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Evaluation of physicians' approaches for the management of patients with diabetes during Ramadan in Iraq.

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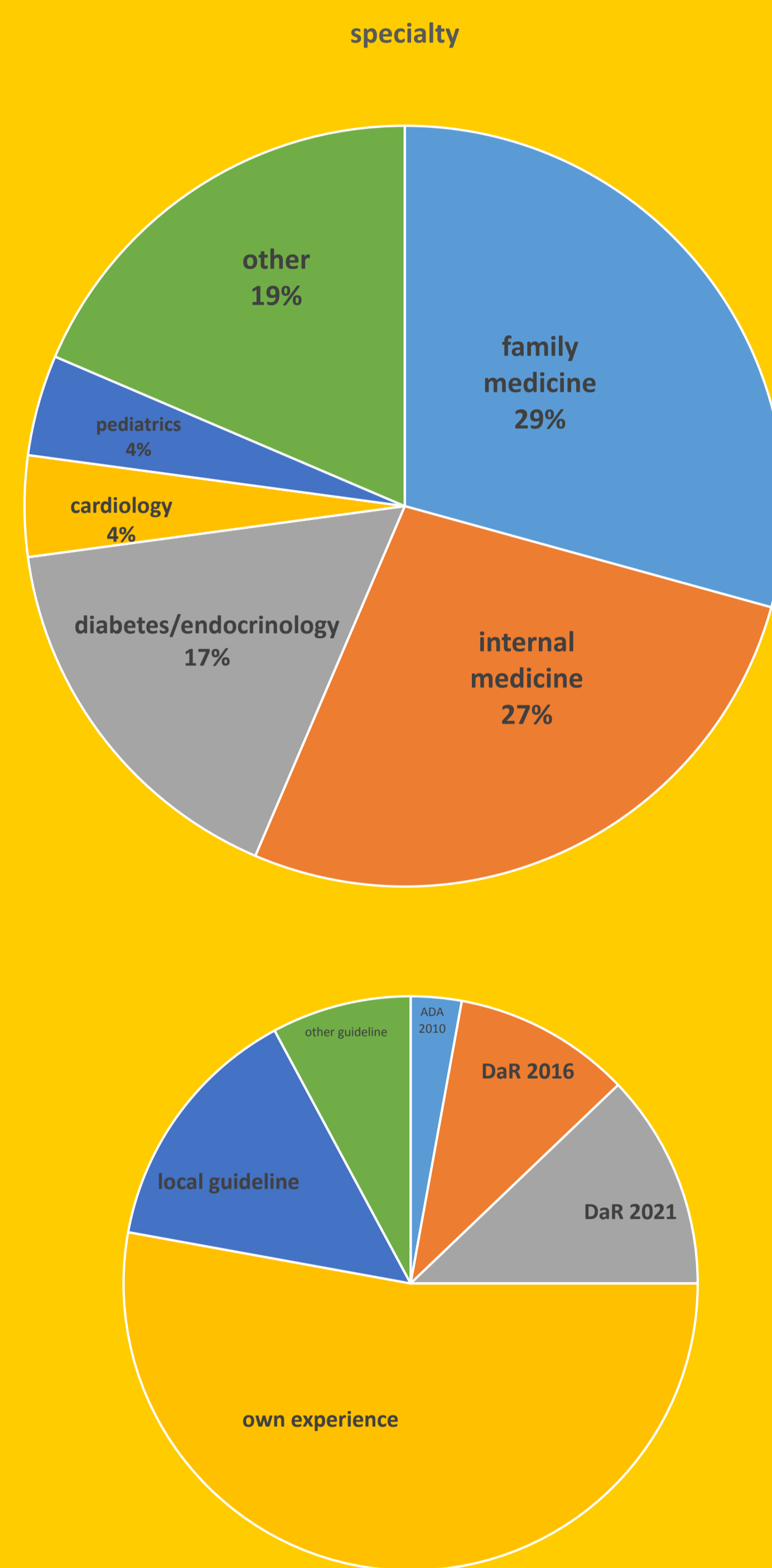
Background/objectives

In Diabetes Mellitus, fasting Ramadan comes with several challenges for both patients and physicians (1). However, majority of Muslims with type 2 diabetes (T2D) fast Ramadan (2). Therefore, several guidelines have been developed to help physicians in managing their patients during Ramadan (1, 3). This survey aims to investigate approaches adopted by Iraqi physicians for the management of diabetes during Ramadan.

