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Nursing Strategies in Diabetes Mellitus Management: A Comprehensive Review of Patient-centred Care and Technological Innovation

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Authors' contributions

This work was carried out in collaboration among all authors. All authors read and approved the final manuscript.

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ABSTRACT

Diabetes mellitus is a chronic disease that presents significant challenges in healthcare management. Nurses play a crucial role in diabetes care by providing education, monitoring patient health, and implementing lifestyle interventions. This review explores various aspects of diabetes

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management in nursing, emphasizing patient-centered care and the integration of technology. Through a comprehensive analysis of current practices and case studies, this paper underscores the need for continued education and innovation in nursing to improve outcomes for patients with diabetes.

Keywords: Chronic disease management; diabetes education; diabetes mellitus; nursing; patient care.

1. INTRODUCTION

Diabetes mellitus (DM) is a significant and growing global health concern, affecting over 463 adults worldwide. with projections suggesting a rise to 700 million by 2045, according to the International Diabetes Federation (IDF). Diabetes is characterized by elevated blood glucose levels due to the body's inability to produce insulin (Type 1 diabetes) or ineffective use of insulin (Type 2 diabetes) [1]. The complexity of managing diabetes is compounded by potential complications. including cardiovascular disease, kidney failure, neuropathy, and retinopathy, which contribute to increased morbidity and mortality [2].

Effective diabetes management requires a comprehensive approach, involving regular blood glucose monitoring, medication adherence, dietary modifications, and physical activity. Nurses play a pivotal role in this multifaceted strategy, serving as primary caregivers across various settings, from hospitals to community clinics. Beyond clinical care, nurses provide patient education, support self-management, and continuously monitor patient progress, which are essential for successful diabetes management [3].

Nursing care in diabetes extends beyond treating the disease; it involves empowering patients to manage their condition. This empowerment is achieved through education and support, helping patients take control of their health and make informed decisions about their care. The evolving role of nurses is further enhanced by new technologies, such as continuous glucose monitoring systems, telehealth services, and mobile health applications, which offer innovative ways to improve diabetes management and patient outcomes [4].

Despite the essential role of nurses, diabetes management faces numerous challenges, including patient non-adherence, socioeconomic barriers limiting access to care, and the psychological burden of managing a chronic condition. Additionally, the rising prevalence of

diabetes strains healthcare resources, highlighting the need for efficient and sustainable management strategies [5].

This review explores the various dimensions of nursing involvement in diabetes management, examining current strategies, challenges faced by nurses, and the potential of emerging technologies to enhance patient care. By analyzing existing literature and presenting case studies, this paper provides a comprehensive overview of the critical role nurses play in managing diabetes mellitus. It also identifies areas for improvement in nursing practice and offers insights into how healthcare systems can better support nurses in their efforts to manage this complex chronic disease [6].

2. BACKGROUND ON DIABETES MELLITUS

Diabetes mellitus (DM) encompasses a group of metabolic disorders characterized by chronic hyperglycemia, resulting from defective insulin secretion, impaired insulin action, or a combination of both. This sustained elevation in blood glucose levels can lead to a wide range of complications, significantly impacting patients' quality of life and overall health outcomes.

2.1 Classification of Diabetes Mellitus

Diabetes mellitus is primarily classified into three major types:

- 1. **Type 1 Diabetes Mellitus (T1DM):** Type 1 diabetes is an autoimmune disorder where the immune system mistakenly attacks and destroys the insulin-producing beta cells in the pancreas. As a result, individuals with T1DM produce little to no insulin, necessitating lifelong insulin therapy, blood glucose monitoring, dietary management, and regular physical activity [7].
- Type 2 Diabetes Mellitus (T2DM): The most prevalent form, T2DM, is characterized by insulin resistance, where the body's cells are less responsive to insulin. Initially, the pancreas compensates

by producing more insulin, but this capacity declines over time. Management typically includes lifestyle modifications, oral hypoglycemic agents, and insulin therapy as the disease progresses [8].

Gestational Diabetes Mellitus (GDM):
 GDM occurs when the body cannot produce enough insulin to meet increased demands during pregnancy, leading to hyperglycemia. While GDM usually resolves post-pregnancy, it increases the risk of developing T2DM later in life and poses risks to both mother and fetus [9].

