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VIEWS & REVIEWS

PERSONAL VIEW

Patients who fast in Ramadan need better advice

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Ramadan is the lunar calendar month in which Muslims spiritually and physically "cleanse," which includes abstaining from food and drink between dawn and dusk. This year Ramadan will be observed between 19 July and 18 August. Being Muslim, this was a tradition I grew up with, and aside from new diagnoses of diabetes presenting during this time, resulting from dehydration or blood glucose derangements exacerbated by fasting, I had never considered the medical implications.[1 2]

In my more youthful years, Ramadan fell in winter, and late sunrise and early sundown meant that you really only missed lunch. Islam prioritises health above all else so it always seemed clear that you fasted if you could, and if you couldn't then you didn't. It was only when I began a general practice rotation last year that I saw that the situation is often less clear cut, and religious fasting has the potential to adversely affect health.

The practice at which I was based served a predominantly Muslim demographic, and most of my patients were fasting in August. The most common problem was poor drug management. Often patients would omit doses in fasting hours or, worse, not take their drugs at all. Some patients didn't understand the need for their drugs, and taking them was a low priority. Others were confused about how to adjust timings; these patients thought that omeprazole, for example, was a 9 am drug that wouldn't work at another time. And some patients, even if they understood the purpose of their drugs and the times they could be taken, had to overcome the hurdle of needing polypharmacy, with complex drug regimens.

More shocking were the patients who fasted when it would clearly have an adverse effect on their health. I was prepared for elderly patients attempting to fast or patients with diabetes who might try their luck but not for the 24 week pregnant woman who merrily told me that she was fasting. I thought that she might not understand the adverse effects that fasting for long periods of time of up to 18 hours may have on her baby, but even after we discussed the situation and I had emphasised the importance of her baby getting adequate nutrition in this period of rapid growth, she insisted she continue to fast and explained that she had done this while pregnant before.

I found her response surprising and since have reflected on the reasons people fast when advised not to. In addition to patients failing to understand the health implications of fasting, they may feel under pressure from their peers not to be different. Also they may not want to accept that they are too ill or too old to fast.

Fasting in Ramadan can extend beyond oral intake of food and drugs. Some patients include in their fast a prohibition on the unnatural extraction of bodily fluids—for example, giving blood. In addition, Muslims are restricted from having intercourse during fasting hours, and many women decline vaginal examinations or swabs being taken. One patient even refused to attend physiotherapy for pelvic floor exercises on this basis.

So what can doctors do? Resources for patients on how to adjust drug doses and timings while fasting are lacking. Websites mainly tackle drug management in diabetes, and there is little advice available for other patients, particularly those who need complex polypharmacy. Drug reviews with a pharmacist or doctor before Ramadan might promote patient education and preparation for the fasting month, and help to avoid drug omissions. Guidance on which patients should avoid fasting requires an evidence based approach. Research into the effect of fasting on different populations, for example, pregnant women, is lacking. Regarding investigations and managements that patients think would compromise their fast, it is important to discuss the need and urgency of each of these and ultimately to negotiate the best times or dates for them to be carried out.

Patients seek advice about fasting from doctors, with reference to their health, and from clerics, with reference to religious rulings, and they consider both to determine what is in their best interest overall. Clerics will advise people not to fast if it is not in the best interest of their health; therefore, doctors must target mosques when sharing advice about fasting to ensure that religious rulings are based on up to date information. This can be in the form of patient leaflets, talks, or health workshops. I have highlighted only a few of the issues experienced by patients during Ramadan, but they show the importance of educating and preparing our patients for fasting.

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1 Jaleel MA, Raza SA, Fathima FN, Jaleel BF. Ramadan and diabetes: as-Saum ("the fasting"). *Ind J Endocrinol Metabolism* 2011;15:268-73.

2 Hui E, Bravis V, Hassanein M, Hanif W, Malik R, Chowdhury TA, et al. Management of people with diabetes wanting to fast during Ramadan. *BMJ* 2010;340:c3053.

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