



BIBLIOMETRIC ANALYSIS OF RESEARCH ON DIABETIC NEUROPATHY THERAPY

Stenly Tahindaki*, Yani Sofiyani, Rizki Anugrah Agung

Universitas Muhammadiyah Jakarta, Jl. Cempaka Putih Tengah 27, Cempaka Putih, Jakarta Pusat 10510, Indonesia

*stenlytahindaki24@gmail.com

ABSTRACT

Diabetes mellitus is a global health problem with an increasing burden of chronic complications, including diabetic peripheral neuropathy (DPN). DPN may cause neuropathic pain, foot ulceration, disability, and amputation, making comprehensive therapeutic management important. To analyse global, Asian, Southeast Asian, and Indonesian research trends and directions concerning pharmacological and non-pharmacological therapy for diabetic neuropathy. A bibliometric study was conducted using a dataset of publications on diabetic neuropathy therapy. The manuscript describes the inclusion of Randomized Controlled Trial and clinical trial literature. Data were analysed in RStudio using the Bibliometrix package and Biblioshiny interface. Analyses included publication trends, author and institutional productivity, source journals, country distribution, collaboration patterns, and keyword mapping. The dataset comprised 384 documents from 229 sources published during 1984–2026. China contributed 78 articles and the USA 37, whereas Indonesia contributed one article. The mean number of co-authors per document was 5.64 and international collaboration accounted for 8.59%. Research remained strongly focused on pharmacological therapy and clinical outcomes, while phytotherapy, traditional medicine, patient education, quality of life, and other non-pharmacological or integrative topics also emerged. Research on diabetic neuropathy therapy has expanded over time but remains concentrated in a limited number of countries and institutions.

Keywords: bibliometric analysis; diabetic neuropathy; non-pharmacological therapy; pharmacological therapy; research trend

How to cite (in APA style)

Tahindaki, S., Sofiyani, Y., & Agung, R. A. (2026). Bibliometric Analysis of Research on Diabetic Neuropathy Therapy. *Indonesian Journal of Global Health Research*, 8(6), 995–1004. <https://doi.org/10.37287/ijghr.v8i6.2792>.

INTRODUCTION

Diabetes mellitus (DM) is an increasing global health problem. The 11th edition of the IDF Diabetes Atlas reported approximately 589 million adults aged 20–79 years living with diabetes in 2024, with the number projected to reach 853 million by 2050. The increasing burden of diabetes creates substantial challenges for health systems and is associated with a considerable socioeconomic burden. Regional variation is also evident, with increasing diabetes trends projected across Southeast Asia, the Western Pacific, the Middle East and North Africa, Africa, Europe, North America and the Caribbean, and South and Central America (IDF, 2025; WHO, 2023).

Indonesia is among the countries with the largest diabetes burden worldwide. The source manuscript reports an estimated 19.47 million cases in 2021 and a projected 28.57 million cases by 2045. Indonesian Basic Health Research reported an increase in diabetes prevalence from 6.9% in 2013 to 10.9% in 2018. This growing burden is accompanied by an increasing risk of chronic complications, particularly diabetic peripheral neuropathy (DPN). DPN is a consequence of chronic hyperglycaemia-related nerve damage and may manifest as neuropathic pain, paraesthesia, sensory loss, and diabetic foot ulceration. The manuscript reports that DPN occurs in approximately 30–50% of people with diabetes and is associated with increased disability and amputation risk (Pop-Busui et al., 2020; Sloan et al., 2021). Clinical data cited in the manuscript also indicate a substantial neuropathy burden among patients with diabetes in Indonesia, including patients at RSUPN Dr. Cipto Mangunkusumo and RSUD M. Soewandhi.

Management of DPN involves pharmacological and non-pharmacological approaches. Pharmacological options described in the source include pregabalin, duloxetine, gabapentin,

tricyclic antidepressants, venlafaxine, tramadol or tapentadol, topical 8% capsaicin, and alpha-lipoic acid. Non-pharmacological approaches include foot-care education, dietary and exercise-based glycaemic management, physiotherapy such as transcutaneous electrical nerve stimulation, vitamin B complex and omega-3 supplementation, and neuromodulation for refractory cases. A multimodal approach is intended to reduce pain, improve quality of life, and reduce complications (Pop-Busui et al., 2017; Tesfaye et al., 2021; Callaghan et al., 2020).

