

# Empagliflozin

Prescribing information for Empagliflozin: [United Kingdom](#) and [Republic of Ireland](#).  
Adverse event reporting information can be found at the bottom of the page




# Linagliptin

5mg tablets

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This promotional document has been developed and funded by Boehringer Ingelheim for healthcare professionals in the UK and Ireland only.

## All onboard? A case-based approach to the practical management of type 2 diabetes during Ramadan and periods of fasting

-  Ramadan lasts from the pre-dawn meal (*Sahur*) to the sunset meal (*Iftar*) for 29–30 days
-  **Fasting:** abstinence from food, drink, smoking and consuming oral medications
-  **40–50 million** people with diabetes fast worldwide during Ramadan<sup>1</sup>

Linagliptin and Empagliflozin are not indicated for the treatment of type 1 diabetes

### Risks during Ramadan for people with T2D<sup>2</sup>

-  7.5-fold increased incidence of severe hypoglycaemic complications in people with T2D compared with non-Ramadan periods
-  Increased risk of hyperglycaemia if medications are over-reduced or there is overconsumption of calories upon breaking the fast
-  Increased risk of dehydration and thrombosis compared to those who don't fast

### Medication and insulin modifications during Ramadan<sup>2-4</sup>

- | Dose adjustments generally required:  | Dose adjustments usually NOT required:   |
|---|--|
| <ul style="list-style-type: none"><li>• Metformin</li><li>• SUs</li><li>• Insulin secretagogues</li><li>• Insulin</li></ul> | <ul style="list-style-type: none"><li>• SGLT2 inhibitors (if established on a tolerable dose)</li><li>• DPP-4 inhibitors</li><li>• TZDs</li><li>• GLP-1 receptor agonists (if established on a tolerable dose)</li></ul> |

When Linagliptin or Empagliflozin is used in combination with an SU or insulin, a lower dose of the SU or insulin may be considered to reduce the risk of hypoglycaemia<sup>5,6</sup>

### Case snapshots (fictional cases)

#### Mrs Bibi (66 y.o.)



**History:** Diagnosed with T2D. Multiple comorbidities: CKD (stage 3a), CVD, hypertension. HbA1c 86 mmol/mol. Her family express concerns about Mrs Bibi wishing to fast, given her recent decline in health

#### Risk assessment and next steps:

**Risk:** High risk, may choose not to fast. Stable, comorbid CVD and CKD<sup>3</sup>

**Next steps:** Assess uACR to further determine CKD status. Assess weight, cholesterol levels and blood pressure control. Check currently prescribed diabetes medications for risk of hypoglycaemia and adjust accordingly<sup>3</sup>

#### Mr Ahmed (56 y.o.)



**History:** No previous issues when fasting. Six months post-AIS, CVD and hypertension. HbA1c 58 mmol/mol, BP 120/75 mmHg, LDL-C 1.4 mmol/L, BMI 28 kg/m<sup>2</sup>, eGFR 55 mL/min/1.73 m<sup>2</sup>

**Medications:** Atorvastatin 80 mg OD, metformin 500 mg BD, ezetimibe 10 mg OD, ramipril 10 mg OD, aspirin 75 mg OD, bisoprolol 2.5 mg OD

#### Risk assessment and medication changes:

**Risk:** High risk, may choose not to fast. Stable, comorbid CVD and increased risk of CKD<sup>3</sup>

**Medication changes:** No change to total daily metformin dose. Majority of medication to be taken in the evening (at *Iftar*)<sup>3</sup>

#### Mrs Khan (72 y.o.)



**History:** T2D and reports feeling shaky occasionally, hypertension. HbA1c 68 mmol/mol, BP 155/85 mmHg, LDL-C 2.0 mmol/L, BMI 28 kg/m<sup>2</sup>, eGFR >60 mL/min/1.73 m<sup>2</sup>, uACR 2.5 mg/mmol

