

Management Of Chronic Diseases: Best Practices In Handling Conditions Like Diabetes Or Hypertension

Fahad Homoud Alhazmi¹, Abdullah Salem Zayed Alghamdi², Amani Taher Barnawi³, Badriah Dhafi Zahim Albishri⁴, Amal Awad mohamad AL-jabri⁵, Jawaher Hassan Husin Fallata⁶, Asrar Abdullah Mohammed⁷, Waad Abdulrahman Sagaf⁸, Dana Jabur Rajaa Alsulami⁹, Joma Ali Al-Zahrani¹⁰, Hanan Yahya Mofareh¹¹, Atikah Haroun Mohammed Alhawsawi¹⁰

¹General practitioner, King Faisal Hospital -Makkah, Saudi Arabia.

²ICU RESIDENT, King Faisal Hospital, Saudi Arabia

³General practitioner, Alzahir primary health care, Saudi Arabia

⁴Nursing technician, Asfan Health Center; Saudi Arabia.

⁵Nursing technician, Executive Department for Combating Infectious Diseases at the Health Cluster in Mecca, Saudi Arabia.

⁶Nursing Technician, Ajyad Hospital, Saudi Arabia.

⁷Nursing, King Abdullah medical complex jeddah, Saudi Arabia.

⁸Nurse specialties, King Abdullah medical complex, Saudi Arabia.

⁹Nursing Technician, PHC jurana, Saudi Arabia.

¹⁰Nursing Technician, Al-Kakeya Health Center; Saudi Arabia.

¹¹Nursing specialist, Alkakiyah health care center, Saudi Arabia.

Abstract:

Background: Worldwide, diabetes and hypertension rank among the top chronic diseases in terms of both morbidity and mortality. To avoid complications like cardiovascular disease, kidney damage, or stroke, these problems necessitate long-term care, changes to one's way of life, and strict adherence to treatment regimens. As educators, care coordinators, and advocates for their patients, nurses are essential in the management of various illnesses.

Aim: Prevention of problems, improvement of quality of life, and reduction of the load on healthcare systems are the goals of chronic illness management, including diabetes and hypertension.

Conclusion: Prevention, patient education, and personalized treatment regimens are the lynchpins of an interdisciplinary approach to the successful management of chronic diseases like hypertension and diabetes. In their function as primary caregivers, nurses are vital in keeping tabs on patients, recommending healthy lifestyle modifications, and building a rapport with them so that they may work together to improve their health. A better quality of life and more control over one's health can be achieved when best practices like telemonitoring, frequent monitoring, encouraging physical activity, and good eating are implemented. In order to alleviate the strain that chronic diseases place on both individuals and healthcare systems, it is crucial to adopt a comprehensive and patient-focused strategy.

Keywords: Chronic diseases, Diabetes management, Hypertension management, Patient education and Lifestyle modifications.

Introduction

Millions of people throughout the world are living with diabetes mellitus, a metabolic illness that causes blood sugar levels to remain consistently high. Untreated, it can cause a host of problems due to problems with insulin secretion, action, or both. With a predicted sharp increase, the number of individuals living with diabetes was above 460 million in 2020, according to the International Diabetes Federation (IDF). Modifications to one's way of life, faithful medication compliance, constant monitoring, and patient education are all essential components of an all-encompassing strategy for diabetes care. When it comes to educating patients on how to take charge of their health and avoid problems, nurses are indispensable.¹

Those health issues that don't go away after a while and usually necessitate constant monitoring by doctors and adjustments to daily routines are called chronic diseases. The metabolic problem known as diabetes can lead to serious consequences like cardiovascular disease, neuropathy, and retinopathy, since it is defined by chronic hyperglycemia resulting from inadequate insulin synthesis or action. Conversely, hypertension, which is characterized by consistently high blood pressure, raises the danger of cardiovascular disease, stroke, and renal failure; it is often called the "silent killer."²