2.2 Global Prevalence and Impact

The prevalence of diabetes is rising globally due to factors such as urbanization, aging populations, obesity, and sedentary lifestyles. The World Health Organization (WHO) estimates that approximately 422 million people worldwide are living with diabetes, with T2DM being the most significant contributor, particularly in lowand middle-income countries [10].

2.3 Complications Associated with Diabetes Mellitus

Diabetes is linked to acute and chronic complications affecting multiple organ systems due to prolonged hyperglycemia, including:

- Cardiovascular Disease: Increased risk of coronary artery disease, stroke, and peripheral artery disease, which are leading causes of morbidity and mortality among diabetics.
- Diabetic Nephropathy: A major cause of chronic kidney disease, resulting from damage to the kidney's blood vessels, leading to proteinuria and kidney failure [11].
- Diabetic Retinopathy: A leading cause of blindness due to damage to retinal blood vessels caused by sustained high blood sugar.
- Diabetic Neuropathy: Nerve damage affecting extremities and internal organs, leading to pain, numbness, and complications in bodily functions.
- Foot Complications: Increased risk of ulcers, infections, and amputations due to poor circulation and nerve damage.

These complications contribute to significant healthcare costs and impact the quality of life, emphasizing the need for effective diabetes management.

3. ROLE OF NURSING IN CHRONIC DISEASE MANAGEMENT

Nurses are critical in managing chronic diseases, particularly diabetes, where they provide clinical care, patient education, and emotional support. Their involvement in diabetes care includes patient-centered approaches that empower individuals to manage their condition effectively [12].

3.1 Patient Education and Empowerment

Education is a cornerstone of diabetes managessment, as it equips patients with the necessary knowledge and skills. Nurses focus on:

- Understanding Diabetes: Educating patients about the disease and the importance of controlling blood glucose levels.
- Medication Management: Teaching proper administration of insulin and other medications, emphasizing adherence, and managing side effects.
- Dietary Guidance: Providing tailored nutritional education, often in collaboration with dietitians.
- Physical Activity: Promoting exercise to enhance insulin sensitivity and blood glucose control.
- Monitoring and Record Keeping: Instructing patients on using glucose meters and keeping accurate records.

3.2 Supporting Self-Management

Nurses play a vital role in supporting patients' self-management by developing personalized plans, setting realistic goals, and providing emotional and practical support. They help patients navigate the complexities of diabetes care, offering strategies to overcome barriers such as diet adherence and finding time for exercise [13].

3.3 Advocacy for Lifestyle Changes

Nurses advocate for lifestyle modifications essential for managing diabetes, such as healthy eating, regular physical activity, and weight management. They address barriers by connecting patients with resources, educating them on healthier choices, and advocating for supportive policies within healthcare settings [14].

3.4 Continuous Care and Monitoring

Ongoing monitoring is critical to preventing complications and maintaining optimal outcomes. Nurses regularly assess patient progress, adjust care plans, and detect early signs of complications. Through continuous engagement, they help sustain patient commitment to their care plan, enhancing long-term health outcomes for those with diabetes [15].

4. DIABETES M STRATEGIES

MANAGEMENT

Effective diabetes management requires a multifaceted approach addressing various aspects of the disease. Nurses play a crucial role in implementing these strategies, ensuring that patients receive comprehensive care that empowers them to manage their condition effectively. This section outlines key diabetes management strategies, focusing on patient education and self-management, medication management, lifestyle interventions, and the integration of technology.

4.1 Patient Education and Self-Management

Patient education is the cornerstone of diabetes management. Given the chronic nature of diabetes, patients must be equipped with the knowledge and tools necessary to manage their condition daily. Nurses are at the forefront of this educational effort, providing patients with the information they need to make informed decisions about their health.

