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ReachMD
www.reachmd.com
info@reachmd.com
(866) 423-7849

Digital CBT and Pulmonary Fibrosis: Addressing Anxiety and Quality of Life

Mr. Quigley:
Welcome to *Clinician's Roundtable* on ReachMD. I'm Ryan Quigley, and joining me to discuss how Almee, a digital psychological therapy, may improve quality of life in pulmonary fibrosis patients are Drs. Jessica Shull and Joshua Solomon, who presented at the 2025 American Thoracic Society International Conference. Dr. Shull is the Director of Digital Health and a Clinical Science Liaison at Vicore Pharma. Dr. Shull, thanks for being here.

Dr. Shull:
Thanks for having me.

Mr. Quigley:
And Dr. Solomon is a Professor of Medicine in Pulmonary Care at National Jewish Health and Director of the Interstitial Lung Disease Program. Dr. Solomon, it's great to have you joining us as well.

Dr. Solomon:
Thanks for having me.

Mr. Quigley:
So starting with you, Dr. Shull, what inspired the development of Almee specifically for pulmonary fibrosis patients?

Dr. Shull:
So we know that IPF is a devastating disease, and I work for a company that develops medicines to try to better the physical side of this disease and the lung function and so forth, but we know that people really suffer. They're not expecting this disease because there isn't a certain reason that you have it, and so we wanted to do something in a different way. We're a small company but quite ambitious, and so we thought, okay, let's try to treat the whole patient, and we held numerous seminars and interviews with patient groups to try to figure out what people actually wanted and what they may be missing in their treatment. And this just seems something that would help very much on the emotional side. And we know from doing interviews and talking with people throughout the process that if they feel better and supported and they have someone they can go to and ask questions, essentially, they do better, even physically. So this disease—Dr. Solomon can say better than I what it does to people. You sometimes can't even go to the grocery store. Your life changes drastically, and so having support means a lot to people.

Dr. Solomon:
I'll chime in from the clinical side. This is very common in patients. Very common and unaddressed. They've looked at numbers of depression and anxiety—it can range up to 50 percent. And as clinicians, we have very little time with patients. We're not that good at addressing it. I'll be honest. And it's critically important, as Dr. Shull just pointed out. So addressing this component of care which has been neglected is critically important, and I think there's a lot of work to be done. This is a great first step, and I'm sure patients would agree that they want this addressed.

Mr. Quigley:
Now, Dr. Solomon, why was cognitive behavioral therapy selected as the core framework for Almee?

Dr. Solomon:
Since we chose anxiety to address, cognitive behavioral therapy is the treatment of choice. So for generalized anxiety disorder, it's

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cognitive behavioral therapy, in person or in group. It's actually more effective than meds or pharmacotherapy. And when you look at CBT in anxiety, they have large effect sizes, so it has a big effect. But it's difficult to do this in person. This is a six- to eight-week course. You have to be in person. There's difficulties with traveling. There's a shortage of providers. It's costly, and there's a stigma associated with it, and there's a dropout rate. It can be high, especially in vulnerable populations. So cognitive behavioral therapy is the treatment of choice for anxiety, but in person is just really challenging.

It's a great idea to try to do it digitally, and people can do this in the comfort of their home; they could do it at their own pace. It's obviously low cost and accessible, and these days, low cost and accessible are great words to be associated with a treatment. And so having it done on a smartphone is the way we chose to do it, and this is not the first time it's been done. It's been looked at in anxiety and other conditions, so there are a lot of studies looking at digital cognitive therapy and anxiety that found that it's effective. It's more effective than no treatment. It's still probably better in person, but again, that's really challenging, and this is a way to get this care out to people.

So a long answer to your question, but we chose cognitive behavioral therapy because it's the treatment for anxiety, and what a great way to do it if we can do it digitally and at their home and at their pace.

Dr. Shull:
And I'll just add to that to say a lot of people don't really understand what anxiety is, so we had to even do seminars on that. And so, obviously, if you're suddenly diagnosed with a rather devastating disease, people go through a shock, and then a denial, and a grief, and a panic—all kinds of things that are related to what anxiety is. And so all in all, we've seen all kinds of impacts—not just anxiety, but also quality of life. It's a continuum, and there are more things we can do, which we'll discuss later.

Dr. Solomon:
To echo that, there are measures of health-related quality of life, and this has been getting a lot more attention these days, especially as endpoints in clinical trials, which is fantastic. It is clear that anxiety and depression—this has been shown in studies—has a negative impact on a patient's health-related quality of life in interstitial lung disease. And so it is one component of that, but if we can have an impact on health-related quality of life, which is critically important and what patients will tell you is more important than their FVC, which is what we measure all the time, then that's a great thing. So this will improve quality of life overall. I'm sure of that.

Mr. Quigley:
Now, turning to you, Dr. Shull, how might Almee complement or enhance adherence to antifibrotic therapies in clinical practice?

