

A Safer Ramadan: Promoting safer fasting during Ramadan

Authors: Northern A¹, Daly H¹, Byrne J¹, Carey ME¹, Hadjiconstantinou M², Hassanein M³, Khunti K², Martin-Stacey L¹, Mehar S⁴, Davies MJ²

Affiliations: ¹Leicester Diabetes Centre, University Hospitals of Leicester NHS Trust. ²Diabetes Research Centre, University of Leicester, ³Diabetes and Endocrinology, Betsi Cadwalder University Health Board, ⁴Community Dietetics Services, NHS Brent.

Aim: A whole systems approach to developing and implementing a toolkit to support communities, healthcare professionals and Muslim people with diabetes to observe the holy month of Ramadan more safely.

Background: There are an estimated 350,000 Muslims with Type 2 diabetes living in the UK. Observance of the holy month of Ramadan is an important religious obligation, involving fasting from sunrise to sunset, which in recent years, when Ramadan occurs during the summer months, can mean going without food or water for up to 18 hours a day.

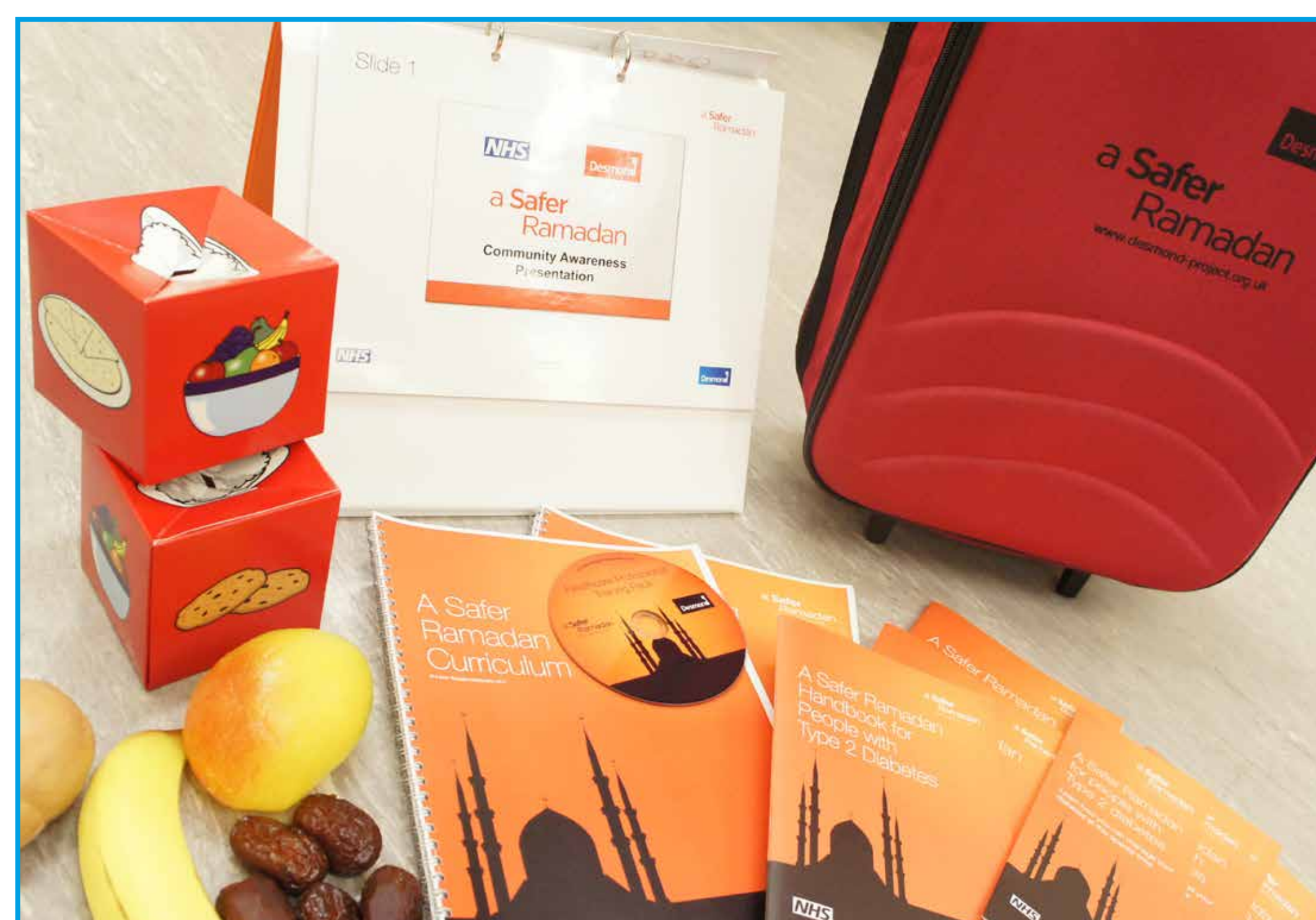
Despite many of those with diabetes being exempt from the obligation to fast, many people may still wish to observe Ramadan in this way. Healthcare professionals often lack confidence in how to approach a discussion of the health issues involved with their patients. Clinical outcomes for Muslim people with diabetes can be poor as a result, with reports of an increase in hospital admissions, poor glycaemic control, including increased number of hypos, and people with diabetes experiencing dehydration and weight gain.