- Blood Glucose Monitoring: Nurses teach patients how to accurately monitor their blood glucose levels, an essential component of diabetes management. This includes training on the use of glucose meters, understanding target blood glucose ranges, and interpreting the results.
- Recognizing Hyperglycemia and Hypoglycemia: Patients are educated on the signs and symptoms of hyperglycemia (high blood glucose) and hypoglycemia (low blood glucose). Understanding these symptoms enables patients to take timely action, such as adjusting their medication or seeking medical help, to prevent serious complications.
- Diet and Lifestyle Decisions: Nurses provide guidance on how to make healthy

dietary choices and incorporate physical activity into daily routines. This education is tailored to individual needs, considering personal preferences, cultural practices, and any barriers to making these changes.

Self-management is crucial for patients with diabetes as it allows them to take control of their health and minimize the risk of complications. Nurses support this by offering continuous education and encouragement, empowering patients to be active participants in their care [16].

4.2 Medication Management

Medication management is vital in achieving and maintaining optimal blood glucose levels in patients with diabetes. Nurses play a central role in this process by ensuring that patients receive and correctly use their medications.

- Administration of Medications: Nurses are responsible for administering insulin and other diabetes medications, whether in a clinical setting or by educating patients on self-administration techniques at home. Proper administration is crucial to maintaining blood glucose control.
- Monitoring for Side Effects: Nurses monitor patients for potential side effects of diabetes medications, such as hypoglycemia, weight gain, or gastrointestinal issues. Early identification of side effects allows for timely intervention and adjustments to the treatment plan.
- Medication Adherence: Nurses educate patients on the importance of adhering to their prescribed medication regimen. This includes discussing the consequences of missed doses, the need for regular medication timing, and addressing any challenges patients may face in taking their medications consistently.

By managing medication effectively, nurses help ensure that patients maintain stable blood glucose levels, reducing the risk of acute complications and long-term damage associated with poorly controlled diabetes [17].

4.3 Lifestyle Interventions

Lifestyle interventions, including diet and exercise, are critical components of diabetes management. Nurses work closely with patients to develop individualized lifestyle plans that

support healthy living and effective diabetes control.

- Dietary Planning: Nurses collaborate with dietitians to create personalized meal plans that align with patients' health goals and cultural preferences. These plans emphasize balanced nutrition, portion control, and the inclusion of foods that help stabilize blood glucose levels.
- Physical Activity: Nurses encourage patients to incorporate regular physical activity into their daily routines. Exercise improves insulin sensitivity, aids in weight management, and contributes to overall health. Nurses help patients find activities that are enjoyable and sustainable, offering guidance on how to safely increase physical activity levels.
- Support and Motivation: Maintaining lifestyle changes can be challenging, especially over the long term. Nurses provide ongoing support and motivation, helping patients stay committed to their health goals. They also help patients navigate barriers to lifestyle changes, such as lack of time, resources, or social support.

Through these interventions, nurses help patients achieve better blood glucose control, reduce the risk of complications, and improve their overall quality of life [18].

4.4 Technology in Diabetes Management

The integration of technology in diabetes management has revolutionized the way patients monitor and manage their condition. Nurses play a key role in helping patients incorporate these technological tools into their daily care.

- Continuous Glucose Monitors (CGMs):
 CGMs provide real-time blood glucose readings, allowing for more precise management of diabetes. Nurses educate patients on how to use CGMs, interpret the data, and make necessary adjustments to their treatment plans.
- Insulin Pumps: Insulin pumps deliver a continuous supply of insulin, offering an alternative to multiple daily injections. Nurses train patients on how to operate insulin pumps, manage the infusion site, and troubleshoot any issues that may arise.

- Mobile Health Applications: Mobile apps designed for diabetes management can track blood glucose levels, medication usage, diet, and physical activity. Nurses guide patients in selecting appropriate apps, setting up the technology, and using the data to improve their self-management practices.
- Telehealth Services: The rise of telehealth has expanded access to diabetes care, particularly for patients in remote or underserved areas. Nurses use telehealth platforms to provide education, monitor patient progress, and offer realtime support, ensuring continuous care despite geographical barriers [19].

5. CHALLENGES IN DIABETES MANAGEMENT

Despite advancements in diabetes care, numerous challenges impede effective management. Nurses, as frontline healthcare providers, encounter these obstacles regularly, affecting their ability to manage diabetes mellitus comprehensively.

