

REVIEW ARTICLE

Digital therapeutics in the clinic

Philana Phan¹ | Samir Mitragotri^{2,3}  | Zongmin Zhao¹ 

¹Department of Pharmaceutical Sciences,
College of Pharmacy, University of Illinois
Chicago, Chicago, Illinois, USA

²John A. Paulson School of Engineering and
Applied Sciences, Harvard University,
Cambridge, Massachusetts, USA

³Wyss Institute for Biologically Inspired
Engineering at Harvard University, Boston,
Massachusetts, USA

Correspondence

Zongmin Zhao, Department of Pharmaceutical
Sciences, College of Pharmacy, University of
Illinois Chicago, Chicago, IL, USA.
Email: zhaozm@uic.edu

Samir Mitragotri, John A. Paulson School of
Engineering and Applied Sciences, Harvard
University, Cambridge, Massachusetts, USA.
Email: mitragotri@seas.harvard.edu

Funding information

Vahlteich Award, College of Pharmacy,
University of Illinois Chicago; John A. Paulson
School of Engineering & Applied Sciences,
Harvard University

Abstract

Digital therapeutics are emerging as a new form of therapeutic interventions. Unlike conventional therapeutics, digital therapeutics deliver interventions directly to patients using an evidence-based, clinically evaluated software to treat, manage, or prevent diseases. Digital therapeutics manifest in diverse forms such as web-based applications, mobile applications on smart devices, virtual reality, and video games. As its own product category for FDA approval, digital therapeutics can function as stand-alone treatments or in combination with conventional therapeutics to improve adherence and/or efficacy. Here, we review the clinical landscape of digital therapeutics. We summarize FDA-approved products and their clinical use, overview >300 ongoing clinical trials, and discuss challenges for their clinical translation and strategies to overcome the same.

KEYWORDS

digiceuticals, digital counseling, digital health, digital medicine, digital technology, digital therapeutics, prescription digital therapeutic

1 | INTRODUCTION

With the rapid development of technologies in medicine, the digital age has brought about a new category of therapies: digital therapeutics (DTx). According to the Digital Therapeutics Alliance, DTx are referred to as “evidence-based, clinically evaluated software to treat, manage, and prevent a broad spectrum of diseases and disorders.”¹ DTx fall under the greater scope of digital health and digital medicine where each classification has varying requirements for clinical relevance and regulatory control. Digital health refers to technologies that can store and/or access patient health information such as telehealth appointments and software that can organize clinical care. Digital health products are not required to prove clinical efficacy and thus do not require approval from regulatory agencies. Digital medicine refers to technologies that can facilitate the diagnosis of a particular disease state and tailor health decisions for the patient. Examples of digital medicine include apps utilized to

monitor a patient remotely such as glucose meters that relay information to an app² and digital diagnostic tools.³ When juxtaposed to digital health, digital medicine differs in the sense that clinical efficacy is required to be designated. DTx on the other hand can be characterized in the use of software to treat, manage, or prevent particular conditions or diseases. Compared to digital health or digital medicine, DTx require clinically validated efficacy and regulatory approval. Examples of DTx include self-care apps for the treatment of mental health disorders (e.g., cognitive behavioral disorders) and virtual behavioral programs that aid in the treatment of drug addictions (e.g., alcoholism). The differences among digital health, digital medicine and DTx are further delineated in Figure 1.

The FDA has recognized digital health and its relevance to patient health and opened the Digital Health Center of Excellence in 2020 to streamline the regulation process in accordance with its safety policies.⁴ With its oversight, DTx are expected to emerge as a new generation of personalized digital treatments. The FDA has

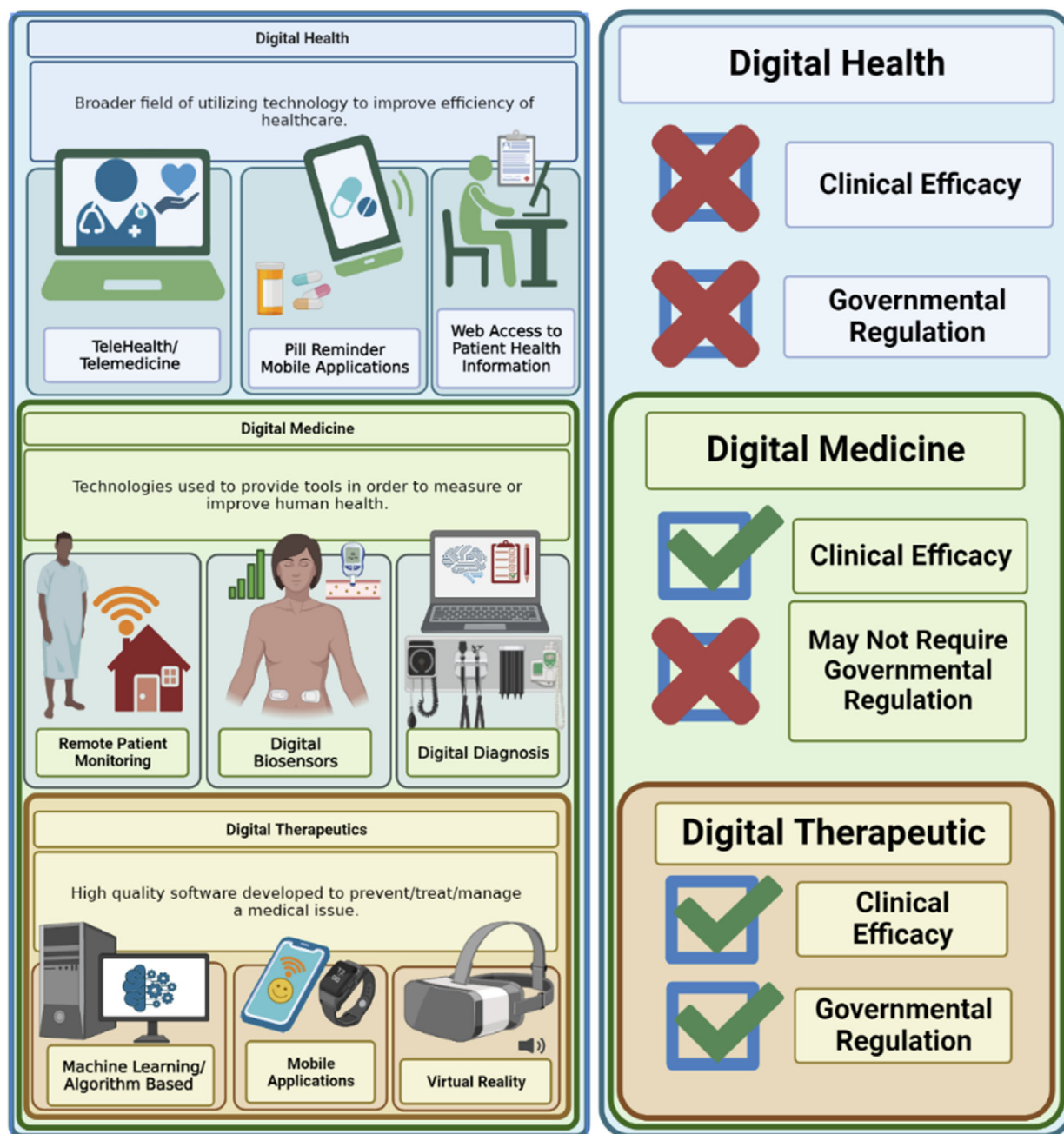


FIGURE 1 Schematic depicting examples of digital health, digital medicine, and digital therapeutics as well as how they relate to one another in terms of requirements for approval and use within the general population. Created with [BioRender.com](https://www.biorender.com).

initiated the digital health software precertification program in 2021⁵ to facilitate the development and regulation of DTx products. The early concepts of DTx included the use of technology to provide therapeutic relief/care to patients that fall outside of the traditional methods used in medicine.⁶ Over the past decade, DTx have rapidly evolved as a new form of therapeutic intervention, with over 20 products receiving FDA approval/clearance and many other candidates currently investigated in active clinical trials. Here, we review the clinical landscape of DTx. We overview approved products, analyze active clinical trials, and discuss challenges for clinical translation of DTx.

2 | MECHANISM OF ACTION, POTENTIAL, AND APPLICATIONS OF DTx

DTx employ technologies such as artificial intelligence (AI), data analytics and understanding of behavioral psychology to offer a new way for disease treatment, management, and prevention.^{7,8} Treatments with DTx are multifaceted. In the context of cognitive based therapy, DTx mainly function through patient engagement.⁹ This is especially effective for patients experiencing psychosis¹⁰ or similarly related mental illnesses. In particular, for effective cognitive behavioral therapy, context engagement, attention change, and cognitive change are

necessary to achieve behavioral adaptation¹¹; the use of digital software to engage and participate in cognitive restructuring through identifying thought patterns and emotional tendencies allows for patients to have relief in psychiatric illnesses such as major depressive disorder (MDD) and generalized anxiety disorder.¹² Patients can utilize the DTx (e.g., presented as a video game) for sustained engagement of attention through the completion of different programs; these include word-based tasks of varying length and incorporation of different letters for increased difficulty. In general, DTx provide patient engagement through dyscognitive thought association¹³ and can provide cognition-based therapy without the need for face-to-face interactions.¹⁴ Patients could benefit with the completion of game sessions and the device can reduce patient-reported cognitive impairment that occurs with the mental illness. However, it is imperative to note that prior training in the use of the DTx may potentially affect the outcome and with self-measure metrics, there may be inconsistencies in reporting.

The application of DTx for treating chronic diseases such as diabetes has been executed through web platforms,¹⁵ mobile applications,¹⁶ AI,¹⁷ and even automated phone calls for patient convenience¹⁸; in these interventions, behavioral changes are achieved through individualized tracking, coaching, and social support for patients to improve glycemic and body weight control. Compared to cognition-based therapy, the treatment of diabetes requires patient glycemic monitoring that is individualized and provides necessary modifications based on patient's unique glycemic data.^{19,20} Adherence to medications in chronic conditions can be improved by increasing engagement through a video game-like interface and mobile monitoring can also modify patient responses to successfully improve adherence rates to their medication over time.²¹ Similarly, using a web-powered primary care practice for patients diagnosed with chronic diabetes could indicate significant reductions in blood sugar levels.²²

Other DTx treatments such as for treating viral diseases like oral hepatitis C therapies combine the use of medical devices (e.g. an ingestible sensor²³) and patch that can tailor a patient's therapy through their likelihood of sustained virologic responses with a mobile app/web portal for monitoring.²⁴ The mechanism of action of DTx with this case involves sensors/patches to monitor the patient that culminates the data into a local mobile app and the user can then access and adjust their therapy according to their needs. Compared to cognition-based therapies that utilize a self-scoring method for improvement, real biological levels such as viral load can be used as an indicator instead for these types of DTx to determine disease management and efficacy.

