



Ramadan Bulletin 2025: Advice for Healthcare Professionals

What is Ramadan?

Ramadan is the 9th month of the Islamic calendar. The start & end of the month is based on sighting of the new moon. Ramadan lasts between 29 and 30 days, depending when the next new moon crescent is sighted. This year Ramadan is in the month of March 2025.

During the month of Ramadan most Muslims fast from dawn until sunset. This means no eating or drinking and this also extends to taking medication.

There are three stages to the fast during Ramadan:

1. The pre-dawn breakfast (suhoor)
2. The fasting period runs from sunrise to sunset
3. The 'breaking' of the fast (iftar) at sunset with either food/ water, followed by the evening meal

For information on when the fast will start and complete each day, please refer to the Ramadan calendar used by the service user.

Please note: It is recommended to always contact the local spiritual leader/ Imam with regards to the patient's personal preferences/ beliefs with regards to medication/health and fasting. Guidance from the Imam at the Trust spiritual departments can be sought to explain the rulings on making up missed fasts if this concerns the individual service user.

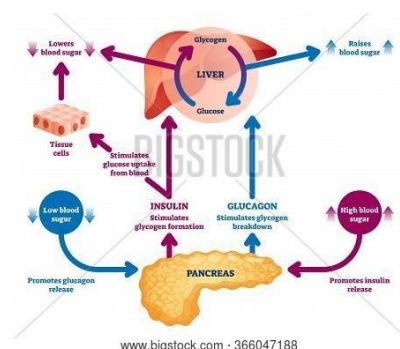
Spiritual, Religious & Cultural Care (intranet page)

<https://www.elft.nhs.uk/contact-us/spiritual-religious-cultural-care>

Effects of Fasting on the Body - Royal Pharmaceutical Society

Effects of fasting on the body

When we eat, insulin is produced which breaks down carbohydrate into glucose.



Glucose is:

Used by our cells for energy
Stored in the liver or muscle as glycogen, for when needed
Turned to fat by the liver if in excess.
When we fast, insulin levels fall. So, the body gets energy by burning:

Glycogen in the liver first, then
Stored fat, then
Protein when the fat runs out (starvation mode).

There are exemptions from fasting (please see Appendix 1 and 2), for example illness, pregnancy and mothers who are breastfeeding. It should be noted that some Muslims who are ill may still try their best to fast. It is important to be sensitive to this, and advise the service user where fasting would be considered to be detrimental to their physical and mental health.

What does **NOT** break the fast

- Injections (intravenous, intramuscular, intracardiac, intraosseous, intradermal and subcutaneous). **This also includes the Covid-19 vaccines**
- Blood taken e.g. thumb prick and/ or intravenous
- Ear/eye drops (certain circumstances)
- Vaginal pessaries, urethral infusion, transdermal patch, oxygen, epidural analgesia, haemodialysis
- Eating/ drinking out of forgetfulness

Physical and Mental health conditions

The British Islamic Medical Association (BIMA) have produced a comprehensive guide on various physical conditions, which includes pregnancy, infection risk, occupational health, dental and a mental health.

Clinicians can use this as a reference source when thinking about patients with physical/ mental health needs.

Ramadan Compendium:

<https://britishima.org/guide/ramadan-compendium/>

Mental Health and Medication

Within the mental health services, both in community and inpatients (older adults, adults and CAMHS) there will be individuals who may want to fast. It is important to take into consideration the competency and/ or capacity of the individual with regards to making a decision to fast.

This is of particular relevance for those patients in the inpatient setting who are under section and have been assessed to lack capacity. In such cases, it is advisable to have a multidisciplinary discussion involving the clinician, patient, family/ carer, pharmacist (if on medication) as well as the local spiritual leader, if fasting is deemed not appropriate from a clinical perspective.

Documentation

Staff should document in the patient notes those individuals fasting, and those who will not be fasting. A summary of the rationale should be provided.

Care plans

It is advised that inpatient care plans are updated to reflect care required whilst patient is fasting. For example, this may include adjustment in support with daily living skills, activities, exercise, food and fluid, as well as physical health monitoring.

Medicines Management

Despite being exempt, some service users may prefer not to miss these fasts.

As healthcare professionals, we can advise service users if it is safe for them to fast in the first instance, and also provide advice on safe ways to fast if they still wish to do so.

Please refer to the table in **Appendix 1 and 2** for guidance on service users for whom it may be safe to fast and those who should be advised against fasting. Please consult the list of critical medicines below from the NPSA alert on missed doses that should not be omitted or delayed.