With an estimated 1.2 billion affected individuals, hypertension is among the most common chronic diseases in the world. High blood pressure, which is defined as consistently higher than or equal to 140/90 mmHg, is a major contributor to the development of cardiovascular disease, stroke, renal failure, and early mortality. Uncontrolled hypertension is a major health danger, even though it usually doesn't cause any symptoms. To avoid problems and improve quality of life, proper management is essential. When it comes to hypertension care, nurses are invaluable. They teach patients how to make lifestyle adjustments and stick to their medication plans, and they keep tabs on their progress to make sure their blood pressure stays under control.³

Both people and healthcare systems are overwhelmed by the impact of these diseases. These problems are made worse by factors including people not taking their medication as prescribed, economic inequality, and lack of access to healthcare. Successful management of these disorders requires an in-depth familiarity with them and the application of best practices.⁴

There are three main forms of diabetes:

Absolute insulin insufficiency is the outcome of type 1 diabetes (T1D), an autoimmune disorder that causes the death of pancreatic beta cells. Obesity and lack of physical activity are common risk factors for type 2 diabetes, which is defined by insulin resistance and relative insulin shortage. While hyperglycemia may go away after giving birth, gestational diabetes mellitus (GDM) raises the chance of type 2 diabetes in the future. Acute problems including hypoglycemia and diabetic ketoacidosis (DKA) and long-term complications like cardiovascular disease, nephropathy, neuropathy, and retinopathy can result from uncontrolled diabetes.⁵

Methods for Effectively Controlling Diabetes

Wellness Education and Individual Control

Education is a key component of diabetic treatment since it helps patients to grasp the features of the condition, the need of keeping regulated blood sugar levels, and the possible results of uncontrolled blood sugar. Especially important is teaching patients on self-monitoring blood glucose since consistent blood sugar testing helps them to properly modify their diet, exercise, and medication schedule, thereby promoting improved glycemic management. Furthermore, it is important to be aware of the symptoms of hypo- and hyperglycemia since early diagnosis and quick treatment of these disorders can help to control diabetes generally and avoid major consequences.⁶

Changes to Daily Routine

A pillar of diabetes treatment is dietary control since constant blood sugar levels depend on a balanced diet high in complex carbs, lean protein, and fiber. Calorie-restricted diets are very successful in helping those with type 2 diabetes lose weight and enhance metabolic results. Apart from dietary changes, consistent physical exercise is very important for improving insulin sensitivity and glucose management; activities include walking, swimming, and strength training according to personal ability to guarantee sustainability and efficacy. Managing stress is also crucial since persistent stress raises blood glucose levels. Including yoga and mindfulness among relaxation strategies has been demonstrated to help with general diabetes control by lowering stress.⁷

Drug Administration

Common in type 2 diabetes, oral hypoglycemic medications (OHAs) serve to control blood glucose levels by either boosting insulin sensitivity or inducing the body to generate more insulin, so regulating the condition. The control of insulin is crucial for both type 1 and advanced type 2 diabetes since customized insulin schedules fit to every patient's particular need. Apart from conventional medications, new possibilities for managing diabetes are presented by developing drugs such SGLT2 inhibitors and GLP-1

receptor agonists, therefore increasing the choices for complete diabetes therapy and benefiting weight reduction and cardiovascular health as well.⁸

Diabetes Care Technology

Reducing the need for fingerstick, continuous glucose monitoring (CGM) devices like Dexcom or Freestyle Libre provide patients real-time glucose readings, therefore enabling them to follow their blood sugar levels all day. Insulin pumps provide great advantages for those with type 1 diabetes since they provide improved control over blood glucose levels by providing exact dosages of insulin. By tracking medicine, food consumption, and appointments, digital tools—including mobile apps and telehealth platforms—help patients to more actively participate in their care, so enhancing their adherence to treatment programs and so improves general diabetes control.⁹

