

Impact of fasting on cardiovascular diseases and various metabolic parameters

Mirza Saima Mahmud

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INTRODUCTION: Muslims observe fast from sunrise to sunset, during the month of Ramadhan. This long period of fasting, has a significant impact on patients with acute coronary syndrome and decompensated heart failure. Over the last 12 years, Mirza Saima Mahmud worked in 3 of the top hospitals in Dubai and was part of few studies in related topics. In this presentation, she will articulate how in diabetic patients - fasting impacts different metabolic parameters and comparison of these changes - before and after the month of fasting.

CASE PRESENTATION: Cardiovascular diseases are a serious problem in the modern world. According to WHO (World Health Organization) data, 17.9 million people die every year due to cardiovascular diseases, which is about one third of all deaths. They most often affect people over 45 years of age. The mortality rate is

different in both sexes in any given period of life. Between the ages of 45-59, men predominate, while after the age of 60, the death rate is higher in women. These differences are related to the cardio protective effect of estrogens in premenopausal women. Modifiable and unmodifiable factors contribute to the development of cardiovascular diseases. Age, gender, or genetic determinants are factors beyond our control.

CONCLUSION: The subtype of the IF diet is the ADF diet (alternate day fasting). It consists of alternating the day when the energy limit is 75%, the so-called "fast day" and "feeding day", during which food is eaten ad libitum (at one's pleasure, shortened to "ad lib"). The use of IF allows body weight to be reduced and is cardio protective.

Keywords: *Endocrine; Drug design; Molecules*

Key Words: *cardiovascular diseases; Endocrinology; Diabetic eye disorders*

INTRODUCTION

Cardiovascular diseases are a serious problem in the modern world. According to WHO (World Health Organization) data, 17.9 million people die every year due to cardiovascular diseases, which is about one third of all deaths. They most often affect people over 45 years of age. The mortality rate is different in both sexes in any given period of life. Between the ages of 45-59, men predominate, while after the age of 60, the death rate is higher in women. These differences are related to the cardio protective effect of estrogens in premenopausal women. Modifiable and unmodifiable factors contribute to the development of cardiovascular diseases. Age, gender, or genetic determinants are factors beyond our control. However, smoking, obesity, lack of physical activity, disorders of lipid metabolism, hypertension, diabetes, and poor diet are among the modifiable factors. The coexistence of two or more risk factors increases the likelihood of the disease occurrence. Treatment of cardiovascular diseases includes patient training in the context of the importance of lifestyle changes, taking into account pharmacotherapy and invasive therapy. By using the Scribd.com or the Scribd mobile

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The control of risk factors allows for a reduction of mortality and pathogenicity, in particular in patients with unrecognized cardiovascular disease. Lifestyle adjustments, i.e., smoking cessation, increasing physical activity, or ensuring proper body weight, reduces the risk of cardiovascular disease. With the growing problem of obesity in the world, diet changes are an important modifiable factor. Meals should be varied, similar to the Mediterranean diet. It is recommended to eat large amounts of vegetables, fruit, fish, and only whole-grain bread. The eating of red meat, sweetened beverages, and excessively salty foods (daily salt intake < 5 g) should be avoided. Large amounts of alcohol should also be avoided. Consumption of spirits should be limited to 10 g/day in women and 20 g/day in men.