An Idea Nursing Journal
https://ihj.ideajournal.id/index.php/INJ/index

INJ
E-ISSN: 2961-8592

Volume 5(2), 185-196
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https://doi.org/10.53690/inj.v5i02.922

Review Article

Mapping Peer and Family Support Interventions for Cardiometabolic Management in Adults with Diabetes and/or Hypertension: A Scoping Review

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Abstract

Background: Diabetes mellitus and hypertension are significant cardiometabolic conditions that require ongoing self-management. Social support from family and peers can facilitate adherence to treatment and improve clinical outcomes. Despite this, evidence regarding the characteristics and implementation of such support interventions remains fragmented.

Objective: This scoping review mapped peer and family support interventions for cardiometabolic management among adults with diabetes mellitus and/or hypertension.

Methods: The review followed the Arksey and O'Malley framework, with refinements by Levac et al., and was reported in accordance with PRISMA-ScR guidelines. Literature published in English from 2021 to 2026 was identified through searches in PubMed, Scopus, Web of Science, CINAHL, and Google Scholar. Eligible studies included adults with diabetes mellitus and/or hypertension and evaluated peer, family, or combined support interventions targeting cardiometabolic management. Data were synthesized using descriptive and narrative approaches. Methodological quality was assessed with the Joanna Briggs Institute (JBI) critical appraisal tools.

Result: Nine studies were included, comprising randomized controlled trials, quasi-experimental studies, and a single-arm interventional study. Five studies were conducted in Indonesia, with others from China, the United States, Iran, and India. Interventions encompassed family self-management programs, health coaching, family empowerment, telenursing, patient-family partnerships, peer support, and community-based education. Reported outcomes included improvements in glycemic control, blood pressure control, self-management, dietary and sodium adherence, medication adherence, treatment compliance, patient-family engagement, self-care, and quality of life. JBI appraisal scores ranged from 76.9% to 100%.

Conclusion: Peer and family support interventions show potential to enhance both clinical and behavioral outcomes in adults with diabetes mellitus and/or hypertension. Integrating these interventions into community and healthcare-based cardiometabolic management may strengthen sustained self-management and treatment adherence.

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Article info :
Received: 10 April 2026 | Revised: 11 May 2026| Accepted: 16 May 2026| Available Online: 27 June 2026
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Keywords
Diabetes Mellitus; Peer Support; Hypertension.

Background

Diabetes mellitus and hypertension are significant chronic conditions that necessitate ongoing self-management and sustained adherence to treatment regimens. Effective management extends beyond pharmacological interventions, requiring patients to consistently engage in healthy dietary practices, adhere to medication schedules, participate in physical activity, monitor health indicators, and perform other disease-related behaviors. Within this context, social support from family members and peers is a critical element of chronic disease management, offering practical assistance, encouragement, shared experiences, and reinforcement of self-management behaviors. Evidence from diabetes interventions indicates that peer support can enhance diabetes self-management and glycemic control. Similarly, family-oriented strategies have been associated with improvements in treatment-related behaviors and cardiometabolic outcomes (1-3).

The relevance of these approaches is underscored by the persistent burden of hypertension and diabetes in low- and middle-income countries, including Indonesia and other Southeast Asian nations. Hypertension remains highly prevalent among adults in Southeast Asia, and significant gaps in hypertension care and control persist in Indonesia (4, 5). These challenges suggest that effective cardiometabolic management requires ongoing support for patients within their home and community environments, rather than relying exclusively on clinical encounters. Recent research has examined community-based education, home support, family self-management, and peer-led interventions for hypertension, with reported improvements in blood pressure control, medication adherence, and dietary behaviors (6-8). Additionally, family empowerment and patient-family partnership interventions have shown potential benefits for blood pressure management among older adults and individuals living with hypertension (6, 9, 10).

