Can Diabetics Actually Fast? Here's What Your Doctor Isn't Telling You #sugarmd Transcript

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The benefits of fasting

Hello everyone, this is Hello everyone, this is Dr. Ergin. I get Dr. Ergin. I get asked this asked this question all the time. I am diabetic, can I fast, will it lead to, will it lead to hospitalization? Well, the honest hospitalization? Well, the honest answer is yes.

answer is yes. Many diabetics Many diabetics can fast, and can fast, and it can really it can really help, but help, but there are real there are real risks that you risks that you should definitely be should definitely be aware of before aware of before trying it. So, trying it. So, let's get this straight let's get this straight.

Medication risks

. First, the good news. First, the good news. Fasting lowers Fasting lowers insulin levels, and insulin levels, and for people with type 2 diabetes, for people with type 2 diabetes, high high high insulin levels are often a insulin levels are often a major problem.

major problem. Less circulating Less circulating insulin means insulin means your body can your body can start start start using using using stored fat.

stored fat. Insulin resistance Insulin resistance Insulin resistance may also may also improve over time improve over time with this, and with this, and some people can some people can significantly reduce their significantly reduce their medication under a medication under a doctor's supervision.

doctor's supervision. Now this is no longer some Now this is no longer some marginal idea. This is marginal idea. This is real real, evolving research and, evolving research and significant clinical significant clinical experience that experience that underpins this. But underpins this. But there is a nuance here, and it is something that there is a nuance here, and it is something that people often people often miss.

miss. miss. Fasting changes Fasting changes how your body how your body processes glucose, processes glucose, right? So if you right? So if you take certain medications, take certain medications, they can start they can start working dangerously working dangerously quickly, quickly, quickly, changing your changing your blood sugar levels too dramatically.

blood sugar levels too dramatically. The most important thing to The most important thing to monitor is monitor is insulin. If you insulin. If you take insulin take insulin due to due to due to insulin resistance insulin resistance insulin resistance and fast without and fast without adjusting your dose, you adjusting your dose, you may may may lower your lower your blood sugar too much.

blood sugar too much. And, as you know, this is And, as you know, this is called called called hypoglycemia. It hypoglycemia. It can happen quickly and can happen quickly and can be serious.

can be serious. Tremors, Tremors, Tremors, sweating, sweating, sweating, confusion confusion confusion, and in, and in severe cases, loss of consciousness. This is loss of consciousness. This is not something you should experiment with on not something you should experiment with on your own, especially your own, especially if you are older, 65, 70 years old and older.

, 65, 70 years old and older. If you are on insulin and If you are on insulin and want to try want to try fasting, it fasting, it should be done under the should be done under the supervision of a doctor who supervision of a doctor who will adjust your will adjust your dosage with dosage with you, not for you. The second group to. The second

group to watch out for are watch out for are sulfonylureas, sulfonylureas, such as glipizide, such as glipizide, glyburide, glimepiride.

glyburide, glimepiride. These drugs These drugs force the force the pancreas to produce pancreas to produce insulin insulin insulin whether you eat or whether you eat or not. Now combine not. Now combine that with fasting and that with fasting and you have a you have a real risk of real risk of hypoglycemia. Same hypoglycemia. Same story: these story: these adjustments adjustments adjustments require medical require medical supervision. Medications like supervision. Medications like metformin are usually metformin are usually much safer much safer when fasting when fasting because they don't because they don't force the body force the body to produce insulin on to produce insulin on its own, but you its own, but you should still should still let your doctor know what you're let your doctor know what you're doing doing doing because metformin, because metformin, combined with some of the combined with some of the dehydration from dehydration from fasting, can fasting, can affect affect affect kidney function in some people.

kidney function in some people. Now this brings Now this brings me to me to SGLT2 inhibitors. So, if you're SGLT2 inhibitors. So, if you're taking an taking an SGLT2 inhibitor, drugs like SGLT2 inhibitor, drugs like Jardiance, Farxiga, or Invokana, there Jardiance, Farxiga, or Invokana, there 's a particular 's a particular concern here. A concern here. A rare but rare but serious condition serious condition called called called euglycemic euglycemic euglycemic diabetic diabetic diabetic ketoacidosis is when ketoacidosis is when blood sugar levels blood sugar levels appear normal appear normal but ketone levels are but ketone levels are dangerously high.

dangerously high. Combining these medications Combining these medications with prolonged with prolonged fasting fasting fasting increases this risk. increases this risk.

Who should avoid fasting

So, this combination So, this combination requires real requires real caution and, caution and, again, the involvement of a doctor. again, the involvement of a doctor.