Managing and Preventing Complications

Early indicators of problems include retinopathy, nephropathy, or neuropathy must be found by consistent screenings so that appropriate action may be made, and additional damage may be avoided. Preventing diabetic foot ulcers, which include frequent inspections, wearing suitable footwear, and quick injury treatment, depends equally on good foot care. Adopting a heart-healthy lifestyle can also greatly lower the risk of cardiovascular disease; controlling blood pressure and cholesterol levels, together with keeping a balanced diet and consistent physical activity, all help greatly to lower the cardiovascular risks connected with diabetes.¹⁰

Obstacles in the Management of Diabetes

Dietary restrictions, exercise regimens, and drug schedule adherence are all parts of treatment plans that patients may find very difficult to follow. Advanced drugs, monitoring equipment, and frequent follow-ups can sometimes put a financial strain on people, making the cost of care a big barrier as well. Psychosocial barriers, such as emotional pain, guilt, and depression, can compound these practical challenges, making it much more difficult for people with diabetes to maintain good control over their condition. Additionally, patients in low-income areas with low health literacy levels are less likely to actively participate in their care and make well-informed decisions due to a lack of knowledge about diabetes and its management.¹¹

Diabetes Care and the Nurse's Role

Among the numerous vital functions that nurses perform in the management of diabetes, three stand out: education, care coordination, and advocacy. To help patients take charge of their health, they tailor their training to everyone's needs, covering topics such as medication usage, diet, and exercise. Additionally, nurses encourage self-management by instructing patients in the right use of insulin injections and self-monitoring of blood glucose (SMBG). Furthermore, by conducting regular follow-ups, they monitor progress and remove any obstacles to compliance. To ensure a comprehensive approach to diabetes care, nurses also play an important role in assisting patients emotionally by connecting them with counseling services and providing psychosocial support.¹²

Management Strategies for Long-Term Conditions

There are mainly two types of hypertension:

Ninety to ninety-five percent of instances of hypertension are categorized as primary hypertension, which can be brought on by environmental factors, genes, and lifestyle decisions. By contrast, underlying medical diseases include renal illness, endocrine problems, or side effects of some drugs produce secondary hypertension. Untreated, hypertension can cause major problems including heart failure, an aneurysm, stroke, chronic renal disease, myocardial infarction. Early identification and good control of hypertension are therefore crucial in lowering the impact of these hazards and hence in preventing long-term harm and enhancing patient outcomes.¹³

Guidelines for Effective Management of Hypertension

Changes to Daily Routine

For those with hypertension, changes to everyday activities are usually required since lifestyle changes significantly help to regulate blood pressure. This could involve changing to a heart-healthy diet, including the DASH (Dietary Approaches to Stop Hypertension) diet, which stresses minimal sodium intake, more consumption of fruits and vegetables, and limited processed foods. Regular physical activity—such as swimming or walking—should be included to help regulate blood pressure and strengthen cardiovascular health. Furthermore, controlling stress by means of mindfulness or yoga helps to maintain blood pressure within reasonable range. Maintaining a good daily routine for the management of hypertension depends also on routinely monitoring blood pressure and following recommended medications.¹⁴

Food Adjustments

It is possible to greatly reduce blood pressure by adopting a diet that is in line with the DASH (Dietary Approaches to Stop Hypertension) recommendations. These recommendations include increasing consumption of fruits and vegetables, decreasing consumption of sodium, and include low-fat dairy products. Proper blood pressure regulation and healthy blood vessel activity are supported by this diet's emphasis on calcium, magnesium, and potassium-rich foods. Hypertension can be better managed and related issues avoided if people eat less processed meals and more nutrient-dense options.¹⁵

Reducing processed meals—often heavy in salt—and boosting your potassium intake will help you keep a good sodium balance. Potassium aids in the relaxing of blood vessels and improves blood pressure regulation, therefore countering the consequences of salt. Foods high in potassium, such as bananas, spinach, sweet potatoes, and beans, can help preserve a good balance, so improving general heart health and lowering the risk of issues connected to hypertension.¹⁶

Active Lifestyle:

Walking, running, swimming, and other regular aerobic exercises help much to improve blood pressure and cardiovascular condition. All these exercises assist improved blood pressure regulation by helping to raise heart efficiency, boost healthy circulation, and aid in weight management. Management of hypertension also depends much on one's weight. With weight drops as little as 5-10%, those who are overweight or obese can show a notable drop in blood pressure, proving the benefits of even little weight loss on general cardiovascular health.¹⁷

Moderation in Alcohol Consumption and Quitting Smoking:

Reduce your risk of hypertension-related cardiovascular problems by reducing your alcohol consumption and quitting smoking. Smoking destroys blood arteries and increases the risk of atherosclerosis, while excessive alcohol intake raises blood pressure and contributes to heart disease. Improving cardiovascular health, lowering blood pressure, and decreasing the risk of heart attack, stroke, and other associated issues can be achieved by cutting back on alcohol use and stopping smoking. This, in turn, supports better long-term health outcomes.¹⁸

Drug Administration

Patients with constant hypertension or those at great risk of consequences usually call for pharmaceutical treatment. Medications are classified according to their mechanism of action; diuretics help lower blood volume by increasing the rate of fluid excretion; ARBs and ACE inhibitors relax blood vessels, so improving blood flow; calcium channel blockers reduce vascular resistance and so ease heart stress; beta-blockers lower cardiac output and heart rate. Ensuring patients grasp the need of following their prescription schedules and being alert about possible side effects is a major responsibility of a nurse. Tracking control in a hospital or home environment depends on regular blood pressure monitoring. By use of ambulatory blood pressure monitoring (ABPM), healthcare professionals can also identify disorders such as masked hypertension or white-coat hypertension, therefore enabling more accurate diagnosis and treatment plan revisions.¹⁹

Encouraging and Educating Patients

Education regarding the risks of uncontrolled hypertension and the advantages of changing lifestyle choices increases patients' likelihood of following their management plans. Self-monitoring techniques help patients to develop their sense of control over their health by enabling them to follow their development and implement required behavioral modification. Wearable gadgets and mobile apps among other

technologies provide continuous blood pressure pattern monitoring, therefore offering real-time data that might guide treatment decisions. Furthermore, by allowing remote consultations and follow-ups, telehealth is a great solution especially for patients in underprivileged areas since it guarantees that people have access to constant treatment and support anywhere.²⁰

Care from Various Experts

Management of hypertension depends on cooperative efforts among primary care doctors, cardiologists, dietitians, and chemists since each specialist adds their specific knowledge to guarantee thorough treatment. Acting as care coordinators, nurses significantly help to ensure that the patient's treatment plan is customized and well-integrated as well as to enable communication between these experts. Nurses help maximize patient outcomes and offer comprehensive, coordinated treatment to properly control hypertension by making sure all elements of care, from medication management to lifestyle changes, line up.²¹

Obstacles in the Management of Hypertension

Because of things like forgetfulness, unpleasant side effects, or incomplete knowledge of the treatment plan, many patients find it difficult to follow their doctors' advice about medicine and lifestyle adjustments. Effective management is further hampered by social and financial barriers including insufficient funding and a dearth of easily available healthcare facilities. Comorbidities including diabetes, obesity, or dyslipidemia can additionally complicate blood pressure control and increase the difficulty reaching desired results. Furthermore, greatly influencing how patients approach hypertension management are behavioral and cultural elements including dietary patterns, cultural preferences, and a resistance to change one's lifestyle; hence, customized strategies are needed to remove these obstacles and increase adherence to treatment plans.²²

Nurses' Function in the Treatment of Hypertension

Important roles are played by nurses in the care of hypertension patients as educators, advocates, and support networks. Among their main responsibilities is the development of individualized treatment plans that consider the values and circumstances of each patient, as well as the monitoring of pharmaceutical efficacy and the management of unwanted effects. Additionally, nurses offer ongoing education by informing patients about the significance of meeting blood pressure goals, taking medications as prescribed, and making any other lifestyle adjustments that may be required. Furthermore, nurses provide emotional and psychological support, assisting patients in overcoming fears and misconceptions about hypertension and feeling empowered as they undergo therapy.²³