Despite the clinical importance of DPN, research activity is not evenly distributed across countries, institutions, and publication sources. Bibliometric analysis can provide an overview of publication growth, research actors, collaboration patterns, and thematic development. Therefore, this study aimed to analyse trends, development, and research directions concerning pharmacological and non-pharmacological therapy for diabetic neuropathy globally, in Asia and Southeast Asia, and specifically in Indonesia.

METHOD

This study used a bibliometric research design to map research concerning therapeutic approaches for diabetic neuropathy. The study was conducted at the Nursing Study Program, Faculty of Health Sciences, Universitas Muhammadiyah Jakarta. Data analysis was performed using RStudio with the Bibliometrix package and the Biblioshiny interface. The source manuscript describes the population as adult patients with diabetic neuropathy represented in identified research articles. The analytical sample consisted of scientific publications meeting the stated inclusion criteria, namely studies using Randomized Controlled Trial (RCT) or clinical trial designs and addressing pharmacological and/or non-pharmacological interventions for diabetic neuropathy. Records were selected through staged screening based on population, intervention, and outcome relevance.

The bibliometric analysis included publication growth, author productivity, institutional productivity, source journals, country distribution, collaboration patterns, and keyword occurrence and clustering. Keyword analysis used the KW_Merged field with 250 keywords, a minimum frequency of two occurrences, unigram analysis, no stemming, three displayed labels, community repulsion of 0.5, no node repulsion, and Louvain clustering. These parameters were retained from the original analysis. The dataset covered publications from 1984 to 2026. The source manuscript notes that 2026 data were partial and therefore should not be interpreted as a complete annual trend. The bibliometric dataset contained 384 documents from 229 sources. Because the source dataset had incomplete information for several metadata fields, interpretation of citation impact and subject classification was limited.

RESULT

Bibliometric Dataset and Publication Trends

The dataset contained 384 documents published in 229 sources between 1984 and 2026. The annual growth rate was -2.58% , indicating year-to-year fluctuation despite the longer-term expansion of publication activity. The average document age was 11.8 years and the mean number of citations per document was 10.8. The source manuscript reported no reference data in the dataset, which limits citation-based analyses. The publication pattern can be viewed in several phases. From 1984–1999, research was relatively limited and included case reports and observational studies. During 2000–2010, pharmacological therapies and more systematic clinical research became more visible. The 2011–2020 period showed further publication growth, including meta-analyses and systematic reviews. From 2021–2025, the literature increasingly addressed multimodal therapy, neuromodulation, and integrative approaches. The 2026 data were described as partial and therefore cannot support a final conclusion about the complete annual trend.

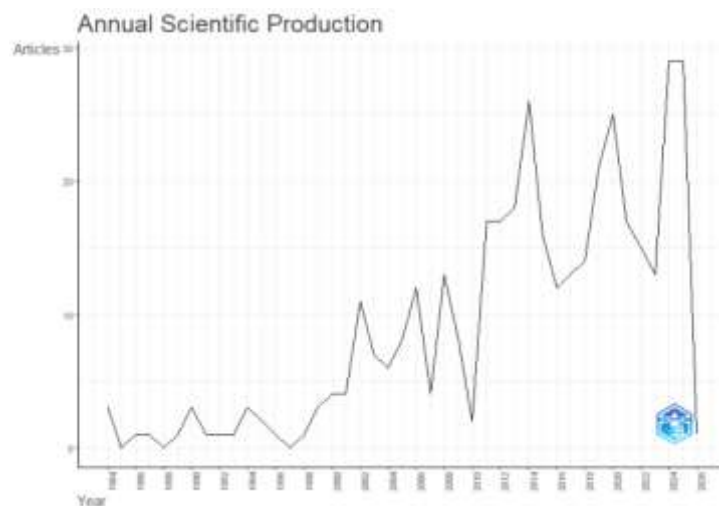


Figure 1. Longitudinal publication trend.