Support-based interventions have evolved from traditional face-to-face education and peer-group models to more structured, technology-enabled approaches. Initial evidence

demonstrated the value of peer support in diabetes self-management education, followed by interventions incorporating community-based peer groups, family empowerment, health coaching, and patient-family partnerships (2, 11, 12). More recently, digital strategies such as telenursing and remote monitoring supported by social networks have extended support beyond conventional healthcare settings (3, 13, 14). Community-based interventions have also increasingly leveraged existing social structures, including women's self-help groups and family caregivers, to promote sustained behavioral change and effective disease management (6-8). This evolution indicates that peer and family support are now regarded not only as supplementary elements of care but also as mechanisms that enhance patients' capacity to manage chronic cardiometabolic conditions.

Despite the expanding evidence base, existing interventions remain heterogeneous regarding the types of support provided, modes of delivery, target populations, settings, duration, and outcomes assessed. Furthermore, evidence is dispersed across studies focused on either diabetes or hypertension, complicating the identification of common intervention characteristics and the overall contribution of peer and family support to cardiometabolic management. While previous reviews have addressed specific approaches, such as peer support in diabetes self-management (2, 12), a comprehensive mapping of peer and family support interventions across both diabetes and hypertension remains necessary. Accordingly, this scoping review aims to map the available evidence on peer and family support interventions for cardiometabolic management among adults with diabetes mellitus and/or hypertension, including their characteristics, settings, support approaches, and reported clinical, behavioral, adherence, self-management, and psychosocial outcomes.

Methods

Study Design

This scoping review maps evidence on peer and family support interventions for cardiometabolic management in adults with diabetes mellitus and/or hypertension. The review used the methodological framework by Arksey and O'Malley, as refined by Levac et al. Reporting followed the PRISMA-ScR guidelines.

Population, Concept, and Context

Eligibility criteria were defined according to the Population-Concept-Context (PCC) framework. The population included adults diagnosed with diabetes mellitus and/or hypertension, encompassing older adults and those receiving assistance from family caregivers. The concept focused on peer- and family-support interventions aimed at improving cardiometabolic management, including disease self-management, glycemic control, blood pressure regulation, medication adherence, dietary sodium reduction adherence, and associated behavioral or psychosocial outcomes. The context encompassed healthcare facilities, community health centers, community-based programs, both rural and urban communities, and family-based care settings.

Table 1. Population-Concept-Context (PCC) Framework

PCC Component	Description
Population	Adults (≥18 years) with diabetes mellitus and/or hypertension
Concept	Peer and/or family support interventions aimed at improving cardiometabolic management and related self-management behaviors and outcomes
Context	Healthcare, community, family, and digital health settings across diverse geographic and socioeconomic contexts

Search Strategy

A comprehensive literature search was performed across five major electronic databases: PubMed, Scopus, Web of Science, CINAHL, and Google Scholar. The search strategy utilized both controlled vocabulary and free-text terms related to the population, intervention, and outcomes of interest, combined with Boolean operators. Primary search concepts included terms associated with diabetes mellitus, hypertension, peer and family support, self-management, glycemic control, blood pressure control, medication adherence, and cardiometabolic management. The search was limited to peer-reviewed, English-language articles published between 2021 and 2026. Additionally, reference lists of included studies were manually screened to identify relevant articles not captured through electronic database searches.

Eligible Criteria

Studies were considered eligible if they included adults with diabetes mellitus and/or hypertension, examined peer support, family support, or both, evaluated interventions targeting improvements in cardiometabolic management or related self-management behaviors, reported clinical, behavioral, adherence, self-management, or psychosocial outcomes relevant to diabetes and/or hypertension, were conducted in healthcare, community, or family-based settings, and were published as peer-reviewed journal articles in English between 2021 and 2026. Studies were excluded if they were qualitative without an intervention component, systematic or scoping reviews, meta-analyses, conference abstracts, editorials, commentaries, protocols without reported intervention outcomes, or did not address peer or family support in the management of diabetes mellitus and/or hypertension.

