	JURNAL NASIONAL TERAKREDITASI SINTA 2
JUDUL ARTIKEL	Reduction of Fructosamine Levels after Ramadan Fasting in Children with Type 1 Diabetes Mellitus
JURNAL	Indonesian Journal of Medicine
PENULIS	Muhammad Faizi, Nur Rochmah, Imella Marcos, Anang Endaryanto, Soetjipto
No	**Perihal**
1	Bukti Submit
2	Bukti Review 1
3	Bukti Review 2
4	Accepted dan Publish

Surabaya, 7 Agustus 2023

Dr. NUR ROCHMAH dr., Sp.A(K)

Gmail **UNIT KERJA ENDOKRIN ANAK <endokrin.ilmiah@gmail.com>**

Fwd: [theijmed] Submission Acknowledgement

1 pesan

Rifdatus Samaha <rifdatussamaha@gmail.com> 7 Agustus 2023 pukul 21.13
Kepada: endokrin.ilmiah@gmail.com

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From: **nur rochmah** <drnurrochmah@gmail.com>
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Subject: Fwd: [theijmed] Submission Acknowledgement
To: <rifdatussamaha@gmail.com>

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Subject: [theijmed] Submission Acknowledgement
Date: 31 August 2020 09.37.29 GMT+7
To: "Nur Rochmah" <drnurrochmah@gmail.com>
Reply-To: "" <>

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If you have any questions, please contact me. Thank you for considering this journal as a venue for your work.

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Subject: Fwd: [theijmed] Proofreading Request (Author)
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From: nur rochmah <drnurrochmah@gmail.com>
Subject: Fwd: [theijmed] Proofreading Request (Author)
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Subject: [theijmed] Proofreading Request (Author)
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Dear: Nur Rochmah,

Your submission "REDUCTION OF FRUCTOSAMINE LEVELS AFTER RAMADAN FASTING IN CHILDREN WITH TYPE 1 DIABETES MELLITUS" to Indonesian Journal of Medicine now needs to be proofread by folllowing these steps.
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Username: drnurrochmah

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Prof Dr dr Didik Gunawan Tamtomo, PAK, MM, MKes
Editor in Chief, Indonesian Journal of Medicine

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Subject: Fwd: [theijmed] Editor Decision : MINOR REVISIONS
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Dear: Nur Rochmah,

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TYPE 1 DIABETES MELLITUS,"
has been subjected to a double-blind review process by Indonesian Journal of Medicine reviewers who are experts in the related fields. Enclosed please find the reports from these reviewers.

Based on the reviewers' recommendations, I am delighted to inform you that your manuscript has been ACCEPTED WITH MINOR REVISIONS.

Please note that it is imperative for you to revise the manuscript according to reviewers' comments and guidelines. Please use the TRACK CHANGES feature of MS-Word to make your revisions. To do so, please select the TRACK CHANGES option in the TOOLS menu. Choose HIGHLIGHT CHANGES then 'tick' the box next to TRACK CHANGES WHILE EDITING by one left click in the box, then choose OKAY. When you delete or add text, the 'TRACK CHANGES' then shows the changes in color and crosses out automatically your deletions with a color line leaving them highlighted so we can identify where your corrections have been made.

Once you have revised the manuscript, please upload it in MS WORD format to me at AUTHOR VERSION on or before 2 days, with a cover letter outlining point-by-point the revisions you have made in regards to the reviewers' comments and guidelines.

Thank you very much for submitting your article to the Indonesian Journal of Medicine. I look forward to receiving the revised version of your manuscript.

Sincerely,
Prof Dr dr Didik Gunawan Tamtomo, PAK, MM, MKes
Editor in Chief, Indonesian Journal of Medicine

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From: **nur rochmah** <drnurrochmah@gmail.com>
Date: Fri, 14 Oct 2022, 12:07
Subject: Fwd: [theijmed] Editor Decision
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From: nur rochmah <drnurrochmah@gmail.com>
Subject: Fwd: [theijmed] Editor Decision
Date: 12 May 2021 08.57.45 GMT+7
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Dari: **Indonesian Journal of Medicine** <jurnals2ikm@gmail.com>
Date: Sel, 11 Mei 2021 15.53
Subject: [theijmed] Editor Decision
To: Nur Rochmah <drnurrochmah@gmail.com>

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Dear Nur Rochmah,

Your manuscript, entitled
"REDUCTION OF FRUCTOSAMINE LEVELS AFTER RAMADAN FASTING IN CHILDREN WITH TYPE 1 DIABETES MELLITUS,"
has been subjected to a double-blind review process by Indonesian Journal of Medicine reviewers who are experts in the related fields. Enclosed please find the reports from these reviewers.

Based on the reviewers' recommendations, I am delighted to inform you that your manuscript has been ACCEPTED WITH MINOR REVISIONS.

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me at AUTHOR VERSION on or before 2 days, with a cover letter outlining point-by-point the revisions you have made in regards to the reviewers' comments and guidelines.

Thank you very much for submitting your article to the Indonesian Journal of Medicine. I look forward to receiving the revised version of your manuscript.