Encouraging Patients to Exercise Self-Management

Crucial to effective therapy is informing patients about their illness, why it's important to follow their prescribed regimen, and how to make necessary lifestyle adjustments. Patients are encouraged to actively participate in their care through self-management programs that instruct them to track their blood pressure, glucose levels, and food consumption. These programs are typically run by nurses, who offer both practical advice and emotional support to participants.²⁴

Changes to One's Way of Life

It is vital to implement dietary changes that are balanced and specific to the patient's situation. Those with diabetes need to be careful about their carbohydrate consumption and eat foods with a low glycemic index. In hypertension, lowering blood pressure is as simple as eating more potassium-rich foods and less salt.²⁵

- o **Engaging in regular physical activity:** People with diabetes have better insulin sensitivity and those with hypertension have lower blood pressure. It is important for patients' unique tastes and needs to be factored into personalized exercise programs.²⁶

- o **Managing Stress:** Long-term stress has the potential to exacerbate hypertension and diabetes. Care plans might incorporate practices such as counseling, yoga, and mindfulness.²⁷

Follow-Up on Medication

Managing chronic diseases requires strict adherence to specified treatment regimens. Assuring patients understand their drugs, possible adverse effects, and the significance of consistency is a crucial duty for nurses. Adherence can be improved with the help of digital reminders, pill organizers, and regular check-ins.²⁸

Integrating Technology

The management of chronic diseases has been transformed by technological advancements, such as telehealth platforms and wearable technologies. The ability to track vital signs in real time with devices like blood pressure and continuous glucose monitors (CGMs) allows for prompt interventions. For patients in underprivileged locations, telehealth allows for remote consultations.²⁹

A Method that Blends Disciplines

Medical doctors, nutritionists, PTs, and social workers all need to work together for management to be effective. As care coordinators, nurses make sure everyone is on the same page and that all the plans are working together smoothly.³⁰

Programs for Public and Community Health

To deal with socioeconomic determinants of health, community-based interventions should focus on managing and preventing chronic diseases. Early detection and improved disease control are facilitated by outreach programs that center on education, screening, and support groups.³¹

Difficulties in Handling Long-Term Illness³²

Treatment plan non-adherence can be caused by several factors, including forgetfulness, fear of adverse effects, and a general lack of understanding.

Social and economic obstacles: Inadequate healthcare access, insufficient health awareness, and limited financial resources all work together to make disease treatment difficult.

The presence of co-occurring diseases: Managing numerous chronic illnesses at once adds another layer of difficulty and necessitates personalized care strategies.

Nurses' Crucial Role in Conquering Obstacles

Strong patient connections, culturally appropriate care, and policy advocacy to increase healthcare access are three ways in which nurses can help overcome these obstacles. Nurses can promote trust and adherence by utilizing motivational interviewing approaches and placing an emphasis on patient-centered care.³³

Conclusion

Taking a comprehensive, patient-centered strategy is essential for managing chronic diseases like diabetes and hypertension. When it comes to patient education, care coordination, and the use of evidence-based procedures, nurses are indispensable. Improving patient outcomes while decreasing healthcare costs requires best practices, which include lifestyle adjustments, technological integration, and interdisciplinary teamwork. It is still crucial to improve patient participation and remove obstacles to care to achieve success. Healthcare practitioners can alleviate the impact of chronic diseases, improve quality of life, and strengthen the healthcare system by giving patients greater agency and encouraging a culture of prevention and adherence.

