Effect of Ramadan Fasting on Body Weight, (BP) and Biochemical Parameters in Middle Aged Hypertensive Subjects: An Observational Trial

SALAHUDDIN M1, SAYED ASHFAK AH2, SYED SR3, BADAAM KM4

ABSTRACT

Introduction: Ramadan fasting is a religious obligation which is practised by Muslim population all over the world. However, there is scarcity of scientific literature regarding its effects on health determinants in cardiovascular disturbances like hypertension.

Objective: The present study was done to assess the (BP), body weight and serum cholesterol changes over the period of Ramadan fasting in patients with hypertension.

Materials and Methods: This prospective observational trial was done on 15 hypertensive subjects who were in the age group of 35 to 65 years, who were determined to complete Ramadan fast. All subjects were on antihypertensive therapy. Outcome measures of (BP), body weight and serum cholesterol were assessed in all the subjects before and after Ramadan month.

Results: Mean age of subjects was 44.6 ± 5.62 years. Systolic BP decreased from 148 ± 19.6 to 132.5 ± 17.9 mm of Hg. The decrease of 15.5 units (95% CI: 7.5 to 24.4) was statistically significant (p = 0.0009). Diastolic BP decreased from 90.4 ± 7.8 to 81.1 ± 6.3 mm of Hg. The decrease of 9.3 units (95% CI: 5.7 to 13) was statistically significant (p<0.0001). There was statistically significant decrease in body weight from 66.6 ± 13 to 65.2 ± 12.7 kg (p<0.0001). There was no significant difference in serum cholesterol from 187.3 ± 28.9 to 192.7 ± 31.3 mg% (p=0.37).

Conclusion: Hypertensive patients with continuation of their medicines showed a decrease in blood pressure and reduction in body weight at the end of Ramadan fasting duration. However there was no change found in serum cholesterol levels.

Keywords: Cardiovascular abnormality, Muslim fasting

INTRODUCTION

The Islamic month of Ramadan which is dedicated to fasting is strictly observed by millions of Muslims all over the world. With more than a billion people being followers of Islam, there are hundreds of millions of people who practise the Ramadan fast every year [1,2].

Fasting involves abstinence from any kind of food and drinks from sunrise to sunset. This leads to repeated fasting and refeeding cycles. Naturally, this alters normal feeding pattern, sleep and behaviour of the people who practise the Ramadan fasting. This becomes particularly important in people with hypertension or other cardiovascular diseases, who decide to fast during the month of Ramadan, as a religious obligation. The most common related question which is asked by a patient with known cardiovascular disease, including hypertension, to a physician, is regarding recommendations for fasting in the light of medical research. Several studies done on animals have shown that fasting and refeeding cycles can cause or aggravate hypertension [3-6]. However, Ramadan fasting presents a unique model which is different from experimental fasting. Apart from the feeding behaviour, factors affecting BP during Ramadan include changes in medication timing and possibly, salt intake. However, the effect of the fast on the BP in hypertensive subjects is an issue that has rarely been addressed [7,8].

Fasting in Ramadan has been shown to have some effects on the circulating levels of several biochemical markers which are known to be associated with vascular and metabolic disorders, including cholesterol [9-11]. There are conflicting reports on effect of Ramadan fasting on body weight, with some studies reporting significant decrease and others reporting no significant decrease in body weight [12-14]. The present study was done to evaluate the effect of Ramadan fasting on BP, body weight and serum cholesterol in hypertensive subjects.

METHODS

Study design: A prospective, observational trial.

Study site: Department of Physiology, Government Medical College and Hospital, Aurangabad, India.

Selection of subjects: Fifteen hypertensive patients who were in the age group of 35 to 65 years, with no history of diabetes, tuberculosis or any other major disease and who were willing to be a part of the study were enrolled. Informed consent was taken from each of them them. The patients continued their treatment with antihypertensive agents during the course of the study. All the subjects gave negative history of addictions like smoking or alcoholism.