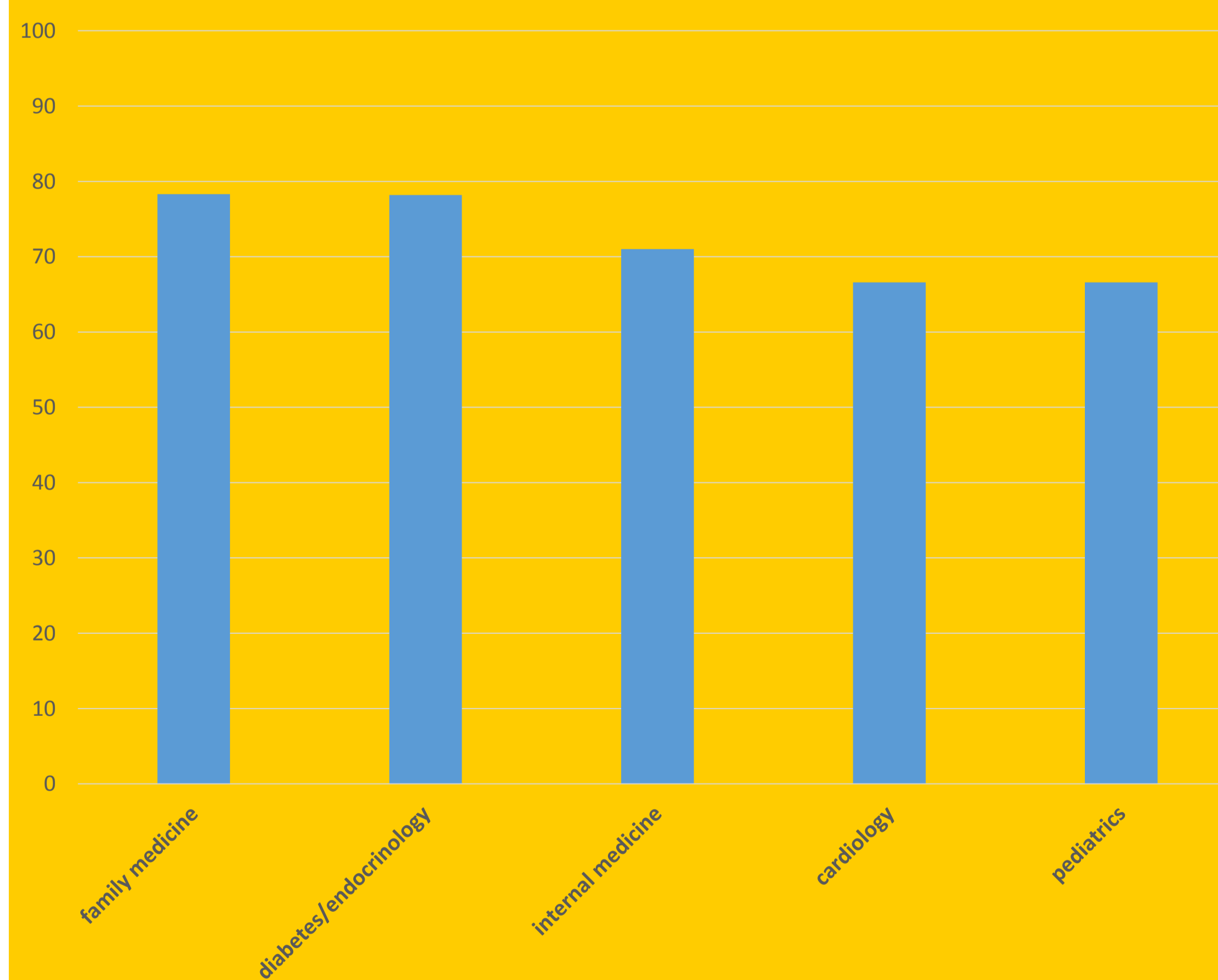
Design and methods

This was a cross-sectional online survey based study conducted via Google forms from March 20 through March 27, 2021. The participants were specialist doctors from different regions in Iraq who were directly involved in management of people with diabetes mellitus. The Google form was distributed to the intended specialist doctors through an invitation link via emails and WhatsApp groups exclusive for specialist doctors from Iraq. Repeat submissions from the same link were automatically blocked by the survey server. The survey was completely anonymous and participants' confidentiality was maintained throughout the study. A total of 140 responses collected in this study.

Results



Distribution of participant's response to the question (which guideline do you follow in giving your advice?)



Distribution of participants according to specialty among those who are more familiar with the guidelines.

- 94.3% reported giving advice to their patients regarding Ramadan fasting
- 84.3% of this advice was based on several factors
- 14.3% allow patients with type 1 diabetes to fast Ramadan
- 32.1% allow those with T2D on insulin to fast.
- Recent DKA and recent severe hypoglycemia were the main causes for not allowing people to fast Ramadan
- 56.4 % of physicians change the frequency of administration of medications during Ramadan
- 67.8 % scored 7/10 or above in the questions to test the familiarity of physicians with the established international guidelines.

Distribution of responses to the question (on which factor(s) your advice on fasting is/are based on?)

Response	Count (n)	Percentage (%)
Type of diabetes	8	5.7
Medications used	4	2.9
Hypoglycemia risk	3	2.1
Presence of complications	2	1.4
Individual social and work circumstances	3	2.1
Previous Ramadan experience	0	0
All of the above	118	84.3
None of the above	0	0
I do not allow patients with diabetes to fast	2	1.4
Total	140	100

Conclusion

This survey highlights the importance of medical education for doctors and the need for structural education programs directed to the family physicians, internists, and other treating physician regarding the current practical guidelines. Health care providers need to be familiar with current diabetes and Ramadan fasting guidelines.

Acknowledgements

We would like to thank all the physicians who participated in this survey

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