Study Selection

After duplicate records were removed, titles and abstracts of the retrieved records were screened, followed by full-text assessment against predefined eligibility criteria. Studies meeting the inclusion criteria were incorporated into the final review. The selection process was documented using a PRISMA-ScR flow diagram, which detailed the number of records identified, screened, assessed for eligibility, and included.

Data Extraction and Synthesis

Data were extracted using a standardized form that included author and year, country and setting, study objective, study design, sample size, intervention characteristics, type of support, and key outcomes. Extracted evidence was synthesized descriptively and

presented in both tabular and narrative formats. Studies were mapped according to disease condition, type of support, intervention characteristics, setting, and cardiometabolic outcomes.

Critical Appraisal

The methodological quality of included studies was assessed using the Joanna Briggs Institute (JBI) critical appraisal tools appropriate for each study design. Appraisal results were summarized descriptively and are presented in Table 2.

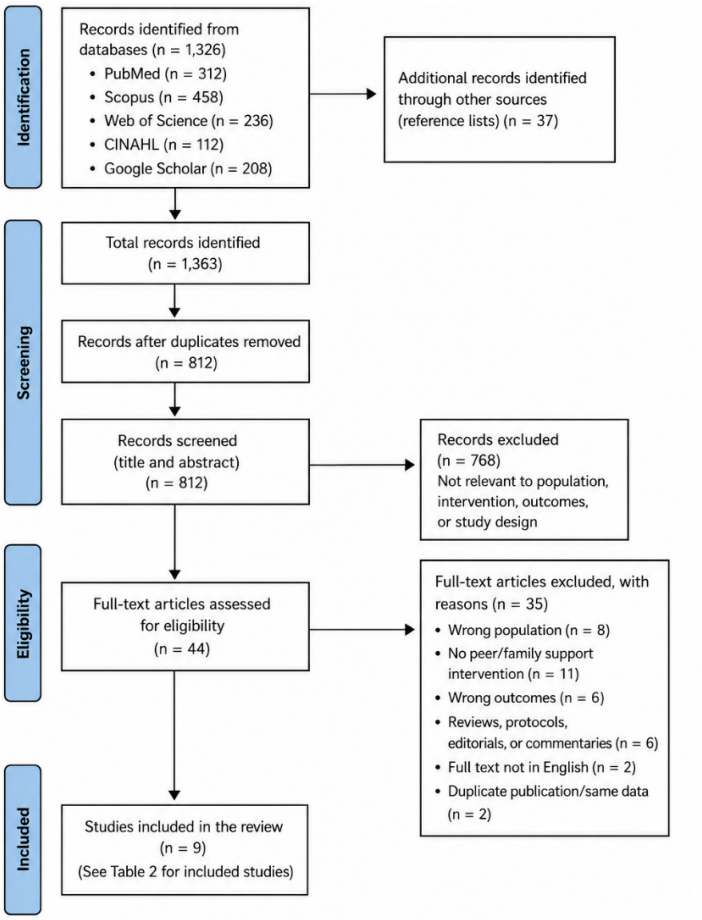


Figure 1. PRISMA 2020 Flow Diagram

Result and Discussion

RESULT

We appraised the included studies using the appropriate JBI critical appraisal checklist for each study design. Appraisal scores ranged from 76.9% to 100% (Table 2). Azmiardi et al. (2026) and Zeng et al. (2024) achieved the highest scores, each meeting 12 of 13 criteria (92.3%). Rosland et al. (2022) and Susanto et al. (2024) met 11 of 13 criteria (84.6%), while Shahabi et al. (2022) and Suseela et al. (2022) met 10 of 13 (76.9%). Among quasi-experimental studies, Kamaryati et al. (2025) met all nine criteria (100%), and Yuda et al. (2025) met eight (88.9%). Liu et al. (2024), assessed as a single-

arm interventional study, met 8 of 9 criteria (88.9%). Overall, the evidence in this scoping review is supported by studies with satisfactory methodological quality