The benefit of DTx is typically best observed when it is used in conjunction with another type of conventional therapy.²⁵ As a digital software, DTx allow for patients to access the application from the comfort of their homes outside of a hospital setting, which may improve patient outcomes and adherence.²⁶ As patients are not required to be in a clinical setting to experience therapeutic relief, the use of DTx also broadens the accessibilities of treatment to a broader audience.²⁶ In addition, there might be lower risks associated with DTx when compared to conventional drug-based therapies⁷;

developers of the software must ensure that the product is safe for patient use in an ethical manner. DTx products are presented as high-quality software that are designed to treat, manage, or prevent a medical condition.^{27,28} The software can be further divided into subtypes such as mobile applications,²⁹ web applications,^{30,31} virtual reality (VR),³² AI,^{33,34} video games,³⁵ and approved devices, among others. DTx have shown promise in various disease areas including psychiatric,^{36–38} cardiovascular,^{29,39} metabolism,⁴⁰ gastrointestinal,⁴¹ neurodevelopmental,^{33,42} and neurological diseases,^{43,44} among others. With such a broad application, DTx hold great potential in translatability and treatment across different disease areas among the general population. Overall, the scope tends to be focused within medical conditions that are chronic and can be modified through behavioral changes supplemented by the DTx.

3 | FDA-APPROVED/CLEARED DTx PRODUCTS

To the best of our knowledge, 23 DTx products have been approved/cleared by the FDA for treating/managing/preventing a range of diseases such as psychiatric, addiction, neurological, endocrinological, and orthopedic diseases (Table 1). All approved DTx products require prescriptions or have been authorized by the FDA for use in the United States. The majority of the listed DTx products were approved within the last 5 years. The main approval pathways of DTx follow the de novo or 510(k) premarket pathways for medical devices. Products under the de novo pathway belong to novel medical devices for which evidence of safety and reasonable effectiveness has been provided for their intended use but there is no legally marketed predicate product on the market.⁴⁵ In comparison, products under the 510(k) premarket pathway are substantially equivalent to one or more legally marketed predicate products in terms of safety and effectiveness.^{46,47} Notably, six DTx products were approved through the De Novo classification as a novel device with no current market controls. Three products received the Emergency Use Authorization (EUA) during the COVID-19 pandemic to limit face-to-face interactions without eliminating patient therapeutic relief. Although an EUA designation does not indicate the product as FDA-approved, we have included these products for discussion. Previous FDA designations as “software as medical devices” (SaMD) have also been included for clarification of some products.

3.1 | Products for psychiatric diseases

Six DTx products have been approved by FDA for treating psychiatric diseases including insomnia, post-traumatic stress disorder (PTSD), attention-deficient hyperactivity disorder (ADHD), psychosis, and depression (Table 1). These products are in various forms including mobile applications, web applications, video games, and devices. Freespira was the first FDA-approved DTx for treating a psychiatric disorder. Freespira is a mobile app- and device-based product for treating

TABLE 1 Digital therapeutics products that have received FDA approval, clearance, or EUA-designation.

| Product name (clinical trial name) | Manufacturer | Approved indications | Subtype | FDA approval designation | FDA approval/ clearance/ designation year |
|--|---------------------------|--|--|---|--|
| Psychiatry | | | | | |
| Somryst® (SHUTi) | Pear Therapeutics | Chronic insomnia | Mobile App | 510(k) | 2020 |
| NightWare™ | NightWare | PTSD, Insomnia | Device, Algorithm | De Novo | 2020 |
| Freemira | Palo Alto Health Sciences | Panic attacks, PTSD | Mobile App, device | 510(k) | 2018 |
| EndeavorRx® | Akili Interactive | Attention-deficit hyperactivity disorder | Video game | 510(k) | 2020 |
| Deprex® | Orexo, GAIA AG | Psychosis, depression | Web application | EUA | 2020 |
| SparkRx® | Limbix | Depression in adolescents | Mobile App | EUA | 2021 |
| Addictions | | | | | |
| ReSET™, ReSET-O™ | Pear Therapeutics | Substance use disorder, opioid-use | Mobile App | De Novo | 2016, 2018 |
| Vorvida® | Orexo | Substance use disorder, alcohol-use | Web App | EUA | 2020 |
| Neurology | | | | | |
| Nervio® | Theranica | Migraine | Mobile app, device, algorithm | De Novo | 2020 |
| MindMotion™ GO | MindMaze | Neuro rehabilitation | Virtual reality | 510(k) | 2017 |
| Endocrinology | | | | | |
| isageRX | Amalgam Rx | Type II diabetes | Mobile app, algorithm | 510(k) | 2017 |
| BlueStar® Rx System (Bluestar) | WellDoc | Type II diabetes | Mobile app, algorithm | 510(k) | 2020 (latest updated version, originally approved in 2010) |
| My Dose Coach™ (K163099) | Sanofi | Type II diabetes | Mobile app, algorithm | 510(k) | 2017 |
| d-Nav® | Hygieia, Inc. | Diabetes, Types I and II | Mobile app, algorithm | 510(k) | 2019 |
| Go Dose, Go Dose Pro | Eli Lilly | Type II diabetes | Mobile app, algorithm | 510(k) | 2017 |
| Insulia® | Voluntis | Diabetes, Types I and II | Mobile app, algorithm | 510(k) | 2021 (updated from 2016) |
| Dario® Blood Glucose Monitoring System | LabStyle Innovations Ltd | Diabetes, Types I and II | Device, mobile app, web portal | 510(k) | 2015 |
| Orthopedic | | | | | |
| Leva® | Renovia | Pelvic health | Mobile app, algorithm, virtual reality | 510(k) | 2019 |
| RelieVRx (EaseVrx) | AppliedVR | Chronic pain | Virtual reality | De Novo | 2021 |
| Gastrointestinal | | | | | |
| Mahana™ (parallel) | Mahana Therapeutics | Irritable bowel syndrome | Mobile app, CBT | De Novo | 2021 (updated from 2020) |
| Cardiovascular | | | | | |
| BiovitalsHF (K183282) | Biofourmis | Cardiovascular | Web app, device, algorithm | 510(k) | 2019 |
| Respiratory | | | | | |
| Propeller | Propeller Health | Asthma, COPD | Mobile app, algorithm | 510(k) | 2018 (updated from 2014) |
| Oncology | | | | | |
| Kaiku Health | Elekta | Cancer care | Mobile app, web application | Medical Device (SaMD at FDA's Discretion) | 2021 |

Note: The data are as of December 2022.

panic disorders and PTSD; it integrates the use of a portable sensor that can measure the expelled CO₂ levels of the patient to determine if a panic attack is occurring before implementing a protocol for relieving the anxiety-induced symptoms associated with panic attacks.^{48,49} In clinical trials, 91% of patients reported significant reductions in symptoms following the treatment by Freespira. Somryst[®] developed by Pear Therapeutics was the first FDA-approved product for treating chronic insomnia. Somryst[®] is a mobile app-based DTx that utilizes sleep restriction to prevent patients from spending excess time in bed that is not spent sleeping.⁵⁰ Additional features of Somryst[®] include a sleep diary for patients to identify patterns in depressive thoughts, and the sleep data collected by the application are also organized using an algorithm to personalize the sleep restructuring to best fit the patient's schedule. Under its clinical trial name SHUTi (Sleep Healthy Using the Internet), the application was found to improve the insomnia severity index and sleep efficiency.^{50,51} However, Somryst[®] had its own limitations as to the nature of its design; it focused on a sleep restriction that may potentially exacerbate other comorbidities such as bipolar disorder in some patients.⁵² Another approved DTx product for managing insomnia is NightWare[™], which was also approved for treating PTSD. According to the FDA approval form, NightWare[™] was classified as a Class II device without a high-risk. By utilizing a biosensor within a smartwatch, the NightWare[™] system can incorporate a sophisticated app that vibrates the user's arm when it detects they are having a nightmare.⁵³ In a clinical trial, an overall more favorable trend for improving perceived sleep was observed in the NightWare[™] treatment group; however, individual measures including sleep quality, PTSD symptoms, and quality of life across the 30-day trial did not reach statistical significance between the NightWare[™] and control groups.⁵³

Other FDA-approved or EUA-designated DTx for psychiatric disorders include EndeavorRx[®] for treating ADHD, Deprexis[®] for treating psychosis/depression, and SparkRx[®] for treating depression in adolescents (Table 1). EndeavorRx[®] is a video game-based DTx by which children could increase their measures of attention as a treatment measure for ADHD.^{54,55} In EndeavorRx[®], the action game requires the children to master multi-tasking with selective focus and controlling their attention. While the concept of the game-based DTx was more engaging compared to treatment-as-usual, the clinical studies of EndeavorRx[®] may have benefited from larger sample sizes and longer follow-up periods to ensure more robust efficacy.⁵⁵ Deprexis[®] is a web-based intervention for treating adult depression, and it functions through improving symptomatic relief from social anxiety, depression-related well-being, and panic.⁵⁶ Similarly, SparkRx[®] is a mobile app-based DTx, employing the similar mechanism of action as Deprexis[®] for treating depressions in adolescents.

3.2 | Products for drug addictions

ReSET[™] and ReSET-O[™], developed by Pear Therapeutics, are the only FDA-approved DTx for treating substance use disorders. These mobile applications are used in conjunction with buprenorphine and

individual counseling to enhance the retention of patients with substance use disorders.⁵⁷ Patients using these applications could access interactive videos, audio, and modules involving a community reinforcement approach, which shifts the patient's focus to find other activities more rewarding compared to illicit drug use. Considerations from the clinical studies of ReSET-O[™] included metrics for quantifying mortality with opioid use disorder as some patients became deceased before the end of the study; whether this was accidental, or part of non-respondent behavior remains a source of potential bias.⁵⁸ Apart from ReSET[™] and ReSET-O[™], another DTx product, Vorvida[®], has received the EUA designation for treating alcohol abuse. Vorvida[®] is a web-based intervention that guides users to reflect on their drinking behaviors for improved alcohol-use management.⁵⁹ Notably, with web-based interventions, access to the internet can be a limitation that makes generalization of the efficacy difficult across the targeted patient population.⁵⁹

3.3 | Products for neurological diseases

Two DTx products have been approved by FDA for managing neurological diseases (Table 1), including one VR-based product (MindMotion[™] GO) and one device-based product (Nervio[®]). MindMotion[™] GO is a VR-based device that can be easily plugged into a TV for improving neuro rehabilitation. It can be integrated in various stages of the rehabilitation process and engages patients in their daily clinic rehabilitation to facilitate their therapy training. With VR incorporation, there can be constraints in mapping the surrounding environment and in user using certain items in close proximity to be recognized⁶⁰; this could result in many different exercises having the same difficulty due to object distance. Nervio[®] is a device-based DTx to relieve symptoms of migraines. Nervio[®] consists of a smartphone-controlled, wearable electrical neuromodulation stimulation device that can be worn on the upper arm.^{61,62} Nervio[®] can stimulate the nerves in the upper arm to trigger the release of neurotransmitters in the brainstem which result in pain relief to reduce/end the migraine attack.