5.1 Patient Adherence to Treatment Plans

Patient adherence to treatment plans remains one of the most significant hurdles in diabetes management. Effective care involves medication adherence, lifestyle changes, and regular blood glucose monitoring. However, patients frequently face challenges such as:

- Medication Regimen: Forgetfulness, misunderstanding of dosing instructions, and intentional skipping of doses due to side effects or perceived ineffectiveness often impede medication adherence.
- Lifestyle Changes: Adopting healthier habits, including dietary changes and increased physical activity, can be challenging due to cultural preferences, established personal habits, and social pressures.
- Blood Glucose Monitoring: Regular monitoring is critical but can be perceived as invasive or inconvenient, leading to inconsistent practices.

Nurses play a crucial role in reinforcing the importance of adherence through personalized education, regular follow-ups, and motivational support, helping patients overcome these barriers [20].

5.2 Health Disparities

Health disparities significantly impact diabetes management, especially among patients from lower socioeconomic backgrounds. Challenges include:

- Access to Care: Geographic barriers, financial constraints, and inadequate healthcare access hinder regular checkups, specialist care, and diabetes education.
- Financial Barriers: The high costs associated with diabetes care, including medications, monitoring devices, and nutritious food, are often prohibitive, especially for uninsured patients.
- Cultural and Language Barriers:
 Misunderstandings due to cultural beliefs
 or language differences can lead to poor
 adherence and engagement.

Nurses address these disparities by advocating for equitable access to care, providing culturally sensitive education, and connecting patients with community resources to mitigate barriers [21].

5.3 Resource Limitations

Resource limitations, including provider shortages and restricted access to technology, present significant challenges in diabetes management:

- Healthcare Provider Shortages: Many underserved communities experience shortages of specialized diabetes care providers, resulting in longer wait times and increased reliance on less experienced primary care providers.
- Access to Technology: Technologies like continuous glucose monitors (CGMs) and insulin pumps revolutionize care but remain inaccessible to many due to cost and availability issues.
- Educational Resources: A lack of diabetes education programs and support groups can impede patient empowerment and self-management efforts [22].

6. CASE STUDIES IN NURSING AND DIABETES MANAGEMENT

Case studies illustrate the application of nursing interventions in real-world scenarios, showcasing

the diverse strategies used by nurses to enhance diabetes outcomes.

6.1 Case Study: Managing Type 2 Diabetes through Integrated Care

Patient Background: Mrs. A, a 58-year-old woman with Type 2 diabetes, presented with poorly controlled blood glucose despite medication. She had hypertension, was overweight, and led a sedentary lifestyle with high sugar intake.

Nursing Interventions

- Adjusted her medication regimen in collaboration with her healthcare provider.
- Developed a personalized meal plan with a dietitian and encouraged moderate physical activity.
- Introduced a mobile app to track her glucose levels, diet, and activity, integrating data into her care plan.

Outcomes: After three months, Mrs. A showed improved glycemic control, reduced HbA1c levels, and weight loss, demonstrating the effectiveness of integrated nursing care [23].

6.2 Case Study: Transitioning to Insulin Pump Therapy for Type 1 Diabetes

Patient Background: Mr. B, a 24-year-old with Type 1 diabetes, struggled with stable glucose levels despite multiple daily insulin injections.

Nursing Interventions

- Educated Mr. B on insulin pump usage, provided hands-on demonstrations, and offered ongoing support during the transition.
- Scheduled regular follow-ups to monitor effectiveness and adjust insulin delivery.

Outcomes: Mr. B experienced fewer hypoglycemic episodes and better overall glycemic control, with the nurse's support being key to his successful transition to pump therapy.

6.3 Case Study: Addressing Health Disparities in Diabetes Care

Patient Background: Ms. C, a 45-year-old from a low-income background, struggled with Type 2

diabetes management due to limited access to resources and healthcare services.

Nursing Interventions

- Assisted in navigating community resources, including food pantries and affordable medications.
- Provided tailored diabetes education focusing on self-management within her constraints.
- Advocated for her access to necessary healthcare services and connected her with support groups.

Outcomes: Ms. C improved her diabetes management, utilizing available resources effectively and achieving better glucose control.