If **fluids** have been prescribed for medical reasons, these should also **NOT** be delayed as it may present further risk to the physical condition of the service user.

Critical medicines that should not be omitted or delayed:

1. Antibiotics
2. Anticoagulants
3. Insulin and oral hypoglycaemics
4. Adrenaline in grab bags
5. L-dopa preparations and other Parkinson's meds
6. Clozapine
7. Lithium
8. Paroxetine, Venlafaxine and MAOIs (to avoid discontinuation symptoms)
9. Methylphenidate & dexamfetamine
10. Methadone
11. Opioids eg Morphine
12. Anticonvulsants for epilepsy
13. Medicines used in Rapid Tranquillisation
14. Flumazenil
15. Naloxone
16. Glucagon
17. Chlorphenamine (for anaphylaxis)

Vaccinations

The British Islamic Medical Association (BIMA) have stated vaccination of Muslim patients during Ramadan, either during or outside of fasting hours, should be able to continue as normal. According to the majority of Islamic scholars, all of the vaccines currently used in the UK do not invalidate the fast if administered while the patient is fasting.'

However, it is important to highlight, there maybe a difference in opinion from the difference Islamic branches. For this reasons, individuals should always consult with their local Imam/ faith leader.

After the Vaccination

Some individuals may experience pain at the injection site. Sometimes a person may feel unwell e.g. headaches, body aches, feeling cold/ shivery and/ or general sense of feeling

unwell. These symptoms are generally mild and normally pass within the first 24 hours and/or few days of the vaccine.

For some individuals this may impact their ability to fast after the vaccine. For those who feel unable to fast, adequate fluid hydration, rest, and use of paracetamol is recommended.

Important considerations for a service user choosing to fast whilst prescribed medication **Constipation**

The risk of developing constipation may increase during fasting due to dehydration and change in diet.

General advice

- Encourage fluids, especially water to prevent dehydration (before the fast begins and to break the fast).
- Consume sufficient vegetables and plenty of fibre at mealtimes.
- Avoid caffeine-containing drinks such as tea, coffee, Coca-Cola® *etc.* Reducing the quantity of caffeine-containing beverages consumed before Ramadan will help to prevent headache, irritability and mood swings.

Most psychotropic drugs can cause some degree of constipation, in particular **clozapine** and **tricyclic antidepressants**. Please check with your pharmacist for further details and specific advice.

Dehydration

Fasting may cause dehydration and decrease glomerular filtration, which may increase serum levels of renally-dependent medication such as lithium.

Lithium plasma levels should be more closely monitored in a service user who is dehydrated or who have sodium depletion. A reduction in dose maybe necessary.

Discuss signs and symptoms of lithium toxicity with service users on lithium and advise them to seek help immediately if they experience any of the following:

Signs of Lithium Toxicity

- Severe hand shake ('tremor')
- Stomach ache along with feeling sick and having diarrhoea
- Muscle weakness
- Being unsteady on your feet
- Muscle twitches
- Slurring of words - so that it is difficult for others to understand what you are saying
- Blurred vision
- Confusion
- Feeling unusually sleepy

The lithium 'Purple book' contains a handy list of signs and symptoms of lithium toxicity.

Medication

For those patients who will be fasting, please review all medication with the support/ advice of the pharmacist/ pharmacy team and the Dr/ unit medical team.

Specific care-plans maybe required for those patients fasting and are prescribed a medication on the 'critical list' above.

General advice on medicine management is provided below.

Dosing and timing of medication

The fast starts at dawn & is opened at sunset. If it is deemed safe by the team for a service user to fast, adjusting the medication regime around fasting times is an option. As long as this has been discussed with the service user and clinical team.

For inpatients, this can be done by indicating on JAC EPMA in the additional information box, for example that morning medication should be administered at dawn & evening medication to be administered at sunset.

Special consideration should be given to service users whose medication regime includes twice a day or three times a day dosing, especially if it includes a mid-day dose, one option being to consider changing from ordinary to modified-release preparations. This may allow service users to take medicines before or after the fast. The ward or team pharmacist should always be contacted in order to ensure this is done safely.

Examples of changing medication formulations:

Venlafaxine 75mg bd → Venlafaxine 150mg XL once daily

Carbamazepine 200mg tds → Carbamazepine Retard 200mg om & 400mg on

Sodium Valproate 500mg tds → Sodium Valproate Chrono 1.5g on

Ask your pharmacist for details of available slow-release preparations

Routes of Administration

Some Muslims believe that certain routes of taking medication and certain procedures may invalidate their fast. Please consult with your service user to find out their beliefs on this and discuss the risks and advise on alternatives. The Imam at the Trust spiritual department can be consulted for advice.