Enclosures: Referees' reports.
Sincerely,

Prof Dr dr Didik Gunawan Tamtomo, PAK, MM, MKes
Editor in Chief, Indonesian Journal of Medicine

Reviewer A:

This paper entitled “Reduction of Fructosamine Levels After Ramadan Fasting in Children with Type 1 Diabetes Mellitus”. The topic and the study design is interesting. This study could be accepted to publish in Indonesian Journal of Medicine after some refinement.

Abstract:
Well written. Some data are not met with author guideline. Please complete the data as reviewer comments.

Background:
Well written.

Subjects and Method:
It seems there is mistake the concept of dependent variable and the independent variable. You should switch the variables stated. In the subjects and method section, you do not need to state citations.

Results:
The tables format needs to be written as in author guideline. The test analysis used must be appropriate.

Discussion:
Please rewrite the last paragraph in the discussion. You should complete the data as reviewer comments.

Reviewer B:

This paper entitled “Reduction of Fructosamine Levels After Ramadan Fasting in Children with Type 1 Diabetes Mellitus”. The topic and the study design is interesting. This study could be accepted with minor revision as below:
Abstract: Need to complete as in reviewer comment.
Background: Well written, use past tense in reporting previous studies.

Subject and Method: You need to correctly the variable dependent and independent, complete the definition operational of variables.

Result: Improve the table according to the existing data scale, namely categorical data and continuous data.
There is no pearson HbA1c analysis in this study. If there is, then add it to the sample characteristics table and include the results of the Pearson analysis and interpretation. But if not there, it can be deleted.
I suggested to add the analysis with One Way Anova and Post Hoc test to see the difference of fructosaminne level within groups. Please complete the data as reviewer comments.

Discussion: Well written, but you should complete the data as reviewer

comments.
The discussion ends with a paragraph stating the limitations of the study, conclusion, and policy implication, recommendation, but bear in mind it should be based on the finding of the author's current study, not someone else study.

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131K

REDUCTION OF FRUCTOSAMINE LEVELS AFTER RAMADAN FASTING IN CHILDREN WITH TYPE 1 DIABETES MELLITUS

Muhammad Faizi[1,2], Nur Rochmah[1,2*], Imella Marcos[2], Anang Endaryanto[1], Soetjipto[3]

[1]Post Graduate Program, Faculty of Medicine, Airlangga University, Prof. Dr. Moestopo 6-8, Surabaya, Indonesia, 60286
[2]Department of Child Health, Dr. Soetomo General Hospital/ Faculty of Medicine, Airlangga University, Prof. Dr. Moestopo 6-8, Surabaya, Indonesia, 60286
[3]Department of Biochemistry, Faculty of Medicine, Airlangga University, Prof. Dr. Moestopo 6-8, Surabaya, Indonesia, 60286

ABSTRACT

Background: Ramadan fasting is one religious challenge for children with type 1 diabetes mellitus (T1DM) which required specific management and strict monitoring. Fructosamine, which reflects glycemic control within 2-3 weeks, is an ideal parameter of glycemic control in Ramadan fasting. This study aimed to analyze the effect of Ramadan fasting on fructosamine level of children with T1DM.
Subjects and Method: This prospective cohort study included children aged under 18 years old diagnosed wit T1DM for >6 months at Dr. Soetomo Hospital, Surabaya, Indonesia in Ramadan 1438 H (May-June 2017). The sampling technique was total sampling. Forty-two children were included and devided into 27 children in the fasting and 15 children in the non-fasting group. Fructosamine and HbA1c levels were were measured before, mid- and after Ramadan and the comparison between groups were analyzed using the independent T-test.
Results: The mean age of all the subjects was 8.95±3.2 years old, 47.6% were males. The mean HbA1c level of all the subjects was 10.42±1.16%. There was a mild reduction of mean fructosamine level after Ramadan in the fasting group. There was no significant difference in fructosamine level before, mid and after Ramadan between groups (p=0.620; p=0.520; p=0.410, respectively). The average fructosamine levels after Ramadan was positively and strongly related to HbA1c (r=0.69; p<0.001). There was no case of severe hypoglycemia and diabetic ketoacidosis in both groups.
Conclusion: There was a reduction of mean fructosamine level after Ramadan fasting in children with T1DM although it wasn't statistically significant.
Keywords:type 1 diabetes, children, fasting, Ramadan, fructosamine

*Corresponding author:
Nur Rochmah, MD
ORCID ID: 0000-0002-9626-9615
Department of Child Health
Dr. Soetomo General Hospital / Faculty of Medicine, Universitas Airlangga
Address: Mayjend Prof. Dr. Moestopo No. 6-8, Surabaya, East Java, Indonesia, 60286
Telephone: +6281703501118
Email: drnurrochmah@gmail.com

Comment [Lenovo1]: Complete with depend and independent variables of interest.