Data collection and blood sampling: Subjects came at study site after 10–12 hours of fasting, in the morning hours, for data collection. Before the beginning of Ramadan month, the data was collected between 7 days and 2 days before start of Ramadan month and from the 3rd to 6th day after the end of Ramadan month. Five millimetres of fasting blood sample was collected from the median cubital vein by vacuum sampling method and it was then sent to laboratory for the analysis. The systolic and diastolic blood pressures were estimated twice by using sphygmomanometers (Omron Corporation, Netherlands). If there was a difference of more than 5% in between two measurements, then a third reading was repeated and the average of the two near readings see mss recorded as the mean BP. Body weight was measured to the nearest 100 g, with subjects wearing light clothing. Serum cholesterol was estimated by the CHOD-PAP method [15].

DATA ANALYSIS

Quantitative data was expressed in the form of mean±standard deviation. Paired t-test for two tailed hypothesis was used to

compare the observations before and after fasting . A p-value of less than 0.05 was considered to be statistically significant.

RESULTS

Mean age of subjects was 44.6±5.62 years. [Table/Fig-1] summarizes the results which were obtained from the study.

Parameter	Before Ramadan	After Ramadan	Difference in means	p-value
Systolic Pressure (millimetres of mercury)	148±19.6	132.5± 17.9	15.5 units (95% CI: 7.5 to 24.4)	0.0009*
Diastolic Pressure (millimetres of mercury)	90.4±7.8	81.1±6.3	9.3 units (95% CI: 5.7 to 13)	<0.0001*
Body weight (kilograms)	66.6±13	65.2± 12.7	1.4 units (95% CI: 0.86 to 2)	<0.0001*
Serum cholesterol (milligram %)	187.3± 28.9	192.7± 31.3	-5.3 units (95% CI: -17.9 to 7.2)	0.37 **

[Table/Fig-1]: Blood pressure, body weight and serum cholesterol before and after ramadan fasting

SD: Standard deviation* indicates statistically significant** indicates statistically not significant

DISCUSSION

Significant reductions in both systolic and diastolic BP were found in the present study. There was also a significant reduction in body weight. However, there was no significant change in serum cholesterol levels.

Lifestyle related factors like high consumption of see mss which are rich in saturated fats and refined carbohydrates, combined with lack of physical activity, is found to be a causative factor for hypertension, obesity, diabetes and dyslipidaemia. Thus, maintaining a healthy lifestyle, which includes consuming a balanced diet and having regular physical activity, plays an important role in the prevention and management of health disturbances like hypertension, obesity, diabetes and dyslipidaemia [16].

Ramadan fasting in Islam provides an opportunity to decrease the intake of food while increasing physical activity. Although food intake reduction may not be uniform and though it may differ from person to person, extra congregational prayers are more widely mismatch with mss. The extra congregational prayers called 'Tarawih', which are performed around 1–2 hours after sunset, along with increased tendency to offer non-obligatory 'Nafl' prayers, lead to increase in physical activity [17].

Fasting may have a protective effect, as hunger has been associated with catecholamine inhibition and a reduced venous return, which cause a decrease in the sympathetic tone leading to a fall in blood pressure, heart rate and cardiac output [2].

Salim I et al., concluded in their systematic review of related literature, that Ramadan fasting significantly improved the lipid profile, (BMI) and BP in normal healthy people, in patients with stable cardiac illnesses, metabolic syndrome, dyslipidaemia and hypertension [18].

Body weight decreased significantly in the present study. Most studies have shown similar results [19,20]. However, some studies have shown no significant changes in body weight [21,22] after Ramadan fasting.

We found no significant change in serum cholesterol values. Some researchers have reported increased concentrations of serum cholesterol, which may have been related to loss of weight during Ramadan fasting. However, some researchers have found either no change or decreased values of serum cholesterol during Ramadan fasting [23-27].

LIMITATIONS

Study was done on a single group which practised Ramadan fasting and blood pressure reading was evaluated over single time points before and after fasting.