References

- ¹ International Diabetes Federation. (2020). IDF Diabetes Atlas (9th ed.). International Diabetes Federation. <https://www.idf.org/e-library/epidemiology-research/diabetes-atlas/>
- ² American Diabetes Association. (2023). Standards of medical care in diabetes—2023. *Diabetes Care*, 46(Supplement 1), S1-S2. <https://doi.org/10.2337/dc23-S001>
- ³ American College of Cardiology. (2023). Understanding hypertension. <https://www.acc.org/latest-in-cardiology/articles/2023/03/22/12/48/understanding-hypertension>
- ⁴ Kruk ME, Gage AD, Arsenault C, Jordan K, Leslie HH, Roder-DeWan S, Adeyi O, Barker P, Daelmans B, Doubova SV, English M, García-Elorrio E, Guanais F, Gureje O, Hirschhorn LR, Jiang L, Kelley E, Lemango ET, Liljestrand J, Malata A, Marchant T, Matsoso MP, Meara JG, Mohanan M, Ndiaye Y, Norheim OF, Reddy KS, Rowe AK, Salomon JA, Thapa G, Twum-Danso NAY, Pate M. High-quality health systems in the Sustainable Development Goals era: time for a revolution. *Lancet Glob Health*. 2018 Nov;6(11):e1196-e1252. doi: 10.1016/S2214-109X(18)30386-3. Epub 2018 Sep 5. Erratum in: *Lancet Glob Health*. 2018 Nov;6(11):e1162. doi: 10.1016/S2214-109X(18)30438-8. Erratum in: *Lancet Glob*

- Health. 2018 Nov;6(11):e1162. doi: 10.1016/S2214-109X(18)30456-X. Erratum in: Lancet Glob Health. 2021 Aug;9(8):e1067. doi: 10.1016/S2214-109X(21)00250-3. PMID: 30196093; PMCID: PMC7734391.
- ⁵ Lucier J, Mathias PM. Type 1 Diabetes. [Updated 2024 Oct 5]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2024 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK507713/>
- ⁶ Weinstock RS, Aleppo G, Bailey TS, et al. The Role of Blood Glucose Monitoring in Diabetes Management. Arlington (VA): American Diabetes Association; 2020 Oct. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK566165/> doi: 10.2337/db2020-31
- ⁷ Minari, T.P.; Manzano, C.F.; Tácito, L.H.B.; Yugar, L.B.T.; Sedenho-Prado, L.G.; Rubio, T.d.A.; Pires, A.C.; Vilela-Martin, J.F.; Cosenso-Martin, L.N.; Moreno, H.; et al. The Impact of a Nutritional Intervention on Glycemic Control and Cardiovascular Risk Markers in Type 2 Diabetes. *Nutrients* 2024, 16, 1378. <https://doi.org/10.3390/nu16091378>
- ⁸ Ganesan K, Rana MBM, Sultan S. Oral Hypoglycemic Medications. [Updated 2023 May 1]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2024 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK482386/>
- ⁹ Reddy N, Verma N, Dungan K. Monitoring Technologies- Continuous Glucose Monitoring, Mobile Technology, Biomarkers of Glycemic Control. [Updated 2023 Jul 8]. In: Feingold KR, Anawalt B, Blackman MR, et al., editors. Endotext [Internet]. South Dartmouth (MA): MDText.com, Inc.; 2000-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK279046/>
- ¹⁰ Anandhanarayanan A, Teh K, Goonoo M, et al. Diabetic Neuropathies. [Updated 2022 Mar 15]. In: Feingold KR, Anawalt B, Blackman MR, et al., editors. Endotext [Internet]. South Dartmouth (MA): MDText.com, Inc.; 2000-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK279175/>
- ¹¹ Kvarnström K, Westerholm A, Airaksinen M, Liira H. Factors Contributing to Medication Adherence in Patients with a Chronic Condition: A Scoping Review of Qualitative Research. *Pharmaceutics*. 2021 Jul 20;13(7):1100. doi: 10.3390/pharmaceutics13071100. PMID: 34371791; PMCID: PMC8309154.
- ¹² National Academies of Sciences, Engineering, and Medicine; National Academy of Medicine; Committee on the Future of Nursing 2020–2030; Flaubert JL, Le Menestrel S, Williams DR, et al., editors. The Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity. Washington (DC): National Academies Press (US); 2021 May 11. 5, The Role of Nurses in Improving Health Equity. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK573898/>
- ¹³ Oparil S, Acelajado MC, Bakris GL, Berlowitz DR, Cífková R, Dominiczak AF, Grassi G, Jordan J, Poulter NR, Rodgers A, Whelton PK. Hypertension. *Nat Rev Dis Primers*. 2018 Mar 22;4:18014. doi: 10.1038/nrdp.2018.14. PMID: 29565029; PMCID: PMC6477925.
- ¹⁴ Challa HJ, Ameer MA, Uppaluri KR. DASH Diet To Stop Hypertension. [Updated 2023 Jan 23]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2024 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK482514/>
- ¹⁵ Tyson CC, Nwankwo C, Lin PH, Svetkey LP. The Dietary Approaches to Stop Hypertension (DASH) eating pattern in special populations. *Curr Hypertens Rep*. 2012 Oct;14(5):388-96. doi: 10.1007/s11906-012-0296-1. PMID: 22846984; PMCID: PMC4377837.
- ¹⁶ Levings JL, Gunn JP. The imbalance of sodium and potassium intake: implications for dietetic practice. *J Acad Nutr Diet*. 2014 Jun;114(6):838-841. doi: 10.1016/j.jand.2014.02.015. Epub 2014 Apr 16. PMID: 24742901; PMCID: PMC9237821.
- ¹⁷ Pinckard K, Baskin KK, Stanford KI. Effects of Exercise to Improve Cardiovascular Health. *Front Cardiovasc Med*. 2019 Jun 4;6:69. doi: 10.3389/fcvm.2019.00069. PMID: 31214598; PMCID: PMC6557987.
- ¹⁸ Sudano I, Osto E, Ruschitzka F. Blood Pressure-Lowering Therapy. 2020 Jul 30. In: von Eckardstein A, Binder CJ, editors. Prevention and Treatment of Atherosclerosis: Improving State-of-the-Art Management and Search for Novel Targets [Internet]. Cham (CH): Springer; 2022. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK584312/> doi: 10.1007/164_2020_372
- ¹⁹ Khalil H, Zeltser R. Antihypertensive Medications. [Updated 2023 May 8]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2024 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK554579/>
- ²⁰ Ukoha-Kalu BO, Isah A, Biambo AA, Samaila A, Abubakar MM, Kalu UA, Soyiri IN. Effectiveness of educational interventions on hypertensive patients' self-management behaviours: an umbrella review