Comment [Lenovo2]: Rewrite the findings according to the results revised

Comment [Lenovo3]: State Mean and SD, do not use ±

You can read the author guideline: https://drive.google.com/open?id=1qbDWLWNw YtaBiSp6-3O5790I2kf08

Comment [HP4]: Please report Mean, SD,

p

Comment [HP5]: Please report Mean, SD,

p for each between groups

Comment [Lenovo6]: There is no pearson HbA1c analysis in this study. if there is, then add the sample characteristics table and include the re of the Pearson analysis and interpretation. but if n there, it can be deleted.

Comment [Lenovo7]: Use the present tense.

BACKGROUND

The International Diabetes Federation (IDF) estimated that nearly 500,000 children under 15 years of age in the world had type 1 diabetes mellitus (T1DM) and found an increasing incidence of 2.8% per year (Patterson et al., 2014; Ziegler and Neu, 2018). Ramadan fasting is an obligatory religious practice for all healthy adult Muslims. Although religion clearly states the exceptions of Ramadan fasting in people with a serious medical condition, many children and teenagers with T1DM are still doing this religious practice regarding their disease (Pathan et al., 2012; Sadikot et al., 2017; Beshyah et al., 2018). According to The Epidemiology of Diabetes and Ramadan (EPIDIAR) study in 2001, there were about 43% patients with T1DM who fasted for a minimum of 15 days during Ramadan (Essa et al., 2019). The International Diabetes Federation (IDF) and Diabetes and Ramadan (DAR) International Alliance declared that patients with T1DM who fast during Ramadan are classified as high-risk individuals (Arouj et al., 2010; Zabeen et al., 2014; Hawary et al., 2016; Ghouri et al., 2018). The risks facing these individuals are diabetic ketoacidosis and hypoglycemia (Ghouri et al., 2018; Jabbar et al., 2017; Alfadhli, 2018).

The commonly used parameters for metabolic control in patients with T1DM are daily plasma glucose, HbA1c and fructosamine. The American Diabetes Association (ADA) recommends HbA1c as an indicator of metabolic control which shows the complications of diabetes mellitus. HbA1c shows an average glucose level in a two-three months period (ADA, 2018). Meanwhile, fructosamine is a simple and fast method which reflects glycemic control of patients with T1DM within two to three weeks. Therefore, it is reliable to be used in Ramadan fasting setting (Hawary et al., 2016; Azad et al., 2012; Nansseu et al., 2015).

Studies regarding the safety of Ramadan fasting in children and teenagers with T1DM and its metabolic parameter are still limited. Some studies showed a variation of fructosamine level in children with T1DM who fast during Ramadan (Hawary et al., 2016; Rahim et al., 2011; Benbarka et al., 2010). Therefore, we aimed to study the effect of Ramadan fasting on fructosamine level of children with T1DM and the application of fructosamine as a parameter of glycemic control.

SUBJECTS AND METHOD

1. Study Design

This prospective cohort study was conducted at the pediatric endocrinology outpatient clinic Dr. Soetomo Hospital Surabaya in Ramadan 1438 (May 27–June 24, 2017).

2. Population and Sample

Forty-two children aged under 18 years old diagnosed with T1DM for >6 months were included by total sampling technique. T1DM was diagnosed on the basis of the International Society for Pediatric and Adolescent Diabetes (ISPAD) guidelines (Craig et al., 2014). Subjects divided into twenty-seven in the fasting and fifteen in the non-fasting group.

3. Study Variables

The dependent variable in this study was Ramadan fasting. While, fructosamine and HbA1c levels were included into the independent variable.

Comment [Lenovo8]: Use the present tense f theories in the form of facts.

Comment [Lenovo9]: In the subjects and me section, you do not need to include citations.

Comment [Lenovo10]: It should be Ramada fasting is the independent variable, while fructosamine is the dependent variable.

4. Operational Definition of Variables

Ramadan 1438 H lasted for 29 days and the fasting hours were about 13 hours, started around 04:15 am (dawn) to 05:23 pm (sunset). The measurement of fructosamine levels (µmol/L) was carried out three times. First measurement was carried out two weeks before Ramadan, the second measurement was carried out two weeks mid-Ramadan and the third measurement was carried out two weeks after Ramadan. HbA1C level (%) was measured as a long-term parameter of metabolic control. HbA1C categorized into optimal (≤ 8%) and poor (≥ 8%) metabolic control.

5. Study Instruments

The outcome measures included the number of severe hypoglycemia and DKA episodes, fructosamine levels, and HbA1c level. Fructosamine and HbA1C levels were carried out from the blood venous samples then examined in the laboratory using Cobas Integra, Roche diagnostic.

6. Data Analysis

The nominal variables were compared using chi-square test. The fructosamine levels between fasting and non-fasting group were compared using independent T-test. All data analyzes were performed with the Statistical Package for the Social Sciences (SPSS) version 16. For all statistical analyzes, $p<0.05$ was considered statistically significant and the confident interval was 95%.

7. Research Ethics

The study was approved by the ethics committee of health research, Dr. Soetomo Hospital, Surabaya, Indonesia (No.319/Panke.KKE/IV/2017). Informed consent was obtained from parents before the start of all the procedures.

