Recommendations for patients with diabetes mellitus during hajj pilgrimage

Sir,

According to Siavash *et al.*^[1] recommendations for diabetic patients before and during the hajj pilgrimage, I should add some other essential comments based on previous epidemiological studies:^[2]

- Because of avoiding hypovolemia, the pilgrims should avoid staying in the sun unnecessarily and should use an umbrella or should stay in the shaded areas as much as possible.^[2]
- Wetting the head and body with water many times during the day is another way to keep the body cool.
- Patients should be encouraged to use more water intake daily. Less urine output or dark color in the urine demonstrates the need for more water. Diabetes with nephropathy must make an effort to avoid dehydration and carry water bottles with them and they should drink at least two liters of water.^[3,4]
- Insulin must be kept in a refrigerator at the residence or in the coolest area within the room or in an iced bag, during transfer from one place to another. Otherwise the insulin may not be effective. All medications, including glibenclamide and metformin should be placed in safe and secured places and should not be laid under direct sun or in heated areas.
- To avoid food poisoning, all patients should avoid foods that are prepared under unhygienic conditions.
- The meals should be low fat, moderate in salt, rich in fiber.
- If any pilgrim wishes to fill Zamzam water, he should ensure the hygienic condition of their bottles and containers.
- They are advised to check their blood sugar levels twice-a-day, at least to ensure that their blood sugar is within the normal level. The results should be recorded before taking medication.
- Diabetic pilgrims should carry their diabetic ID cards and cubes of sugar, candy or juices, and be prepared

for a possible episode of low blood sugar. All diabetic persons traveling for hajj should specifically learn about symptoms and signs of hypoglycemia (low blood sugar) like: Hunger, trembling, weakness, sweating, confusion, irritability, and tingling of mouth and fingers, and how it should be treated. They should visit their physician to make sure that their diabetes is well controlled.

- Raising the immunization coverage of meningococcal and pneumococcal and hemophylous influenza vaccine to acceptable level to prevent outbreaks is so important.^[4,5]
- And finally, all diabetic pilgrims are advised not to share their personal items with others, and are advised to practice safety and hygiene, wash their hands more often with water and antiseptic soap.^[2]

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REFERENCES

- Siavash M, Haghighi S. Recommendations for patients with diabetes mellitus during hajj pilgrimage. J Res Med Sci 2012;17:988-9.
- Khamis NK. Epidemiological pattern of diseases and risk behaviors of pilgrims attending mina hospitals, hajj 1427 h (2007 g). J Egypt Public Health Assoc 2008;83:15-33.
- 3. Figueira E. Diabetes and the pilgrimage of Haj: Piloting of an education programme for muslim patients with diabetes. Diabetes Today 2003;6:41-2.
- Meysamie A, Ardakani HZ, Razavi SM, Doroodi T. Comparison of mortality and morbidity rates among Iranian pilgrims in Hajj 2004 and 2005. Saudi Med J 2006;27:1049-53.
- 5. Alborzi A, Oskoee S, Pourabbas B, Alborzi S, Astaneh B, Gooya MM, *et al.* Meningococcal carrier rate before and after hajj pilgrimage: Effect of single dose ciprofloxacin on carriage. East Mediterr Health J 2008;14:277-82.

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