3.4 | Products for endocrinological diseases (diabetes)

Seven DTx products have been approved for treating Type I and/or Type II diabetes (Table 1). Most of these products, except for the Dario[®] Blood Glucose Monitoring System, are based on mobile applications for insulin titration and dosing optimization. These applications employ algorithm-based technologies to help the healthcare professionals and patients to review, analyze, and evaluate patient data to support effective, personalized diabetes management.⁶³ Some of these applications (e.g. BlueStar[®] Rx) also involve tailored digital coaching and insights for optimizing the treatment plans.⁶⁴ Notably, these insulin dose titration/optimization applications are compatible with different insulin forms. For example, Insulia[®] is compatible with

any brand of basal insulin including Basaglar, Toujeo, Levemir, Tresiba, and Lantus, while Go Dose can only be used for the rapid-acting insulin Humalog. Different from other approved DTx for managing diabetes, the Dario® Blood Glucose Monitoring System consists of a Dario Smart Meter and the associated mobile application, which enable patients to perform blood sugar testing on their own to indicate the effectiveness of diabetes control. In addition, it also involves live coaching and real-time data analytics for personalized diabetes support. Notably, for any products for glucose monitoring, poor adherence to the DTx can be an issue. Additionally, incomplete data associated with irregular use can further constrain what can be extrapolated from the results shown on the DTx software.

3.5 | Products for other diseases

In addition to the abovementioned products, the other FDA-approved DTx products focus on treating orthopedic disorders (e.g., pelvic health and chronic pain), gastrointestinal diseases (e.g., irritable bowel syndrome), cardiovascular diseases, respiratory disease (e.g., asthma and chronic obstructive pulmonary disease [COPD]), and cancer care (Table 1). In particular, Leva® and RelieVRx are two VR-based DTx approved for pelvic health and alleviating chronic pain, respectively. Leva® employs a VR device integrated with a mobile application to track the movements of patients with mixed urinary incontinence for home pelvic floor muscle training.^{65,66} Patients can use this intervention to guide their motions to correctly perform the exercises and improve urinary incontinence symptoms. RelieVRx is approved for reducing pain intensity of patients suffering from chronic lower back pain.^{67,68} In clinical trials, under an 8-week period of intervention, patients in the RelieVRx treatment group reported lower indices for pain intensity compared to the sham group. As a DTx approved for asthma and COPD, Propeller, is a mobile application-based product and it functions through reducing emergency department visits and signaling potential exacerbations through self-monitoring of inhaler usage.^{69,70} Information about other approved DTx products is shown in Table 1.

4 | DIGITAL THERAPEUTICS IN ACTIVE CLINICAL TRIALS

A search was conducted on clinicaltrials.gov to identify active clinical trials investigating DTx. The searches were conducted under “Other Terms” using the search terms “Digital Therapeutic OR Digital Therapy” and limited to “Interventional Studies (Clinical Trials)” under the “Study type” category. Trials with an active status including “Not yet recruiting”, “Recruiting”, “Enrolling by invitation”, and “Active, not recruiting” were included. Further selections were put in place as the clinical trials of interest were limited to the last 10 years. Initially, 456 clinical trials were identified. Trials that included the terms “digit”, “digital angiography”, or “digital” without the use of interactive software or not related to DTx were excluded. After screening, a total of

317 trials of interest were identified for further analysis. The data were collected in December 2022 and selected trials are shown in Table 2.

A broad spectrum of diseases is covered in the identified trials, among which psychiatry ($n = 129$, 40.6%), oncology ($n = 31$, 9.74%), addiction ($n = 29$, 9.43%), endocrinology ($n = 25$, 7.86%), and neurology ($n = 25$, 7.86%) diseases represent the major areas (Figure 2a and Table 2). We further analyzed the subtypes of DTx in the identified trials which included mobile applications, web applications, devices, video games, VR, and AI optimized applications. Here, mobile applications were referred to as applications developed specifically for use on a smart mobile device; applications accessible via both the web and mobile device were designated as a web application. Within the web application, further subcategories were divided into digital counseling, digital treatment, health coaching, interactive video, and generalized educational modules. Digital counseling applications involved the use of human digitized counseling or identification of dyscognitive behavior. Digital treatments use software to train/improve symptoms to patients outside of cognitive-based therapies and conventional therapies; this also included the collection of data into a patient portal for the patient to access and receive guidance for the next step of their treatment plan. Health coaching involved behavioral lifestyle changes that are associated with the diseases. Educational modules focused on informative content that educates patients of their disease indication, and interactive videos involved patients engaging with a video that is administered through the web/internet. Video games were referred to as applications that have been “gamified” in order to increase patient engagement. Similarly, DTx associated with VR required a simulation or motion tracking to fall under this definition. AI-based DTx were classified as utilizing machine learning or algorithms with the patient's data to tailor treatment and track disease progression.

The most popular subtypes among the identified trials were web and mobile applications (Figure 2b). Within the web application subtype, digital counseling, digital treatment, and health coaching were most frequently used (Figure 2c). Outside of these two major categories, DTx devices (6.6%), video games (3.46%), VR (2.83%), and AI-aided applications (1.57%) were also observed (Figure 2b). The treatment of psychiatric and substance abuse disorders centered on the use of mobile applications as a form of community-based digital support as well as digital cognitive behavioral therapy platforms that could aid in identifying emotions that the patients were experiencing. DTx that focus on video games and VR tend to focus on the treatment of psychiatric (ADHD, PTSD) and neurodevelopmental disorders (autism) in order to improve patient engagement and desensitization.

4.1 | Psychiatry-related trials

The majority ($n = 129$, 40.6%) of the identified trials focus on treating psychiatric disorders (Figure 2a); in particular, these trials mainly focus on insomnia, MDD, and generalized anxiety, which make up 12.2%, 11.6%, and 4.7% of all the analyzed trials respectively (Figure 3a).

TABLE 2 Selected examples of currently active digital therapeutic trials organized by disease areas.

| NCT ID | Indication | Sponsor | DTx subtype | DTx name |
|----------------------|----------------------------|---|-----------------------------|--|
| Psychiatry (n = 129) | | | | |
| NCT05016050 | Major depressive disorder | Happify Inc. | Mobile/web app | HPDT-DA-013 |
| NCT03828656 | Chronic insomnia from PTSD | NightWare | Device | NightWare |
| NCT05330312 | Anxiety | Vicore Pharma AB, Curebase, Inc. | Mobile app | COMPANION |
| NCT05183919 | ADHD | Akili Interactive Labs, Inc. | Web app (digital treatment) | AKL-T01 |
| NCT05305235 | PTSD | University of North Carolina, Chapel Hill | Device | RISE Guide |
| NCT04986228 | Psychosis | University Hospital Tuebingen | Mobile app | DigiPuR |
| NCT05438160 | Schizophrenia | Pear Therapeutics | Mobile app | CT-155 |
| NCT05647772 | Behavioral | University of Pittsburgh | Mobile app | SmilingMind App, UseIt! App |
| NCT05609409 | Bulimia | Duke University | Video game | FlexED |
| NCT05032742 | Stress | University of California, San Francisco | Mobile app | mHealth Parenting Stress App |
| NCT04652622 | Delirium | Fraser Health | Web app (digital treatment) | Mindful Garden |
| NCT05224414 | OCD | McLean Hospital | Web app (digital treatment) | CBM-I |
| Oncology (n = 31) | | | | |
| NCT05425550 | Breast cancer | Palleos Healthcare GmbH | Mobile app | Consilium care™ app |
| NCT04857008 | General cancer | Blue Note Therapeutics | Mobile app | BNT001 |
| NCT05199961 | Lymphoma | Pack Health | Web app (health coaching) | Pack Health App |
| NCT04774744 | Leukemia | M.D. Anderson Cancer Center | Web app (health coaching) | PACK Health digital health coaching program |
| NCT05053607 | Myeloma | Pack Health | Web app (health coaching) | Digital Health Coaching Program |
| NCT04946214 | Prostate | University of Miami | Device | Smart Water Bottle |
| NCT04963972 | Neoplasm | Lucid Lane, Inc | Web app (health coaching) | Lucid Lane's perioperative opioid tapering program |
| NCT04153721 | Colorectal | IHU Strasbourg | Web app (digital treatment) | “Get Ready” |
| NCT03517579 | Thyroid | Johns Hopkins University | Device | Collar Therapy Indicator (COTI) |
| NCT04414436 | Gynecological | Haukeland University Hospital | Web app (health coaching) | GYNEA- digital coping program for women after gynecological cancer |
| Addiction (n = 29) | | | | |
| NCT04948307 | Opioid-use disorder | Orexo AB | Mobile app | OXDO1 |
| NCT05209451 | Smoking | Mayo Clinic | Mobile app | Digital Health Program |
| NCT05649982 | Alcohol abuse | Karolinska Institute | Web app (digital treatment) | ALVA |
| Neurology (n = 25) | | | | |
| NCT05516134 | Alzheimer's Disease | The Hearthstone Institute, LLC | Video game | All About Me (AAM) |
| NCT04769466 | Dementia | Benjamin Rose Institute on Aging | Web app (digital treatment) | LifeBio Memory |
| NCT04739982 | Autism | Stanford University | Mobile app | GuessWhat Mobile App |
| NCT05617339 | Migraine | Vastra Gotaland Region | Web app (digital treatment) | I am (internet approach to migraine) |
| NCT05120609 | Parkinson disease | Beats Medical | Mobile app | Parkinson's Application |

(Continues)

TABLE 2 (Continued)

| NCT ID | Indication | Sponsor | DTx subtype | DTx name |
|------------------------|--|--|------------------------------|---|
| NCT04930822 | Stroke | Gaylord Hospital, Inc | Web app (interactive video) | Bioness Integrated Therapy System Visual Intervention |
| NCT05245799 | Hearing loss | Prashant Malhotra | Web app (digital treatment) | Hear Me Read app |
| NCT05438147 | Multiple sclerosis | Click Therapeutics, Inc. | Mobile app | CT-100 |
| NCT05390268 | Tic disorder | Aarhus University Hospital | Mobile app | Mobile app-assisted behavioral treatment |
| NCT05022589 | Cognitive dysfunction | Posit Science Corporation | Web app (digital treatment) | rSTAND |
| NCT04967287 | Myopia | Dopavision GmbH | Web app (digital treatment) | MyopiaX |
| NCT04781608 | Sensory impairment | University of Copenhagen | Digital treatment | In It Together (IIT) |
| NCT03817229 | Epilepsy | Children's Hospital Medical Center, Cincinnati | Web app (Educational Module) | mHealth Module |
| Endocrinology (n = 25) | | | | |
| NCT05525117 | Diabetes | Gaia AG | Web app (digital counseling) | Corvivio |
| NCT05172492 | Endometriosis | Lucine | VR | Endocare |
| NCT05368454 | Type 2 diabetes | Omada Health | Web app (digital counseling) | DSMES |
| NCT05286632 | Kidney disease | Advice Pharma Group srl | Mobile app | KidneYou APP |
| NCT05386706 | Polycystic ovary syndrome | Shanghai 10th People's Hospital | Web app (digital counseling) | Digital Cognitive Behavioral Therapy |
| NCT04718779 | Gaucher disease | Takeda | Mobile app | GD App |
| NCT05386238 | Obesity | Rush University Medical Center | Web app (digital counseling) | Digital Tailored Behavioral Weight Loss Program |
| Orthopedic (n = 18) | | | | |
| NCT05391919 | Physical therapy | Moscow Scientific and Practical Center of Medical Rehabilitation | Virtual reality | SensoRehab |
| NCT04225884 | Chronic pain | Orion Corporation, Orion Pharma | Virtual reality | VIRPI |
| NCT05419219 | Muscle pain | Tim Shi | Mobile app | Tai Chi Digital therapy Software Application |
| NCT04525651 | Cervical spondylosis | Shanghai University of Traditional Chinese Medicine | Device | Digital Acupuncture Manipulation Therapeutic Instrument |
| NCT05614583 | Patellofemoral Pain | EverEx Inc. | Web app (digital treatment) | MORT-PFPS app (ETH-01 K) |
| Metabolism (n = 12) | | | | |
| NCT04917601 | Obesity | Karolinska Institute | Web app (health coaching) | Evira Care |
| Respiratory (n = 12) | | | | |
| NCT05495698 | Chronic obstructive pulmonary disease (COPD) | Franciscus Gasthuis | Mobile app, device | Curavista app, FindAir e-device |
| NCT04166344 | Asthma | Raquel Sebio | Mobile app | Happyair Ecosystem |
| NCT05412212 | Tuberculosis | Kaiser Permanente | Web app (educational module) | LTBI video intervention |
| NCT05231018 | COVID-19 | Fondazione IRCCS Ca' Granda, Ospedale Maggiore Policlinico | Web app (digital counseling) | DigiCOVID |

