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Not All Therapy Needs to Be Swallowed or Injected: The Future of Digital Therapeutics to Alleviate the Negative Symptoms of Schizophrenia

Announcer:
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Dr. Strassnig:
This is CME on ReachMD, and I'm Dr. Martin Strassnig. Here with me today is Dr. Philip Harvey.

We're going to be talking about an interesting topic, really, the future of digital therapeutics beyond cognitive remediation. Are there other treatment targets besides cognition?

Dr. Harvey:
Yeah, there have been digital interventions targeting schizophrenia before, but commonly they were simply supportive of things like adherence or making it to your appointments and things like that. They were not really aimed at a therapeutic intervention. And as we said before, computerized cognitive training is accessible and efficacious, but it targets cognition. And one of the things that people have been interested in doing, given the nature of negative symptoms and the fact that they involve reduced pleasure sensitivity, reduced motivation, the idea of using a digital therapeutic to promote activities that you could call, for example, positive everyday activities, social interactions, engaging in other kinds of planning and motivated acts. And the digital therapeutic is appealing for a couple reasons. One reason is it's very challenging and very expensive to get enough contact with someone with schizophrenia to give them daily interventions targeting their negative symptoms. So a digital intervention seems to make the most sense because it is something that can be carried with you. It can be dosed in line with what your needs are. It can also keep track, very reliably, of treatment gains and lead to progress that way. The digital therapeutic is going to be more reliable than a human trainer, identifying improvement in critical areas.

So one of the things that is being targeted in current digital therapeutics is to develop treatments that are aimed at several of the different features of negative symptoms, focusing on getting people to engage in positive activities to get them to reinterpret features of their illness, and to get them to become more motivated to engage in positive social activities. So the digital therapeutic has the advantages of cost and accessibility. It's no longer the case that people with schizophrenia don't have smartphones or other digital devices; it's actually extraordinarily common. But it's important to keep in mind that this is actually a targeted therapeutic that's being compared in clinical trials to therapeutics that have narrower goals. So we're going to be able to see whether or not this therapeutic has impact on negative symptoms, and if so, which elements? Because after all, negative symptoms are quite heterogeneous, and it could very well be that you improve some aspects of negative symptoms, leading to better outcomes, and don't improve other ones. For instance, it's probably going to be harder to improve blunted affect than it is social anhedonia if you can get people to go out and engage in positive activities.

So it's a very exciting prospect. It's something that has a wide reach because it's not expensive per unit volume, and it's accessible because people with schizophrenia worldwide have smart devices.

Dr. Strassnig:
Are we looking at wearables or smartphones basically acting as a health coach?

Dr. Harvey:
Yeah, this is a smart device-delivered coaching system. Now this one is not necessarily integrated with wearables, but it could be. You could integrate it with wearables. But it's basically a coaching system contained in a wearable device with a structured treatment algorithm.

Dr. Strassnig:
And that goes beyond cognitive remediation and addressing negative symptoms, as I understand, right?

Dr. Harvey:
Yes, in fact, it may turn out that cognitive remediation is something that will enhance the effects of this digital therapeutic. But this therapeutic is aimed at negative symptoms and social outcomes and the kind of things that mark this sort of avolition syndrome that we see in far too many of our patients.

Dr. Strassnig:
Well, thanks, Phil. I think it was great. But with that, our time is already up. We hope you found our perspectives useful and thank you for listening.

Announcer:
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