

Digital Therapeutics in Migraine Management: A Novel Treatment Option in the COVID-19 Era

Xingchen Chen¹, Yujia Luo^{2,3} 

¹Tianjin Baodi Hospital, Baodi Clinical College of Tianjin Medical University, Tianjin, 301800, People's Republic of China; ²Department of Pain Medicine, the First Affiliated Hospital, School of Medicine, Zhejiang University, Hangzhou, 310003, People's Republic of China; ³Brain and Mind Centre, Faculty of Medicine and Health, the University of Sydney, Sydney, NSW, 2006, Australia

Correspondence: Yujia Luo, Email yluo0725@uni.sydney.edu.au

Abstract: Migraine is a chronic and often lifelong disease that directly affects over one billion people globally. Because access to migraine medical services is limited, only a minority of migraine patients are treated adequately. This situation worsened during the COVID-19 pandemic. Digital therapeutics (DTx) is an emerging therapeutic approach that opens up many new possibilities for remote migraine management. For instance, migraine management tools, online migraine diagnosis, guideline-based treatment options, digitally networked patients, and collecting anonymized information about migraine attacks and course parameters for scientific evaluation. Various applications of DTx in migraine management have been studied in recent years, such as the usefulness of digital migraine self-management tools in diagnosing and tracking migraine attacks, and the efficacy and safety of digital cognitive behavioural therapy. However, the development of DTx is still in its infancy and still faces many obstacles. The primary goal of this study is to review the latest research on DTx in migraine management, identify challenges, and outline future trends.

Keywords: migraine, digital therapeutics, COVID-19, innovative approaches, healthcare delivery

Introduction

According to the World Health Organization (WHO), migraine is the second most disabling condition in adults in disability-adjusted life years.¹ Migraine is a chronic and often lifelong disease that directly affects over one billion people globally, is a major global health challenge, and is the most common cause of disability in adults under the age of 50.^{2,3} Migraine treatment drugs are generally divided into drugs specifically for the treatment of acute migraine (including 5-HT receptor agonists and anti-CGRP drugs) and general analgesics (such as NSAIDs). It is worth noting that drugs targeting CGRP and 5-HT_{1F} receptor have been recently approved, indicating that drug development for new drug targets is still underway.⁴ Despite advances in migraine treatment, only a minority of these patients are adequately treated. It is estimated that 10–20% of patients with a diagnosis receive adequate treatment.^{3,5} This situation worsened during the COVID-19 pandemic.^{6–9}

Digital therapeutics (DTx) is an emerging concept for therapeutic approaches in healthcare system.^{10,11} This subdivision of digital health defines a healthcare system driven by the use of any form of digital technology to enhance the efficacy of healthcare delivery.¹² DTx is applied in the clinical field to aid diagnosis, clinical decision-making, treatment, and long-term management guidance,¹² which opens up many new possibilities for managing migraines remotely.¹³ For instance, migraine management tools, online migraine diagnosis, guideline-based treatment options, digitally networked patients, and collecting anonymized information about migraine attacks and course parameters for scientific evaluation (Figure 1). DTx can complement and support in-person diagnosis and treatment and ideally enable a direct link between practitioners and patients to soften the strict boundaries of outpatient clinics and patients in their day-to-day care,^{14,15} and meanwhile reduce the economic burden of repeated outpatient visits in migraine patients.¹⁶ In the era of COVID-19, headache management clinicians are trying to reduce face-to-face visits for migraine patients. This not only protects patients from the risk of exposure to COVID-19, but also avoids infection of medical staff and