TABLE 2 (Continued)

| NCT ID | Indication | Sponsor | DTx subtype | DTx name |
|---|--------------------------------------|--|------------------------------|--|
| Cardiovascular (<i>n</i> = 11) | | | | |
| NCT04191330 | Heart failure | Biofourmis Inc. | Mobile app | BioVitalsHF |
| NCT03968276 | Vascular disease | Groupe Hospitalier Paris Saint Joseph | Mobile app | “My medication protects my vessels” App |
| NCT05087238 | Ventricular contractions | Karolinska Institute | Web app (digital counseling) | PVC-CBT |
| NCT04793425 | Myocardia | Medical University of Warsaw | Mobile app | afterAMI |
| NCT05394766 | Hypertension | Stanford University, Omada Health (Industry/Other) | Web app (digital treatment) | Omada Hypertension Program |
| NCT04471623 | Atrial fibrillation | Stanford University | Mobile app | DeTAP App and Home Devices |
| NCT04433052 | Coronary heart disease | Tampere University | Web app (digital treatment) | Personalized Prevention Program |
| Musculoskeletal (<i>n</i> = 6) | | | | |
| NCT05079984 | Chronic pain | Stanford University, National Institute of Arthritis and Musculoskeletal and Skin Diseases | Web app (digital treatment) | GET Living |
| NCT05290272 | Osteoarthritis | Stanford University, ViFIVE Inc (Industry/Other) | AI | ViFIVE Digital Care Program (ViFIVE DCP) |
| NCT04092946 | Musculoskeletal disease | Sword Health, SA | Web app (Digital Treatment) | SWORD Phoenix |
| NCT05634291 | Arthritis | VRx Medical Inc | VR | Nottingham AR smartphone app |
| Gastroenterology (<i>n</i> = 5) | | | | |
| NCT04665271 | Irritable bowel syndrome (IBS) | University of Pennsylvania | Mobile app | ZEMEDY |
| NCT04653259 | Crohn disease | University of Calgary, Pfizer (Industry/Other) | Mobile app | LYFE MD app |
| Sexually transmitted disease, STD (<i>n</i> = 4) | | | | |
| NCT02800655 | Human immunodeficiency virus (HIV) | Family Health Centers of San Diego, UCSD AntiViral Research Center | Device | Digital Health Feedback System (DHFS) ingestible sensor |
| Rheumatic (<i>n</i> = 2) | | | | |
| NCT05243511 | Fibromyalgia | Swing Therapeutics, Inc | Mobile app | Digital ACT |
| Dermatology (<i>n</i> = 2) | | | | |
| NCT05517850 | Atopic dermatitis | Karolinska Institute | Web app (Digital counseling) | CBT-web platform |
| Multiple indications (<i>n</i> = 2) | | | | |
| NCT04419168 | Multiple (sickle cell, pain, opioid) | University of Pittsburgh | Web app (digital counseling) | mEducation, Computerized cognitive behavioral therapy (cCBT) |
| Geriatric (<i>n</i> = 1) | | | | |
| NCT05423808 | Oncological evaluation | Universitaire Ziekenhuizen KU Leuven | Mobile app | Holis Dashboard—Holis Patient App |
| Physical activity (<i>n</i> = 1) | | | | |
| NCT03524183 | Exercise | University of Georgia | Video game | Virtual Fitness Buddy Ecosystem |

These psychiatric trials rely on delivering cognition-based therapy for the patient to identify dyscognitive thoughts and behavioral patterns through a mobile app⁷¹ or even through facial emotion recognition digital programs.^{72,73} In the psychiatry-focused trials, the treatment of ADHD, psychosis, and PTSD is also observed with less attention given

to generalized stress, delirium, and obsessive-compulsive disorder (Figure 3a). Detailed breakdown of specific diseases covered in the psychiatry-focused trials is shown in Figure 3a.

For the treatment of insomnia (*n* = 39), the most common form of DTx was through web applications (69.2%) (Figure 4a); this was

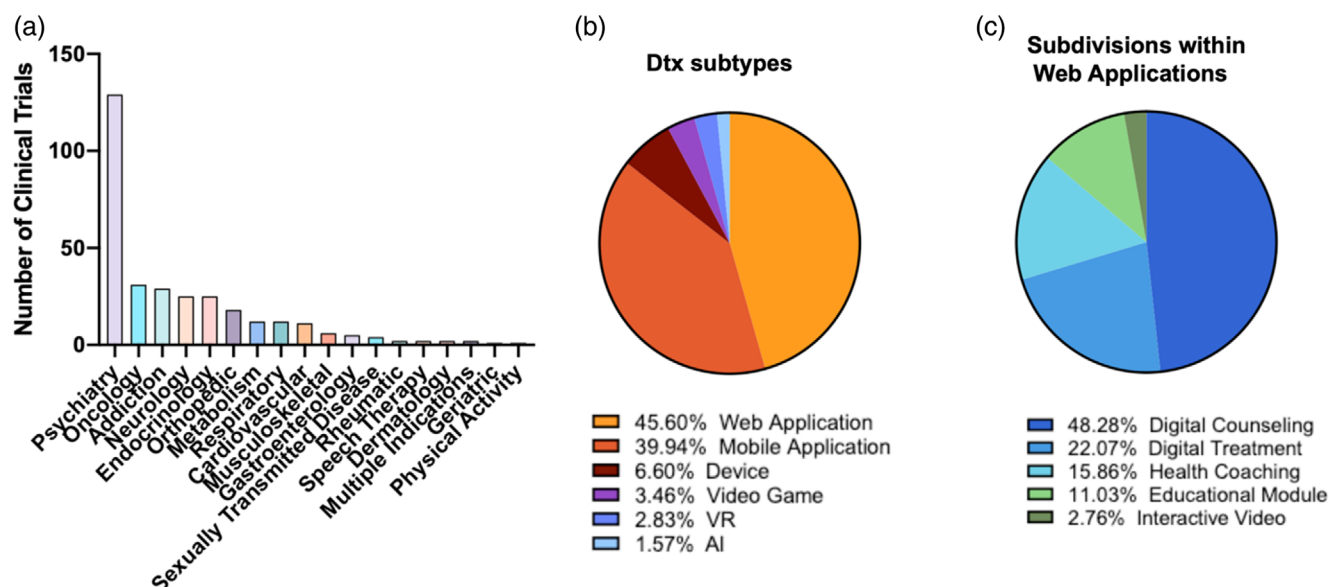


FIGURE 2 Overview of the identified active DTx clinical trials. (a) Distribution of the trials across different disease areas. (b) Analysis of the trials according to their subtypes. (c) Further analysis of the subcategories within the Web Application specific subtype.

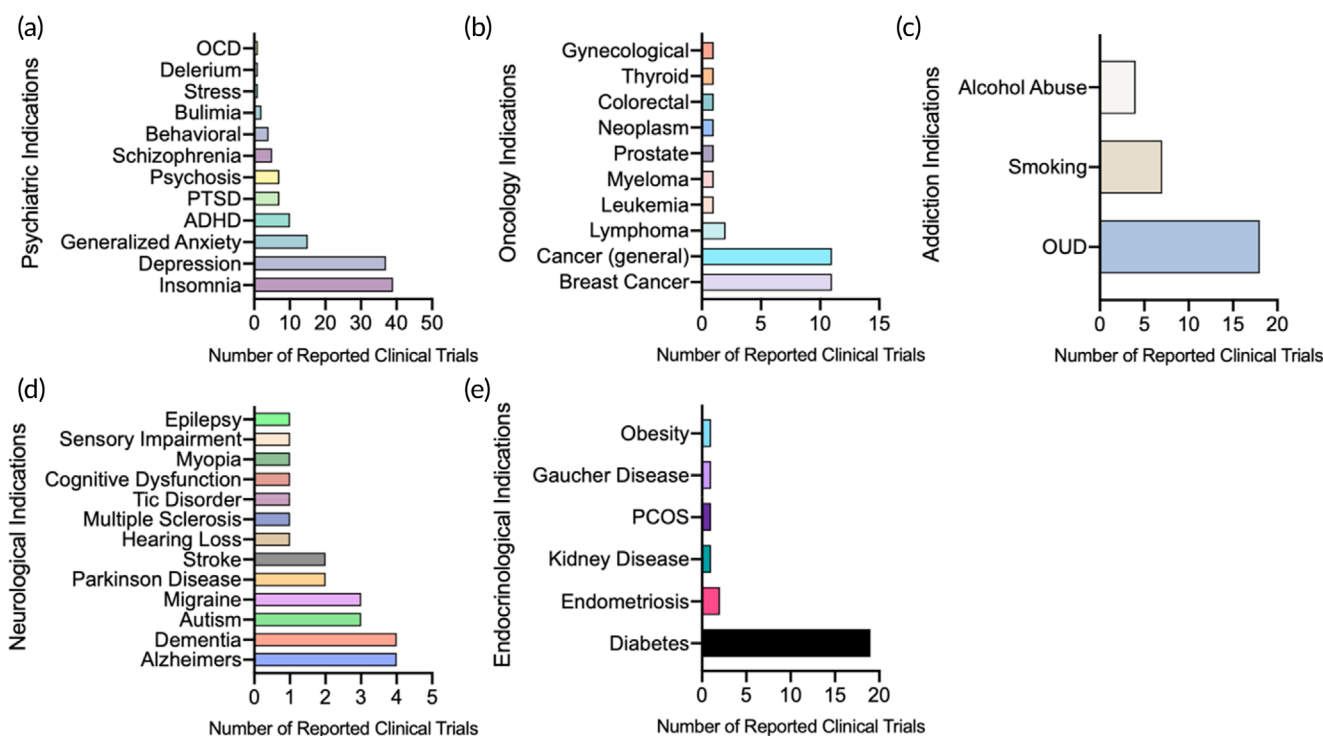


FIGURE 3 Representative disease areas of DTx utilized in the active DTx clinical trials. The disease areas depicted are those within (a) psychiatric indications, (b) oncology indications, (c) addiction indications, (d) neurological indications, and (e) endocrinological indications. ADHD, attention-deficient hyperactivity disorder; OCD, obsessive-compulsive disorder; OUD, opioid use disorder; PCOS, polycystic ovary syndrome; PTSD, post-traumatic stress disorder.

followed in popularity by mobile applications (30.8%) that can be accessed through a smart phone. When examining the further breakdown of the web applications targeting insomnia, 77.8% of trials utilized a digital counseling-based platform and 22.2% used an

educational module (Figure S1A). Conversely, within the depression-focused trials ($n = 37$), many DTx came in the form of a mobile application (45.9%) followed by web-based apps (43.24%) with devices, AI-based and video game DTx being the least common (Figure 4b).