RESULTS

1. Sample Characteristics

The mean age of all the subjects was 8.95±3.2 years old, 47.6% were males. The mean duration of illness was 44.88±34.2 months. The demographic characteristics between both groups are presented in Table 1. All subjects with T1DM obtained a basal bolus insulin regimen with an average daily dose of 1.05±0.18 IU/KgBB/day. There was no case of severe hypoglycemia and diabetic ketoacidosis during Ramadan in both groups.

2. Bivariate Analysis

Almost all of the subjects (95.2%) had poor metabolic control with a mean HbA1c level of 10.42±1.16%. The mean HbA1c levels in the fasting and non-fasting groups were 10.26±1.09% and 10.71±1.24%, respectively. The mean level of fructosamine levels before, mid and after Ramadan between fasting and non-fasting group are shown in Table 2. There was a reduction of mean fructosamine level before, during, and after Ramadan in the fasting group although it wasn't statistically significant (p=0.620; p=0.520; p=0.410, respectively). The average fructosamine levels after Ramadan was positively and strongly related to HbA1c (r=0.69; p<0.001).

DISCUSSION

Comment [Lenovo11]: Please complete in ea study variable with indifferent paragraph:
-definition
-unit of measurement
-scale (ex: continuous, categorical)

Comment [HP12]: there is no data stated those outcomes in this study except fructosamine level. if you are not reporting the results, you should remove unstated outcome

Comment [HP13]: No data for HbA1C

Comment [Lenovo14]: Univariate: categoric data use frequency and percentage.
Continuous data use mean, SD, min max.

Comment [HP15]: Interpretation of the resu should be synchronized with the contents of reported table. You didn't report severe hypoglycemia and diabetic ketoacidosis in tal

Comment [Lenovo16]: State Mean and SD, not use ±

Comment [Lenovo17]: There is no pearson HbA1c analysis in this study. if there is, then add the sample characteristics table and include the re of the Pearson analysis and interpretation. but if n there, it can be deleted.

Comment [HP18]: Discussion should be synchronized with the findings in results part.

In this study, Ramadan fasting secured for children with T1DM. There was no case of severe hypoglycemia and diabetic ketoacidosis in the fasting group. The same study also concluded that fasting is generally safe for patients with T1DM, with possible break-fast if hypo/hyperglycemia arise (Deeb et al., 2017; Agha et al., 2017). Regarding of the used insulin regimen during Ramadan, there were cases of hypoglycemia events and diabetic ketoacidosis in a study by Hawary et al (2016). In this study, all subjects with T1DM obtained a basal bolus insulin regimen with an average daily dose of 1.05±0.18 IU/KgBB/day. A study by Rahim et al showed that using the intensified insulin therapy (glargine as basal insulin with insulin aspart before meals) in patients with T1DM who fast during Ramadan is safe under strict blood-glucose self-monitoring and close supervision (Rahim et al., 2011). Basal bolus and insulin pump are more recommended than split-mix as insulin regimen therapy in patients with T1DM who fast during Ramadan because of the lesser risk of hypoglycemia and hyperglycemia events (Pathan et al., 2012; Essa et al., 2019; Karamat et al., 2010).

Some studies showed a variation of fructosamine level in children with T1DM who fast during Ramadan (Hawary et al., 2016; Rahim et al., 2011; Benbarka et al., 2010). The average fructosamine level in this study was higher compared to other study which showed the average pre-fasting and post-fasting fructosamine level of the patients were 419±141.69 µmol/L and 89.06±19.59 µmol/L, respectively (Hawary et al., 2016). The average fructosamine level pre- and post- fasting in this study were above 500. This could be explained because the HbA1c level of the patients were quite high in this study, 10.26±1.09% in the fasting group and 10.71±1.24% in non-fasting group, respectively.

In this study, there was no significant reduction of fructosamine level before and after Ramadan in the fasting and non-fasting group. This finding is quite the contrary with a previous study that showed a significant correlation between the reduction of fructosamine level and number of fasting days (Hawary et al., 2016). Another study showed no significant difference in HbA1c and fructosamine levels between pre- Ramadan and end-of-Ramadan ($p=0.251$) (Rahim et al., 2011). Another study in 2010 showed a significant reduction in fructosamine levels after Ramadan in children with T1DM using insulin pump regimen (Benbarka et al., 2010).

HbA1c is known as an indicator for metabolic control which shows an average glucose level in two-three months period while fructosamine reflects glycemic control within two to three weeks (Hawary et al., 2016; ADA, 2018; Azad et al., 2012; Nansseu et al., 2015). In this study, the average fructosamine levels after Ramadan was positively and strongly related to HbA1c ($p<0.001$; $r=0.690$). Other studies also showed the same correlation between fructosamine and HbA1c (Kang et al., 2015; Malmstrom et al., 2014). Therefore, fructosamine can also be used as a parameter of glycemic control as it is comparable with HbA1c.

This study is the first study in Indonesia which compares the glycemic control of children with T1DM between fasting and non-fasting group. The reason of the absence of significant reduction in our study was probably the lack of compliance to follow the recommended diet. Nutritional interventions are one of the integral managements of T1DM (Rani and Bhadada, 2017). Other than that, a tailored insulin regiment is

compulsory for these patients. A study suggested using 70% pre- Ramadan insulin dose, divided as basal-bolus with 60:4 ratio (Afandi et al., 2017). Continuous insulin infusion can also be recommended as it provide more stable glucose level compared to multiple daily injection method (Alamoudi et al., 2018).