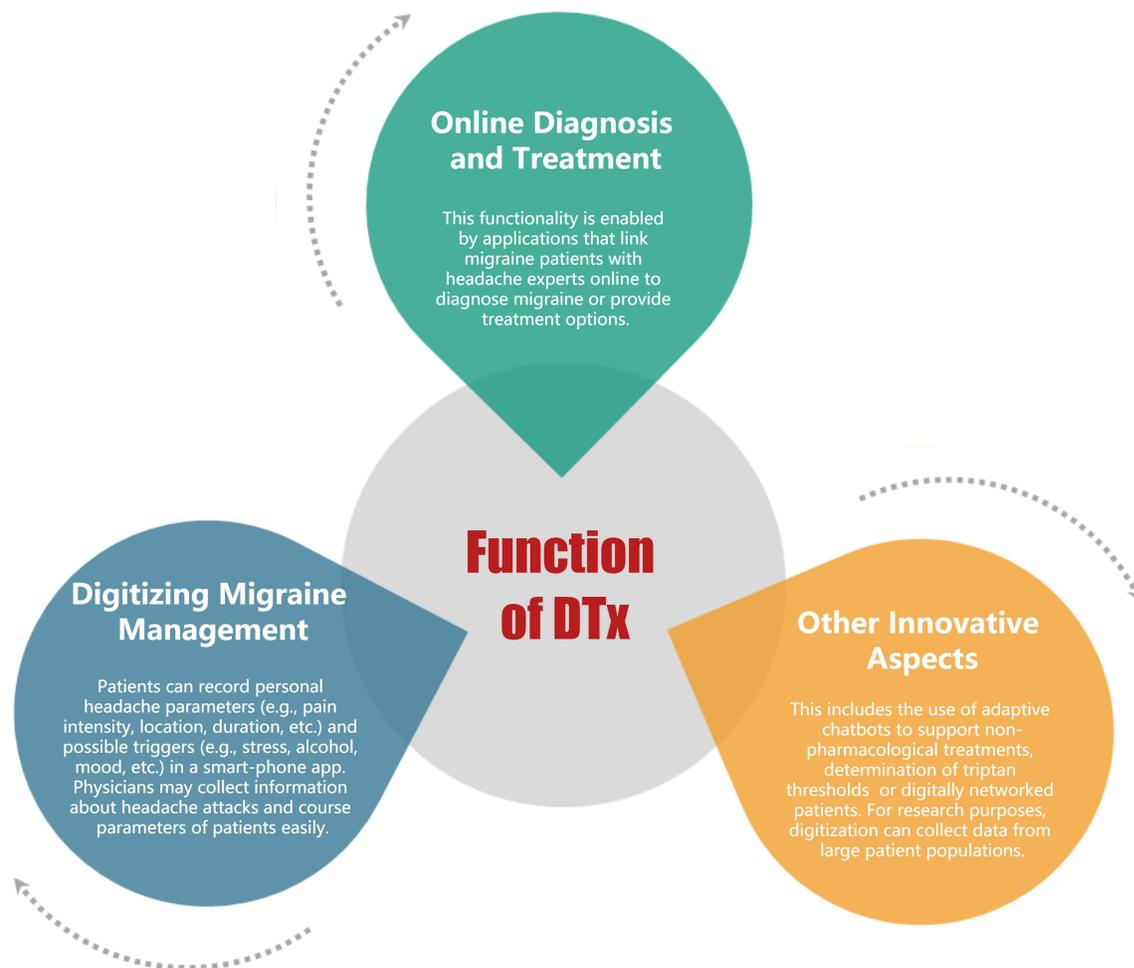


Figure 1 Functions of DTx in migraine management.

minimizes the additional demand for hospital infrastructure that is already over-saturated.¹⁷ DTx has been helpful in the COVID-19 era in the daily management of migraine as it breaks down physical barriers between patients and headache experts. In this paper, we reviewed the latest research on DTx in migraine management, identified challenges, and outlined future trends. The primary goal of this mini-review is to and draw the attention of the academic community to DTx in migraine management.

