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Opinion

Dedicated to Our Western Colleagues, and Eastern Asian Colleagues: How to Deal with Asthma and COPD Patients During Holy Ramadan

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Chronic Respiratory Diseases, especially asthma and COPD are a big burden (with more than 350 million asthmatics, and 65 million COPD patients in the world); Causing morbidity, premature death, and economic negative impact [1]. If treated and managed appropriately, the quality of life and cost of disease, will improve at a personal, communal and a national level. These diseases need daily treatment with inhalers: For asthma, we need inhaled corticosteroids (ICS), properly adjusted at different doses depending on the degree of control, attaining control may require add on therapy to ICS like Beta2Long Acting Agonists (LABAs), Long Acting Muscarinic Agonists (LAMAs), and/or Leukotriene Receptor Antagonists (LTRAs). If there is an allergic component to the asthma, assessment and removal of the cause of allergy, and supportive anti-allergy medications like treating allergic rhinitis and like immunotherapy may also be required to improve the quality of treatment and control [2].

While for COPD; Depending on the FEV1 grade of severity and ABCD clinical group, we need daily LABA and/or LAMA to reduce dyspnea and cough and improve the quality of life. We can, rarely try to add daily ICS for repeated severe exacerbations, especially we notice that ICS is additional risk factor for pneumonia in COPD patients [3].

For both asthma and COPD, the patient may need short acting inhaled bronchodilator to relieve acute symptoms, normally it is short acting B2 agonists (SABA: Salbutamol, albuterol) or short acting muscarinic agonists (SAMA: Ipratropium Bromide) [2,3].

Surveys in different developed and developing countries showed that, we are far from following these international guidelines [4-6], and that a close Patient-Doctor partnership is an asset in good disease management [2,3].

In Muslim countries, which are all classified as developing countries, (low or middle-income countries). Or other Muslims communities, like immigrants, refugees, and expatriates in Europe, Australia and the North Americas. Or like Muslim minorities in India, Russia South Americas, China and other Eastern Asian countries, special approach for management is needed for the month of Holy Ramadan in which Muslims fast from sunrise till sunset, and are prohibited from taking any food or drink orally. Asthma and COPD Muslim patients follow these instructions, and if not educated properly that inhaled medications are NOT considered as an oral intake, they will omit to take their daily inhaled medications during Ramadan, resulting is poor or loss of control of disease, and possible exacerbations.

In this editorial, it is aimed to assist physicians treating Muslim Asthma and COPD patients during the month of Ramadan in, especially in Western Countries and East Asia.

Three topics: The Holy Koran is the book of reference for Muslims. We begin reading Koran verses by saying:

"Au nom de dieu miserecordieux", "In the name of God (Allah) Most Kind and Most Merciful":

Several Koranic verses state that God wants you to be in harmony, and your life to be easy. The following is a translation from the verses or Surat - Al- BAQARAT (183,184) in Koran:
"O you who believe in God Fasting is prescribed for you, as it was prescribed for those before you, so that you may guard (against evil), for a certain number of days. But whoever among you is sick or on a journey, then (he shall fast) a (like) number of other days; and those who are not able to do it may effect a redemption by feeding a poor man".

Chronic Respiratory Diseases can either be in a state of control (stable), or in a state of exacerbation. As mentioned in the Chapter above, if in a state of exacerbation, then the person is in a state of ill health, so fasting is forgiven by God, and a patient can break his fasting for the days of his illness, and can compensate by fasting after Ramadan for an equal number of days also Pregnant women , should also be encouraged not to fast.

It is the duty of the treating physician or nurse to educate the patient about this facility provided in religion.

While for stable asthma, inhalers containing corticosteroids (like Fluticasone, Budesonide or Beclomethasone) alone or combined with long acting bronchodilators (like Salmeterol, Formoterol etc), are prescribed twice a day [2,3], so they can be taken at the time of start of fasting (Sehour) and breaking of the fast (Fetour) .In stable COPD , inhalers like salmeterol or formoterol are prescribed also twice daily for (Fetour=sunset)and(sehour=Sun Rise);Alternately, once a day long acting drugs like Tiotropium, or Indacaterol may be prescribed for COPD groups(B, C or D) [3] which can be taken either at start or end of the fast.

However, the dilemma of using symptomatic treatment with rapid acting inhalers: (SABAs), or (SAMAs) continues, about whether this can or cannot be taken during fasting, when a patient has stable disease but feels sudden shortness of breath or cough. See the following links:

In Favour of Taking Inhalers

https://www.asthma.org.uk/advice/living-with-asthma/fasting/
https://islamqa.info/en/78459
https://islamqa.info/en/37650
http://en.islamtoday.net/quesshow-56-1148.htm
http://www.arabnews.com/node/215842

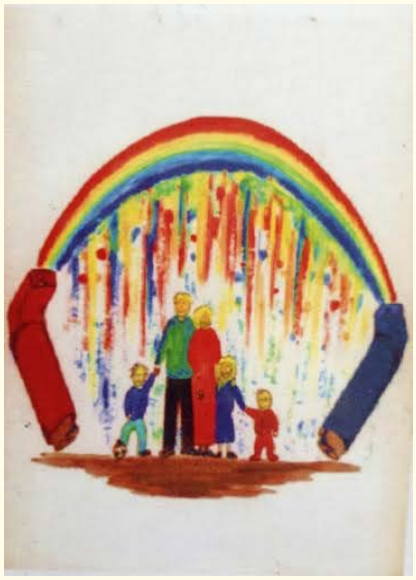
Against Taking Inhalers

http://www.islamweb.net/eramadan/articles/140750/use-of-an-inhaler-and-steam-treatment-while-fasting
https://www.muftisays.com/qa/question/128/answered-fasting--asthma-inhaler.html
http://www.muftisays.com/blog/Muadh_Khan/3370_13-07-2013/using-inhaler-while-fasting-in-hanafi-madhab.html

It is also very important to point out that the smoking of waterpipe (narghileh) or cigarettes are not allowed during fasting hours. So, Muslim patients would be well advised to take the opportunity of Fasting in the Holy Month of Ramadan to quit smoking, so that the COPD will stop progressing [3], and asthma will improve, and therapeutic response in asthma will be more effective and achieving better control [3]. Passive smoking for children and women will be avoided [2,3,7-9].

We conclude that, part of asthma or COPD patient education on the need of two inhalers, one for daily use to achieve control or improve quality of life and the other to relieve symptoms (Figure 1). And for inhaler technique and avoidance of risk factors [2,3,10,11]. Partnership between Muslim patient and his doctor should consider how to schedule inhalers use in the month of holy Ramadan.

Professor Aziz Sheikh from Edinburgh, UK, published nice papers about diseases and medications and Fasting in Ramazan, in the British Journal of Family Medicine in 2014, and in the Primary Care Respiratory Journal in 2004. He suggested also that in patients with asthma who prefer not to use inhalers during fasting hours, one should consider switching to a regimen of a long-acting beta-2 agonist combined to twice-daily inhaled corticosteroid prior to and after the fast [12,13].



Conflict of Interest

Authors declare no conflict of interest.

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