Comment [Lenovo19]: The discussion end with a paragraph stating the limitations of the study, conclusion, and policy implication. The author may add some recommendation, bear in mind it should be based on the findin the author's current study, not someone else study.

FINANCIAL SUPPORT AND SPONSORSHIP
None.

ACKNOWLEDGEMENT
[attached]

CONFLICT OF INTEREST
There are no conflicts of interest.

REFERENCE

Rahim AA, Lachine N, Zeitoun M, Gendi EW (2011). Intensified insulin therapy during fasting of Ramadan in type 1 diabetic patients. Int J Diabetes Dev Ctries. 31(4):216-222. https://doi.org/10.1007/s13410-011-0051-1.

Afandi B, Kaplan W, Hassani AN, Hadi S, Mohamed A (2017). Correlation between pre-ramadan glycemic control and subsequent glucose fluctuation during fasting in adolescents with Type 1 diabetes. J Endocrinol Invest. 40(7):741-744. doi: 10.1007/s40618-017-0633-y.

Agha AAE, Kafi SE, Zain Aldeen AM, Khadwardi RH (2017). Flash glucose monitoring system may benefit children and adolescents with type 1 diabetes during fasting at Ramadan. Saudi Med J. 38(4):366-371. doi: 10.15537/smj.2017.4.18750.

Alamoudi R, Alsubaiee M, Alqarni A, Aljaser S, Saleh Y, Salam A, Eledrisi M (2018). Attitudes and habits of patients with type 1 diabetes during fasting Ramadan. J Clin Transl Endocrinol. 14:1–4. doi: 10.1016/j.jcte.2018.09.001.

Arouj AM, Khalil AS, Buse J, Fahdil I, Fahmy M, Hafez S, Hassanein M, et al (2010). Recommendations for management of diabetes during Ramadan: update 2010. Diabetes Care. 33(18):1895-1902. https://doi.org/10.2337/dc10-0896.

Alfadhli EM (2018). Higher rate of hyperglycemia than hypoglycemia during Ramadan fasting in patients with uncontrolled type 1 diabetes: insight from continuous glucose monitoring system. Saudi Pharm J. 26(7):965-969. doi: 10.1016/j.jsps.2018.05.006.

American Diabetes Association (ADA) (2018). Classification and diagnosis of diabetes: standards of medical care in diabetes-2018. Diabetes Care. 41(Suppl.1):S13-S27. https://doi.org/10.2337/dc18-S002.

Azad K, Mohsin F, Zargar AH, Zabeen B, Ahmad J, Raza SA, Tayyeb S, et al (2012). Fasting guidelines for diabetic children and adolescents. Indian J Endocrinol Metab. 16(4):516-518. doi: 10.4103/2230-8210.97998.

Essa BEM, Hassanein M, Abdulrhman S, Alkhalifa M, Alsafar Z (2019). Attitude and safety of patients with diabetes observing the Ramadan fast. Diabetes Res Clin Pract. 152:177-182. doi: 10.1016/j.diabres.2019.03.031.

Benbarka MM, Khalil AB, Beshyah SA, Marjei S, Awad SA (2010). Insulin pump therapy in Moslem patients with type 1 diabetes during Ramadan fasting: an observational report. Diabetes Technol Ther. 12(4):287-290. doi: 10.1089/dia.2009.0130.

Beshyah SA, Hajjaji IM, Ibrahim WH, Deeb A, Ghul EAM, Akkari KB, Tawil AA, et al (2018). The year in Ramadan fasting research (2017): a narrative review. Ibnosina J Med Biomed Sci. 10:39–53. doi: 10.4103/ijmbs.ijmbs_9_18.

Craig ME, Jefferies C, Dabelea D, Balde N, Seth A, Donaghue KC (2014). ISPAD clinical practice consensus guidelines 2014: definition, epidemiology, and classification of diabetes in children and adolescents. Pediatr Diabetes. 15(Suppl.20):4-17. doi: 10.1111/pedi.12186.

Deeb A, Qahtani AN, Akle M, Singh H, Assadi R, Attia S, Suwaidi AH, et al (2017). Attitude, complications, ability of fasting and glycemic control in fasting Ramadan by children and adolescents with type 1 diabetes mellitus. Diabetes Res Clin Pract. 126:10–15. doi: 10.1016/j.diabres.2017.01.015.

Hawary EA, Salem N, Elsharkawy A, Metwali A, Wafa A, Chalaby N, Gilany EA, et al (2016). Safety and metabolic impact of Ramadan fasting in children and adolescents with type 1 diabetes. J Pediatr Endocrinol Metab. 29(5):533–541. doi: 10.1515/jpem-2015-0263.

Ghouri N, Hussain S, Mohammed R, Beshyah SA, Chowdhury TA, Sattar N, Sheikh A (2018). Diabetes, driving dan fasting during Ramadan: the interplay between secular dan religious law. BMJ Open Diabetes Res Care. 6(1):e000520. doi: 10.1136/bmjdrc-2018-000520.