Dr. Shull:
We see with current therapies that there may be significant side effects and that so far, patients aren't getting better, so their progression of disease may be slowed and it helps, but they still see decline. And so what we're hoping is that any treatment they have, this can be something that makes them feel better on the behavioral and emotional side of things, and so that could be treatment for them by themselves. But we also like to think of this as support for a caregiver. It's a heavy burden to take care of someone who has this disease as well.

Dr. Solomon:
We have two FDA-approved drugs, currently. I think more are coming. But they don't make you feel better, and that's what I tell my patients. Matter of fact, they worsen your quality of life. They have side effects. They don't make you feel better. We don't have anything that improves that, so this is a nice complement to that. When you're providing a medication that worsens quality of life, if you can have something to at least treat this component and help, that would be great. Adherence to these drugs is not great because of the side effects. We want our patients to be on these drugs. These drugs slow down progression, and so if we can show that this actually helps adherence to that, that's a big win for us.

Dr. Shull:
And so far there's no solid data that this product would help patients adhere, but we'd like to look at that. And there's evidence that other products have done this, and so there's something to be said for patient support programs, for instance. Just that keeps people on treatment longer, and so we're hoping that we can have that kind of impact.

Mr. Quigley:
For those just tuning in, you're listening to *Clinician's Roundtable* on ReachMD. I'm Ryan Quigley, and I'm speaking with Dr. Jessica Shull and Dr. Joshua Solomon about a digital psychological therapy with the potential to improve quality of life in pulmonary fibrosis patients.

Now, we just spoke a bit earlier about the inspiration behind this technology, but let's shift gears to future impact. So, Dr. Solomon, what

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is your vision for integrating Almee into standard care pathways?

Dr. Solomon:
This is difficult to integrate with any changes in standard of care, especially with the changes in healthcare. So my vision would be—and this has been my vision for some time—that when patients come see me, we measure a bunch of vital signs. We measure your heart rate. We measure your blood pressure. And those are important, but we don't measure what I think is a critically important vital sign, which is how are they doing that day; how's their mental state; how's their health-related quality of life; how's their anxiety doing? And so I would love those to be considered vital signs. And in a perfect world, when patients come in, we could use a questionnaire to figure out where their anxiety is at. The Generalized Anxiety Disorder 7-item takes a few minutes. It is really quick.

And so we could say, hey, if we detect that there's anxiety, and that's a better way than me just asking, then we could offer patients this treatment and tell them that we can see an improvement in their anxiety over time. And obviously, this would be incorporated with other treatments, but wouldn't it be great if that was something we were able to address day one when we meet a patient? Because the anxiety doesn't get better over time. This is still a progressive disease, and so I would love this to be incorporated and again, get these measures up front of what my patient's anxiety is or what their quality of life is that day. So that's how I envision it being incorporated.

Mr. Quigley:
And, Dr. Shull, to expand a little bit more on that, how do you envision Almee evolving over the next few years in terms of features and clinical applications?

Dr. Shull:
So we would like to add more personalized features. There are so many things you can do now, like adding air quality info based on where that person is specifically and geolocating. You can address specific adverse event concerns—specifically if it's GI or skin related, whatever it is—and that can be discussed in real time with the patient. And we can look at specific and accurate symptom tracking to help out because everyone reacts differently. Not everyone needs the same dose of medicines. There are so many things we can be really specific about. Also, we could add a pulmonary rehab component, which is fascinating to me because that is shown to work in separate kinds of digital therapy environments, and that would be amazing to do for IPF patients. There's also making it an audio AI conversant and doing it in several languages. There's so many ideas that we have just ready to go.

Dr. Solomon:
You can educate patients with this. That part excites me. We are developing a curriculum with which to educate patients about their disease, especially as the disease progresses. And with this app, you can have educational modules, so you can provide them with useful information to empower them to have more knowledge about their disease. And so in addition to all the great effects you can have on anxiety over time, there's a lot of other things you can do, like measuring your effects along the way with measuring quality of life. So there's a lot that can be done in addition. So I would envision this in a clinical setting to also allow me to reach out directly to that patient and say, "Look, there is some new information here. Here it is distilled down for you so you stay up-to-date with your disease." So I think that would be a great use for this moving forward also.

Mr. Quigley:
I want to thank my guests, Dr. Jessica Shull and Dr. Joshua Solomon, for joining me to discuss the new technology aimed at improving the lives of patients with pulmonary fibrosis. Dr. Shull, it was great having you on the program.

Dr. Shull:
My pleasure. Thank you.

Mr. Quigley:
And, Dr. Solomon, thank you so much for being here as well.

Dr. Solomon:
Thanks for having me.

Mr. Quigley:
For ReachMD, I'm Ryan Quigley. To access this and other episodes in our series, visit *Clinician's Roundtable* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening.

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