

4. Discussion

Diabetes mellitus is a metabolic disease characterized by high blood glucose, which is caused by defect in insulin secretion or its biological function, or both. The long-term presence of high blood sugar in diabetes will result in a variety of tissues damage, especially in the eyes, kidneys, heart, blood vessels and nerves of chronic damage and dysfunction.

Health education is a new way to enhance the therapeutic effect on the patients. This method is mainly aimed to acknowledge patients with the treatment environment, methods, effect, prevention and control. Health education through health knowledge and disease knowledge transmission reduces the patient's fear of the disease while strengthening the patient's emotional stability towards the treatment. Health education can also improve the patient's understanding of the disease effectively and ensure that patients play a vital role to improve the treatment effect [5,6].

In the treatment of diabetes, the health education is the main measure while the other treatment measures are complementary to each other. Prior to the implementation of health education, the knowledge of diabetes mellitus on patients with diabetes is analyzed and evaluated. Then, based on the patients' nursing plan, the patients should adhere to healthy eating habits, exercise and self-care. The implementation of diabetes health education is mainly subjected for patients with drug treatment and patients with poor compliance. Diabetes health education is a non-drug treatment method. The purpose is to control the complications and risk factors by lowering blood glucose. With effective control of blood glucose, the emergence of diabetes complications can be avoided and is conducive for the extension of the patient's life.

With the use health education, it was found that the observation group was significantly better than the control group. This is because the patients who receive health education care can have a clear understanding of their own disease and future treatment as well as prognosis, their self-protection awareness and self-care ability is strengthened effectively [7], improving the cure rate. Meanwhile, the control group which received routine nursing only, re-

covered slowly. Thus, the use of health education in nursing methods, did not only improve patients' active treatment, but also improved the doctor-patient relationship, quality of life of patients and treatment effect.

From this study, it can be observed that after the implementation of diabetes health education, the diabetes patients' blood glucose control, diabetes related skills and knowledge levels improved significantly. Two groups of patients after treatment for one week were accessed to evaluate the effect of treatment. Out of 62 patients in treatment group, 58 patients had their fasting blood glucose returning to normal, which accounts for 93.5%. On other hand, for patients in the control group, 37 patients had their fasting blood glucose returning to normal, accounting for 59.7%. Two groups of patients with treatment effect were compared with statistical significance ($p < 0.05$). Thus, the implementation of effective health education in diabetes care can control the patient's disease effectively, improving the quality of life of patients significantly and it is worth promoting it in clinical medicine.

References

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