Metadata Quality

Publication year, journal, author keywords, Keywords Plus, language, document type, and title were complete in the dataset. Author, affiliation, and abstract fields had missing data of 1.04%, 6.77%, and 9.90%, respectively. DOI information was missing for 26.56% of records, while cited references, corresponding author, Web of Science category, and total citation fields were reported as completely missing. Consequently, the dataset was considered adequate for publication-trend, source, keyword, and collaboration analyses but limited for detailed citation-impact and subject-category analyses.

Metadata	Description	Missing Counts	Missing %	Status
DT	Document Type	0	0.00	Excellent
SO	Journal	0	0.00	Excellent
DE	Keywords	0	0.00	Excellent
ID	Keywords Plus	0	0.00	Excellent
LA	Language	0	0.00	Excellent
PY	Publication Year	0	0.00	Excellent
TI	Title	0	0.00	Excellent
AU	Author	4	1.04	Good
C1	Affiliation	26	6.77	Good
AB	Abstract	38	9.90	Good
DI	DOI	102	26.56	Poor
CR	Cited References	384	100.00	Completely missing
RP	Corresponding Author	384	100.00	Completely missing
WC	Science Categories	384	100.00	Completely missing
TC	Total Citation	384	100.00	Completely missing

Figure 2. Metadata completeness.

Table 1.

Bibliometric dataset characteristics

Indicator	Result
Publication period	1984–2026
Sources	229
Documents	384
Annual growth rate	–2.58%
Average document age	11.8 years
Average citations per document	10.8
Keywords Plus	2,394
Author keywords	2,394
Total authors	1,908
Average co-authors per document	5.64
International collaboration	8.59%

Authors, Institutions, and Journals

The author productivity analysis identified a concentration of publications among a limited group of researchers. The institutional analysis similarly showed strong contributions from East Asian institutions. Zhejiang Chinese Medical University produced 31 articles, followed by Guangzhou Medical University with 29 and The Chinese University of Hong Kong with 27. Other prominent institutions included Guangzhou University of Traditional Chinese Medicine (23), Beijing University of Chinese Medicine (20), Fujian University of Traditional Chinese Medicine (20), University of Helsinki (17), Emory University School of Medicine (16), and University of California (15).

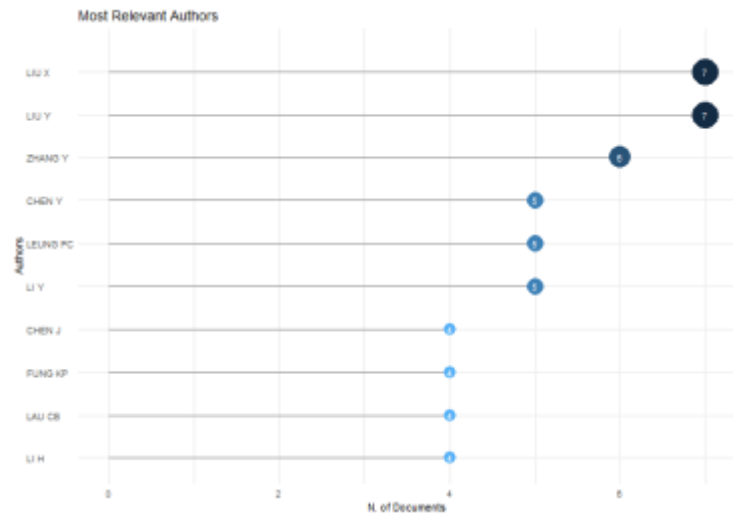


Figure 3. Most relevant authors.