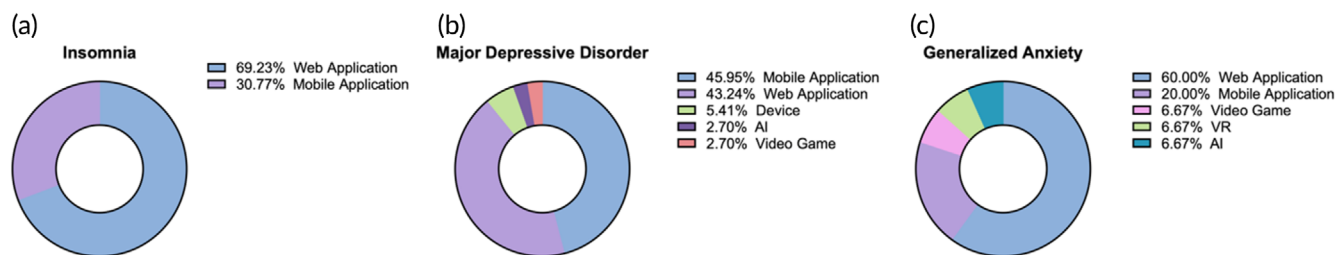


FIGURE 4 Subtypes of DTx used in the specific psychiatric disease-focused clinical trials of (a) insomnia, (b) depression, and (c) anxiety. The respective percentages of each type are delineated in the respective legends.

Within the depression-focused web application subcategories, digital counseling was more popular than educational modules, health coaching, and digital treatments (Figure S1B). Anxiety-related trials ($n = 15$) had a larger proportion of web-based applications (Figure 4c) comprising mainly of digital counseling, educational modules, and health coaching (Figure S1C). These DTx trials related to depression and generalized anxiety also incorporated designs that were more engaging compared to traditional cognitive based therapies such as the use of separate devices, VR, and even video games (Figure 4b,c).

4.2 | Oncology-related trials

Within the oncology-focused trials, DTx were tailored to be centered on patient support in the cancer recovery process within breast cancer and generalized cancers (Figure 3b); these DTx focus on maintaining social networks for the patient during the treatment process in addition to addressing cancer-related anxiety⁷⁴ and lifestyle tracking.⁷⁵ These approaches often address orthogonal psychiatric issues related to the cancer itself such as depression.⁷⁶ Within the breast cancer-focused trials, the primary form of DTx was mobile applications (54.55%) followed by web applications (36.4%) and VR (9.09%) (Figure 5a); within the web application subcategories, there was an even split between the use of educational modules and digital treatments (Figure S2A). Similarly, for the generalized cancer-focused trials, mobile applications remained the most popular choice (54.55%) with web applications (27.3%) being the second choice (Figure 5b); the web applications can be further classified as being composed of 66.7% health coaching and 33.3% digital treatments (Figure S2B). The subtypes of device and video game were less common, making up 9.09% respectively out of the generalized cancer-focused trials (Figure 5b).

4.3 | Addiction-related trials

The addiction-related trials mainly focus on three themes: opioid use disorder (OUD) (63.3%), smoking (23.3%), and alcohol abuse (13.3%) within its own category (Figure 3c). Similar to psychiatric diseases, addiction-associated DTx utilize software to identify high-risk behavior and provide rehabilitation through digitized counseling and support^{77,78} to mimic in-person cognitive-based therapies. For OUDs, mobile applications remained the most common form with web

applications, VR, and devices in order of common use (Figure 6a). There was heavy reliance of digital counseling for the OUD-focused web applications (Figure S3A). For smoking-related trials, web applications were more frequently used as opposed to mobile applications (Figure 6b). Of these web applications, health coaching and digital treatment programs were more commonly used (40% each) with digital counseling being the least used (20%) (Figure S3B). Alcohol abuse-related trials were fewer in comparison to those of the other types of addictions (Figure 3c); however, within these trials, there were more web application-related DTx compared to mobile applications (Figure 6c). Specific composition of the alcohol abuse-indicated web applications showed more digital treatments (66.7%) as opposed to digital counseling (33.3%) (Figure S3C).

4.4 | Neurology-related trials

The neurological disease-focused trials were more equal in spread; however, a large focus remained on Alzheimer's disease, dementia, autism, and migraine management (Figure 3d). More selective diseases such as Parkinson disease, multiple sclerosis, and cognitive dysfunction are also included in this category. For these diseases, DTx focus on involving the rehabilitation process such as improving motor control in monitored exercise through VR or providing a support system via mobile app.

4.5 | Endocrinology-related trials

The endocrinology-focused trials centered primarily on diabetes management with insulin titration-related applications that allowed for patients to individualize their therapy (Figure 3e). Diabetes management can be delivered in the form of cloud collected patient data that can utilize an algorithm to tailor insulin dosing⁷⁹; other applications also involved in behavioral and lifestyle changes as supplemental support to the patient's own medication such as health coaching for individualized support for Type 2 diabetes.⁸⁰

4.6 | Other disease areas

Other disease areas such as orthopedic, metabolism, respiratory, cardiovascular, musculoskeletal, gastroenterological, rheumatic, and

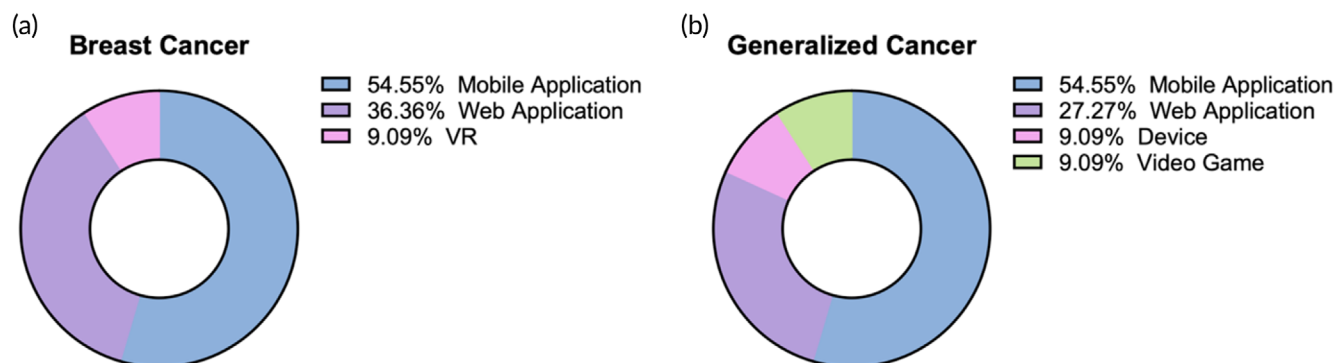


FIGURE 5 Subtypes of DTx used in the specific oncological disease-focused trials of (a) breast cancer and (b) generalized cancer. The respective percentages of each type are delineated in the respective legends.

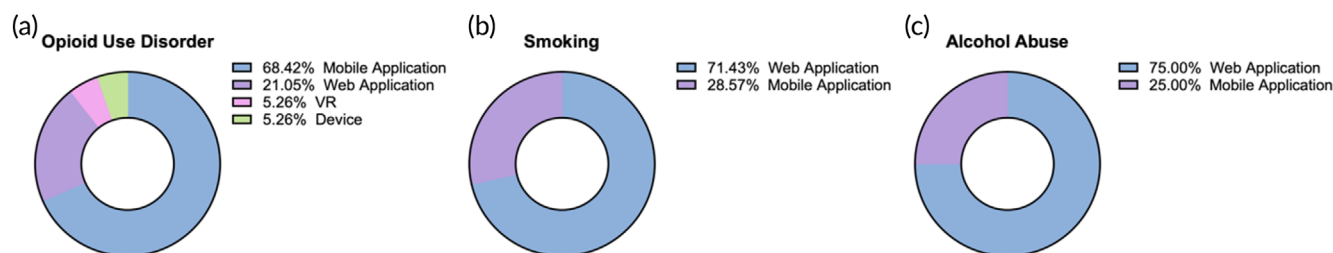


FIGURE 6 Subtypes of DTx used in the specific addiction-focused trials of (a) opioid use disorder, (b) smoking, and (c) alcohol abuse. The respective percentages of each type are delineated in the respective legends.

dermatological diseases were also found in the identified DTx trials (Table 2, Figure 1a). The orthopedic-related trials covered diseases including chronic and muscle pain, physical therapy, and cervical spondylosis (Table 2). The metabolism-focused trials focused on obesity through health coaching and mobile applications in order to monitor the patient's health and progression. Among the respiratory disease-focused trials, COPD, Asthma, tuberculosis, and COVID-19 were the most commonly investigated diseases. Within these trials, DTx can be paired with a device such as a smart inhaler that can monitor the patient's adherence to their regular therapy and recommend courses of action to take⁸¹; in the case of COVID-19, patients could use DTx to aid in mentally coping with the effects of long-term COVID through their mobile devices.⁸² The cardiovascular disease-focused trials focused on managing heart failure, vascular disease, ventricular contractions, myocardia, hypotension, atrial fibrillation, and coronary heart disease. Within this category, the DTx were personalized to patient education of their disease state⁸³ and remote monitoring to lower the number of emergency department visits.⁸⁴ The musculoskeletal-related trials indicated generalized pain osteoarthritis, musculoskeletal disease, general arthritis, among other diseases. In these cases, DTx can be designed as guided exercises in VR as part of the rehabilitation process^{85,86} or through the use of AI to create a tailored pain management plan based on patient progress.⁸⁷ In the case of chronic pain, web-based digital counseling resources that utilize a diary facilitated interface along with therapist feedback may also indicate potential for pain management.⁸⁸

Other disease areas such as sexually transmitted disease (STD), rheumatic (fibromyalgia), speech therapy (dysarthria), dermatology,

multiple indications, and geriatric and physical activity (exercise) are also present in the identified trials (Table 2, Figure 2a). STD-related trials often utilized mobile applications to address concerns with the disease (e.g., HIV) or the incorporation of an ingestible biosensor to determine viral load in patients when combined with the app (NCT05592613); in this case, the mechanism of action relates to relieving patient anxiety through educational content and even measuring the patient's biological levels for disease management. The geriatric and physical activity-related trials were the least common and focused on more general populations rather than specific diseases; the physical activity-related trial investigated a DTx to increase exercise within children and the geriatric support was done in the form of a patient application for holistic health management (NCT05423808).⁸⁹ In these cases, there was more focus on encouraging patients to take better control of their health. Similarly, for the multiple indication category, patients can have their opioid-use monitored that stemmed from chronic pain and depression as a result of their sickle-cell anemia.⁹⁰ In this study, patients were given digital counseling to address multiple indications that were associated with their original diagnosis of sickle-cell diseases.