So, who really So, who really shouldn't fast or shouldn't fast or should only do so should only do so under the strict supervision under the strict supervision of doctors? Especially of doctors? Especially if you have type 1 diabetes if you have type 1 diabetes, which is a, which is a much higher risk category.

much higher risk category. Your body Your body doesn't produce insulin at all doesn't produce insulin at all if you have type 1. if you have type 1. Therefore, the margin for error Therefore, the margin for error during fasting is during fasting is very narrow. And this very narrow. And this should only be done under the should only be done under the active active active guidance of guidance of guidance of an endocrinologist. If an endocrinologist. If you have a history of frequent you have a history of frequent or severe or severe hypoglycemia, hypoglycemia, hypoglycemia, low low low blood sugar. If you are blood sugar. If you are pregnant or pregnant or breastfeeding. If you have breastfeeding. If you have advanced advanced advanced kidney disease kidney disease or a history of eating disorders or a history of eating disorders.

.. Starvation is not something to be taken taken taken lightly. Just lightly. Just talk talk talk to your doctor first, to your doctor first, period, okay? And period, okay?

Safe fasting practices

And then decide. then decide. Now, if you Now, if you decide with the help of a decide with the help of a doctor that doctor that fasting is safe for you fasting is safe for you. This is what. This is what really helps really helps in practice.

in practice. Check your Check your blood sugar more often than usual, than usual, especially in the first few especially in the first few weeks. You can weeks. You can buy one of those buy one of those sensors, right? Libre or sensors, right? Libre or Dexcom. By the way, Libre just Dexcom. By the way, Libre just released a new released a new sensor, the duo sensor sensor, the duo sensor or dual sensor, or dual sensor, which can measure which can

measure glucose and ketones glucose and ketones at the same time, which is pretty at the same time, which is pretty cool. Now, I know cool. Now, I know your symptoms of your symptoms of hypoglycemia, like hypoglycemia, like shaking, shaking, shaking, sweating, sweating, sweating, irritability, irritability, irritability, confusion confusion confusion, and always, and always have a have a quick source of quick source of glucose on hand, just in glucose on hand, just in case. Just a little. You can. You can use use use medications such as medications such as glucagon to glucagon to raise your raise your blood sugar levels. Also, blood sugar levels. Also, don't immediately jump don't immediately jump into a 24-hour into a 24-hour fast. Start fast. Start with a 12 or 14- hour overnight hour overnight fast, for example, and fast, for example, and see how see how your body and your body and sugar levels react before sugar levels react before extending it. And extending it. And stay stay stay hydrated, hydrated, hydrated, okay? With okay? With electrolytes, electrolytes, especially sodium and especially sodium and potassium, as potassium, as fasting alters fasting alters water balance. And it matters water balance. And it matters even more even more when you're when you're controlling your controlling your blood sugar, right?

blood sugar, right? Or if you have Or if you have kidney disease. kidney disease. Now the important Now the important point: the type of point: the type of fasting also fasting also matters. A mild 14-16 hour window of hour window of restricted restricted restricted eating has a eating has a completely different completely different risk profile than a 3-day risk profile than a 3-day prolonged fast.

prolonged fast. Therefore, if you are Therefore, if you are diabetic, especially diabetic, especially if you are taking medication, if you are taking medication, crazy crazy crazy fasts like fasts like longer ones, over 24 longer ones, over 24 hours, etc., should hours, etc., should only be done under only be done under strict medical strict medical supervision. This is not something supervision. This is not something you can figure out from you can figure out from YouTube videos, YouTube videos, including this one.

Conclusion and advice

That's the including this one. That's the main takeaway main takeaway I want you to I want you to leave with today, okay? Fasting is not? Fasting is not dangerous for dangerous for diabetics because diabetics because fasting fasting fasting itself is bad or itself is bad or anything. This is great. It is anything. This is great. It is simply dangerous simply dangerous to combine this with to combine this with certain medications without certain medications without adjusting adjusting adjusting the dosage. Now, with the dosage. Now, with proper medical proper medical supervision, monitoring, supervision, monitoring, and a slow, and a slow, careful approach, and careful approach, and if you are newly if you are newly diagnosed with diabetes diagnosed with diabetes and not taking any and not taking any medication, many people with medication, many people with type 2 diabetes have type 2 diabetes have successfully successfully successfully used used used fasting as fasting as part of managing part of managing their condition, even their condition, even achieving remission.

achieving remission. But please don't But please don't change your change your insulin or sulfonylurea doses based on what you based on what you see online.

see online. Just talk to Just talk to your doctor, your doctor, make a plan, and take it make a plan, and take it step by step. If this step by step. If this helped clarify helped clarify the situation, give it the situation, give it a like, thumbs a like, thumbs up, and up, and share this video, share this video, and we'll see you in the and we'll see you in the