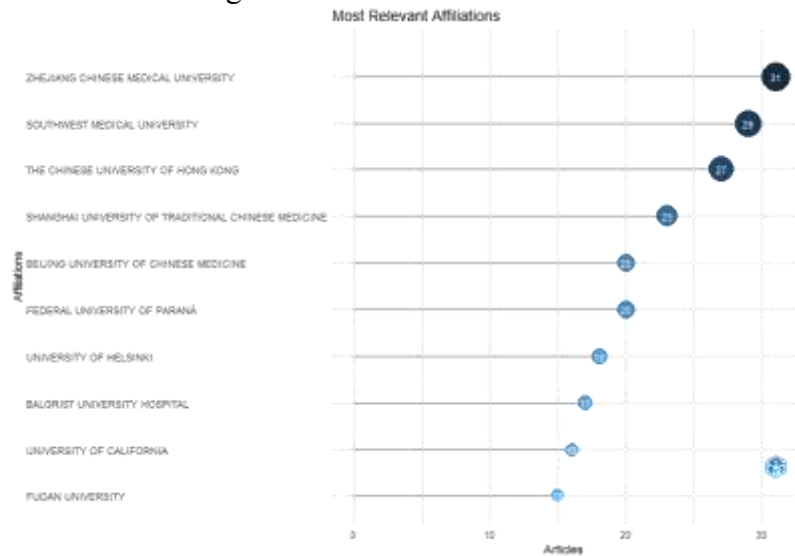


Figure 4. Most relevant affiliations.

The main publication sources included Journal of Wound Care (12), Medicine (11), Journal of the Royal Marsden Society (9), The British Journal of Nursing (8), Journal of Wound, Ostomy, and Continence Nursing (7), and Wounds: A Compendium of Clinical Research and Practice (6). PAIN, International Journal of Molecular Sciences, and International Journal of Clinical Medicine each contributed five records in the source dataset.

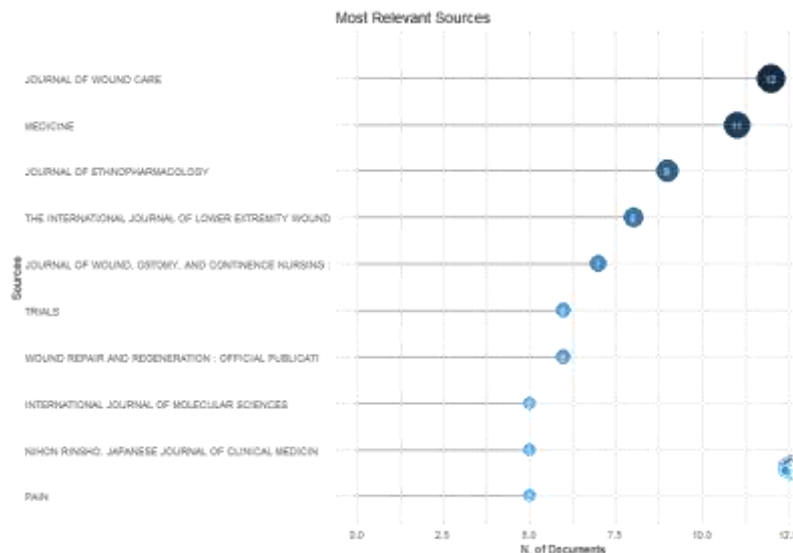


Figure 5. Most relevant publication sources.

Country Contributions and Collaboration

China contributed the largest number of publications in the dataset (78; 20.31%), followed by the USA (37; 9.64%), India (22; 5.73%), Iran (17; 4.43%), and Japan (13; 3.39%). Indonesia contributed one article (0.26%). Single-country publications predominated in most countries, while multiple-country publications represented a smaller proportion of the dataset. Overall international collaboration was 8.59%.

Table 2.
Selected country contributions

Country	Articles	%	SCP	MCP
China	78	20.31	74	4
USA	37	9.64	36	1
India	22	5.73	20	2
Iran	17	4.43	14	3
Japan	13	3.39	12	1
Brazil	9	2.34	7	2
Germany	7	1.82	6	1
Turkey	7	1.82	7	0
Italy	6	1.56	6	0
Australia	5	1.30	4	1
Indonesia	1	0.26	1	0

Keyword Structure and Research Hotspots



Figure 6. Word cloud of dominant terms.

The keyword analysis identified terms related to humans, sex, age, animal models, pharmacological treatment, treatment outcomes, wound healing, quality of life, risk factors, and patient education. The treemap showed humans (262; 13%), male (202; 10%), female (107; 5%), and middle aged (88; 4%) as prominent terms. Animal-related terms, including animals (158; 8%), rats (93; 5%), and mice (40; 2%), indicate the continuing contribution of preclinical research. Therapeutic terms included diabetic neuropathies/drug therapy (54; 3%), treatment outcome (62; 3%), and wound healing/drug effects (42; 2%). Phytotherapy (56; 3%), Chinese traditional medicine (13; 1%), and

