

Interview with Dr Eman Sheshah

Dr. Eman Sheshah, Consultant Endocrinologist at Kingdom Hospital & Consulting Clinics, Riyadh, Kingdom of Saudi Arabia.

Dr. Eman Sheshah is a field expert and has rich clinical experience in diabetes management. She is working closely with people with diabetes to monitor and control their diabetes to prevent health problems.

In addition to that, she has a wide range of experience in treating people with diabetes on the main aspects related to diabetes during the month of Ramadan to fast safely and avoid diabetes-related complications. Dr. Eman is an author of numerous posters and publications and an active member in national and international associations.

What advice would you give someone fasting with diabetes?

People with diabetes intending to fast during Ramadan are categorised into low, moderate and high-risk groups. Pre-Ramadan evaluation and assessment is critical, alongside education to ensure safe fasting during Ramadan. Different medications to treat diabetes have varying levels of hypoglycemic risk, and Ramadan-specific treatment regimens, including dose and/or timing adjustments, should be produced for each individual with diabetes.

What are the main challenges of fasting with diabetes?

Because of the metabolic nature of the disease, people living with diabetes are at greater risk of complications from marked changes in food and fluid intake. Potential health hazards include hypoglycaemia, hyperglycaemia, dehydration and acute metabolic complications such as diabetic ketoacidosis (DKA).

How should people with diabetes prepare for the month of Ramadan and what adjustments need to be made in the diabetes therapy?

With the correct advice and support from healthcare professionals most people with type 2 diabetes can fast safely during Ramadan. A pre-Ramadan assessment is vital for any individual with type 2 diabetes that intends to fast in order to evaluate the risks, educate the person in self-management of the condition during Ramadan and to produce a personalised treatment plan.

There are advantages and disadvantages associated with the different treatment options for people with type 2 diabetes that seek to fast during Ramadan. Individuals taking metformin, sulfonylureas (SUs), insulin secretagogues or insulin will need to make dose adjustments to reduce the risk of hypoglycaemia. Individuals on multiple antidiabetic therapies will find themselves at a greater risk of hypoglycaemia - and counselling is recommended to individuals on 3 or more antidiabetic agents.

Are there any (diabetes management) tools you find most useful for managing diabetes during Ramadan?

Self-monitoring of Blood Glucose (SMBG) is an essential component of diabetes care. During Ramadan, individuals should be provided with the tools and knowledge to carry out self-monitoring of blood glucose. The frequency of SMBG depends on many factors including the type of diabetes and current medications, but should be carried out regularly by all. For those at moderate or low risk, this may be once or twice a day. Those at high or very high risk should check their blood glucose levels several times a day.

How often should the blood glucose level be checked?

Number of blood glucose monitoring differs according to the case.

1. Pre-dawn meal (suhoor)
2. Morning
3. Midday
4. Mid-afternoon
5. Pre-sunset meal (iftar)
6. 2 hours after iftar
7. At any time when there are symptoms of hypoglycaemia / hyperglycaemia or feelings of being unwell

Can people with diabetes still go about their usual routine while fasting?

Yes, adequate nutrition and meal intake, adjustments medication dosages, and healthy lifestyle behaviours can guide individuals to fast in a safe and healthy manner.

In what situations do you recommend breaking the fast?

Individuals should be educated to recognise the symptoms of hypoglycaemia and hyperglycaemia and be advised to test their blood glucose regularly whenever any of these complications (or an acute illness) occur. They must also be prepared to break the fast if necessary.

How about exercising while fasting, is it advisable or maybe even recommended?

People with diabetes are encouraged to do regular light to moderate activity while fasting, and to recognize Tarawih prayers (and other structured time prayers) are part of daily exercise. Rigorous exercise is not recommended.

Do you have go-to meal or snack recommendations for Iftar and Suhoor?

Here are some key top tips for nutrition during Ramadan:

- Divide daily calories between suhoor and iftar, with 1-2 snacks if necessary
- Ensure meals are well balanced
- Include low glycemic index, high fibre foods, such as beans, whole grains, fruits and vegetables
- Minimise foods high in saturated fats, such as ghee, fatty meats
- Avoid sugary desserts
- Use small amounts of oil when cooking, and use alternatives such as mono- or polyunsaturated oils: e.g., olive, rapeseed

- Keep hydrated between sunset and sunrise by drinking water and other non-sweetened beverages
- Avoid caffeinated and sweetened drinks

Are there advantages you can highlight for people with diabetes to participate in Ramadan?

Fasting during Ramadan may provide enduring benefits. Indeed, Ramadan can provide an opportunity for a better lifestyle, assisting weight loss and smoking cessation. For people with diabetes who choose to fast, Ramadan may help to strengthen the therapeutic alliance between a person with diabetes and their physician - and can provide an opportunity to improve diabetes management, with a focus on self-care and the regulation of medication and meal timing.

Is there a specific guidance for women with diabetes who are pregnant or on their period during Ramadan?

Islamic regulations provide all pregnant women with the option to not fast if they feel worried about their own health, foetal wellbeing, or if they feel burdened with fasting during pregnancy. Many pregnant women with pre-existing diabetes or Gestational Diabetes Mellitus (GDM) are considered as high-risk group for fasting during Ramadan.

Pregnant women with hyperglycaemia need to achieve tight glycaemic targets, for both fasting and postprandial blood glucose levels, to avoid adverse pregnancy outcomes. Diabetes in pregnancy is associated with an increased risk of both hyperglycaemia and hypoglycaemia, with an increased risk for both the mother and the baby. **There was not enough evidence to change the high-risk status of fasting during Ramadan for women with Gestational Diabetes Mellitus (GDM).**

Fasting for women with pre-existing T1DM or T2DM would be even more challenging and accordingly experts consider these individuals as a high-risk group for fasting. **Women with T1DM or T2DM should be advised not to fast until further research is available to support any changes in their risk categorization.** Pregnant women with pre-existing diabetes who intend to fast during Ramadan should be identified by a healthcare professional several months prior to Ramadan. A complete assessment should be conducted, and a proper fasting risk evaluation should be performed. Education for people with diabetes prior to Ramadan is essential to ensure mother and foetus safety, regardless of their fasting decision.

Regular self-monitoring of blood glucose should be conducted and at the very least once before the sunset meal; 1-2 hours after meals; once while fasting; anytime feeling unwell. Pregnant women must break their fast if they feel unwell; BG levels drop below 70 mg/dL (3.9 mmol/L); or identify a reduction in foetal movement.

People with diabetes treated with insulin should have doses adjusted according to their insulin regimen.

Is there any specific guidance for other high-risk groups, including children with type 1 diabetes or seniors living with diabetes?

These high-risk group should Avoid Fasting: If people with diabetes insist on fasting then they should:

- Receive structured education
- Be followed by a qualified diabetes team
- Check their blood glucose regularly (SMBG)
- Adjust medication dose as per recommendations
- Be prepared to break the fast in case of hypo- or hyperglycemia
- Be prepared to stop the fast in case of frequent hypo- or hyperglycemia or
- worsening of other related medical conditions