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# Where should I start?

Planning ahead is always good and when you plan to fast with diabetes it is essential. Your blood glucose level changes throughout the day, affected by food, exercise and medication, but mostly by food. The makers of the OneTouch® brand are here to help.



To stay in control of your diabetes when fasting, consult your healthcare professional before you start.



It is better to ask your healthcare professional for a full annual review (including blood pressure, and checking for high blood glucose complications involving feet and eyes), and blood test (HbA1c, lipid profile, renal function and urinary albumin to creatinine ratio) in the couple of weeks before you plan to fast.<sup>1</sup>



You should assess your suitability to fast based on your risk category. if you are at all uncertain check with your healthcare professional. (Check the next page to help you know what category you are).<sup>1</sup>



If you do choose to fast, as a person with diabetes it is important you know about the potential risks and when it is medically necessary for you to break your fast.<sup>1</sup>



You should review all your medications and alteration of medications with your health-care professional for safe fasting.<sup>1</sup>



# Use the chart below to help you decide your risk category with your healthcare professional.

This may help you decide if its safe for you to fast, and if so what precautions you need to take.

HIGH RISK	MODERATE RISK	LOW RISK			
DON'T FAST	MAY FAST**	ABLE TO FAST ***			
Type 1 diabetes  Poor glycaemic control, defined as HbA1c > 8.5%.  Hypoglycaemic unawareness  Severe or recurrent episodes of hypoglycaemia (low blood sugar) in the 3 months prior to month of Ramadan  History of hyperosmolar hyperglycaemic coma (high blood sugar) coma or ketoacidosis in the 3 months prior to month of Ramadan  Any other disease or complication as well as diabetes, for example: macrovascular complications, renal disease, liver disease, cognitive dysfunction, uncontrolled epilepsy (particularly precipitated by hypoglycaemia)  Diabetic foot infection or foot ulcer	Noderate glycaemic (glucose in the blood) control (HbA1c = 7.5% - 8.5%) with no major complications of diabetes  Well-controlled diabetes (HbA1c < 7.5%) treated with sulfonylurea, short-acting insulin secretagogue, insulin or treated with a combination oral or oral and insulin treatment.	Diet-controlled diabetes     Diabetes well-controlled with monotherapy and otherwise healthy			
Pregnant women     Those undertaking frequent intense physical labour	** if patient and healthcare professionals are happy, with collaboration of care between all involved	*** should be able to fast with advice			

For all fasting patients with diabetes, regardless of risk category, every OneTouch® meter is designed to make it easy to test your blood glucose and help you manage your diabetes.

If you don't already own a blood glucose meter, purchase one and get used to using it. NEW OneTouch Verio Reflect™ with ColourSure™ Dynamic Range Indicator helps you to see when your blood sugar result is near high or low so you can confidently take action before going out of range.\*

1. Ali S. Davies MJ, Brady EM, et al. Guidelines for managing diabetes in Ramadan, Diabet Med, 2016 Oct;33(10):1315-29.





If your healthcare professional has agreed you can fast and you are looking forward to the holy month then it's time to prepare.



Patients with diabetes should be aware of important potential concerns when fasting.

#### Low blood sugar (Blood sugar level <72 mg/dl)

During fasting your blood sugar level may decrease under the normal level due to low food intake and changing in your antidiabetic regimen and your lifestyle.







Sweating



Anxious



Dizziness



Hunger



Fast heartbeat

#### High blood sugar

During month of Ramadan, your blood sugar level may increase due to increase in food and/or sugar intake and also excessive reduction in dosage of medications because of long fasting hours.



Needing to pass urine



Very thirsty



Extreme tiredness

#### Dehydration (loss of water & salts)

During fasting, the limitation of fluid intake for many hours cause dehydration, especially in hot and humid climate.