The thematic analysis demonstrates that pharmacological therapy remains a central theme in diabetic neuropathy research. This finding is clinically expected because painful DPN is one of the most disabling manifestations of the disease and pharmacological therapy remains the principal approach for symptomatic pain management. Current clinical recommendations support the use of several medication classes, including serotonin–norepinephrine reuptake inhibitors, gabapentinoids, tricyclic antidepressants, and sodium-channel blockers, while emphasizing individualized treatment according to efficacy, adverse effects, comorbidities, and patient preferences (Price et al., 2022; Pop-Busui et al., 2022; American Diabetes Association Professional Practice Committee, 2024, 2025). Recent randomized evidence has also emphasized the potential role of combination pharmacotherapy when adequate pain relief is not achieved with a single agent (Tesfaye et al., 2022). Thus, the prominence of pharmacological therapy in the present bibliometric map reflects its continuing importance in contemporary DPN management.

At the same time, the emergence of phytotherapy, traditional medicine, patient education, quality of life, and other integrative themes suggests that the research agenda is expanding beyond conventional pharmacological treatment. Evidence concerning alpha-lipoic acid remains an active research area, although systematic reviews have reported uncertainty regarding its disease-modifying effects and clinical benefits (Baicus et al., 2024; Prado et al., 2024). Traditional Chinese medicine and acupuncture have also attracted increasing research attention, with recent evidence suggesting potential benefits for selected DPN outcomes, although the certainty and methodological quality of the available evidence remain variable (Zhou et al., 2023; Li et al., 2024). This broader therapeutic orientation is particularly relevant to nursing because patient education, self-management support, foot-care practices, exercise, rehabilitation, symptom monitoring, and quality-of-life assessment are important components of comprehensive chronic disease management (American Diabetes Association Professional Practice Committee, 2025; Hernando-Garijo et al., 2024; Oliveira et al., 2025).

The appearance of exercise and other non-pharmacological interventions in the research landscape further indicates a shift toward multimodal management. Exercise therapy has been investigated for its potential effects on neuropathic symptoms, physical function, and psychosocial outcomes, supporting the concept that management of DPN should not be limited to analgesic medication (Hernando-Garijo et al., 2024). Similarly, health education and diabetic foot-care education may improve knowledge and self-care behaviors, which are particularly important because loss of protective sensation increases the risk of foot injury and ulceration (Turan et al., 2022; Oliveira et al., 2025). These findings suggest an increasingly patient-centered research direction in which treatment outcomes extend beyond pain intensity to include functional capacity, self-management, prevention of complications, and health-related quality of life. The emergence of animal-model terms, including rats and mice, indicates that preclinical research remains an important component of the DPN therapeutic landscape. The coexistence of preclinical, clinical, and evidence-synthesis publications suggests a translational pathway from investigation of mechanisms to clinical testing and synthesis of therapeutic evidence. However, translation from experimental models to effective disease-modifying treatment remains challenging because current clinical management predominantly focuses on symptom reduction rather than reversal of established nerve damage (Callaghan et al., 2020; Feldman et al., 2019; Ziegler et al., 2023). Therefore, the presence of extensive preclinical research in the bibliometric landscape should be interpreted as evidence of continuing scientific exploration rather than proof of established therapeutic efficacy.

Neuromodulation represents another emerging therapeutic direction identified in the literature. Recent systematic reviews have examined spinal cord stimulation, dorsal root ganglion stimulation, and other neuromodulatory techniques for patients with painful DPN that is refractory to conventional pharmacological therapy (Hirsch et al., 2020; Awan et al., 2022; Mittal et al., 2025). These approaches are particularly relevant because a proportion of patients experience inadequate analgesia or adverse effects with conventional medications. The increasing appearance of

neuromodulation-related terms in recent literature may therefore reflect a transition toward more specialized and technology-assisted approaches for refractory neuropathic pain. Nevertheless, these interventions require further research regarding long-term effectiveness, safety, accessibility, cost-effectiveness, and appropriate patient selection.

