

Caring for Muslim patients who fast during Ramadan

Adam Malik, DO, and Amaar Malik, DO

Ramadan is one of the obligatory pillars in Islam during which healthy Muslims are required to fast from dawn until sunset every day for 1 month. There are an estimated 3.45 million Muslims in the United States, and this population will continue to grow by 100,000 per year.¹ With the increased growth of the Muslim population, it is important for clinicians to be aware of how patients of Muslim faith are affected during Ramadan. In this article, we explore the potential risks, as well as the benefits, the month of Ramadan brings to patients. We will also explain how being religiously aware is necessary to provide optimal care for these individuals.

For some patients, fasting may pose risks

Similar to other communities in the United States, individuals who are Muslim experience mood disorders, anxiety disorders, posttraumatic stress disorder, obsessive-compulsive disorder, schizophrenia, substance use disorders, and other psychiatric illnesses.² During the month of Ramadan, Muslims are to abstain completely from eating and drinking from dawn until sunset. This includes medications as well as food and drink.

Due to these circumstances, patients will often change the timing, frequency, and dosing of their medications to allow them to fast. One study found 60% of Muslims made medication adjustments during Ramadan without seeking medical advice.³ It is possible that such alterations may be detrimental.

During Ramadan, some Muslims wake up early in the morning to eat a pre-dawn meal, and often go back to sleep. This has been reported to cause a delay in sleep-wake times and to reduce rapid eye movement sleep.⁴ These circadian rhythm changes can be detrimental to patients with bipolar disorder. One study found higher rates of relapse to depression and mania in patients with bipolar disorder who were fasting during Ramadan.⁵ Circadian rhythm disturbances also may worsen depression.⁶ Another point of concern is patients with eating disorders. One small case series (N = 6) found that fasting during Ramadan exacerbated symptoms in patients with eating disorders.⁷

Another concern is that dehydration while fasting can lead to lithium toxicity. However, one study found lithium levels remained stable while fasting for 10 to 12 hours.⁵ Another showed that changing lithium dosing from twice a day to once a day allowed for easier administration without causing a subtherapeutic change in blood lithium levels.⁸

The practice also may have benefits for mental health

For many Muslims, Ramadan is the best time of the year, where they reconnect with



Adam Malik, DO



Amaar Malik, DO

Dr. Adam Malik is PGY-1 Psychiatry Resident, Penn Highlands DuBois, DuBois, Pennsylvania. Dr. Amaar Malik is PGY-1 Psychiatry Resident, Millcreek Community Hospital Psychiatry Residency Program, Erie, Pennsylvania.

Disclosures

The authors report no financial relationships with any companies whose products are mentioned in this article, or with manufacturers of competing products.

doi: 10.12788/cp.0259



LET YOUR VOICE BE HEARD

CURRENT PSYCHIATRY invites psychiatry residents to share their views on professional or clinical topics for publication in Residents' Voices. E-mail jbauer@mdedge.com for author guidelines.

Clinical Point

Advise patients not to fast if they are at high risk of clinically decompensating

their religion and experience the utmost spiritual growth. Studies have shown that the incidence of suicide is lowest during Ramadan compared to other months.⁹ A study of older men found that intermittent fasting and calorie restriction (not during Ramadan) resulted in decreases in tension, confusion, anger, and mood disturbance.¹⁰ Another study found that fasting during Ramadan had a positive impact on depression, anxiety, stress, and cognitive function.¹¹

Clinical considerations

To provide the best care for Muslim patients during Ramadan, clinicians should take a holistic approach and take all factors into consideration. It is common for circadian rhythm disruptions to exacerbate mood disorders, so encourage patients to maintain healthy sleep hygiene to their best ability during this month. Another important consideration is medication timing and dosing.¹² For patients prescribed a medication that typically is taken twice a day, determine if this dosing can be changed to once a day, or if both doses can be taken when it is permissible to eat (sunset to dawn). For medications that are absorbed with food, consider how these medications might be adjusted and maintained while a patient is fasting. Some medications may be sedating or activating, so the timing of administration may need to be adjusted to meet the patient's needs. Lastly, keep in mind that certain medications can have withdrawal

effects, and the likelihood of this occurring while a patient is fasting.

One vital point is that if a patient is at high risk of clinically decompensating due to fasting or medication adjustments or discontinuation, advise them to not fast. Muslims with physical or mental illnesses are excused from fasting. Bear in mind that because Ramadan is meant to be a month of heightened spirituality, many Muslims will prefer to fast.

References

1. Pew Research Center. Demographic portrait of Muslim Americans. Published July 26, 2017. Accessed January 15, 2019. <https://www.pewforum.org/2017/07/26/demographic-portrait-of-muslim-americans>
2. Basit A, Hamid M. Mental health issues of Muslim Americans. *J IMA*. 2010;42(3):106-110.
3. Aslam M, Assad A. Drug regimens and fasting during Ramadan: a survey in Kuwait. *Public Health*. 1986;100(1):49-53.
4. Qasrawi SO, Pandi-Perumal SR, BaHamam AS. The effect of intermittent fasting during Ramadan on sleep, sleepiness, cognitive function, and circadian rhythm. *Sleep Breath*. 2017;21(3):577-586.
5. Eddahby S, Kadri N, Moussaoui D. Fasting during Ramadan is associated with a higher recurrence rate in patients with bipolar disorder. *World Psychiatry*. 2014;13(1):97.
6. Germain A, Kupfer DJ. Circadian rhythm disturbances in depression. *Hum Psychopharmacol*. 2008;23(7):571-585.
7. Akgül S, Derman O, Kanbur NÖ. Fasting during Ramadan: a religious factor as a possible trigger or exacerbator for eating disorders in adolescents. *Int J Eat Disord*. 2014;47(8):905-910.
8. Kadri N, Mouchtaq N, Hakkou F, et al. Relapses in bipolar patients: changes in social rhythm? *Int J Neuropsychopharmacol*. 2000;3(1):45-49.
9. Taktak S, Kumral B, Unsal A, et al. Evidence for an association between suicide and religion: a 33-year retrospective autopsy analysis of suicide by hanging during the month of Ramadan in Istanbul. *Aust J Forensic Sci*. 2016;48(2):121-131.
10. Hussin NM, Shahar S, Teng NI, et al. Efficacy of fasting and calorie restriction (FCR) on mood and depression among ageing men. *J Nutr Health Aging*. 2013;17(8):674-680.
11. Amin A, Sai Sailesh K, Mishra S, et al. Effects of fasting during Ramadan month on depression, anxiety and stress and cognition. *Int J Med Res Rev*. 2016;4(5):771-774.
12. Furqan Z, Awaad R, Kurdyak P, et al. Considerations for clinicians treating Muslim patients with psychiatric disorders during Ramadan. *Lancet Psychiatry*. 2019;6(7):556-557.



Discuss this article at
www.facebook.com/MDedgePsychiatry

