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Ramadan fasting can be safe for patients with heart failure

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Ramadan fasting can be safe for patients with heart failure, according to research presented today at the 29th Annual Conference of the Saudi Heart Association (SHA29), held 1 to 3 March in Riyadh, Saudi Arabia. Experts from the European Society of Cardiology (ESC) will present a special programme.

More than one billion Muslims worldwide abstain from food, drink, and oral medications from dawn to sunset during the holy month of Ramadan. Patients with chronic illnesses are exempt but most elect to fast. The fasting period typically lasts 15 to 16 hours, and two meals are eaten during the night.

Symptoms of heart failure include shortness of breath, ankle swelling, and fatigue. Patients are advised to limit daily intake of fluid to less than two litres and sodium to less than 2500 mg. Medications include angiotensin converting enzyme (ACE) inhibitors or angiotensin II receptor blockers (ARBs), beta blockers, diuretics and digoxin.

"Patients with heart failure frequently ask their doctor if it is safe to fast but until now we didn't have any evidence on which to base our advice," said author Dr. Rami Abazid, cardiologist, Prince Sultan Cardiac Centre, Qassim, Saudi Arabia.

This prospective observational study examined the effect of Ramadan fasting on symptoms of patients with chronic heart failure and reduced ejection fraction (less than 40%). The researchers assessed adherence to

fluid and salt restrictions, medication use, and symptoms before, during, and after Ramadan.

The study included 249 outpatients from three heart failure clinics who had planned to fast during Ramadan in 2017. A total of 227 (91%) patients fasted for the duration of Ramadan. Of those, 209 (92%) had no changes or improved symptoms, while symptoms worsened in 18 (8%) patients. Hospitalisation and emergency department visits were more frequent in patients with worsening symptoms compared to those with stable or improved symptoms (39% versus 0%, $p \leq 0.0001$ and 50% versus 10%, $p \leq 0.0001$, respectively).

The study found that patients with worsening symptoms were less likely to have adhered to fluid and salt restrictions (39% versus 79%, p

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