7. DISCUSSION

Nurses are integral to diabetes management, contributing to patient education, medication management, lifestyle interventions, and the integration of technology, which are crucial for improving patient outcomes [24].

7.1 Impact of Nursing Interventions

- Patient Education: Nurses empower patients through education, helping them manage their condition actively.
- Medication Management: They play a critical role in ensuring adherence and adjusting treatment plans.
- Lifestyle Interventions: Nurses support patients in making necessary lifestyle changes, crucial for managing Type 2 diabetes.
- Integration of Technology: Nurses help patients adopt new technologies, enhancing care quality.

7.2 Challenges and Areas for Improvement

Despite these contributions, challenges such as patient adherence, health disparities, and resource limitations persist. Addressing these requires innovative strategies, targeted interventions, and improved access to resources.

7.3 Future Directions

Future strategies should focus on enhancing nurse education, developing adherence

solutions, addressing health disparities, and expanding access to advanced technologies to improve diabetes care.

8. CONCLUSION

Nurses play a vital role in managing diabetes, empowering patients through education, medication management, and lifestyle interventions. Despite persistent challenges, ongoing research, education, and advocacy are essential for advancing care and improving outcomes for those living with diabetes.

DISCLAIMER (ARTIFICIAL INTELLIGENCE)

Author(s) hereby declare that NO generative Al technologies such as Large Language Models (ChatGPT, COPILOT, etc.) and text-to-image generators have been used during the writing or editing of this manuscript.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

REFERENCES

- Hyun MK, Lee JW, Ko SH. Chronic disease management program applied to type 2 diabetes patients and prevention of diabetic complications: a retrospective cohort study using nationwide data. BMC Public Health. 2023;23(1):928.
 - DOI: 10.1186/s12889-023-15763-z. PMID: 37221526: PMCID: PMC10203667.
- Jung CH, Son JW, Kang S, Kim WJ, Kim HS, Kim HS, Seo M, Shin HJ, Lee SS, Jeong SJ, et al. Diabetes fact sheets in Korea, 2020: an appraisal of current status. Diabetes Metab J. 2021;45(1):1– 10.
 - DOI: 10.4093/dmj.2020.0254.
- 3. Litwak L, Goh SY, Hussein Z, Malek R, Prusty V, Khamseh ME. Prevalence of diabetes complications in people with type 2 diabetes mellitus and its association with baseline characteristics in the multinational A1chieve study. Diabetol Metab Syndr. 2013;5(1):57.
 - DOI: 10.1186/1758-5996-5-57.
- Baudot F-O, Aguadé A-S, Barnay T, Gastaldi-Ménager C, Fagot-Campagna A. Impact of type 2 diabetes on health expenditure: estimation based on

- individual administrative data. Eur J Health Econ. 2019;20(5):657–668.
- DOI: 10.1007/s10198-018-1024-9.
- 5. Zheng Y, Ley SH, Hu FB. Global aetiology and epidemiology of type 2 diabetes mellitus and its complications. Nat Rev Endocrinol. 2018;14(2):88–98. DOI: 10.1038/nrendo.2017.151.
- 6. Shin EC. Type 1 Diabetes Home Care Project and Educational Consultation. J Korean Diabetes. 2020;21(2):88–92. DOI: 10.4093/jkd.2020.21.2.88.
- Kim JA, Kim ES, Lee EK. Evaluation of the chronic disease management program for appropriateness of medication adherence and persistence in hypertension and type-2 diabetes patients in Korea. Medicine (Baltimore) 2017;96(14):e6577.
 DOI: 10.1097/MD.00000000000006577.
- 8. Lee J, Lee JS, Park SH, Shin SA, Kim K. Cohort Profile: The National Health Insurance Service-National Sample Cohort (NHIS-NSC), South Korea. Int J Epidemiol. 2017;46(2):e15.
- Grunberger G, Sherr J, Allende M, Blevins T, Bode B, Handelsman Y, Hellman R, Lajara R, Roberts VL, Rodbard D, et al. American association of clinical endocrinology clinical practice guideline: the use of advanced technology in the management of persons with diabetes mellitus. Endocr Pract. 2021;27(6):505–537.
 - DOI: 10.1016/j.eprac.2021.04.008.
- Papatheodorou K, Banach M, Bekiari E, Rizzo M, Edmonds M. Complications of Diabetes 2017. J Diabetes Res. 2018;2018:3086167.
 DOI: 10.1155/2018/3086167.
- 11. Kim H, Shin S-A, Lee K, Park J-H, Han TH, Park M, Eunyoung M, Shin E, Jeong H, Lee J-H, Ahn H, et al. Effects of first diagnosed diabetes mellitus on medical visits and medication adherence in Korea. Iran J Public Health. 2018;47(2):209-218.
- 12. Oh SH, Ku H, Park KS. Prevalence and socioeconomic burden of diabetes mellitus in South Korean adults: a population-based study using administrative data. BMC Public Health. 2021;21(1):548. DOI: 10.1186/s12889-021-10450-3.
- Chung YR, Ha KH, Lee K, Kim DJ. Diabetic retinopathy and related clinical practice for people with diabetes in Korea: a 10-year trend analysis. Diabetes Metab J. 2020;44(6):928–932. DOI: 10.4093/dmj.2020.0096.