Signs and symptoms of Dehydration, Low Blood Pressure & Hypoglycaemia

It is important for teams to be aware of the signs & symptoms of dehydration, low blood pressure & hypoglycaemia which may all affect a service user.

Low blood pressure (Hypotension)

Can be mistaken for lethargy and can present with the following symptoms: ⁷

Table 1: Symptoms of Hypotension

Dizziness; especially on rising from a seated position	Palpitations
Pale appearance	Confusion
Feeling Faint	Nausea
Light headedness	Lack of energy
Blurred Vision	Tiredness

Dehydration

The first sign of dehydration is thirst. Other symptoms may include: ⁷

Table 2: Symptoms of dehydration

Dizziness or light-headedness	dry mouth, lips and eyes
Headache	Concentrated urine (dark yellow)
Tiredness	Passing only small amounts of urine infrequently (less than three or four times a day)

Moderate dehydration can cause a service user to lose strength and stamina. It is the primary cause of heat exhaustion.⁷

Hypoglycaemia

The early warning signs of mild hypoglycaemia may include: ⁷

Table 3: Symptoms of hypoglycaemia

Sweating	Anxiety or irritability
Dizziness	Going pale
Tiredness (fatigue)	Fast pulse or palpitations
Blurred vision	Tingling of the lips
Trembling or shakiness	

Signs of more severe hypoglycaemia include:

- Difficulty concentrating
 - Confusion
 - Disorderly or irrational behaviour, which may be mistaken for drunkenness
- Caution must be taken for service users who are on Insulin, refer to Appendix 2.

Dietary Advice

Patients must maintain a balanced diet consisting of items from the following food group:

- Protein: meat, poultry, fish, eggs, nuts, beans, lentils, soy products, dairy
- Carbohydrate: bread, rice, potatoes, chapattis, cereal, pasta, cassava, yam
- Fibre: fruit and vegetables (includes fresh, frozen, tinned - dried and juiced high in sugar if someone is fatigued)

The 'Eat Well Guide' provides, available on the NHS Choices website, provides further information on diet.

Depending upon the patient group and the individual's current physical health state, please involve the dietician to ensure appropriate nutrition intake.

Email: elft.dietitians@nhs.net

Advice and support

This Bulletin provides general advice on medication and fasting during Ramadan.

If you require advice on specific patient care and medicine management, please speak to your ward pharmacist and/or contact your pharmacy team.

Contact details for the ELFT Spiritual, Religious and Cultural Care Department can be found here: <https://www.elft.nhs.uk/Contact-Us/Spiritual-Religious-and-Cultural-Care> (accessed March 2025)

Additional resources

MCB: Ramadan Health Guide (2025):

<https://mcb.org.uk/resources/ramadan-health-guide-2025/> (accessed March 2025)

Diabetes UK: Ramadan:

<https://www.diabetes.org.uk/about-diabetes/looking-after-diabetes/ramadan> (accessed March 2025)

Safe Ramadan Guide 2021:

https://mcb.org.uk/wp-content/uploads/2023/01/SafaRamadan2021Guide_09Apr.pdf (accessed March 2025)

Webinar: Presented by Ammarah Dabhad (13th March 2023)

This webinar in conjunction with the British Islamic Medical Association (BIMA) and supported by PCPA, gives a brief introduction to the Ramadan clinical guidelines produced by BIMA

<https://youtu.be/qeCuNgXdl44> (accessed March 2025)

NHS UK: Keeping patients with diabetes healthy during Ramadan:

<https://www.england.nhs.uk/diabetes/case-studies/keeping-patients-with-diabetes-healthy-during-ramadan/> (accessed March 2025)

Choice and medication patient information leaflet- Ramadan and mental health medicines available in a range languages (accessible via ELFT log in):

<https://www.choiceandmedication.org/florid-eastlondon/generate/handyfactsheetramadanuk.pdf> (accessed March 2025)

Patient information:

Diabetes and Ramadan (BIMA):

<https://britishima.org/advice/diabetes-and-ramadan/> (accessed March 2025)

Diabetes UK: Diabetes and Ramadan:

<https://www.diabetes.org.uk/about-diabetes/looking-after-diabetes/ramadan> (accessed March 2025)

How to have a healthy Ramadan when you have a heart condition:

<https://britishima.org/advice/how-to-have-a-healthy-ramadan-when-you-have-a-heart-condition/> (accessed March 2025)

British Heart Foundation:

<https://www.bhf.org.uk/information-support/heart-matters-magazine/medical/ask-the-experts/fasting-during-ramadan> (accessed March 2025)

Asthma and Lung UK:

<https://www.asthmaandlung.org.uk/living-with/fasting> (accessed March 2025)

Making positive changes for a healthy Ramadan (BIMA):

<https://britishima.org/advice/making-positive-changes-for-a-healthy-ramadan/> (accessed March 2025)

Tips for using eye drops during Ramadan (BIMA):

<https://britishima.org/advice/tips-for-using-eye-drops-during-ramadan/> (accessed March 2025)

Getting ready for Ramadan 2025 (BIMA):

<https://britishima.org/advice/getting-ready-for-ramadan-2025/> (accessed March 2025)

British Nutrition Foundation: A Healthy Ramadan:

<https://www.nutrition.org.uk/creating-a-healthy-diet/a-healthy-ramadan/> (accessed March 2025)

Type 1 Diabetes:

<https://www.mytype1diabetes.nhs.uk/resources/type-1-site-resources/ramadan-and-type-1-diabetes/> (accessed March 2025)

Young Minds: Navigating Ramadan with a mental illness (lived in experience blog):

<https://www.youngminds.org.uk/young-person/blog/navigating-ramadan-with-a-mental-illness/> (accessed March 2025)

Age UK: Ramadan:

<https://www.ageuk.org.uk/discover/2022/march/ramadan/#:~:text=Children%20are%20not%20obliged%20to,to%20be%20able%20to%20fast.>

Appendix 1: Groups exempt from fasting

Group	Exemption
Children	Under 12 years of age
Older adults	Frailty
Chronic disease or long term conditions (conditions + active treatment)	Mental health conditions and physical conditions e.g. uncontrolled diabetes, COPD, people with eating disorders
Terminal illness	e.g cancer
Sexually transmitted disease	HIV due to requirements of medication dosing regime
Infectious diseases	e.g. COVID-19 and related respiratory infection
Women	Pregnant Breastfeeding Menstruation and/ post-partum bleeding
Travellers	Fasting not possible due to long distance travelling

Appendix 2: Medication during Ramadan

Disease state	Advice	Safe way to fast
Type 2 Diabetes 1. Diet controlled 2. Oral medication	<p>1. Diet controlled diabetic patients can safely fast</p> <p>2. Patients taking oral hypoglycaemic agents should not fast unless their diabetes is well-controlled and have had medical advice on how to adjust the doses of medications that they are on.</p>	<p>Safe to fast if:</p>
Type 1 and 2 Diabetes Insulin management	<p>Should not fast unless their diabetes is well-controlled and have had medical advice on how to adjust the doses of medications that they are on. They should also not fast if they meet any of the following criteria:</p> <ul style="list-style-type: none"> • Frail <p>Poor compliance to medication and lifestyle advice</p> <ul style="list-style-type: none"> • Serious co-morbidities such as: uncontrolled hypertension, unstable angina or any other major chronic illness • Pregnancy • History of diabetic ketoacidosis <p>Serious inter-current infections such as: chest infection, skin infection</p> <ul style="list-style-type: none"> • Elderly patients with any impairment of alertness • Two or more episodes of hypoglycaemia and/or any serious episode of hyperglycaemia during present Ramadan. Previous Ramadans are not an issue as the patients control may have been 	<p>The diabetes is well-controlled.</p> <p>Patients must maintain their normal diet i.e. low fat and low sugar diet, when breaking the fast and maintain their normal daily activity.</p> <p>Patients must also drink sufficient water in the hours before and after the fasting period to prevent dehydration</p> <p>All patients must be counselled on the warning signs of dehydration or hypoglycaemia. If either occurs they should first check their blood glucose, and if it is below 4mmol/L, they must break the fast immediately and take a sugary drink followed by</p>