RECOMMENDATION

Doing further studies with large sample sizes and with comparative groups, along with assessment of more parameters of cardiovascular health, may help in better understanding of the subject.

CONCLUSION

Hypertensive patients with continuation of their medicines showed a decrease in blood pressure and reduction in body weight at the end of Ramadan fasting duration. However there was no change found in serum cholesterol levels.

ACKNOWLEDGEMENTS

We sincerely acknowledge our Dean, Government Medical College, Aurangabad, Maharashtra, India, for his help and also, the Department of Physiology for their valuable support. Also, utmost thanks to the volunteers of the study.

REFERENCES

- [1] Sakr AH. Fasting in Islam. J Am Diet Assoc. 1975; 67:17–21. [Pub Med].
- [2] Azizi F. Medical aspects of Islamic fasting. Med J Islamic Rep Iran. 1996; 10:241–246.
- [3] Ernsberger P, Nelson DO. Refeeding hypertension in dietary obesity. Am J Physiol.1988; 254: R47–R55.
- [4] Contreras RJ, King S, Rives L, Williams A, Wattleton T. Dietary obesity and weight cycling in rats: a model of stress-induced hypertension? *Am J Physiol*.1991; 261: R848–R857.
- [5] Ernsberger P, Koletsky RJ, Baskin JS, Foley M. Refeeding hypertension in obese spontaneously hypertensive rats. *Hypertension*. 1994; 24: 699–705.
- [6] Ernsberger P, Koletsky RJ, Baskin JS, Collins LA. Consequences of weight cycling in obese spontaneously hypertensive rats. Am J Physiol. 1996; 270: R864–R872
- [7] Habbal R, Azzouzi L, Adnan K, Tahiri A, Chraibi N. Variations of blood pressure during the month of Ramadan. Arch Mal Coeur Vaiss. 1998; 91: 995–98.
- [8] Belkhadir J, el Ghomari H, Klöcker N, Mikou A, Nasciri M, Sabri M Muslims with non-insulin dependent diabetes fasting during Ramadan: treatment with glibenclamide. BMJ. 1993; 307: 292–95.
- [9] Zadegan N, Atashi M, Naderi G, Baghai A, Asgary S, et al. The Effect Of Fasting In Ramadan on the Values and Interrelations Between Biological, Coagulation and Hematological Factors. *Annals of Saudi Medicine*. 2000: 20: 5–6.
- [10] Khaled M, Belbraouet S, Ramadan Fasting Diet Entailed a Lipid Metabolic Disorder Among Type 2 Diabetic Obese Women. American Journal of Applied Sciences. 2009; 6(3): 471–77.
- [11] Saleh S, Elsharouni A, Cherian B, Mourou M. fects of Ramadan fasting on Waist Circumference, Blood Pressure, Lipid Profile, and Blood Sugar on a Sample of Healthy Kuwaiti Men and Women. Mal J Nutr. 2005; 11(2): 143–50.
- [12] Shariatpanahi ZV, Shariatpanahi MV, Shahbazi S, Hossaini A, Abadi A. Effect of Ramadan fasting on some indices of insulin resistance and components of the metabolic syndrome in healthy male adults. *Br J Nutr.* 2008;100(1):147–51.
- [13] Bouguerra R, Jabrane J, Maatki C, Ben SL, Hamzaoui J, El KA, et al. Ramadan fasting in type 2 diabetes mellitus. *Ann Endocrinol (Paris)*. 2006;67(1):54–59. doi: 10.1016/S0003-4266(06)72541-0.
- [14] Khaled BM, Bendahmane M, Belbraouet S. Ramadan fasting induces modifications of certain serum components in obese women with type 2 diabetes. Saudi Med J. 2006;27(1):23–26.
- [15] Burtis CA, Ashwood ER, Bruns DE. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics. Fourth. Elsevier Saunders, Philadelphia; 2001.
- [16] Al Hourani H, Atoum M, Akel S, Hijjawi N, Awawdeh S. Effects of Ramadan Fasting on Some Haematological and Biochemical Parameters. *Jordan Journal* of Biological Sciences. 2009; 2: 103–08.
- [17] Shehab A, Abdulle A, El Issa A, Al Suwaidi J, Nagelkerke N. Favorable Changes in Lipid Profile: The Effects of Fasting after Ramadan. *PLos One*. 2012; 7(10): e47615.
- [18] Salim I, Al Suwaidi J, Ghadban W, Alkilani H, Salam AM. Impact of religious Ramadan fasting on cardiovascular disease: a systematic review of the literature. Cardiology and Vascular Disease: Review. April 2013; 29 (4): 343-54.
- [19] Adlouni A, Ghalim N, Benslimane A, Lecerf JM, Saile R. Fasting during Ramadan induces a marked increase in high-density lipoprotein cholesterol and decrease in low-density lipoprotein cholesterol. *Ann Nutr Metab.* 1997;41(4):242–49.
- [20] Khatib FA, Shafagoj YA. Metabolic alterations as a result of Ramadan fasting in non-insulin-dependent diabetes mellitus patients in relation to food intake. Saudi Med J. 2001;25(12):1858–63.
- [21] Yucel A, Degirmenci B, Acar M, Albayrak R, Haktanir A. The effect of fasting month of Ramadan on the abdominal fat distribution: assessment by computed tomography. *Tohoku J Exp Med*. 2004;204(3):179–87. doi: 10.1620/ tjem.204.179.
- [22] Aybak M, Turkoglu A, Sermet A, Denli O. Effect of Ramadan fasting on platelet aggregation in healthy male subjects. Eur J Appl Physiol Occup Physiol. 1996;73(6):552–556. doi: 10.1007/BF00357678.

