

An Aide Memoir on the Muslim Fast for Medical Practitioners

The Muslim fast during the month of Ramadan provides an opportunity for health professionals to promote health improvement amongst Muslims by offering lifestyle advice such as smoking cessation. This is because during the fast abstinence is required not just from food and drink, including water, but from substances such as tobacco. Ramadan is a time when Muslims think about their bodies and how they are treating them. However, there are also basic healthcare considerations to be taken into account during fasting and the following information is intended as an 'aide memoir' for medical practitioners and health professionals.

The start of Ramadan advances 11 days every year as it is based on a lunar calendar. The fast is from dawn until dusk, each consecutive day for a month. A meal is usually taken just before dawn, and after breaking the fast. Islamic law exempts the sick, the traveller and the pregnant or breastfeeding woman from fasting. Despite exemption from fasting during pregnancy, some women choose to fast at this time. However she must seek advice from her doctor as some conditions are affected by fasting in pregnancy. She would make up missed fasts later in the year. If the risk of fasting outweighs its benefits for a given individual, then he/she is not required to fast. Muslims with an acute illness which requires medication (orally or via any other route), or a surgical intervention may not fast.

Muslims with unstable chronic illnesses such as unstable angina, uncontrolled diabetes, asthma or hypertension are advised not to fast. Those prone to physiological fluid and electrolyte shifts, such as renal replacement therapy, are also advised not to fast.

Muslims with stable chronic illnesses may fast, if fasting does not pose a risk to their health, given their physical illness.

Diabetics who are well controlled on either through diet or using tablets may choose to fast. Those requiring tablets may need to alter their medication times to coincide with meal times during the fast. Patients may be advised to monitor their own blood sugar levels more frequently in order to prevent swings during the fast.

Diabetics who are either insulin dependent or those requiring insulin along with their tablets for adequate control of their diabetes mellitus, are advised not to fast.

Patients on regular long term medication for chronic illness, such as hypertension or stable heart disease, may fast if control of their illness can be maintained by altered pharmacokinetics of their medications. Altering oral medications to long acting, slow or moderate release preparations allows such patients to fast, given such changes are physiologically tolerated.

Those with neurological disorders such as Parkinson's disease, seizures or myasthenia gravis may choose to fast, depending on the severity of their disease and their dependence on medication at regular short term intervals. The timing of doses for movement disorders may need to alter to allow for a dose during the pre-dawn meal time for example.

Women who are fasting and require an internal vaginal examination as a necessity can have this done without invalidating the fast, providing no bleeding occurs. However, most such examinations, such as smear tests can be planned to be done outside the month of Ramadan.

Muslims receiving blood or blood product transfusions may not fast on days on which treatment is received. Those requiring routine outpatient invasive clinical investigations, for example blood tests, radiology with oral or intravenous contrast or endoscopy, may either choose to postpone their investigation or forego the fast, depending on the clinical urgency.

An early appointment with the GP prior to the month of Ramadan, to discuss these issues and to make any necessary changes to an individual's drug regime is strongly advised.