Jabbar A, Hassanein M, Beshyah SA, Boye KS, Yu M, Babineaux SM (2017). CREED study: hypoglycaemia during Ramadan in individuals with type 2 diabetes mellitus from three continents. Diabetes Res Clin Pract. 132:19-26. doi: 10.1016/j.diabres.2017.07.014.

Kang DS, Park J, Kim JK, Yu J (2015). Clinical usefulness of the measurement of serum fructosamine in childhood diabetes mellitus. Ann Pediatr Endocrinol Metab. 20(1):21-26. doi: 10.6065/apem.2015.20.1.21.

Karamat MA, Syed A, Hanif W (2010). Review of diabetes management and guidelines during Ramadan. J R Soc Med. 103(4):139-147. doi: 10.1258/jrsm.2010.090254.

Malmstrom H, Walldius G, Grill V, Jungner I, Gudbjornsdottir S, Hammar N (2014). Fructosamine is a useful indicator of hyperglycaemia and glucose control in clinical and epidemiological studies – cross-sectional and longitudinal experience from the AMORIS cohort. PloS One. 9(10):e111463. https://doi.org/10.1371/journal.pone.0111463.

Nansseu JR, Domgue FJ, Noubiap JJ, Balti EV, Sobngwi E, Kengne AP (2015). Fructosamine measurement for diabetes mellitus diagnosis and monitoring: a systematic review and meta-analysis protocol. BMJ Open. 5(5):e007689. doi: 10.1136/bmjopen-2015-007689.

Pathan MF, Sahay RK, Zargar AH, Raza SA, Khan AK, Ganie MA, Siddiqui NI, et al (2012). South Asian consensus guideline: use of insulin in diabetes during Ramadan. Indian J Endocrinol Metab. 16(4):499-502. doi: 10.4103/2230-8210.97992.

Patterson C, Guariguata L, Dahlquist G, Soltesz G, Ogle G, Silink M (2014). Diabetes in the young - a global view and worldwide estimates of numbers of children with type 1 diabetes. Diabetes Res Clin Pract. 103(2):161-175. doi: 10.1016/j.diabres.2013.11.005.

Rani KS, Bhadada SK (2017). Medical nutrition therapy in type 1 diabetes mellitus. Indian J Endocrinol Metab. 21(5):649–651. doi: 10.4103/ijem.IJEM_539_17.

Sadikot S, Jothydev K, Zargar AH, Ahmad J, Arvind SR, Saboo B (2017). Clinical practice points for diabetes management during RAMADAN fast. Diabetes Metab Syndr. 11(Suppl.2): S811–S819. doi: 10.1016/j.dsx.2017.06.003.

Zabeen B, Tayyeb S, Benarjee B, Baki A, Nahar J, Mohsin F, Nahar N, et al (2014). Fasting during Ramadan in adolescents with diabetes. Indian J Endocrinol Metab. 18:44-47. doi: 10.4103/2230-8210.126530.

Ziegler R, Neu A (2018). Diabetes in childhood and adolescence. Dtsch Arztebl Int. 115(9):146-156. doi: 10.3238/arztebl.2018.0146.

TABLE

Table 1. Patients' demographic

Clinical characteristics	Fasting group (n=27)	Non-fasting group (n=15)	*p* value
Gender (n%)			
Male	13 (48.15)	7 (46.67)	0.900[a]
Female	14 (51.85)	8 (53.33)	
Age (years)	13.55±2.93	11.85±4.53	0.100[b]
Ethnicity (n)			
Javanese	22 (81.48)	13 (86.67)	1.000[a]
Madurese	5 (18.52)	2 (13.33)	
Pubertal status (n%)			
Prepuberty	7 (25.93)	7 (46.67)	0.310[a]
Puberty	20 (74.07)	8 (53.33)	
Nutritional status (n%)			
Underweight	7 (25.93)	8 (53.33)	0.120[a]
Normal	18 (66.67)	6 (40.0)	
Overweight	2 (7.40)	1 (6.67)	

[a]Chi-square or Fisher's exact test; [b]Independent t-test

Sample Characteristics (categorical data)

		Fasting group		Non-fasting group	
Characteristics	Category	Frequency	Precentage	Frequency	Precentage
Gender	Male	13	48.15%	7	46.67%
	Female				
Ethnicity					

Sample Characteristics (continuous data)

Variabel	Groups	Mean	SD	Min	Max
Age	Fasting group				
	Non-fasting group				

Table 2. Mean average fructosamine fasting and non-fasting group (an analysis by independent T-test)

	Fructosamine level (µmol/L)		*p* value
	Fasting group	Non-fasting group	
Pre Ramadan	556.89 ± 180.39	530.53 ± 128.13	0.620
Mid Ramadan	568.07 ± 175.37	535.53 ± 106.88	0.520
Post Ramadan	539.41 ± 173.04	496.07 ± 135.08	0.410

Comment [Lenovo20]: You don't need to cr p value in ths site. So, it can be deleted.