5 | CHALLENGES AND OPPORTUNITIES FOR CLINICAL TRANSLATION

Despite its potential to alter the way modern medicine approaches therapeutics, clinical translation of DTx does face some pressing challenges. The concept of a “dose” and “exposure” to DTx is ambiguous

and the definition of digital endpoints also poses an issue with determining when therapeutic effects are experienced by the patient.²⁷ With this imprecise definition, regulation of DTx proves to be difficult until these points are defined by self-reports by the participants or by the regulatory agencies.⁹¹ While DTx paired with biosensors may allow for the monitoring of biological levels as a marker for treatment efficacy, the majority of DTx still depend on self-reported scores as hallmarks of progress and efficacy.⁹² As many DTx come in the form of mobile applications through smartphones or fitness trackers such as a smart watch, the applications can rapidly update throughout the course of the trial with the original software becoming outdated by the conclusion of the clinical trial. There also remains the question of whether applications are regularly updated and pushed out for patient use or whether there would be discrepancies in updates across those who use it. Similarly, as software rapidly develops and changes user interfaces across different renditions, the question remains as to what extent the software has become a completely different application from its initial design. While this distinguishing factor aids in establishing DTx as a different class compared to conventional therapeutics, the storage and access of patient medical information remains a concern in the preservation of patient confidentiality. The FDA announced an action plan in an attempt to establish good machine learning processes; in particular, changes in the algorithm of previously approved machine learning platforms would be approved as to whether the device would be considered safe and effective after its modification.⁹³ While this allows for the original intent and design of the DTx to be preserved, the level of flexibility to its modification remains at the discretion of the FDA. Liability with DTx in the case of mistreatment due to software bug tends to be complex. The FDA generally emphasizes that machine learning/AI and their human interpretation should be towards avoiding harm⁹⁴; however, public opinions tend to imply the healthcare professionals who prescribed the AI-guided DTx to be responsible in the case of mistreatment.⁹⁵ Within the same regard, AI-guided DTx may reduce liability to the patient by identifying potential risks before they occur. However, further regulations and consequences from the mistreatment of patients have yet to be fully defined for DTx developers, healthcare professionals, and patients.

When examining the barriers that exist for the patient and the use of DTx, the concept of reimbursement as a prescribed therapeutic also hinders its potential. Healthcare professionals tend to be the largest factor in encouraging DTx use and ensuring adherence to their treatment among patients.⁹⁶ As DTx reach a larger audience, the question remains as to whether insurance companies will supplement costs in order to be more applicable to patients. Additionally, large-scale implementation of DTx requires the built-up of necessary infrastructures, which will lead to associated cost to the national health system. In March 2022, the US House of Representatives examined a bill that introduced Medicare and Medicaid coverage of certain prescription DTx in one of the first steps in providing billing information for medical providers.⁹⁷ Notably, non-adherence to prescribed therapies causes a major economic burden to the national healthcare system, which costs approximately \$50,000 per patient when non-selectively analyzed by

disease type.⁹⁸ The use of DTx could potentially improve adherence to therapies and lead to savings by reducing emergency hospital visits and overall total cost of care.⁹⁹ For instance, when analyzing a cohort of patients who had OUDs and majorly utilized government-provided health insurance (such as Medicaid), the use of a DTx (reSET-O) saved \$2150 per patient.⁵⁸ While there are fewer risk factors involved for the implementation of DTx, that is also associated with lower operating costs compared to traditional drug therapies.¹⁰⁰ Another barrier to DTx is their requirement to be prescribed via prescription only. Under these conditions, only those patients who have access to physician care are able to find benefit. As a result, the concept of reimbursement for patients can easily become hesitation on their part to try any new advancing therapeutic techniques. Until the proper infrastructure for payment is in place, this remains a barrier to healthcare for many despite its status as an emerging field.

The handling of patient-sensitive healthcare data must be addressed as devices and applications are utilizing machine learning and algorithms to tailor patient care. When addressing psychiatric issues, patients are often encouraged to track patterns in cognitive dissonance in order to adapt behaviors. With the accessibilities of smartphones and smart watch incorporated technology, there can be concerns of maintaining ease of access to the patients while also ensuring the information's confidentiality. Compromises of patient care data have previously been addressed in the latest updated version for digital medicine devices in 2014 by the FDA¹⁰¹ where the FDA outlined potential cybersecurity risks in pre- and post-market considerations for SaMDs. In a study analyzing the cybersecurity features and risks within digital medicine devices that examined the potential of a security breach and robustness of the device's ability to respond, only approximately 2% of the total identified devices had incorporated built-in cybersecurity features.¹⁰² Over time, the need for standardized regulations for DTx in cybersecurity to minimize data breaches should also be considered in their development. This can be done as a systematic approach by the FDA as one of the first steps to address these concerns. DTx should prioritize not only therapeutic efficacy but its security for electronic information.

On a global perspective, the implementation of DTx will have a particular impact on the countries/areas with a low healthcare provider to patient ratio (e.g. the Global South) where the healthcare system is already overburdened.¹⁰³ In such cases, the use of DTx can supplement clinical decisions made to the patient in a personalized manner that reduces the need for in-person visits to clinics and hospitals. Indeed, DTx prescribed as follow-up care have provided much needed physical therapy exercises and digital consulting for rehabilitation to stroke patients in India where the systemic infrastructure for handling the mass amount of patients has not been developed.¹⁰⁴ As scaling the healthcare systems globally to meet the medical needs is not easily feasible, the use of DTx seems appearing to lessen the burden on physicians and to deliver interventions to more patients. However, additional challenges do exist for the implementation of DTx in low-resourced areas, such as lack of proper infrastructure, low patient acceptability of the digital forms of therapy, and lack of technical support to execute large-scale digital transformation of healthcare.

6 | CONCLUSIONS AND OUTLOOK

Overall, the potential for DTx remains huge. The ease of access of DTx is low risk to patients and is available in multiple platforms, which can extend care to a greater population. With its digital interface, DTx eliminates the need for face-to-face interactions necessary for therapeutic benefit; patients can access their needs through the comfort of their homes and can also be prescribed as a combinational therapy with counseling and/or drug medication regimes. Challenges and issues arise with the lack of proper regulatory infrastructure for such an emerging field. Reimbursement through insurance companies and also the lack of standardized cybersecurity features for DTx hinder its clinical translation. Similarly, patient metrics for successful treatment for psychiatric diseases often rely on a patient-reported improvement scale that can differ among individuals and the need for a prescription also limits access across various socioeconomic classes. However, despite these challenges, it has been predicted that there will be a large increase in the number of individuals using DTx over time, with a market predicted value of an 865% increase from 2020 to 2025.¹⁰⁵ DTx remains an exciting field for development for patient therapeutic benefit, and a large number of newer DTx products are expected to be investigated and available to patients in the foreseeable future.

AUTHOR CONTRIBUTIONS

Philana Phan: Data curation (lead); formal analysis (lead); methodology (lead); writing – original draft (lead); writing – review and editing (equal). **Samir Mitragotri:** Conceptualization (equal); writing – review and editing (equal). **Zongmin Zhao:** Conceptualization (equal); writing – original draft (supporting); writing – review and editing (equal).

ACKNOWLEDGMENTS

Zongmin Zhao acknowledges support from the College of Pharmacy at the University of Illinois Chicago. Samir Mitragotri acknowledges support from School of Engineering & Applied Sciences, Harvard University and Wyss Institute.

CONFLICT OF INTEREST STATEMENT

The authors declare no conflicts of interest.

PEER REVIEW

The peer review history for this article is available at <https://www.webofscience.com/api/gateway/wos/peer-review/10.1002/btm2.10536>.

DATA AVAILABILITY STATEMENT

All data are available in the main manuscript or supplementary materials. The original data of clinical trials are available upon reasonable request.

TRANSLATIONAL IMPACT STATEMENT

Digital therapeutics are a new form of interventions that deliver treatments to patients through evidence-based software. In this work, we

provided a comprehensive review of the clinical landscape of digital therapeutics. Our discussions can help the field understand the opportunities and challenges associated with developing new and efficacious digital therapeutics, offering guidelines to facilitate their clinical translation.

ORCID

Samir Mitragotri  <https://orcid.org/0000-0002-2459-8305>

Zongmin Zhao  <https://orcid.org/0000-0001-8979-844X>

REFERENCES

1. Understanding DTx. Accessed January 13, 2023. <https://dtxalliance.org/understanding-dtx/>
2. Fleming GA, Petrie JR, Bergenstal RM, Holl RW, Peters AL, Heinemann L. Diabetes digital app technology: benefits, challenges, and recommendations. A consensus report by the European Association for the Study of Diabetes (EASD) and the American Diabetes Association (ADA) Diabetes Technology Working Group. *Diabetes Care*. 2019;43(1):250-260.
3. Wallace W, Chan C, Chidambaram S, et al. The diagnostic and triage accuracy of digital and online symptom checker tools: a systematic review. *NPJ Digit Med*. 2022;5(1):118.
4. FDA. FDA launches the digital health center of excellence. 2020. FDA.gov.
5. FDA. Digital Health Software Precertification (Pre-Cert) Pilot Program. 2022 Accessed September 13, 2022 <https://www.fda.gov/medical-devices/digital-health-center-excellence/digital-health-software-precertification-pre-cert-pilot-program>
6. Dang A, Arora D, Rane P. Role of digital therapeutics and the changing future of healthcare. *J Fam Med Prim Care*. 2020;9(5):2207-2213.
7. Rassi-Cruz M, Valente F, Caniza MV. Digital therapeutics and the need for regulation: how to develop products that are innovative, patient-centric and safe. *Diabetol Metab Syndr*. 2022;14(1):48.
8. Wang C, Lee C, Shin H. Digital therapeutics from bench to bedside. *NPJ Digit Med*. 2023;6(1):38.
9. Luderer HF, Campbell ANC, Nunes EV, et al. Engagement patterns with a digital therapeutic for substance use disorders: correlations with abstinence outcomes. *J Subst Abuse Treat*. 2022;132:108585.
10. Valentine L, McEnery C, Bell I, et al. Blended digital and face-to-face care for first-episode psychosis treatment in young people: qualitative study. *JMIR Ment Health*. 2020;7(7):e18990.
11. Mennin DS, Ellard KK, Fresco DM, Gross JJ. United we stand: emphasizing commonalities across cognitive-behavioral therapies. *Behav Ther*. 2013;44(2):234-248.
12. Keefe RSE, Cañadas E, Farlow D, Etkin A. Digital intervention for cognitive deficits in major depression: a randomized controlled trial to assess efficacy and safety in adults. *Am J Psychiatry*. 2022;179(7):482-489.
13. Graham AK, Lattie EG, Mohr DC. Experimental therapeutics for digital mental health. *JAMA Psychiatry*. 2019;76(12):1223-1224.
14. Yan K, Balijepalli C, Druyts E. The impact of digital therapeutics on current health technology assessment frameworks. *Front Digit Health*. 2021;3:667016.
15. Krishnakumar A, Verma R, Chawla R, et al. Evaluating glycemic control in patients of South Asian origin with type 2 diabetes using a digital therapeutic platform: analysis of real-world data. *J Med Internet Res*. 2021;23(3):e17908.
16. Lee SE, Park S-K, Park Y-S, Kim K-A, Choi HS, Oh SW. Effects of short-term mobile application use on weight reduction for patients with type 2 diabetes. *JOMES*. 2021;30(4):345-353.
17. Ellahham S. Artificial intelligence: the future for diabetes care. *Am J Med*. 2020;133(8):895-900.