Dizzinece



Very little urine output



Becoming disorientated & Loss of consciousness



. The Muslim Council of Britain. MCB. Ramadan and Diabeties: A guide for patients. June 2013. Available at: http://www.mcb.org.uk/wp-content/upoads/2014/08/Ramadan-and-diabetes-A-guide-for-patients-2013.pdf. Last accessed on: 1504/2018.
Ahmad J, Pathan MF, Jaileel MA, et al. Diabetic emergencies including hypoglycemia during Ramadan. Indian Journal of Endocrinology and Metaboliss

3. International Diabetes Federation, IDF. Diabetes and Ramdan International Alliance, DAR. Diabetes and Ramadan: Practical Guidelines. April 2016. availa ble at: http://www.daralliance.org/daralliance/wp-content/uploads/IDF-DAR-Practical-Guidelines\_15-April-2016\_low.pdf. Last accessed on: 15/04/2018.

If you do encounter any of these problems, as a person with diabetes it's important you take action. Always follow your healthcare provider's recommendations.

Treat your low or high sugar level and dehydration.

Low blood sugar	High blood sugar	Dehydration
Stop fasting if your blood sugar level falls below 60 mg/dl If your blood sugar is below 70 mg/dl at the start of your fast and you are on insulin or gliclazide, stop your fast.	Stop fasting if your blood sugar level goes over 288 mg/dl.	Make sure you have plenty of sugar-free drinks, such as water between the Iftar and Suhoor.
You must treat the low blood sugar level immediately with one of the following:  • A small glass of pure fruit juice  • Glucose tablets  • 5 sweets e.g. Jelly Babies  • Check after 10 - 15 minutes and if it is still less than 72 mg/dl, repeat the treatment.  • After you have treated the low blood sugar level, you must have a snack, such as a slice of toast, half a sandwich or a bowl of cereal.	To avoid high blood sugar levels:  • Always take your diabetes medications according to the new schedule advised by your healthcare professional during fasting  • Try to plan delicious yet healthy Iftar meals, keeping sugary foods in moderation and drink plenty of water between Iftar and Suhoor	Limit caffeinated drinks such as coffee, tea or energy drinks as these act as diuretics which means they can actually make you more dehy- drated. Stick to water as much as possible.

Testing your blood glucose level multiple times daily, helps you early detect your highs and lows and minimize complications. NEW OneTouch Verio Reflect™ meter with Blood Sugar Mentor™ feature gives you personalized guidance, insight, and encouragement so you can take action to help manage highs and lows.\*



<sup>\*</sup>The low and high range limits set in the OneTouch Verio Reflect™ meter apply to all glucose test results. This includes tests taken before or after mealtimes, medications, and around any other activities that may aect blood glucose. Patients are advised to talk to their healthcare professional about the high and low limits that are right for them. Always use your current result for immediate treatment decisions and talk to your healthcare professional before making so solinicant changes to your diabetes care plan.



Please talk to your healthcare professional about diabetic ketoacidosis and thrombosis

Diabetic ketoacidosis is when the body produces high levels of blood acids. A thrombosis is a blood clot in a vein. Have you ever heard of them? Here is what you need to know.

#### Diabetic ketoacidosis (body produces high levels of blood acids)

- It is characterized by a serum glucose level >250 mg/dl and an elevated serum ketone level, and dehydration.<sup>2</sup>
- Due to low food intake during fasting, your cells don't get the glucose they need for energy, your body begins to burn fat for energy, which produces ketones. Ketones are chemicals that the body creates when it breaks down fat to use for energy, when the body doesn't have enough insulin to use glucose, the body's normal source of energy. When ketones build up in the blood, they make it more acidic. They are a warning sign that your diabetes is out of control or that you are getting sick.<sup>3</sup>

#### Common symptoms of diabetic ketoacidosis:2



Production of abnormally large volumes of dilute urine



Abnormally great thirst



Fatigue



Abdominal pain



Difficult in breathing



Ahmad J, Pathan MF, Jaleel MA, et al. Diabetic emergencies including hypoglycemia during Ramadan. Indian Journal of Endocrinology and Metabolism. 2012;16(4):512-515. doi:10.4103/2230-8210.97996.

WESTERBERG DP. Diabetic Ketoacidosis: Evaluation and Treatment. Am Fam Physician. 2013;87(5):337-346.
 American Diabetes Association, ADA. DKA (Ketoacidosis) & Ketones. Available at: http://www.diabetes.org/living-with-diabetes/combilications/ketoacidosis-dka. html. Last Reviewed. August 21: 2013. Last Ediceb. March 18. 2015. Last accessed on: 15/04/2018.