DTx in Migraine Management

The use of computing power and the connectivity capabilities of smartphones, such as specific mobile applications, personalized patient education, digital cognitive behavioral therapy (dcBT), and virtual health coaches, are important features of digital therapeutics.^{18,19} Various applications of DTx in migraine management have been studied in recent years, including the usefulness of digital diaries and other digital migraine self-management tools in diagnosing and tracking migraine attacks, the efficacy and safety of digital cognitive behavioral therapy, and the usefulness of Internet/smartphone app-based surveys.^{20,21}

Digitizing Migraine Management Tools

Digitizing migraine management tools, particularly headache diaries, still predominate research on DTx in migraine management. Patients are allowed to enter personal headache parameters (eg, intensity, nature, pain location, and duration) and possible triggers (eg, stress, alcohol, and mood) in a digitizing paper-like form.^{22,23} A retrospective study found that the majority of patients wanted to use a smartphone diary app to assess what triggers versus relieves

Table 1 Main Clinical Trials, Meta-Analyses and Survey of DTx in Management Management

Author	Year	Design	Tool	Sample	Outcome
Schröder et al	2022	Retrospective cohort study	Digital health app	84	An individualized low-glycemic diet intervention combined with continuous online glucose measurements could be a promising approach for migraine prophylaxis. ⁴⁰
Lelleck et al	2022	Prospective observational study	sinCepalea	49	sinCepalea (a non-pharmacological digital migraine prophylaxis) induced therapeutic effects within the range of pharmacological interventions. ³⁹
Buse et al	2022	Two-arm observational study	GIER & REN	170	Combining guided intervention of education and relaxation with remote electrical neuromodulation (REN) treatment can improve therapeutic efficacy beyond that of REN alone. ²⁹
Ailani et al	2022	Real-World Analysis	REN	12,368	The real-world clinical data indicates that remote electrical neuromodulation (REN) provides an efficacious, stable, and safe treatment option for acute migraine, both as a standalone replacement of pharmaceuticals, as well as an adjunct to medications. ³⁰
van de Graaf et al	2021	Meta-analysis	Digital diaries, digital behavioral therapy, etc.	94,127	Many digital health tools for migraine patients regarding diaries have been described in the literature, their effectiveness has not been included in most studies. ²⁵
van Casteren et al	2021	Prospective observational study	E-diary	484	The E-diary, including algorithms differentiating headache and migraine days, was useful in diagnosing migraine. ²⁶
Minen et al	2021	Survey	Telehealth	225	Migraine patients were comfortable treating migraine patients via telehealth. ⁴³
Minen et al	2021	Single-arm prospective study	App-based PMR	51	Smartphone-based PMR introduced to patients who present to the emergency department for migraine is feasible and acceptable. ³⁸
Kuruvilla et al	2021	Survey	Social media survey	372	This study suggests the need for better education on the role of, and evidence for, complementary and integrative medicine (CIM) among headache care providers. ²⁸
Minen et al	2020	Retrospective study	mHealth app	288	The majority of patients wanted to use a smartphone diary app to assess what triggers versus relieves migraine. ²⁴
Hommel et al	2020	Single-arm observational study	Self-management digital therapeutic tool	36	Migraine Manager demonstrated the feasibility and preliminary efficacy of digital self-management tools for adolescents with migraine. ²³
Crawford et al	2020	Randomized control trial	dCBT-I	42	Digital cognitive behavioral therapy (dCBT) is effective in improving insomnia in patients with chronic migraine, and the study further suggested that dCBT is feasible and acceptable in migraine patients. ³⁶
Minen et al	2019	Single-arm pilot study	App-based PMR	51	The smartphone-based PMR intervention was associated with reduction in headache days. ³⁷
Friedman et al	2019	Randomized control trial	Synchronous video-based telemedicine	45	Telemedicine is a feasible mode of treatment and an effective alternative to in-office visits for follow-up migraine care. ⁴²
Drescher et al	2019	Web-based questionnaire	Web & smartphone app - Migraine Radar	1085	Saturday seemed to be the predominant day for migraine attacks for a greater proportion of participants (195 of 1085). ⁴¹
Dodick et al	2018	Modified Delphi study	Patient-facing smartphone-based migraine tracker	-	A digitizing system that captures critical data about migraine attacks and collects feedback from patients may offer benefits to both patients with migraine and clinical practitioners by facilitating more objective communication and optimizing management. ⁴⁴

migraine.²⁴ Although many digital health tools regarding diaries for migraine patients have been described in the literature, their effectiveness has not been included in most studies²⁵ (Table 1).