18. Block G, Azar KMJ, Romanelli RJ, et al. Diabetes prevention and weight loss with a fully automated behavioral intervention by email, web, and mobile phone: a randomized controlled trial among persons with prediabetes. *J Med Internet Res*. 2015;17(10):e240.
19. Whaley CM, Bollyky JB, Lu W, et al. Reduced medical spending associated with increased use of a remote diabetes management program and lower mean blood glucose values. *J Med Econ*. 2019;22(9):869-877.
20. Ramakrishnan P, Yan K, Balijepalli C, Druyts E. Changing face of healthcare: digital therapeutics in the management of diabetes. *Curr Med Res Opin*. 2021;37(12):2089-2091.
21. Wiecek E, Torres-Robles A, Cutler RL, Benrimoj SI, Garcia-Cardenas V. Impact of a multicomponent digital therapeutic mobile app on medication adherence in patients with chronic conditions: retrospective analysis. *J Med Internet Res*. 2020;22(8):e17834.
22. Lesser LI, Behal R. Change in glycemic control for patients enrolled in a membership-based primary care program: longitudinal observational study. *JMIR Diabetes*. 2021;6(2):e27453.
23. Goodman GR, Vaz C, Albrecht H, et al. Ingestible electronic sensors for monitoring real-time adherence to HIV pre-exposure prophylaxis and antiretroviral therapy. *Curr HIV/AIDS Rep*. 2022;19(5):433-445.
24. Bonacini M, Kim Y, Pitney C, McKoin L, Tran M, Landis C. 2220. Wirelessly observed therapy with a digital medicines program to optimize adherence and target interventions for oral hepatitis C treatment, open forum. *Infect Dis*. 2018;5(suppl_1):S656.
25. Metcalf CS, Huntsman M, Garcia G, et al. Music-enhanced analgesia and antiseizure activities in animal models of pain and epilepsy: toward preclinical studies supporting development of digital therapeutics and their combinations with pharmaceutical drugs. *Front Neurol*. 2019;10:1-16.
26. Sverdlöv O, van Dam J, Hannesdottir K, Thornton-Wells T. Digital therapeutics: an integral component of digital innovation in drug development. *Clin Pharmacol Ther*. 2018;104(1):72-80.
27. Chung J-Y. Digital therapeutics and clinical pharmacology. *Transl Clin Pharmacol*. 2019;27(1):6-11.
28. Rowland SP, Fitzgerald JE, Holme T, Powell J, McGregor A. What is the clinical value of mHealth for patients? *NPJ Digit Med*. 2020;3(1):4.
29. Li Y, Gong Y, Zheng B, et al. Effects on adherence to a mobile app-based self-management digital therapeutics among patients with coronary heart disease: pilot randomized controlled trial. *JMIR Mhealth Uhealth*. 2022;10(2):e32251.
30. Nelligan RK, Hinman RS, Kasza J, Crofts SJC, Bennell KL. Effects of a self-directed web-based strengthening exercise and physical activity program supported by automated text messages for people with knee osteoarthritis: a randomized clinical trial. *JAMA Intern Med*. 2021;181(6):776-785.
31. Khan K, Hollis C, Hall CL, et al. Fidelity of delivery and contextual factors influencing children's level of engagement: process evaluation of the online remote behavioral intervention for Tics trial. *J Med Internet Res*. 2021;23(6):e25470.
32. Gupta A, Scott K, Dukewich M. Innovative technology using virtual reality in the treatment of pain: does it reduce pain via distraction, or is there more to it? *Pain Med*. 2018;19(1):151-159.
33. Washington P, Park N, Srivastava P, et al. Data-driven diagnostics and the potential of mobile artificial intelligence for digital therapeutic phenotyping in computational psychiatry. *Biol Psychiatry Cogn Neurosci Neuroimaging*. 2020;5(8):759-769.
34. Kim M, Yang J, Ahn W-Y, Choi HJ. Machine learning analysis to identify digital behavioral phenotypes for engagement and health outcome efficacy of an mHealth intervention for obesity: randomized controlled trial. *J Med Internet Res*. 2021;23(6):e27218.
35. Bove RM, Rush G, Zhao C, et al. A videogame-based digital therapeutic to improve processing speed in people with multiple sclerosis: a feasibility study. *Neurol Ther*. 2019;8(1):135-145.
36. Harvey PD. Digital therapeutics to enhance cognition in major depression: how can we make the cognitive gains translate into functional improvements? *Am J Psychiatry*. 2022;179(7):445-447.
37. Roy A, Hoge EA, Abrante P, Druker S, Liu T, Brewer JA. Clinical efficacy and psychological mechanisms of an app-based digital therapeutic for generalized anxiety disorder: randomized controlled trial. *J Med Internet Res*. 2021;23(12):e26987.
38. Pedroso I, Kumbhare SV, Joshi B, et al. Mental health symptom reduction using digital therapeutics care informed by genomic SNPs and gut microbiome signatures. *J Pers Med*. 2022;12(8):1237.
39. Fezza GC, Sansone S, Nolan RP. Therapeutic components of digital counseling for chronic heart failure. *Front Psych*. 2022;13:1-8.
40. Thorgeirsson T, Torfadottir JE, Egilsson E, et al. Randomized trial for weight loss using a digital therapeutic application. *J Diabetes Sci Technol*. 2021;16(5):1150-1158.
41. Hunt M, Miguez S, Dukas B, Onwude O, White S. Efficacy of Zemedly, a mobile digital therapeutic for the self-management of irritable bowel syndrome: crossover randomized controlled trial. *JMIR Mhealth Uhealth*. 2021;9(5):e26152.
42. Deveau N, Washington P, Leblanc E, et al. Machine learning models using mobile game play accurately classify children with autism. *Intell Based Med*. 2022;6:100057.
43. Yazgan YZ, Tarakci E, Tarakci D, Ozdinciler AR, Kurtuncu M. Comparison of the effects of two different exergaming systems on balance, functionality, fatigue, and quality of life in people with multiple sclerosis: a randomized controlled trial. *Mult Scler Relat Disord*. 2020;39:101902.
44. Afra P, Bruggers CS, Sweney M, et al. Mobile Software as a Medical Device (SaMD) for the treatment of epilepsy: development of digital therapeutics comprising behavioral and music-based interventions for neurological disorders. *Front Hum Neurosci*. 2018;12:1-12.
45. FDA. De Novo Classification Request. Accessed March 31, 2023. <https://www.fda.gov/medical-devices/premarket-submissions-selecting-and-preparing-correct-submission/de-novo-classification-request>
46. FDA. Premarket Notification 510(k). Accessed March 31, 2023. <https://www.fda.gov/medical-devices/premarket-submissions-selecting-and-preparing-correct-submission/premarket-notification-510k>
47. FDA. Content of a 510(k). Accessed March 31, 2023. <https://www.fda.gov/medical-devices/premarket-notification-510k/content-510k>
48. Kaplan A, Mannarino AP, Nickell PV. Evaluating the impact of FreeSpira on panic disorder patients' health outcomes and healthcare costs within the Allegheny Health Network. *Appl Psychophysiol Biofeedback*. 2020;45(3):175-181.
49. Davies CD, McGrath PB, Hale LR, Weiner DN, Tolin DF. Mediators of change in capnometry guided respiratory intervention for panic disorder. *Appl Psychophysiol Biofeedback*. 2019;44(2):97-102.
50. Christensen H, Batterham PJ, Gosling JA, et al. Effectiveness of an online insomnia program (SHUTi) for prevention of depressive episodes (the GoodNight Study): a randomised controlled trial. *Lancet Psychiatry*. 2016;3(4):333-341.
51. Ritterband LM, Thorndike FP, Gonder-Frederick LA, et al. Efficacy of an internet-based behavioral intervention for adults with insomnia. *Arch Gen Psychiatry*. 2009;66(7):692-698.
52. Morin CM. Profile of Somryst prescription digital therapeutic for chronic insomnia: overview of safety and efficacy. *Expert Rev Med Devices*. 2020;17(12):1239-1248.
53. Davenport ND, Werner JK. A randomized sham-controlled clinical trial of a novel wearable intervention for trauma-related nightmares in military veterans. *J Clin Sleep Med*. 2023;19(2):361-369.
54. Kollins SH, DeLoss DJ, Cañadas E, et al. A novel digital intervention for actively reducing severity of paediatric ADHD (STARS-ADHD): a randomised controlled trial. *Lancet Digit Health*. 2020;2(4):e168-e178.