**Medications:** Atorvastatin 20 mg OD, metformin 500 mg TDS, gliclazide 80 mg BD

#### Risk assessment and medication changes:

**Risk:** High risk, may choose not to fast. Moderate hypoglycaemia; shakiness could be hypoglycaemia, advise accordingly (if recurrent, very high risk – do not fast)<sup>3</sup>

**Medication changes:** Consider stopping/reducing gliclazide. No change to total daily metformin dose; lunchtime metformin dose to be combined and taken with the evening dose (at *Iftar*)<sup>3,4</sup>

For more information on risk assessment and medication and insulin modifications during Ramadan and periods of fasting, please access:

- Recommendations for management of diabetes during Ramadan: update 2020, applying the principles of the ADA/EASD consensus<sup>3</sup> – available at: <https://drc.bmj.com/content/bmjdr/3/1/e001248.full.pdf>
- Recommendations for the management of diabetes during Ramadan applying the principles of the ADA/EASD consensus: Update 2025<sup>4</sup> – available at: <https://onlinelibrary.wiley.com/doi/10.1002/dmrr.70057>

ADA: American Diabetes Association; AIS: acute ischaemic stroke; BD: twice daily; BMI: body mass index; BP: blood pressure; CKD: chronic kidney disease; CVD: cardiovascular disease; DPP-4: dipeptidyl peptidase-4; EASD: European Association for the Study of Diabetes; eGFR: estimated glomerular filtration rate; GLP-1: glucagon-like peptide-1; HbA1c: glycated haemoglobin; LDL-C: low-density lipoprotein cholesterol; OD: once daily; SGLT2: sodium-glucose cotransporter-2; SU: sulphonylurea; TDS: three times a day; TZD: thiazolidinedione; T2D: type 2 diabetes; uACR: urine albumin-to-creatinine ratio; y.o.: years old.

Please review the Summary of Product Characteristics for Linagliptin and Empagliflozin for the full information on dosing, adverse events, contraindications, special warnings and precautions for use before prescribing. Available at: [www.medicines.org.uk](http://www.medicines.org.uk) (UK) and [www.medicines.ie](http://www.medicines.ie) (ROI).<sup>5,6</sup>

1. Ahmed MH, Abdu TA. *Ann Saudi Med*. 2011;31(4):402–406; 2. International Diabetes Federation. Diabetes and Ramadan Practical Guidelines. 2021. Available at: [https://international-diabetes-federation.s3.eu-west-1.amazonaws.com/media/uploads/2024/07/IDF\\_DaR\\_Practical\\_Guidelines\\_Ramadan.pdf](https://international-diabetes-federation.s3.eu-west-1.amazonaws.com/media/uploads/2024/07/IDF_DaR_Practical_Guidelines_Ramadan.pdf) (accessed May 2026); 3. Ibrahim M, et al. *BMJ Open Diabetes Res Care*. 2020;8(1):e001248; 4. Ibrahim M, et al. *Diabetes Metab Res Rev*. 2025;41(5):e70057; 5. Linagliptin Summary of Product Characteristics. Available at: [www.medicines.org.uk/emc/](http://www.medicines.org.uk/emc/) (UK), and [www.medicines.ie/medicines](http://www.medicines.ie/medicines) (IRE) (accessed May 2026); 6. Empagliflozin Summary of Product Characteristics. Available at: [www.medicines.org.uk/emc/](http://www.medicines.org.uk/emc/) (UK), and [www.medicines.ie/medicines](http://www.medicines.ie/medicines) (IRE) (accessed May 2026).

Adverse events should be reported. Reporting forms and information can be found at [www.mhra.gov.uk/yellowcard](http://www.mhra.gov.uk/yellowcard) (UK) or <https://www.hpra.ie/homepage/about-us/report-an-issue> (IRE). Adverse events should also be reported to Boehringer Ingelheim Drug Safety on 0800 328 1627 (freephone) (UK) or 01 2913960 (IRE), or by email: [PV\\_local\\_uk\\_ireland@boehringer-ingelheim.com](mailto:PV_local_uk_ireland@boehringer-ingelheim.com)