### Thrombosis (blood clot in a vein)

This occurs when a blood clot or thrombus, develops in the large veins of the legs or pelvic area.

High blood sugar may lead to volume and electrolyte depletion, increase blood ability to form clots resulting in clots formation in vein.

You may experience these symptoms in the involved extremities







Pain

Swelling

Warmth & redness

• Also, dehydration will cause decrease blood volume due to decrease water in the body, this leads to increase in the blood thickness that can lead to blood clotting in the vein.<sup>1</sup>







# Congratulations

Check with your diabetes team several months before fasting and follow their recommendations to help you manage your diabetes.

Self-monitoring of blood glucose can motivate people with diabetes to become active participants in their own care. Every OneTouch® meter is designed to make it easy to test your blood glucose and help you manage your diabetes.

## Some simple tips to help you stay safe



• Always carry your prescribed glucose treatment (to treat low blood glucose level) with you.



Always have diabetes identification, such as a medical alert bracelet. This
means you can get the help you need faster if you suffer a low or high blood
sugar incident outside the home.



• Test your blood regularly to monitor your glucose (sugar) levels, also test it if you feel unwell during fasting, (Know the risk factors and be on the look out for any of the signs or symptoms)



• End your fast if your blood sugar level is > 288 mg/dl or < 60 mg/dl or if you feel excessively dehydrated.



• Never stop your insulin, but you must speak to your healthcare professional because you may need to change the dose and times of your insulin injections.





# Here are answers to some frequently asked questions by people with diabetes

#### Can I draw blood and test my blood glucose during my fast?

YES, testing your blood glucose levels regularly, according to your healthcare professional's recommendations is important. This will help you to manage your blood glucose level and recognize when your blood sugar levels are high or low.<sup>1</sup>

• Testing your blood glucose during month of Ramadan does not break your fast.

#### May I eat dates while I am breaking my fast?

YES, consumption of 100 g of dates provides 50–100% of the recommended dietary fiber Intake. Dates are high in fructose which is a more powerful sweetener than glucose and it is less rapidly absorbed than sugar, which results in a relatively low glycemic index.<sup>1</sup>

#### Can I pray Taraweeh or will this make me at a risk of low blood sugar?

YES, Taraweeh prayers should be considered as a part of the daily exercise program but, you should monitor your blood glucose. Choose to eat starchy foods with Iftar, which are digested slowly, and to drink plenty of water before prayers period.<sup>1</sup>



Make sure that you carry sweets or glucose tablets with you at all times.<sup>2</sup>

#### Do I need to wake up for Suhoor?

YES, you must eat a meal at Suhoor just before sunrise and not at midnight as this will help to keep your blood sugar levels more balanced through fasting.<sup>2</sup>



The Muslim Council of Britain. MCB. Ramadan and Diabetes: A guide for patients. June 2013. Available at: http://www.mcb.org.uk/ wo-content/uploads/2014/06/Ramadan-and-diabetes-A-guide-for-patients-2013.pdf. Last accessed on: 15/04/2018.



You are always advised to follow your healthcare professional's advice. Here is some additional guidance to help you with monitoring your blood glucose during fasting period

• At the beginning of the fast and then regularly every 4 h throughout the day.

• Test immediately if you feel any symptoms of low/high blood sugar level or you become unwell.

• 2-4 times daily before, during, and after the fasting period , if you are receiving insulin or insulin secretagogues

• Once or twice daily if you are treated with diet or with antidiabetic agents associated with a low risk of hypoglycemia



Testing your blood glucose level multiple times daily, helps you early detect your highs and lows and minimize complications. NEW OneTouch Verio Reflect™ meter with ColourSure™ Dynamic Range Indicator helps you to see when your blood sugar result is near highs or lows so you can confidently take action before going out of range.\*

<sup>3.</sup> Ali S, Davies MJ, Brady EM, et al. Review Article Guidelines for managing diabetes in Ramadan. Diabet. Med. 2016; 33: 1315–1329. "The low and high range limits ear in the One-Touch Verlie Reflect." we mater apply to all glucose test results. This includes tests taken before or after mealtimes, medications, and around any other activities that may aect blood glucose. Patients are advised to talk to their healthcare professional about the high and low limits that are right for them. Always use your current result for immediate treatment decisions and talk to your healthcare professional before making significant changes to your diabetes care professional before making significant changes to your diabetes care jour diabetes."