In addition to the simple diary with migraine tracking function, some management tools for diagnosing and managing migraines have been developed and researched in recent years. A single-arm observational study demonstrated the feasibility and preliminary efficacy of digital self-management tools for adolescents with migraine.²³ Furthermore, a prospective observational study revealed that the E-diary, including algorithms differentiating headache and migraine days, was useful in diagnosing migraine²⁶ (Table 1).

Digitizing Patients Education and Wearable Devices

To understand migraine attacks, patients must learn to distinguish between the cause of migraine, a special readiness of the brain to react, and the triggers of headache attack.²⁷ Complementary education via the Internet/smartphone app softens the strict boundaries of migraine patients' learning about migraine. A web-based survey suggested the need for better education on the role of complementary and integrative medicine (CIM) among headache care providers.²⁸ Furthermore, a recent two-arm observational study revealed that combining the guided intervention of education and relaxation with remote electrical neuromodulation (REN) treatment can improve therapeutic efficacy beyond that of REN alone.²⁹ The real-world clinical data indicates that remote electrical neuromodulation (REN) provides an efficacious,

stable, and safe treatment option for acute migraine, both as a standalone replacement of pharmaceuticals, as well as an adjunct to medications³⁰ (Table 1).

Digitizing Non-Pharmaceutical Migraine Prophylaxis

Cognitive behavioral therapy (CBT) and biofeedback are recommended for the preventive treatment of migraine.^{31,32} The aim of CBT is to reduce its frequency and intensity.²⁷ To achieve this goal, the general relationship between patients and clinical practitioners must be changed fundamentally.²⁷ Digitally delivered behavioral treatments for headaches are a potential solution for barriers to access.³³ Evidence-based studies on the effectiveness of digitized CBT (dCBT) using high-quality software and focusing on treatment have been investigated.^{34,35} A recent randomized control trial reported that dCBT is effective in improving insomnia in patients with chronic migraine, and the study further suggested that dCBT is feasible and acceptable in migraine patients.³⁶ Moreover, progressive muscle relaxation (PMR) is an under-utilized Level A evidence-based treatment for migraine prevention.³⁷ A single-arm pilot study revealed that the smartphone-based PMR intervention was associated with reduction in headache days.³⁷ In the following study, the team further proved that the app-based PMR is effective and feasible in emergency settings.³⁸ In addition, a prospective observational study revealed that a non-pharmacological digital migraine prophylaxis tool, sinCephelea, induced therapeutic effects within a range of pharmacological interventions.³⁹ In addition to dCBT, a retrospective cohort study suggested that an individualized low-glycemic diet intervention combined with continuous online glucose measurement could be a promising approach for migraine prophylaxis⁴⁰ (Table 1).

Internet/Smartphone App-Based Questionnaire and Survey

Digitization not only provides online tools for migraine patients, but can also go beyond this, opening up new possibilities through the advantages of the Internet to collect anonymized data from large patient populations about migraine attacks and course parameters for research purpose.⁴¹ Some researchers have successfully obtained migraine patient information using this method. Drescher et al conducted a web-based questionnaire to study individual migraine attack patterns, and the study revealed that Saturday seemed to be the predominant day for migraine attacks in a greater proportion of participants.⁴¹ In addition, a randomized control trial was conducted using synchronous video-based telemedicine.⁴² Friedman et al suggested that telemedicine is a feasible mode of treatment and effective alternative to in-office visits for follow-up migraine care.⁴² Furthermore, another survey conducted through telehealth noted that patients were comfortable treating migraine patients via telehealth⁴³ (Table 1). In addition to the research purpose, it was also suggested that a digitizing system that captures critical data on migraine attacks and collects feedback from patients may offer benefits to both patients with migraine and clinical practitioners by facilitating more objective communication and optimizing management.⁴⁴

