

DAR Risk Assessment Tool (2026)	
Fasting Risk Element	Risk Score
1. Pregnancy with any type of diabetes	
• Yes	6.5
2. Diabetes type	
• Type 1 diabetes or LADA	1
• Type 2 diabetes or any other type of diabetes	0
3. Duration of diabetes (years)	
• > 20 years	1
• 10-20 years	0.5
• < 10 years	0
4. Type of diabetes treatment (select all that are relevant)	
• Multiple daily premixed insulin injections	2
• Once daily premixed insulin	1.5
• Open loop insulin pump	1.5
• Automated insulin delivery system	1
• Standard basal insulin (NPH, Detemir or Glargine 100)	1
• Ultra long-acting basal insulin (Glargine 300 or Degludec)	0.75
• Short acting insulin	0.75
• Glibenclamide or Glipizide	0.75
• Modern sulfonylurea (Gliclazide, Gliclazide MR, Glimepiride) or Repaglinide	0.5
• ≥ 2 glucose-lowering medications excluding insulin or sulfonylurea	0.25
• Nutrition modification only or monotherapy (excluding insulin or sulfonylurea)	0
5. Presence of hypoglycemia	
• Impaired hypoglycemia awareness	6.5
• Severe hypoglycemia during last 4 weeks	5
• Hypoglycemia more than once daily	4
• 6-7 episodes of hypoglycemia/week	3
• 3-5 episodes of hypoglycemia/week	2
• 1-2 episodes of hypoglycemia/week	1
• Hypoglycemia <1 time per week	0.5
• No hypoglycemia in last 4 weeks	0
6. Level of A1c	
• > 9% (>75 mmol/mol)	1
• 7.5-9% (58-75 mmol/mol)	0.5
• < 7.5% (<58 mmol/mol)	0
7. Glucose monitoring	
• Not done	2
• Suboptimally done	1
• Done as indicated	0
• Any type of CGM	-0.5
8. Hyperglycemic emergencies	
• DKA or HHS in the last month	3.5
• DKA or HHS in last 2-3 months	2
• DKA or HHS in last 4-6 months	1
• No DKA or HHS in the last 6 months	0
9. Macrovascular complications	
• Unstable macrovascular disease	6.5
• Stable macrovascular disease	2
• No macrovascular disease	0
10. Microvascular complications	
a. nephropathy	
• eGFR < 30 mL/min	6.5
• eGFR 30-45 mL/min	4
• eGFR 45-60 mL/min	2
• eGFR >60 mL/min	0
b. neuropathy, foot complications, or diabetic retinopathy	
• 3 microvascular complications	3
• 2 microvascular complications	2
• 1 microvascular complication	1
• 0 microvascular complications	0
11. Cognitive function, frailty, and age	
• Impaired cognitive function	6.5
• Advanced frailty	6.5
• Mild to moderate frailty	4
• Age > 70 years with no home support	1
• Normal cognitive function and no frailty	0
12. Physical labor	
• High intensity	4
• Moderate intensity	2
• Low intensity	0
13. Fasting focused education	
• Yes	0
• No	1
14. Fasting hours	
• ≥ 16 hours	1
• < 16 hours	0

Fig. 1 The 2026 DAR Risk Calculator: The narrative fasting risk elements are translated into numerical risk scores. The total risk score for a given patient is the sum of the individual risk points.

RISK LEVEL [SCORE]	Medical Recommendations	Religious Guidance
LOW RISK [Score 0 - 3]	Fasting is probably safe: 1. Medical evaluation 2. Possible Medication adjustment 3. Close monitoring	1. Fasting is obligatory 2. Advice not to fast is not permitted, unless the patient is unable to fast due to the physical burden of fasting or needing to take medications, food, or drink during the fasting hours.
MODERATE RISK [Score 3.5 - 6 points]	Fasting safety is uncertain: 1. Medical evaluation 2. Medication adjustment 3. Strict monitoring	1. Fasting is preferred but patients may choose not to fast if they are concerned about their health after consulting the doctor and considering the full medical circumstances and the patient's own previous experiences. 2. If the patient does fast, he/she must follow the medical recommendations, including regular blood glucose monitoring.
HIGH RISK [Score >6]	Fasting is unsafe.	Advise against fasting.

Fig. 3 The integrated medical and religious interpretations and recommendations of the calculated risk score.

data and aligning with religious guidance, it strengthens shared decision-making between patients, health care providers, and scholars, while prioritizing safety and minimizing the burden of illness. Future validation, digital integration, and continuous refinement will be essential to optimize its global applicability and support safer fasting practices worldwide.

Authors' Contribution

All authors contributed to the conception, data collection, writing, and final approval of the manuscript.

Statement of Ethics

Ethical approval is not required.

Data Availability Statement

Not applicable.

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None.

Conflict of Interest

None declared.

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