Comment [Lenovo21]: You can delete this section because the contents do not match.

Comment [Lenovo22]: Categorical data in ta 1 should be reported as this table for sample characteristics (categorical data).

Comment [Lenovo23]: Numerical data in tal 1 (age) should be reported as this table for sample characteristics (continuous data).

Comment [Lenovo24]: Recreate table 2 with table that I was created below your table.

p-value

Variable	Fructosamine level (µmol/L)				
	Fasting Group		Non-Fasting Group		*P value*
	Mean	SD	Mean	SD	
Pre Ramadan					
Mid Ramadan					
Post Ramadan					
P-value					

Comment [Lenovo25]: I suggested to add th analysis with One Way Anova and Post Hoc test t see the difference of fructosaminne level within groups.

Gmail UNIT KERJA ENDOKRIN ANAK <endokrin.ilmiah@gmail.com>

Fwd: Manuscript ID [KJP-19-155] Letter of decision 1st

1 pesan

nur rochmah <nur-r@fk.unair.ac.id> 7 Agustus 2023 pukul 12.38
Kepada: Unit Kerja Endokrin Anak <endokrin.ilmiah@gmail.com>

Begin forwarded message:

From: "Korean J Pediatr" <kjpped@gmail.com>
Subject: Manuscript ID [KJP-19-155] Letter of decision 1st
Date: 18 September 2019 11.18.22 GMT+7
To: drnurrochmah@gmail.com

Crosscheck Report file : cross_file_20190203.pdf

Dear Nur Rochmah

Thank you for submitting your manuscript titled ”°Reduction in Fructosamine Level After Ramadan Fasting in Children with Type 1 Diabetes Mellitus”± [KJP-19-155] to the Korean Journal of Pediatrics.

Your manuscript, as titled above, has been reviewed by the Editors of the Korean Journal of Pediatrics. We regret to inform you that it has not been accepted for publication in our journal. In order to expedite the review process, all new submissions first undergo a screening review by our Editors to determine whether or not the manuscript qualifies for peer review. During this first level of evaluation, our Editors-in-Chief go through the manuscript and assign a priority to them.

When evaluating whether a manuscript can be accepted for publication in our journal, the Editorial Office considers several aspects such as the scientific value, its interest to our readers, and the space available in the journal.

Unfortunately, your manuscript did not achieve a sufficient priority score that would warrant external evaluation. It was, therefore, rejected at the Editorial level. Specifically, we felt that it would more suitable for another journal.

We regret having to send you a negative response as we appreciate the time and effort you have expended in conducting your study. We welcome all future submissions from you and your colleagues. We look forward to working with you in the future.

Best regards

Man Yong Han
Editor-in-Chief
Korean Journal of Pediatrics

Crosscheck Report file : cross_file_20190203.pdf

Comments from Editors;

The clinical course of diabetic children during Ramadan was studied. It is an interesting study. But There is a lack of new results in the study.

Gmail **UNIT KERJA ENDOKRIN ANAK <endokrin.ilmiah@gmail.com>**

Fwd: [theijmed] Copyediting Review Acknowledgement

1 pesan

Rifdatus Samaha <rifdatussamaha@gmail.com> 7 Agustus 2023 pukul 21.14
Kepada: endokrin.ilmiah@gmail.com

---------- Forwarded message ---------
From: **nur rochmah** <drnurrochmah@gmail.com>
Date: Fri, 14 Oct 2022, 12:08
Subject: Fwd: [theijmed] Copyediting Review Acknowledgement
To: <rifdatussamaha@gmail.com>

Begin forwarded message:

From: nur rochmah <drnurrochmah@gmail.com>
Subject: Fwd: [theijmed] Copyediting Review Acknowledgement
Date: 19 July 2022 15.51.15 GMT+7
To: Wika Magang <24wika.deakandi@gmail.com>

---------- Forwarded message ---------
Dari: **Indonesian Journal of Medicine** <jurnals2ikm@gmail.com>
Date: Sel, 19 Jul 2022 3.35 PM
Subject: [theijmed] Copyediting Review Acknowledgement
To: Nur Rochmah <drnurrochmah@gmail.com>

The following message is being delivered on behalf of Indonesian Journal of Medicine.

_____

Dear: Nur Rochmah,

Thank you for reviewing the copyediting of your manuscript, "REDUCTION OF FRUCTOSAMINE LEVELS AFTER RAMADAN FASTING IN CHILDREN WITH TYPE 1 DIABETES MELLITUS," for Indonesian Journal of Medicine. We look forward to publishing this work.

