

# Safe Fasting for People With Diabetes(pwD)

**Disclaimer:** This is a general guide and not an individualized plan. All fasting & diet plans should be formulated and practiced only under the supervision of a Medical professional. While discussing with your doctor please carry a print out of Appendix A that discusses the associated risks, pharmacological implications, and medication adjustments. To discuss the reduction of medication and insulin please carry the Monthly Log pages 1 & 2.

Protocol	Frequency	Duration	Additional Considerations
Time-Restricted Feeding 16 Hours Fast 8 Hours Feeding	Daily	16 Hours	The fasting window can be safely extended to 18 hours based on meeting specific criteria

## Salient Points

1. **Give about 4-5 days to get adjusted:** Your body is accustomed to eating every few hours. You are not necessarily hungry. Drink 500ML of chilled water when having hunger pangs and have patience.
2. You are allowed to drink Water, Black Coffee, Black/Green Tea. **No Exceptions. Drink at least 3 liters of water during your fasting time.**
3. **Optional Exercise.** Add brisk walking/ Exercise bands for 15-20 mins before breaking your fast. Exercise Bands or weight exercises help prevent loss of muscle mass and boost fat loss.
4. **Mandatory exercise.** Add 15-20mins of brisk walking after your major meals
5. **Eat enough calories** and drink at least 4 liters of water. 70% of your food should be green vegetables.
6. If you feel hypoglycemia symptoms, please record BSL and discontinue fasting.

# Monthly Log-Page 1

	Sample	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Started Eating	1:00 PM							
Time since previous meal	16 Hrs							
Stopped Eating	9:00 PM							
Total Time eating	8 Hours							
Succeeded 16 hours fast?	Yes							
BSL during breaking fast	114							
Morning Fasting BSL	135							
Energy Level During Fast	High							
Consumed 4 Liters of water	Yes							
Any Hypoglycemia symptoms	No							

	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14	Day 15
Started Eating								
Time since previous meal								
Stopped Eating								
Total Time eating								
Succeeded 16 hours fast?								
BSL during breaking fast								
Morning Fasting BSL								
Energy Level During Fast								
Consumed 4 Liters of water								
Any Hypoglycemia symptoms								

*If your BSL during breaking fast is consistently above 80 for 5 days and you don't exhibit any low blood sugar symptoms and report high energy levels then you can safely extend the fasting duration from 16 to 18 hours*

## Monthly Log-Page 2

	Day 16	Day 17	Day 18	Day 19	Day 20	Day 21	Day 22	Day 23
Started Eating								
Time since previous meal								
Stopped Eating								
Total Time eating								
Succeeded 16 hours fast?								
BSL during breaking fast								
Morning Fasting BSL								
Energy Level During Fast								
Consumed 4 Liters of water								
Any Hypoglycemia symptoms								

	Day 24	Day 25	Day 26	Day 27	Day 28	Day 29	Day 30	Day 31
Started Eating								
Time since previous meal								
Stopped Eating								
Total Time eating								
Succeeded 16 hours fast?								
BSL during breaking fast								
Morning Fasting BSL								
Energy Level During Fast								
Consumed 4 Liters of water								
Any Hypoglycemia symptoms								

*If your BSL during breaking fast is consistently above 80 for 5 days and you don't exhibit any low blood sugar symptoms and report high energy levels then you can safely extend the fasting duration from 16 to 18 hours*

## Appendix A

**Benefits:** Time-Restricted Feeding / Intermittent fasting induces improvement in insulin sensitivity and decreases in insulin levels. This, in turn, results in improved fasting and postprandial glucose levels. Additionally, as insulin induces adipose tissue growth, there is less propensity to weight gain and potentially even weight loss.

**Risks:**

1. Potential for hypoglycemia in patients who are on antidiabetic medications that are associated with hypoglycemia, specifically insulin (both prandial and basal) and sulfonylureas (including the short-acting meglitinides).
2. Dehydration due to insufficient water intake.
3. Dehydration induced conditions like stroke.
4. Insufficient energy intake due to a potential calorie deficiency.

**Medication Adjustment:**

The following class of anti-diabetes medications, sulfonylureas, meglitinides, and insulin, are associated with hypoglycemia and their doses should be adjusted on days of intermittent fasting to prevent adverse events.

The following class of anti-diabetes medications rarely cause hypoglycemia and these medications can be continued, as usual, Metformin, Thiazolidinedione (TZD), Dipeptidyl Peptidase 4 (DPP-4) Inhibitors, Sodium-Glucose Cotransporter 2 (SGLT-2) Inhibitors, Glucagon-Like Peptide-1 (GLP-1) Receptor Analogues

Medication adjustment should take into consideration the control of the patient's diabetes including

1. Both fasting and postprandial glucose levels over the preceding 2–4 weeks
2. Short-acting (prandial insulin or an insulin pump, nateglinide and repaglinide) or long-acting (basal insulin, glyburide, glipizide, glimepiride) therapy,
3. The duration of the fasting
4. Whether the fasting precludes all caloric intake or just carbohydrates.

**Glucose Monitoring:**

Unless the patient is using a sulfonylurea or insulin, the risk of hypoglycemia is low and frequent monitoring of glucose is not required. Testing could be as often as every two hours in the patient on insulin or every four hours on sulfonylureas.