The thematic evolution also highlights an important distinction between symptomatic treatment and disease modification. Current evidence indicates that available pharmacological therapies primarily reduce neuropathic pain and related symptoms rather than restore lost nerve fibers or reverse established neuropathy (Pop-Busui et al., 2017; Price et al., 2022; American Diabetes Association Professional Practice Committee, 2025). This therapeutic limitation may explain the continued emergence of research themes involving antioxidants, phytotherapy, traditional medicine, neuroregeneration, neuromodulation, and novel therapeutic mechanisms. Consequently, future research should increasingly evaluate whether emerging interventions can modify the underlying disease process while maintaining clinically meaningful improvements in pain, function, and quality of life.

For Indonesia, the identification of only one publication in the present dataset highlights a substantial publication gap compared with countries contributing larger numbers of articles. This finding should, however, be interpreted as a characteristic of the analyzed dataset rather than evidence that no other Indonesian research on diabetic neuropathy therapy exists. Differences in database indexing, language, publication venue, and search strategy may influence the number of publications attributed to a particular country (Donthu et al., 2021; Fu et al., 2024). Nevertheless, the finding provides a strong rationale for increasing locally relevant DPN research in Indonesia, particularly studies addressing culturally appropriate self-management, diabetic foot-care education, exercise, traditional or complementary approaches, access to pharmacological treatment, and patient-reported quality-of-life outcomes.

The relatively low international collaboration identified in this study also provides an opportunity for Indonesian researchers to strengthen regional and global research networks. Collaborative research involving Indonesia and other Southeast Asian countries could generate evidence that is more representative of populations and healthcare systems that are underrepresented in the international literature. Such collaboration could include multicenter observational studies, randomized controlled trials, implementation research, and comparative studies of pharmacological and non-pharmacological interventions. Given the increasing global burden of diabetes, strengthening research capacity in countries with rapidly increasing diabetes prevalence is important for generating context-specific evidence and reducing geographical disparities in the production of scientific knowledge (International Diabetes Federation, 2025; GBD 2021 Diabetes Collaborators, 2024).

The present bibliometric findings should also be interpreted in light of methodological limitations. Bibliometric analyses are dependent on the characteristics of the selected database, search strategy, document types, indexing practices, citation behavior, and completeness of bibliographic metadata (Aria & Cuccurullo, 2017; Donthu et al., 2021). In the present dataset, incomplete reference and citation metadata limited the assessment of research impact and may have affected country, institutional, and collaboration patterns. Furthermore, publication counts measure research productivity rather than clinical effectiveness or methodological quality. Accordingly, the findings should be viewed primarily as a map of the structure and evolution of the research field rather than as an assessment of which therapeutic intervention is clinically superior.

CONCLUSION

Research on diabetic neuropathy therapy has expanded substantially over the long term from 1984 to 2026, although annual publication growth has fluctuated. The 384-document dataset was dominated by contributions from China and the United States, while Indonesia contributed one

article. Research productivity was concentrated within a limited number of institutions and journals, and international collaboration accounted for 8.59% of the dataset. Thematic analysis demonstrated that pharmacological therapy remains a dominant research area, while emerging themes include phytotherapy, traditional medicine, patient education, exercise, quality of life, and neuromodulation. These findings indicate a gradual transition from predominantly symptom-oriented pharmacological research toward broader, multimodal, patient-centered, and technology-assisted approaches to diabetic neuropathy management. Future research should prioritize high-quality clinical trials, disease-modifying therapies, patient-centered outcomes, implementation research, and stronger international collaboration, particularly involving underrepresented countries such as Indonesia.