55. Kollins SH, Childress A, Heusser AC, Lutz J. Effectiveness of a digital therapeutic as adjunct to treatment with medication in pediatric ADHD. *NPJ Digit Med*. 2021;4(1):58.
56. Beevers CG, Pearson R, Hoffman JS, Foulser AA, Shumake J, Meyer B. Effectiveness of An Internet Intervention (Deprexis) for Depression in a United States Adult Sample: A Parallel-Group Pragmatic Randomized Controlled Trial. American Psychological Association; 2017:367-380.
57. Christensen DR, Landes RD, Jackson L, et al. Adding an Internet-delivered treatment to an efficacious treatment package for opioid dependence. *J Consult Clin Psychol*. 2014;82:964-972.
58. Velez FF, Colman S, Kauffman L, Ruetsch C, Anastassopoulos K. Real-world reduction in healthcare resource utilization following treatment of opioid use disorder with reSET-O, a novel prescription digital therapeutic. *Expert Rev Pharmacoecon Outcomes Res*. 2021; 21(1):69-76.
59. Zill JM, Christalle E, Meyer B, Härter M, Dirmmaier J. The effectiveness of an internet intervention aimed at reducing alcohol consumption in adults. *Dtsch Arztebl Int*. 2019;116(8):127-133.
60. Wiskerke E, Kool J, Hilfiker R, Sattelmayer KM, Verheyden G. Determining the optimal virtual reality exergame approach for balance therapy in persons with neurological disorders using a rasch analysis: longitudinal observational study. *JMIR Serious Games*. 2022;10(1): e30366.
61. Ailani J, Rabany L, Tamir S, Ironi A, Starling A. Real-world analysis of remote electrical neuromodulation (REN) for the acute treatment of migraine. *Front Pain Res*. 2022;2:1-7.
62. Grosberg B, Rabany L, Lin T, et al. Safety and efficacy of remote electrical neuromodulation for the acute treatment of chronic migraine: an open-label study. *Pain Rep*. 2021;6(4):e966.
63. Eiland L, McLarney M, Thangavelu T, Drincic A. App-based insulin calculators: current and future state. *Curr Diab Rep*. 2018;18(11):123.
64. Agarwal P, Mukerji G, Desveaux L, et al. Mobile app for improved self-management of type 2 diabetes: multicenter pragmatic randomized controlled trial. *JMIR Mhealth Uhealth*. 2019;7(1):e10321.
65. Weinstein MM, Pulliam SJ, Richter HE. Randomized trial comparing efficacy of pelvic floor muscle training with a digital therapeutic motion-based device to standard pelvic floor exercises for treatment of stress urinary incontinence (SUV trial): an all-virtual trial design. *Contemp Clin Trials*. 2021;105:106406.
66. Weinstein MM, Dunivan G, Guaderrama NM, Richter HE. Digital therapeutic device for urinary incontinence: a randomized controlled trial. *Obstet Gynecol*. 2022;139(4):606-615.
67. Garcia L, Birkhead B, Krishnamurthy P, et al. Durability of the Treatment Effects of an 8-Week Self-administered Home-Based Virtual Reality Program for Chronic Low Back Pain: 6-Month Follow-up Study of a Randomized Clinical Trial. *J Med Internet Res*. 2022;24(5): e37480.
68. Garcia LM, Birkhead BJ, Krishnamurthy P, et al. An 8-week self-administered at-home behavioral skills-based virtual reality program for chronic low back pain: double-blind, randomized, placebo-controlled trial conducted during COVID-19. *J Med Internet Res*. 2021;23(2):e26292.
69. Alshabani K, Attaway AA, Smith MJ, et al. Electronic inhaler monitoring and healthcare utilization in chronic obstructive pulmonary disease. *J Telemed Telecare*. 2019;26(7-8):495-503.
70. Merchant R, Szeffler SJ, Bender BG, et al. Impact of a digital health intervention on asthma resource utilization. *World Allergy Organ*. 2018;11:28.
71. Ponzo S, Morelli D, Kawadler J, Hemmings N, Bird G, Plans D. Efficacy of the digital therapeutic mobile app "BioBase" to reduce stress and improve mental wellbeing among university students: a randomized controlled trial. *JMIR Mhealth Uhealth*. 2020;8:e17767.
72. Iacoviello BM, Murrough JW, Hoch MM, et al. A randomized, controlled pilot trial of the emotional faces memory task: a digital therapeutic for depression. *NPJ Digit Med*. 2018;1(1):21.
73. Martin DM, Teng JZ, Lo TY, et al. Clinical pilot study of transcranial direct current stimulation combined with Cognitive Emotional Training for medication resistant depression. *J Affect Disord*. 2018;232: 89-95.
74. Smith A, Ayodele A, Jegathees S, et al. Feasibility and preliminary efficacy of iConquerFear: a self-guided digital intervention for fear of cancer recurrence. *J Cancer Surviv Forthcoming*. 2022;2:1-14.
75. Thorvardardottir GE, Gudmundsson H, Mészáros J, et al. 230P A digital therapeutic intervention for breast cancer patients during active treatment: a feasibility study. *Ann Oncol*. 2022;33:S230.
76. Zhang A, Weaver A, Walling E, et al. Evaluating an engaging and coach-assisted online cognitive behavioral therapy for depression among adolescent and young adult cancer survivors: a pilot feasibility trial. *J Psychosoc Oncol*. 2022;41(1):20-42.
77. Velez FF, Ruetsch C, Maricich Y. Evidence of long-term real-world reduction in healthcare resource utilization following treatment of opioid use disorder with reSET-O, a novel prescription digital therapeutic. *Expert Rev Pharmacoecon Outcomes Res*. 2021;21(4):519-520.
78. Xiong X, Braun S, Stitzer M, et al. Evaluation of real-world outcomes associated with use of a prescription digital therapeutic to treat substance use disorders. *Am J Addict*. 2023;32(1):24-31.
79. Joubert M, Benhamou P-Y, Schaepeynck P, et al. Remote monitoring of diabetes: a cloud-connected digital system for individuals with diabetes and their health care providers. *J Diabetes Sci Technol*. 2019;13(6):1161-1168.
80. Bergenstal RM, Johnson M, Passi R, et al. Automated insulin dosing guidance to optimise insulin management in patients with type 2 diabetes: a multicentre, randomised controlled trial. *Lancet*. 2019; 393(10176):1138-1148.
81. Rumi G, Canonica GW, Foster JM, et al. Digital coaching using smart inhaler technology to improve asthma management in patients with asthma in Italy: community-based study. *JMIR Mhealth Uhealth*. 2022;10(11):e25879.
82. Cantù F, Biagiotti B, Lisi I, et al. Psychotherapeutic and psychiatric intervention in patients with COVID-19 and their relatives: protocol for the DigiCOVID trial. *JMIR Res Protoc*. 2022;11(11):e39080.
83. Kario K, Nomura A, Harada N, et al. Efficacy of a digital therapeutics system in the management of essential hypertension: the HERB-DH1 pivotal trial. *Eur Heart J*. 2021;42(40):4111-4122.
84. Nashat H, Habibi H, Heng EL, et al. Patient monitoring and education over a tailored digital application platform for congenital heart disease: a feasibility pilot study. *Int J Cardiol*. 2022;362:68-73.
85. Maggio MG, Russo M, Cuzzola MF, et al. Virtual reality in multiple sclerosis rehabilitation: a review on cognitive and motor outcomes. *J Clin Neurosci*. 2019;65:106-111.
86. Triegaardt J, Han TS, Sada C, Sharma S, Sharma P. The role of virtual reality on outcomes in rehabilitation of Parkinson's disease: meta-analysis and systematic review in 1031 participants. *Neurol Sci*. 2020;41(3):529-536.
87. Biebl JT, Rykala M, Strobel M, et al. App-based feedback for rehabilitation exercise correction in patients with knee or hip osteoarthritis: prospective cohort study. *J Med Internet Res*. 2021;23(7):e26658.
88. Kristjánssdóttir ÓB, Fors EA, Eide E, et al. A smartphone-based intervention with diaries and therapist feedback to reduce catastrophizing and increase functioning in women with chronic widespread pain. Part 2: 11-month follow-up results of a randomized trial. *J Med Internet Res*. 2013;15(3):e72.
89. Boucher E, Honomichl R, Ward H, Powell T, Stoeckl SE, Parks A. The effects of a digital well-being intervention on older adults: retrospective analysis of real-world user data. *JMIR Aging*. 2022;5(3):e39851.
90. Badawy SM, Abebe KZ, Reichman CA, et al. Comparing the effectiveness of education versus digital cognitive behavioral therapy for adults with sickle cell disease: protocol for the Cognitive Behavioral Therapy and Real-time Pain Management Intervention for Sickle Cell via Mobile Applications (CaRISMA) study. *JMIR Res Protoc*. 2021; 10(5):e29014.

91. Goldsack JC, Dowling AV, Samuelson D, Patrick-Lake B, Clay I. Evaluation, acceptance, and qualification of digital measures: from proof of concept to endpoint, digital. *Biomarkers*. 2021;5(1):53-64.
92. Lutz J, Offidani E, Taraboanta L, Lakhani SE, Campellone TR. Appropriate controls for digital therapeutic clinical trials: a narrative review of control conditions in clinical trials of digital therapeutics (DTx) deploying psychosocial, cognitive, or behavioral content. *Front Digit Health*. 2022;4:823977.
93. FDA. FDA releases artificial intelligence/machine learning action plan, 2021, FDA. FDA.gov.
94. FDA. Good machine learning practice for medical device development: guiding principles. Accessed March 23, 2023. <https://www.fda.gov/medical-devices/software-medical-device-samd/good-machine-learning-practice-medical-device-development-guiding-principles>
95. Rowland SP, Fitzgerald JE, Lungren M, Lee E, Harned Z, McGregor AH. Digital health technology-specific risks for medical malpractice liability. *NPJ Digit Med*. 2022;5(1):157.
96. Dahlhausen F, Zinner M, Bieske L, Ehlers JP, Boehme P, Fehring L. There's an app for that, but nobody's using it: insights on improving patient access and adherence to digital therapeutics in Germany. *Digit Health*. 2022;8:20552076221104672.
97. Congress US. H.R.7051—Access to Prescription Digital Therapeutics Act of 2022. Library of Congress; 2022.
98. Cutler RL, Fernandez-Llimos F, Frommer M, Benrimoj C, Garcia-Cardenas V. Economic impact of medication non-adherence by disease groups: a systematic review. *BMJ Open*. 2018;8(1):e016982.
99. Wang W, Gellings Lowe N, Jalali A, Murphy SM. Economic modeling of reSET-O, a prescription digital therapeutic for patients with opioid use disorder. *J Med Econ*. 2021;24(1):61-68.
100. Nordyke RJ, Appelbaum K, Berman MA. Estimating the impact of novel digital therapeutics in type 2 diabetes and hypertension: health economic analysis. *J Med Internet Res*. 2019;21(10):e15814.
101. FDA. Content of Premarket Submissions for Management of Cybersecurity in Medical Devices. 2014 Accessed January 13, 2023. <https://www.fda.gov/regulatory-information/search-fda-guidance-documents/content-premarket-submissions-management-cybersecurity-medical-devices>
102. Stern AD, Gordon WJ, Landman AB, Kramer DB. Cybersecurity features of digital medical devices: an analysis of FDA product summaries. *BMJ Open*. 2019;9(6):e025374.
103. WorldBank. Physicians (per 1,000 people), World Bank Publications, 2020. Worldbank.org.
104. Kamalakannan S, Karunakaran V, Kaliappan AB, Nagarajan R. Systematic development of the ReWin application: a digital therapeutic rehabilitation innovation for people with stroke-related disabilities in India. *JMIR Rehabil Assist Technol*. 2022;9(4):e40374.
105. JuniperResearch. *Digital Therapeutics & Wellness: Market Forecasts, Key Trends & Business Models 2022–2026*. Juniper Research Ltd; 2022 Juniperresearch.com.

SUPPORTING INFORMATION

Additional supporting information can be found online in the Supporting Information section at the end of this article.

How to cite this article: Phan P, Mitragotri S, Zhao Z. Digital therapeutics in the clinic. *Bioeng Transl Med*. 2023;8(4): e10536. doi:[10.1002/btm2.10536](https://doi.org/10.1002/btm2.10536)