- [23] El-Hazmi MAF, Al-Faleh FZ, Al-Mofleh IB. Effect of Ramadan fasting on the values of hematological and biochemical parameters. *Saudi Med J.* 1987;8:171–76.
- [24] Gumaa KA, Mustafa KY, Mahmoud NA, et al. The effect of fasting in Ramadan.1. Serum uric acid and lipid concentrations. Br J Nutr. 1978;40(3):573–81.
- [25] Fedail SS, Murphy D, Salih SY, et al. Changes in certain blood constituents during Ramadan. *Am J Clin Nutr.* 1982;36:350–53.
- [26] Shoukry MI. Effect of fasting in Ramadan on plasma lipoproteins and apoproteins. Saudi Med J. 1986;7:561–65.
- [27] Hallak MH, Nomani MZA. Body weight loss and changes in blood lipid level in normal men on hypocaloric diets during Ramadan fasting. Am J Clin Nutr. 1988;8:1197–1210.

PARTICULARS OF CONTRIBUTORS:

- 1. Associate Professor, Department of Physiology, College of Medicine, Suleiman Al Rajhi Colleges, Bukayriah, Al Qassim, Saudi Arabia.
- 2. Associate Professor, Department of Physiology, Indian Institute of Medical Science and Research Medical College, Warudi, Badnapur, Jalna, Maharashtra, India.
- 3. Registrar, Department of Orthopaedics, MGM Medical College, Aurangabad, Maharashtra, India.
- 4. Assistant Professor, Department of Physiology, Government Medical College, Aurangabad, Maharashtra, India.

NAME, ADDRESS, E-MAIL ID OF THE CORRESPONDING AUTHOR:

Dr. Badaam KM,

Assistant Professor, Department of Physiology, Government Medical College, Panchakki Road, Ghati,

Aurangabad-431001, Maharashtra, India.

Phone: 00912402402418, Fax: 00912402402419, E-mail: khalid_badaam@yahoo.com

FINANCIAL OR OTHER COMPETING INTERESTS: None.

Date of Submission: Nov 29, 2013 Date of Peer Review: Dec 12, 2013 Date of Acceptance: Feb 03, 2014 Date of Publishing: Mar 15, 2014