Current Challenges and Perspectives of DTx in Migraine Management

Medical regulators have generally adopted a cautious and strict attitude towards DTx, requiring digital health companies to provide reliable evidence such as randomized controlled trial results to ensure the safety and efficacy of DTx.⁴⁵ Meanwhile, DTx is a field in rapid development but still in its infancy, and DTx interventions (eg, applications, wearable devices, etc.) are rapidly developed and updated. Consequently, the literature published over the past five years is considered to be more representative. Peer-reviewed journal publications published between January 1, 2018, and July 31, 2022, were collected from various databases, including PubMed, Embase, and Google Scholar. The search was conducted using keywords, such as digital therapy, smartphone-based apps, telemedicine, digital diaries, and migraine. No language restrictions were applied. A total of 25 papers discussing DTx in migraine management over the past five years were identified. The number of publications is plotted by year (Figure 2). Notably, an initial upward trend in publications on DTx in migraine management has been observed over the past five years (Figure 2).

In addition, the current development of DTx still faces the following obstacles. (1) There is currently no consensus definition of DTx. Clinical studies of DTx lack standardized interventions, resulting in heterogeneity among the studies. (2) Similar to traditional treatments, DTx has not fundamentally addressed the problem of low patient compliance with migraine management. (3) Although the digital networking of patients information can facilitate access to research data,

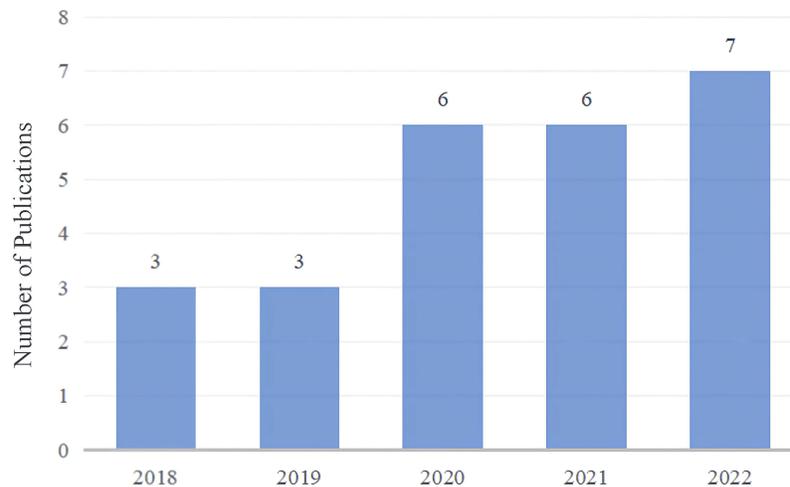


Figure 2 Number of publications in the field of digital therapy in migraine management over the last five years. “2022” only covers the first seven months of 2022.

it also generates a large amount of redundant medical data, and the interpretation and screening of these data brings a heavy workload to doctors.

As an emerging treatment method, DTx provides a novel treatment option for long-term migraine management and has the potential to significantly impact global healthcare services and the pharmaceutical markets.^{10,46,47} With the growing interest in DTx from medical societies, its potential is expected to be revealed in the near future.

Conclusions

DTx has been used in many aspects of migraine management and ideally enables a direct link between practitioners and patients to soften the strict boundaries between outpatient clinics and patients in their day-to-day care. Clinical research on DTx is an emerging field, and the number of publications on the topic of “DTx in migraine management” has revealed an initial upward trend. Most studies support the feasibility or effectiveness of DTx in tracking and recording migraine attacks, self-diagnosis, treatment, and long-term management guidance. However, further large-sample studies are needed to confirm the effectiveness of DTx in migraine management.

Acknowledgments

This work was not supported by any funding source.

Author Contributions

All authors made a significant contribution to the work reported, whether that is in the conception, execution, acquisition of data, analysis and interpretation, or in all these areas; took part in drafting, revising or critically reviewing the article; gave final approval of the version to be published; have agreed on the journal to which the article has been submitted; and agree to be accountable for all aspects of the work.