protocol. *BMJ Open*. 2023 Aug 7;13(8):e073682. doi: 10.1136/bmjopen-2023-073682. PMID: 37550030; PMCID: PMC10407355.

²¹ Santschi V, Wuerzner G, Pais B, Chiolo A, Schaller P, Cloutier L, Paradis G, Burnier M. Team-Based Care for Improving Hypertension Management: A Pragmatic Randomized Controlled Trial. *Front Cardiovasc Med*. 2021 Oct 25;8:760662. doi: 10.3389/fcvm.2021.760662. PMID: 34760950; PMCID: PMC8572997.

²² Martin LR, Williams SL, Haskard KB, Dimatteo MR. The challenge of patient adherence. *Ther Clin Risk Manag*. 2005 Sep;1(3):189-99. PMID: 18360559; PMCID: PMC1661624.

²³ National Academies of Sciences, Engineering, and Medicine; National Academy of Medicine; Committee on the Future of Nursing 2020–2030; Flaubert JL, Le Menestrel S, Williams DR, et al., editors. *The Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity*. Washington (DC): National Academies Press (US); 2021 May 11. 4, The Role of Nurses in Improving Health Care Access and Quality. Available from:

<https://www.ncbi.nlm.nih.gov/books/NBK573910/>

²⁴ Dineen-Griffin S, Garcia-Cardenas V, Williams K, Benrimoj SI. Helping patients help themselves: A systematic review of self-management support strategies in primary health care practice. *PLoS One*. 2019 Aug 1;14(8):e0220116. doi: 10.1371/journal.pone.0220116. PMID: 31369582; PMCID: PMC6675068.