REFERENCES

- American Diabetes Association Professional Practice Committee. (2024). 12. Retinopathy, neuropathy, and foot care: Standards of care in diabetes—2024. *Diabetes Care*, 47(Supplement_1), S231–S243.
- American Diabetes Association Professional Practice Committee. (2025). 12. Retinopathy, neuropathy, and foot care: Standards of care in diabetes—2025. *Diabetes Care*, 48(Supplement_1), S252–S265.
- Aria, M., & Cuccurullo, C. (2017). bibliometrix: An R-tool for comprehensive science mapping analysis. *Journal of Informetrics*, 11(4), 959–975. <https://doi.org/10.1016/j.joi.2017.08.007>
- Awan, T. M., et al. (2022). Neuromodulation interventions for the treatment of painful diabetic neuropathy: A systematic review. *Current Pain and Headache Reports*, 26, 241–253. <https://doi.org/10.1007/s11916-022-01035-9>
- Baicus, C., Purcarea, A., von Elm, E., Delcea, C., & Furtunescu, F. L. (2024). Alpha-lipoic acid for diabetic peripheral neuropathy. *Cochrane Database of Systematic Reviews*, 2024(1), CD012967. <https://doi.org/10.1002/14651858.CD012967.pub2>
- Boulton, A. J. M., Vinik, A. I., Arezzo, J. C., Bril, V., Feldman, E. L., Freeman, R., Malik, R. A., Maser, R. E., Sosenko, J. M., & Ziegler, D. (2005). Diabetic neuropathies: A statement by the American Diabetes Association. *Diabetes Care*, 28(4), 956–962. <https://doi.org/10.2337/diacare.28.4.956>
- Callaghan, B. C., Cheng, H.-T., Stables, C. L., Smith, A. L., & Feldman, E. L. (2012). Diabetic neuropathy: Clinical manifestations and current treatments. *The Lancet Neurology*, 11(6), 521–534. [https://doi.org/10.1016/S1474-4422\(12\)70065-0](https://doi.org/10.1016/S1474-4422(12)70065-0)
- Callaghan, B. C., Gallagher, G., Fridman, V., & Feldman, E. L. (2020). Diabetic neuropathy: What does the future hold? *Diabetologia*, 63(5), 891–897. <https://doi.org/10.1007/s00125-020-05085-9>
- Donthu, N., Kumar, S., Mukherjee, D., Pandey, N., & Lim, W. M. (2021). How to conduct a bibliometric analysis: An overview and guidelines. *Journal of Business Research*, 133, 285–296. <https://doi.org/10.1016/j.jbusres.2021.04.070>
- Du, S.-H., Zheng, Y.-L., Wang, M.-W., & Wang, X.-Q. (2022). The last decade publications on diabetic peripheral neuropathic pain: A bibliometric analysis. *Frontiers in Molecular Neuroscience*, 15, 854000. <https://doi.org/10.3389/fnmol.2022.854000>
- Feldman, E. L., Callaghan, B. C., Pop-Busui, R., Zochodne, D. W., Wright, D. E., Bennett, D. L., Bril, V., Russell, J. W., & Viswanathan, V. (2019). Diabetic neuropathy. *Nature Reviews Disease Primers*, 5, 41. <https://doi.org/10.1038/s41572-019-0092-1>
- Fu, B., Luo, N., Zeng, Y., Chen, Y., Je Wie, L., & Fang, J. (2024). Bibliometric and visualized analysis of 2014–2024 publications on therapy for diabetic peripheral neuropathy. *Frontiers in Neuroscience*, 18, 1434756. <https://doi.org/10.3389/fnins.2024.1434756>
- GBD 2021 Diabetes Collaborators. (2024). Global, regional, and national burden of diabetes from 1990 to 2021, with projections of prevalence to 2050: A systematic analysis for the Global Burden of Disease Study 2021. *The Lancet*, 402, 203–234. [https://doi.org/10.1016/S0140-6736\(23\)01301-6](https://doi.org/10.1016/S0140-6736(23)01301-6)
- Hernando-Garijo, I., Medrano-de-la-Fuente, R., Mingo-Gómez, M. T., Lahuerta-Martín, S., Ceballos-Laita, L., & Jiménez-del-Barrio, S. (2024). Effects of exercise therapy on diabetic