Ali S, Davies MJ, Brady EM, et al. Review Article Guidelines for managing diabetes in Ramadan. Diabet. Med. 2016; 33: 1315–1329.
 Ibrahim M, Abu Al Magd M, Annabi FA, et al. Recommendations for management of diabetes during Ramadan: update 2015. BMJ Open Diabetes Research and Care 2015;3: 1-14.

## Fasting can put patients with diabetes at risk of dehydration. Here are some tips to help you stay hydrated during your fast



• Drink plenty of water at Suhoor and Iftar, and during the hours in between.

• Fruit juice is best avoided but if you choose to have juice, just drink a small glass(120ml).





• Avoid soft and fizzy drinks as they are high in sugar. It is best to even avoid the diet varieties as they contain caffeine.



• Avoid drinking tea or coffee, these contain caffeine and can make you dehydrated.



# When it's time to break your fast, consider these tips:



 $\bullet$  Iftar should begin with plenty of water to overcome dehydration from fasting, and 1–2 dried or fresh dates to raise blood glucose levels

#### Your Iftar meal should be a healthy, well balanced meal that may consist of:



1 cup of vegetables



1.5 cup of whole grain rice



Half cup of proteins (fish, skinless poultry)



A piece of fruit



Half cup of lentils, beans



A cup of low fat milk or yoghurt (dairy product)

- Fat as olive oil or oily fat from tuna and sardines and salmon are recommended. (2 teaspoons only)
- When breaking the fast you are hungry and so tend to eat fast, which can lead to overeating as it takes time for your stomach to signal to your brain that it is full. Try to enjoy your meal slowly and stop as soon as you feel full.
- Take Suhoor as late as possible, especially when fasting for >10 hours to avoid low blood sugar during your fast.
- At Suhoor, it is advised to eat more dairy products or vegetables or beans than carbohydrate rich food like rice or bread or potatoes so it doesn't affect the blood glucose level after meal.



 International Diabetes Federation, IDF. Diabetes and Ramdan International Alliance, DAR. Diabetes and Ramdan: Practical Guidelines. April 2016. available at: http://www.daralliance.org/daralliance/wp-content/uploads/IDF-DAR-Practical-Guide inse; 15-Anij-2016 low.ddf. Last accessed on: 150/a/2018.



## To help avoid high blood sugar level after your Iftar, try to avoid the following



Sugar-heavy desserts should be avoided after iftar and between meals. A moderate amount of healthy dessert is permitted, for example a piece of fruit



Ghee, butter, margarines



Carbohydrates like wheat flour and starches like corn, white rice and potato.



Having large and frequent snacks between the two main meals



Protein that are high in fats (e.g. beef, lamb, hot dog, salami)



Frying, it is advised to bake or grill food



Check your blood glucose level during the day and post -meal to reduce the risk of high blood level that my occur after meals.1



Maintaining a regular light exercise during month of Ramadan can help you manage your blood glucose levels

Normal levels of physical activity may be maintained. However, excessive physical activity may lead to higher risk of hypoglycemia and should be avoided, particularly during the few hours before the sunset meal.<sup>1</sup>

Remember

Taraweeh prayers, such as bowing, kneeling and rising, should be considered part of your daily exercise activities.<sup>2</sup>



• Drink plenty of water before Taraweeh prayers to avoid dehydration during prayers.<sup>3</sup>





Testing your blood sugar with OneTouch® meters after Iftar, can help you manage your diabetes.

 Ahmad J, Pathan MF, Jaleel MA, et al. Diabetic emergencies including hypoglycemia during Ramadan. Indian Journal of Endocrinology and Metabolism. 2012;16(4):512-515.doi:10.4103/2230-8210.97996.

 The Muslim Council of Britain. MCB. Ramadan and Diabetes: A guide for patients. June 2013. Available at: http://www.mcb.org.uk/ wp-content/uploads/2014/06/Ramadan-and-diabetes-A-guide-for-patients-2013.pdf. Last accessed on: 15/04/2018.