Disclosure

The authors have no conflicts of interest to declare for this work.

References

1. Steiner TJ, Stovner LJ, Jensen R., et al. Migraine remains second among the world’s causes of disability, and first among young women: findings from GBD2019. *J Headache Pain.* 2020;21(1):137. doi:10.1186/s10194-020-01208-0
2. Silberstein SD. Migraine. *Lancet.* 2004;363:381–391. doi:10.1016/S0140-6736(04)15440-8
3. Steiner TJ, Stovner LJ, Vos T, et al. Migraine is first cause of disability in under 50s: will health politicians now take notice? *J Headache Pain.* 2018;19(1):17. doi:10.1186/s10194-018-0846-2

4. Zobdeh F, Ben Kraiem A, Attwood MM, et al. Pharmacological treatment of migraine: drug classes, mechanisms of action, clinical trials and new treatments. *Br J Pharmacol*. 2021;178:4588–4607. doi:10.1111/bph.15657
5. Yao C, Wang Y, Wang L, et al. Burden of headache disorders in China, 1990-2017: findings from the Global Burden of Disease Study 2017. *J Headache Pain*. 2019;20:102. doi:10.1186/s10194-019-1048-2
6. Bobker SM, Robbins MS. COVID-19 and Headache: a Primer for Trainees. *Headache*. 2020;60:1806–1811. doi:10.1111/head.13884
7. Tomkins E, Craven A, Ruttledge M. Migraine and Headache Care in the Republic of Ireland: history and a Vision for the Future Influenced by the COVID-19 Pandemic. *Headache*. 2020;60:2665–2668. doi:10.1111/head.13985
8. Landis BC, Brooks AE, Digre KB, et al. Coronavirus Disease 2019, Eye Pain, Headache, and Beyond. *J Neuroophthalmol*. 2022;42(1):18–25. doi:10.1097/WNO.0000000000001526
9. Straburzyński M, Nowaczewska M, Budrewicz S, et al. COVID-19-related headache and sinonasal inflammation: a longitudinal study analysing the role of acute rhinosinusitis and ICHD-3 classification difficulties in SARS-CoV-2 infection. *Cephalalgia*. 2022;42(3):218–228. doi:10.1177/03331024211040753
10. Dang A, Arora D, Rane P. Role of digital therapeutics and the changing future of healthcare. *J Family Med Prim Care*. 2020;9:2207–2213. doi:10.4103/jfmprc.jfmprc_105_20
11. Hong JS, Wasden C, Han DH. Introduction of digital therapeutics. *Comput Methods Programs Biomed*. 2021;209:106319. doi:10.1016/j.cmpb.2021.106319
12. Fairburn CG, Patel V. The impact of digital technology on psychological treatments and their dissemination. *Behav Res Ther*. 2017;88:19–25. doi:10.1016/j.brat.2016.08.012
13. Minen MT, Morio K, Schaubhut KB, et al. Focus group findings on the migraine patient experience during research studies and ideas for future investigations. *Cephalalgia*. 2020;40(7):712–734. doi:10.1177/0333102419888230
14. Kretzschmar K, Tyroll H, Pavarini G, et al. Can Your Phone Be Your Therapist? Young People's Ethical Perspectives on the Use of Fully Automated Conversational Agents (Chatbots) in Mental Health Support. *Biomed Inform Insights*. 2019;11:1178222619829083. doi:10.1177/1178222619829083
15. Fitzpatrick KK, Darcy A, Vierhile M. Delivering Cognitive Behavior Therapy to Young Adults With Symptoms of Depression and Anxiety Using a Fully Automated Conversational Agent (Woebot): a Randomized Controlled Trial. *JMIR Ment Health*. 2017;4:e19. doi:10.2196/mental.7785
16. Agosti R. Migraine Burden of Disease: from the Patient's Experience to a Socio-Economic View. *Headache*. 2018;58(Suppl 1):17–32. doi:10.1111/head.13301
17. Szperka CL, Ailani J, Barmherzig R, et al. Migraine Care in the Era of COVID-19: clinical Pearls and Plea to Insurers. *Headache*. 2020;60:833–842. doi:10.1111/head.13810
18. Panayi ND, Mars MM, Burd R. The promise of digital (mobile) health in cancer prevention and treatment. *Future Oncol*. 2013;9:613–617. doi:10.2217/fon.13.42
