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CORRESPONDENCE

We may return unduly long letters to the author for shortening so that we can offer readers as wide a selection as possible. We receive so many letters each week that we have to omit some of them. Letters must be signed personally by all their authors. We cannot acknowledge their receipt unless a stamped addressed envelope or an international reply coupon is enclosed.

Muslims, Ramadan, and diabetes mellitus

SIR,—Dietary regulation plays an important role in the management of diabetes mellitus. Several of the world's great religions recommend a period of fasting and abstinence, and of these perhaps the Islamic fast of Rosa during the month of Ramadan is the most strictly observed. This proscribes all food, drink, tablets, and injections between sunrise and sunset. Medical conditions such as diabetes mellitus merit exemption at the patient's own discretion.

Since the month is calculated on the lunar cycle, it may occur at any period in the year. In temperate regions subjects may be without food and drink for up to 18 hours daily; Rosa this year will start on 27 July, when it will last approximately 17 hours. After sunset there may be a meal containing far more carbohydrate than usual. In order to see if this presents a problem we have interviewed 30 unselected Muslims attending our clinic at around the time of the 1978 fast. The distribution of the treatment groups, compliance, and alteration of carbohydrate intake and diabetic control are shown in the accompanying table. Half claimed exemption on medical grounds; insulin therapy did not appear an obvious cause for this. All who fasted claimed total observance without even occasional lapses. Only three patients noticed any alteration in their diabetic control, though few tested urine samples regularly. One on oral hypoglycaemics reported increased glycosuria and had also increased dietary carbohydrate, from 150 to 180 g daily. Another on tablets noticed "less thirst." The insulin-treated patient noticed less glycosuria. Six patients altered the overall quantity of carbohydrate consumed daily: four (two on tablets, two on insulin) increased the amount by 20-110 g/day, whilst two (one on tablets, one on insulin) reduced it by 20-50 g/day.

Muslim diabetics in Ramadan

Treatment	No interviewed	No observing the fast	No who noticed alteration in their diabetic control	No who altered their daily carbohydrate intake		
				Reduced	Increased	No change
Diet	3	1	—	—	—	1
Diet and oral hypoglycaemic agents	16	8	2	2	1	5
Diet and insulin	11	6	1	1	2	3
Total	30	15	3	3	3	9

The six patients on insulin who chose to adhere altered their regimens variously: one, on twice-daily insulin, simply omitted the morning dose altogether, while another (similar) patient omitted the evening dose. Of the four on once-daily insulin, one had it at night instead of in the morning; another continued with morning injections, taking ampicillin when "unwell" but denying hypoglycaemic symptoms; the third simply stopped his insulin altogether; and the fourth seemed, after close questioning, to be having random doses of insulin anyway.

Thus, although Ramadan imposes a severe restriction on Muslim diabetics, there appears to be little radical change in the patient's apparent control. Since only a small proportion of patients attended the clinic during Ramadan itself, sufficient blood sugar levels are not available for comparison. It seems unlikely that a fast lasting approximately 18 hours will have no effect on diabetic control and it may be that the small numbers involved may mask serious consequences. Those who elected exemption may have experienced difficulties in the past but this did not appear to be the reason in those interviewed. Moreover, we have failed to notice any particular increase in the incidence of admissions to hospital for un-