

Fasting with adrenal insufficiency

Guidance for patients on long-term steroids who wish to fast during Ramadan

Fasting during the Muslim holy month of Ramadan is important to many patients; however, omission or a delay in administration of steroids can result in life-threatening consequences from an adrenal crisis.



*This information leaflet is for **adult** patients with adrenal insufficiency on long-term **stable** doses of steroid replacement who would like guidance and advice on how to observe Ramadan safely.*

How can I participate in religious fasting safely?

You should make contact with your endocrinologist or endocrine nurse specialist as early as possible (ideally at least 4–8 weeks before Ramadan) to inform them that you wish to partake in fasting. This will allow a careful review of the risk and an individualised management plan can be put in place to support you to fast **if** it is deemed safe for you to do so. Prior to the start of Ramadan, you should:

- familiarise yourself with **steroid sick day** rules
- have a valid **intramuscular steroid injection** pack that you (or a close friend or family member) are trained in how to use in case of an emergency
- have an up-to-date **steroid emergency card** with details of your local endocrine unit with you at all times.

Will I need to change my steroid dose or preparation to support fasting?

Patients with adrenal insufficiency are likely to be on once, twice or thrice daily steroid replacement depending on their underlying condition with the aim being to mimic the body's normal steroid hormone profile (also known as the circadian rhythm).

Depending on your underlying condition and the indication for steroid hormone replacement you **may** be switched temporarily to a once daily long acting steroid hormone preparation (like prednisolone) to take at dawn (suhor).

What do I do with my other hormone replacement medications?

This should be discussed during your consultation with your endocrinologist prior to the commencement of Ramadan.

What are the alternatives to fasting if my health condition is deemed too high risk to observe Ramadan?

Individuals who risk a deterioration in their health by fasting are exempt from observing Ramadan.

Under these circumstances potential alternatives are to:

trial alternate day fasting (health condition permitting)

compensate for the missed fasts during another time of the year (for example when you have recovered from the illness or when fasts are shorter such as during the winter months)

or by feeding the poor (fidyah) if the above is not safe

You may find it beneficial to speak to your local or hospital imam or scholar for further guidance.

What should I do if I feel unwell or have an adrenal crisis whilst observing a fast?

- An adrenal crisis is a medical emergency and must be treated immediately. Symptoms of an adrenal crisis include:

nausea

vomiting

abdominal pain

lethargy

dizziness, collapse and even loss of consciousness

- If you become unwell whilst fasting – do not delay – you should:

immediately terminate the fast

and

administer double your oral dose of steroid if you are able to eat and drink

or

administer intramuscular hydrocortisone

drink plenty of fluids



attend your local emergency department urgently

abstain from further fasts and follow steroid sick day rules until you make a full recovery

What is the advice for pregnant women?

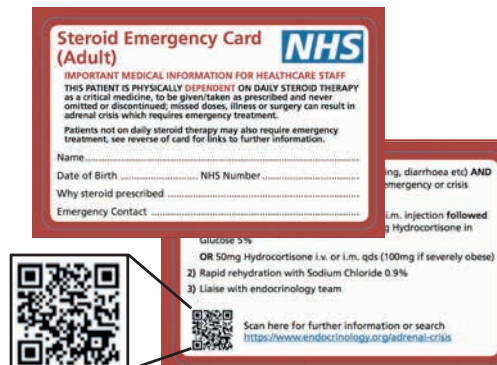
Pregnant women with adrenal insufficiency should not fast to avoid any risks to the mother and developing foetus. These fasts could be compensated for after the pregnancy (and cessation of breast-feeding) if it is considered safe following a medical assessment by an endocrinologist.

For more information on fasting with adrenal insufficiency please refer to:

Hussain S, Hussain S, Mohammed R, Meeran K, Ghouri N. Fasting with adrenal insufficiency: Practical guidance for healthcare professionals managing patients on steroids during Ramadan. *Clin Endocrinol (Oxf)* 2020;93:87-96.

Download a copy of the NHS steroid emergency card by clicking on the link below:

www.endocrinology.org/adrenal-crisis



رمضان كريم



Patient resources available at:



This leaflet has been endorsed by the above organisations.

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