

*Editorial***Patient-Centred Diabetes Education****Desy Anggraini^{1*}**

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Diabetes mellitus, particularly type 2 diabetes mellitus (T2DM), remains a major global health challenge that requires continuous and comprehensive management. The increasing number of people living with diabetes has created a substantial burden for individuals, families, and healthcare systems. In addition to persistent hyperglycaemia, poorly controlled diabetes may contribute to cardiovascular disease, kidney disease, visual impairment, neuropathy, and other long-term complications (WHO, 2024). Therefore, effective diabetes management should extend beyond pharmacological treatment and glucose monitoring. Patients need adequate knowledge, practical skills, motivation, and continuous support to participate actively in managing their condition.

Dietary management is one of the fundamental components of T2DM self-management. Daily food choices, portion size, meal composition, and meal timing may influence glycaemic control and overall health. However, dietary education should not be delivered as a rigid set of restrictions because eating behaviours are influenced by cultural practices, family habits, socioeconomic circumstances, food availability, and individual preferences. Current diabetes care recommendations emphasise individualised nutritional management and recognise that no single eating pattern is appropriate for all people with diabetes (American Diabetes Association Professional Practice Committee for, 2026). Consequently, health education should help patients understand the principles of healthy dietary management while supporting them in adapting these principles to their everyday circumstances.

Adequate knowledge is an important foundation for diabetes self-management. Patients who understand their condition and its management may be better able to make appropriate dietary choices, follow treatment recommendations, and recognise potential health problems. Nevertheless, knowledge alone does not necessarily result in sustained behavioural change. Self-management is also influenced by health literacy, self-efficacy, social support, financial resources, treatment burden, and access to healthcare services. Research involving Indonesian patients with T2DM has shown that diabetes-related knowledge may vary according to individual characteristics, including educational attainment and duration of diabetes. These findings highlight the importance of providing health information that is understandable, relevant, and responsive to individual learning needs.

Diabetes self-management education and support (DSMES) provides an important framework for developing these capacities. DSMES aims to improve patients' knowledge and skills while supporting informed decision-making, problem-solving, healthy behaviours, and active participation in care (Davis J, Fischl AH, Beck J, 2022). Importantly, diabetes education should be regarded as an ongoing process rather than a single educational session. Patients may require

different information and support as their disease progresses, treatment changes, complications develop, or personal circumstances change. Regular reinforcement and follow-up are therefore essential to maintaining self-management capacity over time.

The development of digital health technologies has created new opportunities to extend diabetes education beyond conventional face-to-face consultations. Mobile applications, telehealth, online resources, and video-based education can provide patients with accessible educational materials that can be reviewed according to their individual needs. Video-based education is particularly relevant because it combines visual and auditory information and can demonstrate practical concepts in a relatively simple format. A systematic review of video-based diabetes education reported potential benefits for diabetes knowledge, health literacy, self-efficacy, and selected self-care behaviours (Hoe et al., 2024). These findings suggest that video can be a useful educational tool when its content is evidence-based, concise, culturally appropriate, and relevant to the target population.

For dietary education, audiovisual materials may help patients understand concepts that are sometimes difficult to communicate through written information alone. Demonstrations of food portions, meal composition, food selection, and meal planning can make dietary recommendations more concrete. In Indonesia, educational materials can also incorporate familiar foods and local eating practices. Such an approach may help patients understand that diabetes dietary management does not necessarily require complete avoidance of familiar foods but rather involves appropriate choices, portions, composition, and meal patterns.

However, digital education should complement rather than replace professional healthcare. Evidence from systematic reviews indicates that mobile health and digital self-management interventions may support diabetes management, although outcomes vary according to intervention design, population characteristics, duration, and professional involvement (Chowdhury et al., 2024; Versluis et al., 2025). Video-based education may provide consistent information and facilitate repeated learning, but it cannot independently identify individual barriers or address complex clinical circumstances. Professional assessment and communication remain essential for adapting education to patients' needs.

This has important implications for nursing practice. Nurses frequently provide education related to dietary management, medication adherence, blood glucose monitoring, physical activity, and prevention of diabetes complications. Educational videos can support nursing practice by providing standardised information that patients can revisit after the clinical encounter. However, the use of video should be followed by interaction with the healthcare professional to assess understanding, clarify misconceptions, identify barriers, and establish realistic self-management goals. Behavioural strategies such as goal setting, problem-solving, and motivational interviewing may further support the transition from knowledge to sustained action [2].

The evaluation of diabetes education should also consider outcomes beyond immediate knowledge improvement. Increased knowledge is an important educational outcome, but it should not automatically be interpreted as evidence of improved dietary behaviour or glycaemic control. Behavioural and clinical outcomes are influenced by multiple factors and may require longer periods of follow-up. Therefore, future studies should consider evaluating knowledge together with self-efficacy, dietary practices, treatment adherence, quality of life, and relevant clinical indicators. This broader evaluation can provide a more comprehensive understanding of whether educational interventions contribute to meaningful improvements in diabetes self-management.

Primary healthcare facilities have an important role in implementing patient-centred diabetes education because they provide continuing care for people with chronic diseases. A practical model could combine brief video-based education with individual counselling and follow-up.

Patients may view an educational video during or after a clinical consultation and subsequently receive opportunities to discuss questions and difficulties with healthcare professionals. Follow-up visits can then reinforce key messages and assess whether patients are able to apply the information in their daily lives. Such an approach combines the accessibility of digital media with the personalised support provided by healthcare professionals.

Ultimately, patient-centred diabetes education should focus not simply on delivering information but on helping people with diabetes develop the knowledge, skills, confidence, and support required for sustainable self-management. Video-based education represents one potentially useful component of this approach, particularly when it is evidence-based, culturally relevant, accessible, and integrated with professional counselling. The effectiveness of diabetes education is likely to be greatest when digital tools and human interaction are used together rather than treated as competing approaches.

Strengthening patient-centred education is therefore an important component of contemporary diabetes care. As the number of people living with T2DM continues to increase, healthcare systems need educational strategies that are accessible, sustainable, and responsive to individual needs. Integrating evidence-based dietary education with digital resources, professional support, and continuous follow-up may help patients make informed decisions and develop healthier self-management practices. The ultimate goal is not merely to increase what patients know about diabetes, but to support their ability to use that knowledge effectively in everyday life.

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