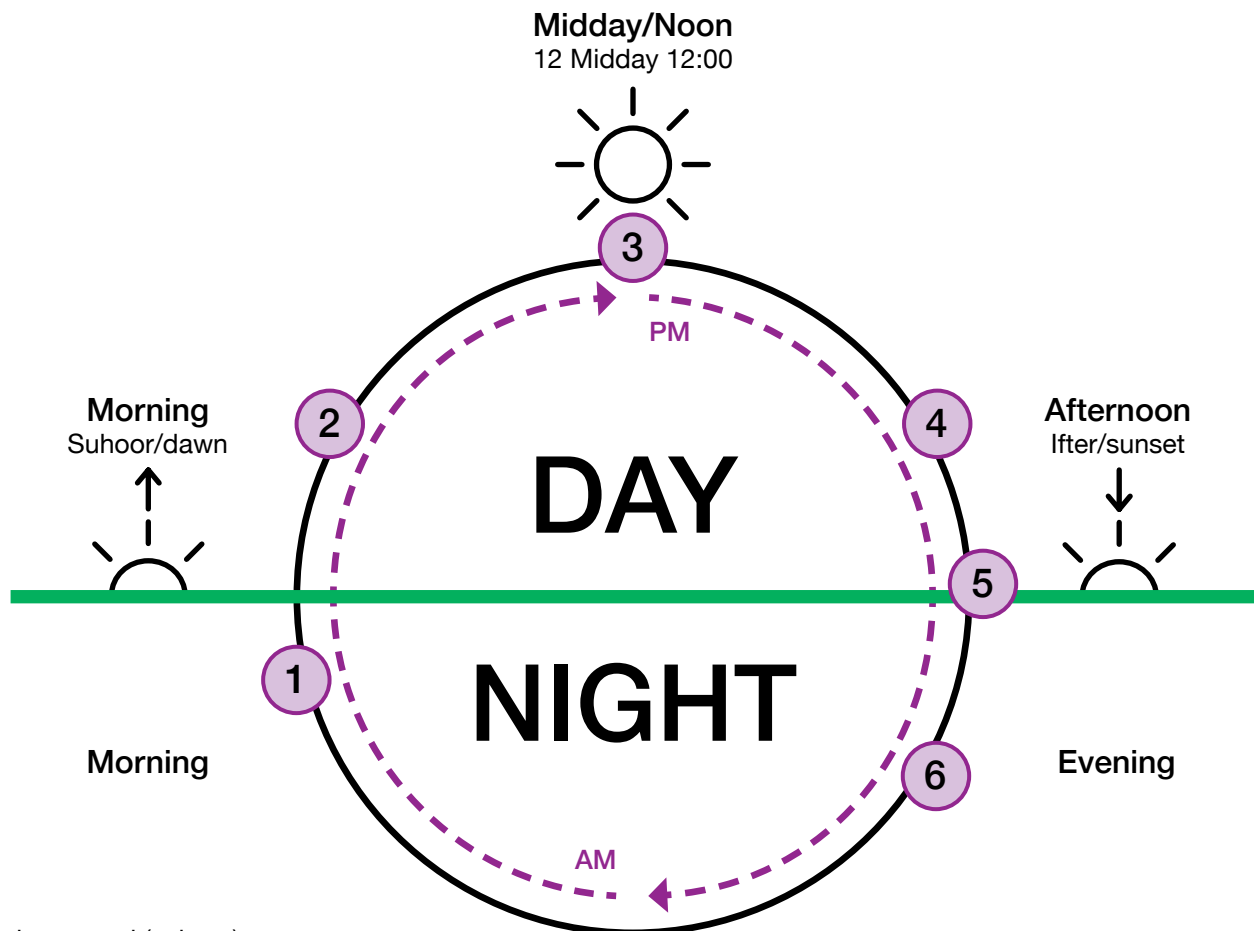


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➔ TIMINGS TO CHECK BLOOD GLUCOSE LEVELS DURING RAMADAN FASTING



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

For further information contact:

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👉 WHEN TO BREAK THE FAST

All patients should break their fast if:

- Blood glucose <70 mg/dL (3.9 mmol/L)*
- Re-check within 1 h if blood glucose 70-90 mg/dL (3.9-5.0 mmol/L)
- Blood glucose >300 mg/dL (16.6 mmol/L)*
- Symptoms of hypoglycaemia, hyperglycaemia, dehydration or acute illness occur

Hypoglycaemia

- Trembling
- Sweating/chills
- Palpitations
- Hunger
- Altered mental status
- Confusion
- Headache

Hyperglycaemia

- Extreme thirst
- Hungry
- Frequent urination
- Fatigue
- Confusion
- Nausea/vomiting
- Abdominal pain

*Consider Individualisation of care.

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➔ ADJUSTMENT FOR METFORMIN IN PEOPLE WITH T2DM

Once-daily dosing

No dose modification usually required

Take at iftar

Twice-daily dosing

No dose modification usually required

Take at iftar and suhoor

Three times daily dosing

Morning dose to be taken before suhoor

Combine afternoon dose with dose taken at iftar

Prolonged-release metformin

No dose modification usually required

Take at iftar

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➔ ADJUSTMENTS FOR SUs IN PEOPLE WITH T2DM

Once-daily dosing

Take at iftar

In patients with well-controlled BG levels the dose may be reduced.

Once-daily dosing

Iftar dose remains the same

In patients with well-controlled BG levels, the suhoor dose should be reduced

Older drugs in the class

Older drugs (e.g. glibenclamide carry a higher risk of hypoglycaemia and should be avoided)

Second generation SUs (gliclazide, glimepiride) should be used in preference

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➔ ADJUSTMENTS FOR LONG- OR SHORT-ACTING INSULINS IN PEOPLE WITH T2DM

Long/intermediate-acting (basel) Insulin

Long/intermediate-acting (basel) Insulin
NPH/determir/glargine/degludec once-daily

Reduce dose by 15-30%

Take at iftar

NPH/determir/glargine twice-daily

Take usual morning dose at iftar

Reduce evening dose by 50% and take at suhoor

Short-acting insulin

Normal dose at iftar Omit lunch time dose

Reduce suhoor dose by 25-50%

BG, Blood Glucose; SU, Sulphonylurea

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➔ ADJUSTMENTS FOR PREMIXED INSULIN IN PEOPLE WITH T2DM

Once-daily dosing

Take at iftar

Once-daily dosing

Take normal dose at iftar

Reduce suhoor dose by 25-50%

Three times daily dosing

Omit afternoon dose
Adjust iftar and suhoor doses

Carry out dose-titration every 3 days (see below)

Fasting/pre-iftar/presuhoor blood glucose

Premixed insulin modification

<3.9 mmol/L or symptoms

Reduce by 4 units

3.9-5.0 mmol/L

Reduce by 2 units

5.0-7.0 mmol/L

No change required

7.0-11.1 mmol/L

Increase by 2 units

>11.1 mmol/L

Increase by 4 units

*These recommendations also apply to patients with T1DM

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➔ ADJUSTMENT FOR INSULIN PUMP THERAPY

Basel rate

Reduce dose by 20-40% in the last 3-4 hours of fasting

Increase dose by 0-30% early after iftar

Bolus rate

Normal carbohydrate counting and insulin sensitivity principles apply

*These recommendations also apply to patients with T1DM and patients with T2DM

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➔ ADJUSTMENTS FOR MDI THERAPY IN ADOLESCENTS WITH T1DM

Long/intermediate-acting insulin

Reduce dose by 30-40%
Take at iftar

Short-acting insulin

Normal dose at iftar
Reduce suhoor dose by 25-50%

MDI, Multiple daily injections

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