- 14. Watanabe H, Anezaki H, Kazawa K, Tamaki Y, Hashimoto H, Moriyama M. Long-term effectiveness of a disease management program to prevent diabetic nephropathy: a propensity score matching analysis using administrative data in Japan. BMC Endocr Disord. 2022;22(1): 135.
 - DOI: 10.1186/s12902-022-01040-4.
- Macdonald EM, Perrin BM, Cleeland L, Kingsley MIC. Podiatrist-delivered health coaching to facilitate the use of a smart insole to support foot health monitoring in people with diabetes-related peripheral neuropathy. Sensors (Basel). 2021;21 (12):3984.
 - DOI: 10.3390/s21123984.
- WPRO. WHO Country Cooperation Strategy 2019-2023: Republic of Korea. In. World Health Organization. Regional Office for the Western Pacific.: Minister of Health and Welfare Republic of Korea and Western Pacific World Health Organization: 2019.
- 17. Kim Y-S, Lee J, Moon Y, Kim KJ, Lee K, Choi J, Han S-H. Unmet healthcare needs of elderly people in Korea. BMC Geriatr. 2018;18(1):1–9. DOI: 10.1186/s12877-018-0786-3.
- 18. Song E, Kim YE, Ji S. Impact of a primary health care chronic diseases management pilot program. Korean J Med. 2021;96 (1):7–12.
 - DOI: 10.3904/kjm.2021.96.1.7.
- Campbell DJ, Sargious P, Lewanczuk R, McBrien K, Tonelli M, Hemmelgarn B, Manns B. Use of chronic disease management programs for diabetes: in Alberta's primary care networks. Can Fam Physician. 2013;59(2):e86-92.
 PMID: 23418263; PMCID: PMC3576962.
- Baptista DR, Wiens A, Pontarolo R. et al. The chronic care model for type 2 diabetes: a systematic review. Diabetol Metab Syndr. 2016;8:7. Available:https://doi.org/10.1186/s13098-015-0119-z
- 21. Seuring T, Archangelidi O, Suhrcke M. The economic costs of type 2 diabetes: a global systematic review. Pharmacoeconomics. 2015;33(8):811–31.
- 22. Dailah HG. The Influence of Nurse-Led Interventions on Diseases Management in Patients with Diabetes Mellitus: A Narrative Review. Healthcare. 2024;12(3):352. Available:https://doi.org/10.3390/healthcare12030352

- 23. Galicia-Garcia U, Benito-Vicente A, Jebari S, Larrea-Sebal A, Siddiqi H, Uribe KB, Ostolaza H, Martín C. Pathophysiology of Type 2 Diabetes Mellitus. Int. J. Mol. Sci. 2020;21:6275.
- 24. Akiboye F, Sihre HK, Al Mulhem M, Rayman G, Nirantharakumar K, Adderley NJ. Impact of Diabetes Specialist Nurses on Inpatient Care: A Systematic Review. Diabet. Med. 2021;38:e14573.

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