²⁵ Alison B. Evert, Michelle Dennison, Christopher D. Gardner, W. Timothy Garvey, Ka Hei Karen Lau, Janice MacLeod, Joanna Mitri, Raquel F. Pereira, Kelly Rawlings, Shamera Robinson, Laura Saslow, Sacha Uelmen, Patricia B. Urbanski, William S. Yancy; Nutrition Therapy for Adults With Diabetes or Prediabetes: A Consensus Report. *Diabetes Care* 1 May 2019; 42 (5): 731–754.

<https://doi.org/10.2337/dci19-0014>

²⁶ Zahalka SJ, Abushamat LA, Scalzo RL, et al. The Role of Exercise in Diabetes. [Updated 2023 Jan 6]. In: Feingold KR, Anawalt B, Blackman MR, et al., editors. *Endotext* [Internet]. South Dartmouth (MA): MDText.com, Inc.; 2000-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK549946/>

²⁷ Stults-Kolehmainen MA, Sinha R. The effects of stress on physical activity and exercise. *Sports Med*. 2014 Jan;44(1):81-121. doi: 10.1007/s40279-013-0090-5. PMID: 24030837; PMCID: PMC3894304.

²⁸ Nieuwlaat R, Wilczynski N, Navarro T, Hobson N, Jeffery R, Keenanasseril A, Agoritsas T, Mistry N, Iorio A, Jack S, Sivaramalingam B, Iserman E, Mustafa RA, Jedraszewski D, Cotoi C, Haynes RB. Interventions for enhancing medication adherence. *Cochrane Database Syst Rev*. 2014 Nov 20;2014(11):CD000011. doi:

10.1002/14651858.CD000011.pub4. PMID: 25412402; PMCID: PMC7263418.

²⁹ Peyroteo M, Ferreira IA, Elvas LB, Ferreira JC, Lapão LV. Remote Monitoring Systems for Patients With Chronic Diseases in Primary Health Care: Systematic Review. *JMIR Mhealth Uhealth*. 2021 Dec 21;9(12):e28285. doi: 10.2196/28285. PMID: 34932000; PMCID: PMC8734917.

³⁰ Sheehan J, Laver K, Bhojti A, Rahja M, Usherwood T, Clemson L, Lannin NA. Methods and Effectiveness of Communication Between Hospital Allied Health and Primary Care Practitioners: A Systematic Narrative Review. *J Multidiscip Healthc*. 2021 Feb 22;14:493-511. doi: 10.2147/JMDH.S295549. PMID: 33654406; PMCID: PMC7910528.

³¹ Andermann A; CLEAR Collaboration. Taking action on the social determinants of health in clinical practice: a framework for health professionals. *CMAJ*. 2016 Dec 6;188(17-18):E474-E483. doi: 10.1503/cmaj.160177. Epub 2016 Aug 8. PMID: 27503870; PMCID: PMC5135524.

³² Brunner-La Rocca HP, Fleischhacker L, Golubnitschaja O, Heemskerk F, Helms T, Hoedemakers T, Alliances SH, Jaarsma T, Kinkorova J, Ramaekers J, Ruff P, Schnur I, Vanoli E, Verdu J, Zippel-Schultz B. Challenges in personalised management of chronic diseases-heart failure as prominent example to advance the care process. *EPMA J*. 2016 Jan 30;7(1):2. doi: 10.1186/s13167-016-0051-9. PMID: 26913090; PMCID: PMC4765020.

³³ Bradshaw J, Siddiqui N, Greenfield D, Sharma A. Kindness, Listening, and Connection: Patient and Clinician Key Requirements for Emotional Support in Chronic and Complex Care. *J Patient Exp*. 2022 Apr 12;9:23743735221092627. doi: 10.1177/23743735221092627. PMID: 35434291; PMCID: PMC9008851.