

EDITORIAL

IDF-DAR Practical Guidelines for Management of Diabetes during Ramadan

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The 9th lunar month “Ramadan” is a holy month for Muslims. Daytime fasting is one of the five cardinal articles of the Islamic faith commonly known as the “pillars of Islam”. Fasting is prescribed on adult Muslims during this month from just before dawn to just after sunset (1). This daytime fasting forbids consumption of food and drink as well as oral and injected medications in addition to smoking and sexual intercourse. Depending on the season and geographic location each period of fasting may last for up to 20 hours. Although fasting is obligatory for all Muslim adults, certain groups are exempted. The relevant aspect to medical practice is that “being ill” is one of the justifications for people not to abide by observing the fast (1). This may include some individuals with diabetes. Estimates suggest that there are 148 million Muslims living with diabetes worldwide. The two major epidemiological studies of Ramadan and diabetes found that most people with diabetes would wish to observe the fast despite their illness (2,3).

Over the years, numerous reviews, book chapters and online documents have been published to help guide physicians and other health care professions manage their patients with diabetes during Ramadan (4-10). Many of these articles included anecdotes, personal experiences and “recycling” of the same concepts. The widely quoted guidelines commonly labelled, as the “ADA guidelines” of 2005 and 2010 were essentially the work of a group of physicians working together to produce an example of such guidelines. Indeed, these were never adopted as official ADA documents. Now and for the first time new Ramadan and diabetes guidelines are formally adopted by a professional body of an international standing. “Ensuring the optimal care of the many people with diabetes who fast during Ramadan is crucial. The International Diabetes Federation (IDF) and the Diabetes and Ramadan (DAR) International Alliance have therefore come together to deliver comprehensive guidance on this subject” (11)

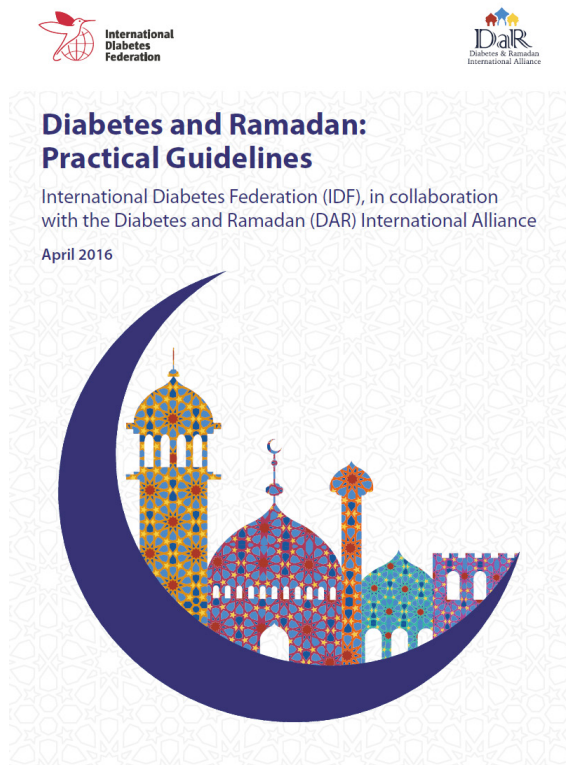


Figure 1. The cover page of the guidelines with the logos of the IDF and DAR.

(figure 1).

The IDF-DAR Practical Guidelines aimed to provide healthcare professionals with relevant background information and practical recommendations to enable them to help people with diabetes participate in fasting during Ramadan while minimising the risk of complications. The publication is freely available online at the website of the IDF (11). The guidelines come in 144 fully coloured and well-illustrated pages amenable for downloading in PDF format. The publication included an introduction, 8 chapters and appendix including the views of the Mofty of Egypt in both Arabic and English (Table 1).

Although the authors highlighted the importance of an evidence-base for development of all guidelines, as has been proposed by others (12,13). The authors presented no clear evidence for the use of evidence-base methodology to develop the presented guidelines. There was no defined methodology section in the guidelines and there was no clear grading of the guidelines similar to other professional societies (e.g. GRADE and the specific use of the words we suggest and we recommend etc. (14). Consequently, these “Guidelines” are presented as a series of descriptive and narrative articles addressing various aspects of the subject. Notwithstanding these limitations, these guidelines

Table 1. Table of contents of the IDF-DAR Practical guidelines on management of diabetes during Ramadan.

Chapter	Content
1	Introduction
2	Epidemiology of Diabetes and Ramadan Fasting
3	Physiology of Ramadan Fasting
4	Risk Stratification of Individuals with Diabetes before Ramadan
5	Diabetes and Ramadan: A Medico-religious Perspective
6	Pre-Ramadan Education
7	Ramadan Nutrition Plan (RNP) for Patients with Diabetes
8	Management of Diabetes during Ramadan
9	Identifying and Overcoming Barriers to Guideline Implementation
Appendix	Summary of the response of Egypt's Mofty to diabetes and Ramadan risk categories religious ruling (Arabic and English)

remain a major step forward in a very important ethnically sensitive aspect of diabetes care. Although, there was no period of open consultation before the guidelines were formally adopted, there is still an ample opportunity for contributions and feedback from a wide global constituency of stakeholders, key opinion leaders and other experts with an established track record of original research, critical appraisal and thought development in this area. Opening up the doors for feed back, criticism, and appraisal will surely make the future revised version closer to an evidence-based guidelines. Such evidence-based guidelines are badly needed for management of the different aspects of healthcare issues during Ramadan (15).

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