	<p>improved since then</p> <p>Most patients will insist on fasting, but should only do so if their diabetes is well-controlled.</p>	<p>starchy food with a high glycaemic index (GI)</p>
<p>Chronic respiratory disease COPD Emphysema Severe asthma Bronchitis</p>	<p>Exempt from fasting , but those who do fast and experience shortness of breath or worsening of breath or have an asthma attack must immediately break the fast and take the required medication or seek medical attention if appropriate.</p>	<p>Unsafe to fast because:</p> <p>Inhalers cannot be used during fasting therefore asthmatic patients who are not well controlled on preventative inhalers and who are also using relief inhalers frequently should consider not fasting, as using inhalers will break the fast.</p>
<p>Chronic heart disease Coronary artery disease Severe uncontrolled hypertension</p>	<p>Exempt from fasting , but those who do fast and experience severe illness must immediately break the fast and take the required medication or seek medical attention if appropriate.</p>	<p>Safe to fast if:</p> <p>Controlled hypertension with no other co-existing cardiovascular disease patients can fast, but must continue all regular medication. It may be a good opportunity to review current treatment and use longer acting alternatives to encourage better compliance.</p> <p>Unsafe to fast if:</p> <p>Uncontrolled severe hypertension Severe and/ or chronic artery and heart disease which cannot be managed without medication.</p>
<p>Chronic renal disease Renal dialysis Renal transplant Nephrotic syndrome</p>	<p>If there are no other co-existing diseases or all are controlled the patient can fast if they adhere to their normal diet and receive counselling so they are aware of the signs of dehydration.</p>	<p>Unsafe to fast if:</p> <p>The patient has co-existing disease such as coronary artery disease, severe uncontrolled hypertension or is at risk of dehydration.</p> <p>If dehydration occurs they must break the fast immediately.</p>

Immuno-compromised (i.e. taking immunosuppressants such as: <i>steroids, ciclosporin, mycophenolate azathioprine, tacrolimus</i>)	<p>It is safe to fast providing the patient is generally well. Most medications are taken once or twice daily. Doses can be adjusted to suit the meal times i.e. sunset and sunrise meals</p>	<p>Safe to fast if:</p> <p>The steroid dose must be taken with food and is best taken in the morning (<i>the pre-dawn meal</i>) to mimic the body's normal release.</p> <p>Ensure adequate fluid intake between the fasting periods to prevent dehydration.</p>
HIV/AIDS infection	<p>Someone living with HIV may be taking anti-retrovirals. Anti-retrovirals need to be taken continuously and at the same time each day as discussed with healthcare professionals.</p>	<p>Unsafe to fast because:</p> <p>If someone living with HIV and is taking antiretrovirals stops taking them without consulting their HIV doctor they could become very unwell.</p> <p>A person living with HIV who wishes to fast should discuss this with their HIV doctor. It may not be possible to fast due to them being unwell or due to their antiretroviral medication.</p>
Eye drops for: Glaucoma Eye infection Hayfever	<p>Using eye drops does not 'break' the fast</p>	<p>Safe to fast</p> <p>For certain eye drops timing can be adjusted to out the fasting period e.g. before dawn and after dusk.</p> <p>Please seek advice from the pharmacist and the clinician before advising the patient.</p>
Ear drops for: Ear infection Wax removal	<p>Ear drops maybe used in <u>some circumstances</u> and will not invalidate the fast, unless tympanic membrane is perforated.</p>	<p>Safe to fast</p> <p>For certain ear drops timing can be adjusted to out the fasting period e.g. before dawn and after</p>

	However, it would be advisable to check with the patients local Imam if is permissible.	dusk. Please seek advice from the pharmacist and clinician before advising the patient.
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References:

1. Cultural competency Toolkit; West London Mental Health NHS Trust; 2007.
2. Taking medication during Ramadan: <https://islamqa.org/shafii/qibla-shafii/33549> (accessed March 2023).
3. Caring for Muslim patients during the month of Ramadhan; Bolton Primary care Trust; October 2004.
4. Email communication with Imam at Masjid e Quba, Hackney London.
5. Ramadan memo for healthcare professionals; 2024 Prepared by East London NHS Foundation Trust Medicines Information department
6. National Patient Safety Agency. Reducing harm from omitted and delayed medicines in hospital. February 2010.
7. The Eatwell Guide; NHS choices website: <https://www.nhs.uk/live-well/eat-well/the-eatwell-guide/> (accessed March 2025)
8. Royal Pharmaceutical Society- Ramadan guidance (accessed March 2025); <https://www.rpharms.com/resources/pharmacy-guides/fasting>
9. British Islamic Medical Association (BIMA): <https://britishima.org/> (accessed March 2025)
10. Muslim Council of Britain: <https://mcb.org.uk/> (accessed March 2025)
11. Age UK: <https://www.ageuk.org.uk/discover/2022/march/ramadan/#:~:text=Children%20are%20not%20obliged%20to,to%20be%20able%20to%20fast> (accessed March 2025)