19. Heeren A. Commentary: the Impact of Digital Technology on Psychological Treatments and Their Dissemination. *Front Psychol*. 2018;9:1571. doi:10.3389/fpsyg.2018.01571
20. Minen MT, Torous J, Raynowska J, et al. Electronic behavioral interventions for headache: a systematic review. *J Headache Pain*. 2016;17:51. doi:10.1186/s10194-016-0608-y
21. Usmani S, Balcer L, Galetta S, et al. Feasibility of Smartphone-Delivered Progressive Muscle Relaxation in Persistent Post-Traumatic Headache Patients. *J Neurotrauma*. 2021;38:94–101. doi:10.1089/neu.2019.6601
22. Minen MT, Jalloh A, Ortega E, et al. User Design and Experience Preferences in a Novel Smartphone Application for Migraine Management: a Think Aloud Study of the RELAXaHEAD Application. *Pain Med*. 2019;20(2):369–377. doi:10.1093/pm/pny080
23. Hommel KA, Carmody J, Hershey AD, et al. Digital Therapeutic Self-Management Intervention in Adolescents With Migraine: feasibility and Preliminary Efficacy of “Migraine Manager”. *Headache*. 2020;60:1103–1110. doi:10.1111/head.13805
24. Minen MT, Jaran J, Boyers T, et al. Understanding What People With Migraine Consider to be Important Features of Migraine Tracking: an Analysis of the Utilization of Smartphone-Based Migraine Tracking With a Free-Text Feature. *Headache*. 2020;60(7):1402–1414. doi:10.1111/head.13851
25. van de Graaf DL, Schoonman GG, Habibović M, et al. Towards eHealth to support the health journey of headache patients: a scoping review. *J Neurol*. 2021;268(10):3646–3665. doi:10.1007/s00415-020-09981-3
26. van Casteren DS, Verhagen IE, de Boer I, et al. E-diary use in clinical headache practice: a prospective observational study. *Cephalalgia*. 2021;41:1161–1171. doi:10.1177/03331024211010306
27. Göbel H. Non pharmaceutical treatments for migraine. *Rev Neurol*. 2005;161:685–686. doi:10.1016/S0035-3787(05)85117-3
28. Kuruvilla DE, Mehta A, Ravishankar N, et al. A patient perspective of complementary and integrative medicine (CIM) for migraine treatment: a social media survey. *BMC Complement Med Ther*. 2021;21(1):58. doi:10.1186/s12906-021-03226-0
29. Buse DC, Rabany L, Lin T, et al. Combining Guided Intervention of Education and Relaxation (GIER) with Remote Electrical Neuromodulation (REN) in the Acute Treatment of Migraine. *Pain Med*. 2022;23(9):1544–1549. doi:10.1093/pm/pnac021
30. Ailani J, Rabany L, Tamir S, et al. Real-World Analysis of Remote Electrical Neuromodulation (REN) for the Acute Treatment of Migraine. *Front Pain Res*. 2021;2:753736. doi:10.3389/fpain.2021.753736
31. Ng QX, Venkatanarayanan N, Kumar L. A Systematic Review and Meta-Analysis of the Efficacy of Cognitive Behavioral Therapy for the Management of Pediatric Migraine. *Headache*. 2017;57:349–362. doi:10.1111/head.13016
32. Bae JY, Sung HK, Kwon NY, et al. Cognitive Behavioral Therapy for Migraine Headache: a Systematic Review and Meta-Analysis. *Medicina*. 2021;58. doi:10.3390/medicina58010044
33. Stubberud A, Linde M. Digital Technology and Mobile Health in Behavioral Migraine Therapy: a Narrative Review. *Curr Pain Headache Rep*. 2018;22:66. doi:10.1007/s11916-018-0718-0
34. Kaufman N, Ferrin C, Sugrue D. Using Digital Health Technology to Prevent and Treat Diabetes. *Diabetes Technol Ther*. 2019;21:S79–s94. doi:10.1089/dia.2019.2506
35. Cho CH, Lee HJ. Could Digital Therapeutics be a Game Changer in Psychiatry? *Psychiatry Investig*. 2019;16:97–98. doi:10.30773/pi.2019.01.20
36. Crawford MR, Luik AI, Espie CA, et al. Digital Cognitive Behavioral Therapy for Insomnia in Women With Chronic Migraines. *Headache*. 2020;60:902–915. doi:10.1111/head.13777