Table 2. JBI Critical Appraisal Results of Included Studies

Author (Year)	Study Design	JBI Critical Appraisal Score
Azmiardi et al (2026)	Randomized controlled trial	12/13 (92.3%)
Liu et al (2024)	Single-arm interventional study	8/9 (88.9%)
Rosland et al (2022)	Randomized clinical trial	11/13 (84.6%)
Shahabi et al (2022)	Randomized clinical trial	10/13 (76.9%)
Kamaryati et al (2025)	Quasi-experimental study	9/9 (100%)
Susanto et al (2024)	Parallel randomized controlled trial	11/13 (84.6%)
Yuda et al (2025)	Two-group quasi-experimental study	8/9 (88.9%)
Zeng et al (2024)	Single-blinded randomized controlled trial	12/13 (92.3%)
Suseela et al (2022)	Cluster randomized controlled pragmatic trial	10/13 (76.9%)

Table 3 presents the characteristics and mapping of peer- and family-support interventions for cardiometabolic management. Nine studies were identified, with five conducted in Indonesia and the remainder in China, the United States, Iran, and India. The study populations primarily comprised adults with type 2 diabetes mellitus or hypertension, including older adults and patient-family dyads. Intervention delivery settings included community health centers, community-based environments, rural communities, and urban slums. Family-based interventions encompassed health coaching, empowerment programs, self-management support, telenursing, and patient-family carer partnerships. In contrast, peer-support interventions were mainly integrated into diabetes self-management and community-based hypertension programs. Multiple interventions combined educational, behavioral, empowerment, and follow-up components, rather than relying on a single support strategy.

The mapped outcomes consistently focused on cardiometabolic control and disease self-management. Diabetes-focused interventions demonstrated improvements in glycemic control, dietary adherence, treatment compliance, self-management, and patient-family engagement. Hypertension-focused interventions resulted in improved blood pressure control, reductions in systolic and diastolic blood pressure, and increased adherence to medication and sodium-reduction recommendations. Several family-centered interventions also yielded benefits in self-care, dyadic relationships, and quality of life. Most studies employed randomized or quasi-experimental designs, while one study utilized a single-arm interventional design to evaluate the sustainability of peer-support effects. Overall, the mapping suggests that peer and family support interventions employ diverse delivery models and address both clinical and behavioral aspects of cardiometabolic management.

Table 3. Characteristics and Mapping of Peer and Family Support Interventions for Cardiometabolic Management

Author (Year)	Country/ Setting	Objective	Method (Design, Sample, Intervention)	Key Findings (Outcomes)	Journal (Rank)
Azmiardi et al (2026)	Indonesia; adults with diabetes mellitus	To evaluate the effectiveness of family and peer support intervention on glycemic control among patients with diabetes	Randomized controlled trial; sample: 120 Type 2 Diabetes Mellitus (T2DM) patients; family and peer support intervention	Improved glycemic control among patients with diabetes	Journal of Family and Community Medicine (Q2)
Liu et al (2024)	Tiongkok; adults with type 2 diabetes	To evaluate the sustained benefits of peer support for diabetes self-management and glycemic control	Single-arm interventional study; sample: 1,284 adults with type 2 diabetes mellitus recruited from nine community health centers; 12-month peer support intervention.	Benefits of peer support for diabetes self-management and glycemic control were sustained at 18 months	Diabetes Research and Clinical Practice (Q1)
Rosland et al (2022)	USA; adults with diabetes and family members	To evaluate the effectiveness of health coaching for patient-family dyads in improving diabetes-related outcomes	Randomized clinical trial; sample: 239 patient-supporter dyads were enrolled from 1,119 recruited participants; health coaching intervention for patient-family dyads	Improved diabetes-related outcomes and patient/family engagement in diabetes management	JAMA Network Open (Q1)
Shahabi et al (2022)	Iran; adults with type 2 diabetes	To assess the effect of telenursing based on a family-centered empowerment model on adherence to dietary regimens	Randomized clinical trial; sample: 60 patients with Type 2 Diabetes Mellitus; telenursing based on family-centered empowerment	Improved dietary regimen adherence and overall treatment compliance.	BMC Endocrine Disorders (Q2)
Kamaryati et al (2025)	Indonesia; older adults with uncontrolled hypertension and families	To evaluate outcomes of a self- and family-management support program for older people with uncontrolled hypertension	Quasi-experimental study; sample: 141 older people with uncontrolled hypertension and their caregivers (141 dyads); self- and family-management support program	Improved hypertension-related outcomes, including blood pressure management	Pacific Rim International Journal of Nursing Research (Q2)