International Diabetes Federation, IDF. Diabetes and Ramdan International Alliance, DAR. Diabetes and Ramadan: Practical Guidelines. April 2016. Available at: http://www.daralliance.org/daralliance/wp-content/uploads/IDF-DAR-Practical-Guidelines\_15-April-2016. Jow.pdf. Last accessed on: 15/04/2018.

Ibrahim M, Abu Al Magd M, Annabi FA, et al. Recommendations for management of diabetes during Ramadan: update 2015. BMJ Open Diabetes Research and Care 2015;3: 1-10.







# Eid Mubrarak!

Your fast is over, it is time to safely get back to your regular daily routine.



### **EID MUBARAK!**

Eid is a time of celebration and feasting. While we all deserve to enjoy this time, be aware of the risk of overindulgence that Eid presents.

• Many celebratory foods can be high in fat and sugar. Be sensible and you can participate but try to moderate the amounts you eat like cookies, biscuits and Kahk.<sup>1</sup>

• A post-month of Ramadan follow-up meeting with your healthcare professional is advisable in order to assess how you handled your fasting, also to readjust your therapeutic regimen that may be changed back to its previous schedule, if your glycaemic control was satisfactory before month of Ramadan.<sup>2</sup>

NEW OneTouch Verio Reflect™ meter with Blood Sugar Mentor™ feature gives you personalized guidance, insight, and encouragement so you can take action to help avoid highs and lows.\*









\* The low and high range limits set in the OneTouch Select Plus® OneTouch Select Plus Flex® and OneTouch Verio Reflect™ meter apply to all glucose test results. This includes tests taken before or after mealtimes, medications, and around any other activities that may affect blood glucose. Patients are advised to talk to their healthcare professional about the high and low limits that are right for them. Always use your current result for immediate treatment decisions and talk to your healthcare professional before making significant changes to your diabetes care plan.



 The Muslim Council of Britain. MCB. Ramadan and Diabetes: A guide for patients. June 2013. Available at: http://www.mcb.org.uk/ wp-content/uploads/2014/08/Ramadan-and-diabetes-A-guide-for-patients-2013.pdf. Last accessed on: 15/04/2018.
 International Diabetes Federation, IDF. Diabetes and Ramadan International Alliance, DAR. Diabetes and Ramadan: Practical Guidelines. April 2016. Available at: http://www.darailliance.org/darailliance/wp-content/uploads/IDF-DAR-Practical-Guidelines\_15-April-2016\_jow.pdf. Last accessed on: 15/04/2018.





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every touch is a step forward™

#### Why test your blood glucose (blood sugar)?

To help you and your healthcare team adjust your diabetes treatment plan when needed. A OneTouch® blood glucose meter with ColourSure $^{\text{TM}}$  technology, helps you better understand your results.

#### What are my blood sugar targets?

Time	My Target Range*
Before meals	
2 hours after start of a meal	
Bedtime	
Other times	

\*Always ask your doctor or other health care professional about your unique blood glucose target ranges. And don't forget to write them down to help guide you to make decisions based on your test results.

### How to use your logbook



Use this logbook to help you learn how food, medication and exercise affect your blood sugar. Then make healthy decisions each day to better manage your diabetes. Here's how to work with your logbook:

- 1 Fill in the date.
- 2 When testing blood sugar before and after meals, write down the "before-meal" result in the 🗯 column and the "after-meal" result in the 🖒 column
- 3 Write down the time you test your blood sugar.
- 4 Write down any amount of medication you've taken (insulin and/or diabetes pills), in the (1) column.
- 5 When your result is high or low, circle it so you can see it at a glance.
- 6 Use the comments section to remark on anything important like meals eaten, exercise, or stress.



When testing your blood glucose, hold the lancing device firmly against the side of your finger. Fewer nerves on the side can make it less painful than the center of your fingertip.

		Breakfast		Lunch			Dinner			Snack	Other	Bed
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When testing your blood glucose, hold the lancing device firmly against the side of your finger. Fewer nerves on the side can make it less painful than the center of your fingertip.

		Breakfast			Lunch		Dinner			Snack	Other	Bed
Day	<b>(2)</b>	( <u>}</u> )	(ĵ)	<b>(2)</b>	( <u>}</u>	(ĵ)		(1)	ĵ			<b>©</b>
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For more information, talk to your healthcare professional



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