- neuropathy: A systematic review and meta-analysis. *Physiotherapy Theory and Practice*, 40(9), 2116–2129. <https://doi.org/10.1080/09593985.2023.2227975>
- Hirsch, J. A., et al. (2020). Invasive electrical neuromodulation for the treatment of painful diabetic neuropathy: Systematic review and meta-analysis. *Neuromodulation: Technology at the Neural Interface*. <https://doi.org/10.1111/ner.13216>
- International Diabetes Federation. (2025). *IDF Diabetes Atlas (11th ed.)*. International Diabetes Federation.
- Li, J., Wang, J., Wang, Y., Huai, X., Zhang, G., Li, Z., Liao, J., Li, Q., & Wen, W. (2025). New trends and hot spots in the study of diabetic peripheral neuropathy: A bibliometric analysis. *Asia Pacific Journal of Clinical Medical Research*, 1(4).
- Mittal, R., McKenna, K., Keith, G., McKenna, E., Lemos, J. R. N., Mittal, J., & Hirani, K. (2025). Diabetic peripheral neuropathy and neuromodulation techniques: A systematic review of progress and prospects. *Neural Regeneration Research*, 20(8), 2218–2230. <https://doi.org/10.4103/NRR.NRR-D-24-00270>
- Oliveira, M. F. de, et al. (2025). Effectiveness of health education in patients with diabetic neuropathy: A systematic review. *Advances in Skin & Wound Care*, 38(10), E145–E148. <https://doi.org/10.1097/ASW.0000000000000376>
- Pop-Busui, R., Boulton, A. J. M., Feldman, E. L., Bril, V., Freeman, R., Malik, R. A., Sosenko, J. M., & Ziegler, D. (2017). Diabetic neuropathy: A position statement by the American Diabetes Association. *Diabetes Care*, 40(1), 136–154. <https://doi.org/10.2337/dc16-2042>
- Pop-Busui, R., Ang, L., Boulton, A. J. M., Feldman, E. L., et al. (2022). Diagnosis and treatment of painful diabetic peripheral neuropathy. *Clinical Diabetes*, 40(4), 395–408.
- Prado, M. B., Jr., & Adiao, K. J. B. (2024). Ranking alpha lipoic acid and gamma linolenic acid in terms of efficacy and safety in the management of adults with diabetic peripheral neuropathy: A systematic review and network meta-analysis. *Canadian Journal of Diabetes*, 48(4), 233–243.e10. <https://doi.org/10.1016/j.cjcd.2024.01.007>
- Price, R., Smith, D., Franklin, G., Gronseth, G., Pignone, M., David, W. S., Armon, C., Perkins, B. A., Bril, V., Rae-Grant, A., Halperin, J., Licking, N., O'Brien, M. D., Wessels, S. R., MacGregor, L. C., Fink, K., Harkless, L. B., Colbert, L., & Callaghan, B. C. (2022). Oral and topical treatment of painful diabetic polyneuropathy: Practice guideline update summary. *Neurology*, 98(1), 31–43. <https://doi.org/10.1212/WNL.00000000000013038>
- Tesfaye, S., Boulton, A. J. M., Dyck, P. J., Freeman, R., Horowitz, M., Kempler, P., Lauria, G., Malik, R. A., Spallone, V., Vinik, A., Bernardi, L., & Valensi, P. (2010). Diabetic neuropathies: Update on definitions, diagnostic criteria, estimation of severity, and treatments. *Diabetes Care*, 33(10), 2285–2293. <https://doi.org/10.2337/dc10-1303>
- Tesfaye, S., et al. (2022). Comparison of amitriptyline supplemented with pregabalin, pregabalin supplemented with amitriptyline, and duloxetine supplemented with pregabalin for the treatment of diabetic peripheral neuropathic pain (OPTION-DM): A multicentre, double-blind, randomised crossover trial. *The Lancet*, 400(10353), 680–690. [https://doi.org/10.1016/S0140-6736\(22\)01472-6](https://doi.org/10.1016/S0140-6736(22)01472-6)
- Turan, N., et al. (2022). The effect of foot care education for patients with diabetes on knowledge, self-efficacy and behavior: Systematic review and meta-analysis. *International Journal of Nursing Studies Advances*.
- van Eck, N. J., & Waltman, L. (2010). Software survey: VOSviewer, a computer program for bibliometric mapping. *Scientometrics*, 84(2), 523–538. <https://doi.org/10.1007/s11192-009-0146-3>
- Wang, J., et al. (2024). Global hotspots and trends in diabetic peripheral neuropathy research from 2011 to 2023: A bibliometric analysis. *Frontiers in Endocrinology*.
- Zhou, L., Wu, T., Zhong, Z., Yi, L., & Li, Y. (2023). Acupuncture for painful diabetic peripheral neuropathy: A systematic review and meta-analysis. *Frontiers in Neurology*, 14, 1281485.
- Ziegler, D., Keller, J., Maier, C., & Pannek, J. (2023). Diabetic neuropathy. *Experimental and Clinical Endocrinology & Diabetes*, 131(1–02), 72–83. <https://doi.org/10.1055/a-1946-3813>