Susanto et al (2024)	Indonesia; people with hypertension and family caregivers	To evaluate the effectiveness of a family self-management program for hypertension management and sodium consumption adherence	Parallel randomized controlled trial; sample: 126 people with Stage I hypertension; family self-management program	Improved hypertension management and adherence to sodium consumption recommendations	Journal of Research in Health Sciences (Q2)
Yuda et al (2025)	Indonesia; elderly with hypertension	To evaluate the effectiveness of a family empowerment module in reducing blood pressure among elderly people with hypertension	Community-based quasi-experimental study; sample: 112 participants; family empowerment module	Reduced systolic and diastolic blood pressure	Media Publikasi Promosi Kesehatan Indonesia (SINTA 1)
Zeng et al (2024)	Rural communities; people with hypertension and family caregivers	To evaluate the effectiveness of a patient-family carer partnership intervention on blood pressure control	Randomized controlled trial; sample: 110 family dyads consisting of people with hypertension and their family caregivers; patient-family carer partnership intervention	Improved blood pressure control and self-care, with reduced SBP and DBP and improved dyadic relationship and quality of life.	Journal of Nursing Management (Q1)
Suseela et al (2022)	India (urban slums of Kerala); adults with hypertension	To evaluate the effectiveness of community-based education and peer support in improving hypertension control	Cluster randomized controlled pragmatic trial; sample: 1,952 adults with hypertension (968 intervention; 984 control); education and peer support led by women's self-help groups	Reduced systolic and diastolic BP; improved hypertension control, medication adherence, and reduced salt consumption	BMJ Global Health (Q1)

DISCUSSION

This scoping review finds that peer and family support interventions offer a multidimensional approach to cardiometabolic management in adults with diabetes and/or hypertension. The nine included studies used family coaching, empowerment programs, self-management support, telenursing, peer support, and community-based education. Despite varying formats, all studies addressed self-management behaviors and clinical outcomes, indicating that social support is a key component of chronic disease management. This aligns with prior evidence that integrating peer support into diabetes self-management education improves glycemic control, particularly when patients receive ongoing, practical support from peers with similar experiences (2, 12). Notably, these benefits can persist beyond the intervention period, with improvements in self-management and glycemic control maintained at 18 months (15).

The evidence reviewed indicates that family and peer support can positively affect both behavioral and metabolic outcomes in diabetes management. Improved glycemic control was observed following family and peer support interventions, highlighting the value of social networks in diabetes self-management (1). Rosland et al. also found that health coaching with patient-family dyads enhanced diabetes outcomes and engagement (11). Family involvement supports treatment adherence through practical help, monitoring, encouragement, and shared decision-making, while peer support offers experiential knowledge and motivation not typically available in clinical settings. The broader literature also identifies community-based interventions as effective in strengthening self-management and promoting behavioral change (17). However, differences in intervention intensity, duration, delivery mode, and support components make it challenging to identify which elements most influence glycemic outcomes.

For hypertension, the findings show that family and community-based support can improve blood pressure management and adherence to recommended health behaviors. Family self-management interventions were linked to better hypertension control and adherence to sodium-reduction guidelines (16), while family empowerment approaches reduced systolic and diastolic blood pressure in older adults (9). Kamaryati et al. demonstrated the value of self- and family-management support for older adults with uncontrolled hypertension (6). At the community level, Suseela et al. found that education and peer support through women's self-help groups improved hypertension control, medication adherence, and salt-reduction behaviors (8). Evidence from Nepal also shows that community-based health education with home support can lower blood pressure in people with uncontrolled hypertension (7). These findings suggest that effective hypertension management requires support for patients' daily behaviors from both family and community networks, in addition to pharmacological treatment.