Sincerely,
Prof Dr dr Didik Gunawan Tamtomo, PAK, MM, MKes
Editor in Chief, Indonesian Journal of Medicine

_____

Indonesian Journal of Medicine
http://www.theijmed.com/

Gmail **UNIT KERJA ENDOKRIN ANAK <endokrin.ilmiah@gmail.com>**

Fwd: [theijmed] Copyediting Review Request

1 pesan

Rifdatus Samaha <rifdatussamaha@gmail.com> 7 Agustus 2023 pukul 21.14
Kepada: endokrin.ilmiah@gmail.com

---------- Forwarded message ---------
From: **nur rochmah** <drnurrochmah@gmail.com>
Date: Fri, 14 Oct 2022, 12:09
Subject: Fwd: [theijmed] Copyediting Review Request
To: <rifdatussamaha@gmail.com>

Begin forwarded message:

From: nur rochmah <drnurrochmah@gmail.com>
Subject: Fwd: [theijmed] Copyediting Review Request
Date: 19 July 2022 11.59.19 GMT+7
To: dr Qurrota Ayuni Novia Putri Magang <Qurrotaanp@gmail.com>, Wika Magang <24wika.deakandi@gmail.com>

---------- Forwarded message ---------
Dari: **Indonesian Journal of Medicine** <jurnals2ikm@gmail.com>
Date: Sel, 19 Jul 2022 11.19 AM
Subject: [theijmed] Copyediting Review Request
To: Nur Rochmah <drnurrochmah@gmail.com>

The following message is being delivered on behalf of Indonesian Journal of Medicine.

_____
Dear: Nur Rochmah,

Your submission "REDUCTION OF FRUCTOSAMINE LEVELS AFTER RAMADAN FASTING IN CHILDREN WITH TYPE 1 DIABETES MELLITUS" for Indonesian Journal of Medicine has been through the first step of copy editing, and is available for you to review by following these steps.

1. Click on the Submission URL below.
2. Log into the journal and click on the File that appears in Step 1.
3. Open the downloaded submission.
4. Review the text, including copy editing proposals and Author Queries.
5. Make any copy editing changes that would further improve the text.
6. When completed, upload the file in Step 2.
7. Click on METADATA to check indexing information for completeness and accuracy.
8. Send the COMPLETE email to the editor and copy editor.

Submission URL:
https://theijmed.com/index.php?journal=theijmed&page=author&op=submissionEditing&path[]=303
Username: drnurrochmah

This is the last opportunity to make substantial copy editing changes to the submission. The proofreading stage, that follows the preparation of the

galleys, is restricted to correcting typographical and layout errors.

If you are unable to undertake this work at this time or have any questions, please contact me. Thank you for your contribution to this journal.

Sincerely,
Prof Dr dr Didik Gunawan Tamtomo, PAK, MM, MKes
Editor in Chief, Indonesian Journal of Medicine

Indonesian Journal of Medicine
http://www.theijmed.com/

Gmail **UNIT KERJA ENDOKRIN ANAK <endokrin.ilmiah@gmail.com>**

Fwd: [theijmed] Editor Decision: MANUSCRIPT ACCEPTANCE

1 pesan

Rifdatus Samaha <rifdatussamaha@gmail.com> 7 Agustus 2023 pukul 21.14
Kepada: endokrin.ilmiah@gmail.com

---------- Forwarded message ---------
From: **nur rochmah** <drnurrochmah@gmail.com>
Date: Fri, 14 Oct 2022, 12:09
Subject: Fwd: [theijmed] Editor Decision: MANUSCRIPT ACCEPTANCE
To: <rifdatussamaha@gmail.com>

Begin forwarded message:

From: nur rochmah <drnurrochmah@gmail.com>
Subject: Fwd: [theijmed] Editor Decision: MANUSCRIPT ACCEPTANCE
Date: 12 July 2022 16.38.16 GMT+7
To: 24wika.deakandi@gmail.com

Begin forwarded message:

From: nur rochmah <drnurrochmah@gmail.com>
Subject: Re: [theijmed] Editor Decision: MANUSCRIPT ACCEPTANCE
Date: 12 July 2022 16.37.13 GMT+7
To: Prof Didik Gunawan Tamtomo <theijmed@gmail.com>, jurnals2ikm@gmail.com

On 8 Jul 2022, at 09.37, Indonesian Journal of Medicine <jurnals2ikm@gmail.com> wrote:

The following message is being delivered on behalf of Indonesian Journal of Medicine.

_____
Dear: Nur Rochmah,

I am pleased to inform you that Indonesian Journal of Medicine would like to publish your manuscript Reduction Of Fructosamine Levels After Ramadan Fasting In Children With Type 1 Diabetes Mellitus " in our next issue.

We will send you the Letter of Acceptance after confirming the payment for publishing.
A total of USD 100 or Rp 1,600,000 need to be transferred to:
Name: V Ganis Tyas Amartani
Bank name: BNI
Bank branch office: Surakarta
Bank account number: 0365268827
Swift code: BNINIDJAXXX0365268827

In order to proceed to publish your submission, we will need you to submit

the following:

1) Assigned Originality Publication Statement
2) Proof of payment

Once your manuscript is moved to publishing, our production editor will keep you informed of your article's progress in the production process. You will also receive proof of your manuscript for final review.

We're excited to move forward with your submission. Please feel free to email me with any questions.

Sincerely,
Prof Dr dr Didik Gunawan Tamtomo, PAK, MM, MKes
Editor in Chief, Indonesian Journal of Medicine

_____
Indonesian Journal of Medicine
http://www.theijmed.com/

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2 lampiran

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168K

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