An educational class on diabetes self-management during Ramadan

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ABSTRACT

All healthy Muslims are required to fast during the month of Ramadan. Diabetes is common among UK Muslims, and poses a considerable challenge for such patients, who feel the spiritual need to fast. Many patients, particularly those on insulin therapy, require considerable advice and support to manage their fast during the month of Ramadan. In our unit, around 50% of our patients with type 2 diabetes are of Bangladeshi origin. In this article, we describe a Patient Group Education Class for management of diabetes over Ramadan.

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KEY WORDS

diabetes; Ramadan; fasting; Muslim

Introduction

In the UK, diabetes is particularly prevalent among South Asians, and a significant proportion of South Asians in the UK are practising Muslims. Fasting is mandatory for all healthy Muslims above the age of puberty during the month of Ramadan, and the fast takes place between dawn and dusk, with all food and water proscribed during this period. While most Islamic authorities confirm that insulin-treated diabetes is an exemption for fasting, many patients feel the spiritual imperative and social pressure to do so.

Around 50% of patients with type 2 diabetes in Tower Hamlets are of Bangladeshi origin. The Diabetes Centre has run highly successful Bengali Diabetes Education Classes for many years, which have been well attended and received by Bangladeshi patients with diabetes. In order to provide guidance, advice and support for patients during the fast of Ramadan, a 'Diabetes in Ramadan' group education class, in Bengali, has been established.

The Diabetes in Ramadan group

While all patients with diabetes are welcome to attend, the education class is aimed specifically at Bangladeshi patients with newly diagnosed type 2 diabetes, or who have started on insulin over the preceding year (these patients receive a written invitation). The classes are also advertised within the diabetes clinic, GP clinics, local Mosques and community centres three months before Ramadan. Approximately four classes of 30–40 patients each are held, or more if necessary according to demand.

The classes themselves last around three hours, and involve a very experienced Bengali diabetes linkworker and a senior diabetes specialist nurse. The linkworker spends the first 45–60 minutes going over the basics of diabetes care, including the benefits of good diabetes control, care with diet and physical exercise. Time is also allowed for patients to discuss their thoughts and beliefs on each issue, with sharing of experiences and learning from each other. The following 60 minutes is spent discussing the care of diabetes during Ramadan. It is fully explained that fasting is not recommended by most Muslim authorities in insulin-treated diabetes, but that if fasting is planned, patients should change their insulin dose, break their fast at the first sign of hypoglycaemia and ring the diabetes centre if they wish to discuss any problems.

Many Muslim patients are under the misconception that blood testing is not feasible during fasting. This myth is strongly dispelled, and patients with diabetes are advised to test regularly during their fast. In addition, patients are counselled to continue all their other medications, to avoid the consumption of excessive fried or sweet foods taken traditionally at the break of fast and to consume fruit instead. Food with a lower glycaemic index is encouraged at the start of fast. Smoking cessation advice is also given, as many Bangladeshi men smoke and smoking is prohibited during the fast.

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The final section of the class involves the nurses and the linkworker seeing each patient individually to go through their own blood glucose monitoring records, suggesting alterations in insulin or drug therapy during Ramadan.

We discourage the use of long-acting sulphonylureas such as glibenclamide, and advice specific to the patient is offered. For example, a well-controlled patient on oral hypoglycaemic therapy may be advised to change from moderate or long-acting sulphonylureas to shorter acting insulin secretagogues such as a meglitinide (nateglinide or repaglinide), during the month of Ramadan. Patients on once daily insulin plus tablets, or twice daily insulin are advised to reduce insulin doses according to home glucose profiles or, if poorly controlled, not to reduce doses at all, but just to monitor sugars carefully during Ramadan. They are reminded to revert to their pre-Ramadan dose once the fasting period is over.

Patients with known type 1 diabetes, who are pregnant or have very erratic control of diabetes are strongly advised not to fast. This message is also reiterated by the Trust Imam (spiritual leader), who can be contacted for spiritual advice.

Services during the month of Ramadan

During the month of Ramadan, many patients spend considerable periods in the Mosque. As a result, they are often unwilling to attend outpatient clinics or have blood tests. In our unit, Ramadan is identified a year in advance, and attempts are made to ensure Bangladeshi patients are not booked into outpatient clinic during this period.

All patients are given a 'helpline' number for urgent advice in office hours during Ramadan. Our linkworker spends considerable time on the phone offering advice to patients with problems over Ramadan, and patients are invited to 'drop-in' if they have particular problems or needs.

Prior to Ramadan in 2002, approximately 120 people attended the Ramadan education class. During the month of Ramadan, approximately five to seven calls from fasting patients with diabetes were received each day requesting advice, and a similar number of patients attended the drop-in sessions each day.

Conclusion

The Diabetes National Service Framework (NSF) states that diabetes services should be culturally sensitive to the local populations needs. We have attempted to meet our Bangladeshi population's local unmet needs by providing advice and support during a period when diabetes control can be difficult for many Muslim patients. The service is very well received and appreciated by all those who attend.

Over the coming decade, Ramadan will become increasingly challenging for diabetic patients, because the period of fast will increase as Ramadan comes closer to the Summer months (the Islamic calendar is lunar, and therefore Ramadan comes around 10 days earlier each year). Thus, many more Muslim diabetic patients may require considerable help to manage diabetes during Ramadan, and indeed the local community may need more educating and urging not to fast if they have diabetes. In the future, we hope to continue to expand this service, to provide a service for non-Bengali Muslims and also provide education classes for patients embarking on the Muslim pilgrimage of Hajj.

Ramadan classes

Any health care professional wishing to attend our Ramadan classes is most welcome to contact us to arrange a day to attend.

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