Faith communities are open to gaining better knowledge about diabetes and how it impacts on religious observance, and healthcare providers seek a greater understanding of the religious context to fasting in order to support people with diabetes in their observance of Ramadan.



Methods: Based on the principles of the DESMOND programme an education package of three components were developed and piloted in five primary care organisations in the UK between 2010 and 2012:

- Community Awareness – Presentation pack designed to increase awareness of the impact of diabetes during Ramadan. Deliverable to large and small groups
- Healthcare Professional (HCP) Training – Uses a case study approach for directed group learning around choices available for the clinical support for people with diabetes before, during and after Ramadan
- Patient Self-Management Education – two patient education sessions:
 - a. Understanding Diabetes for Ramadan – 2-hour session exploring the basics of how the body works and what diabetes is. Aimed at those with no previous experience of attending diabetes self-management education
 - b. A Safer Ramadan – 2.5-hour session designed to provide knowledge and skills for observing Ramadan safely



Results: Seven Community Awareness sessions were delivered to groups of up to 20 people. Seven HCP Training events took place and 10 patient education sessions were delivered. Positive feedback was received by attendees from all 3 components.

Patient: "It (group session) improved my life. I felt that my health was more important and it gave me control over my diabetes"

HCP Training: "I gained a better understanding of risk groups and how to identify people who will need intensive input"

Community Awareness: "involving the Imams is key so that there is a clear joined-up message"

In addition, 19 patients that attended the education sessions were followed up on average 76.2 days post attendance. There were 5 males and 14 females, who on average had had diabetes for 13.86 years (SD 13.96) with a mean age of 53.6 years (SD 8.0).

Although there were too few patients for statistical analysis, our descriptive data shows weight reduction at 8 weeks post attendance and that mean HbA1c did not deteriorate post-Ramadan when compared to pre-Ramadan (Table 1).

	Pre Ramadan (n=19)	Post Ramadan (n=16)	Change (n=16)
	Mean	Mean	Mean
HbA1c (%)	7.87	7.58	-0.29
Weight (kg)	70.48	67.06	-1.19
BMI	28.87	27.24	-0.49

Implications for practice: Following the pilot, and according to feedback received from all stakeholders, amendments were made to the components of A Safer Ramadan. The result is a self-contained toolkit now available for purchase and use as part of routine care. The toolkit includes a free training place, which is advised, but not mandatory.

Conclusion: Providing a 'whole systems approach' to promote the safer observance of Ramadan is key to the successful management of Muslim patients with diabetes.

Increasing the confidence of HCPs to approach the issues of fasting and feasting with their patients, and improving the knowledge and awareness of diabetes in the wider community, increases opportunities for improvements in self-management and long-term clinical outcomes in people with diabetes whatever their choices of religious observance.

For more information contact the DESMOND Team on 0116 2585881 or via Desmondweb@uhl-tr.nhs.uk

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Further reading: A Safer Ramadan: Developing an integrated approach to support safer fasting and feasting for people with type 2 diabetes. Daly H et al. *Practical Diabetes* 2014; 31(7): 292–297 [Published online 2014 Sep 8]