenic phase occur?

☐ **A** Within 6-24 hours ☐ **B** Within days 1-10 ☐ **C** After day 10

3. In people with T2DM, the EPIDIAR study found a ____ increase in incidence of severe hypoglycaemic complications:

☐ **A** 4.7-fold ☐ **B** 5-fold ☐ **C** 7.5-fold

4. The DAR 2020 Global Survey found that hypoglycaemia occurred most frequently between:

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

5. In Ramadan-fasting individuals using ≥2 antidiabetic drugs or SUs, increases in MAGE are observed:

☐ **A** During the early stages ☐ **B** During late Ramadan ☐ **C** Post-Ramadan

6. Patients treated with _____ have the most favourable CGM during Ramadan fasting:

☐ **A** Insulin ☐ **B** SUs ☐ **C** Metformin

7. Which statement is incorrect?

- ☐ **A** Injecting insulin constitutes a breaking of the Ramadan fast
- ☐ **B** Changing the treatment regimen for only the Ramadan period may lead to medication errors and non-adherence
- ☐ **C** Insulin dose reduction is often not applicable in those with a history of poor glycaemic control

8. In terms of SMBG, patients using premixed insulins should test:

- ☐ **A** Only after Suhoor
- ☐ **B** 2-3 times daily
- ☐ **C** Using the seven-point blood glucose monitoring method

9. During Ramadan, advantages of using insulin analogues in place of human insulin include:

- ☐ **A** Reduced risk of hypoglycaemia
- ☐ **B** Equivalent risk of postprandial hyperglycaemia
- ☐ **C** Injected just before or just after a meal
- ☐ **D** All of the above
- ☐ **E** A and B only
- ☐ **F** A and C only

10. The ORION trial demonstrated that, during Ramadan fasting, insulin glargine-300:

- ☐ **A** Could be used safely with oral antidiabetic agents
- ☐ **B** There was a low incidence of symptomatic hypoglycaemia
- ☐ **C** Glycaemic control can be successfully intensified in the Ramadan period
- ☐ **D** All of the above
- ☐ **E** A and B only
- ☐ **F** A and C only

11. As long as GLP-1 RA treatment has been appropriately dose-titrated prior to Ramadan (at least 2-4 weeks), no further treatment modifications are required:

☐ **A** True ☐ **B** False

12. Ideally, a pre-Ramadan assessment needs to take place 1-2 weeks before the start of Ramadan:

☐ **A** True ☐ **B** False

13. All individuals should break their fast if:

- ☐ **A** Symptoms of hypoglycaemia or acute illness occur
- ☐ **B** Blood glucose is <3.9mmol/l
- ☐ **C** Blood glucose is >16.6mmol/l
- ☐ **D** All of the above
- ☐ **E** A and C only
- ☐ **F** B and C only

14. It is important for all people with diabetes to measure blood glucose levels after Iftar to detect postprandial hyperglycaemia:

☐ **A** True ☐ **B** False

15. Observational studies have indicated that of Muslim patients with T2DM, ____ intend to fast during Ramadan:

☐ **A** 43-49% ☐ **B** 63-74% ☐ **C** 83-89%

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