A key finding is the growing diversity in intervention delivery, especially the integration of social support with digital and remote methods. Telenursing based on a family-centered empowerment model improved dietary adherence in adults with type 2 diabetes (14), and remote blood pressure monitoring with social support has been explored for hypertension management (13). Digital approaches can enhance the

continuity and accessibility of support, especially for patients who face barriers to frequent in-person care. However, digital interventions should complement, not replace, interpersonal support. Their value lies in extending communication, monitoring, education, and encouragement among patients, families, peers, and healthcare professionals. This is especially important in chronic disease management, where ongoing engagement is needed to maintain medication adherence, dietary habits, physical activity, and other self-management practices (3, 13).

These findings have important implications for cardiometabolic management in Indonesia, where hypertension care and chronic disease management remain significant public health challenges. Evidence from Indonesia highlights gaps in hypertension care, underscoring the need for strategies that improve continuity of care and patient engagement (4). The predominance of Indonesian studies in this review reflects growing local support for family-centered and community-oriented approaches, including interventions for older adults and family caregivers (1,6,9,16). However, the evidence base is heterogeneous, with variations in study populations, intervention components, outcomes, and settings. Few studies address diabetes and hypertension together within an integrated cardiometabolic framework. Future research should focus on structured peer-family support models that target glycemic control, blood pressure, medication adherence, dietary behaviors, and long-term self-management. Integrating these approaches into primary healthcare and community-based services may be especially valuable.

In summary, this review indicates that peer and family support should be viewed as essential components of cardiometabolic management, not just as adjuncts to clinical care. Consistent findings across diabetes and hypertension studies show that social support can improve self-management, adherence, empowerment, engagement, and sustained behavioral change (1,2,8,11,15,16). However, the diversity of interventions highlights the need for standardized descriptions of components, duration, intensity, and mechanisms. Future randomized and implementation studies should assess whether combined peer-family interventions offer greater and more lasting benefits than either approach alone. Such evidence would support the development of culturally appropriate, scalable, and sustainable social support models for cardiometabolic disease management, especially in community and primary healthcare settings.

Conclusion

This scoping review indicates that peer and family support interventions can improve cardiometabolic management among adults with diabetes mellitus and/or hypertension, particularly by enhancing glycemic and blood pressure control, adherence, self-management, and patient-family engagement. These findings support the integration of social support into comprehensive diabetes and hypertension management.

Acknowledgements

The authors thank all individuals and institutions who contributed to this scoping review. They also appreciate the support from their respective institutions during the research and manuscript preparation.

Declaration of Conflict of Interest
None.

Funding
None.

Author Contributions
DA: Conceptualization, methodology, investigation, data collection, formal analysis, writing-original draft preparation. SPB, FL, YSBT,: Conceptualization, methodology, formal analysis, writing-review and editing, supervision. IPS: Methodology, writing-review and editing, supervision. All authors have read and agreed to the published version of the manuscript.

Data Availability Statement
The dataset generated and analysed during the current study is available from the corresponding author upon reasonable request.

Declaration of the Use of AI in Scientific Writing
The authors declare that artificial intelligence (AI) tools were used solely to assist in language refinement and improving the clarity of the manuscript. The AI did not contribute to the study design, data analysis, or interpretation of results.

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How to Cite This Article :
Karo DABr, Belangi SP, Lestari F, et al. Mapping Peer and Family Support Interventions for Cardiometabolic Management in Adults with Diabetes and/or Hypertension: A Scoping Review. An Idea Nursing Journal.2026;5(2):185-196. doi: 10.53690/inj.v5i02.923.