37. Adhikari MTM. Smartphone-based migraine behavioral therapy: a single-arm study with assessment of mental health predictors. *NPJ Digit Med.* 2019;2:46. doi:10.1038/s41746-019-0116-y
38. Minen MT, Friedman BW, Adhikari S, et al. Introduction of a smartphone based behavioral intervention for migraine in the emergency department. *Gen Hosp Psychiatry.* 2021;69:12–19. doi:10.1016/j.genhosppsych.2020.12.009
39. Lelleck VV, Schulz F, Witt O, et al. A Digital Therapeutic Allowing a Personalized Low-Glycemic Nutrition for the Prophylaxis of Migraine: real World Data from Two Prospective Studies. *Nutrients.* 2022;14(14):2927. doi:10.3390/nu14142927
40. Schröder T, Kühn G, Kordowski A, et al. A Digital Health Application Allowing a Personalized Low-Glycemic Nutrition for the Prophylaxis of Migraine: proof-of-Concept Data from a Retrospective Cohort Study. *J Clin Med.* 2022. 11. doi:10.3390/jcm12010011
41. Drescher J, Wogenstein F, Gaul C, et al. Distribution of migraine attacks over the days of the week: preliminary results from a web-based questionnaire. *Acta Neurol Scand.* 2019;139:340–345. doi:10.1111/ane.13065
42. Friedman DI, Rajan B, Seidmann A. A randomized trial of telemedicine for migraine management. *Cephalalgia.* 2019;39:1577–1585. doi:10.1177/0333102419868250
43. Minen MT, Szperka CL, Kaplan K, et al. Telehealth as a new care delivery model: the headache provider experience. *Headache.* 2021;61:1123–1131. doi:10.1111/head.14150
44. Dodick DW, Tepper SJ, Lipton RB, et al. Improving Medical Communication in Migraine Management: a Modified Delphi Study to Develop a Digital Migraine Tracker. *Headache.* 2018;58:1358–1372. doi:10.1111/head.13426
45. Kim HS. Apprehensions about Excessive Belief in Digital Therapeutics: points of Concern Excluding Merits. *J Korean Med Sci.* 2020;35:e373. doi:10.3346/jkms.2020.35.e373
46. Yan K, Balijepalli C, Druyts E. The Impact of Digital Therapeutics on Current Health Technology Assessment Frameworks. *Front Digit Health.* 2021;3:667016. doi:10.3389/fgth.2021.667016
47. Sverdlöv O, van Dam J, Hannesdóttir K, et al. Digital Therapeutics: an Integral Component of Digital Innovation in Drug Development. *Clin Pharmacol Ther.* 2018;104(1):72–80. doi:10.1002/cpt.1036

Journal of Pain Research

Dovepress

Publish your work in this journal

The Journal of Pain Research is an international, peer reviewed, open access, online journal that welcomes laboratory and clinical findings in the fields of pain research and the prevention and management of pain. Original research, reviews, symposium reports, hypothesis formation and commentaries are all considered for publication. The manuscript management system is completely online and includes a very quick and fair peer-review system, which is all easy to use. Visit <http://www.dovepress.com/testimonials.php> to read real quotes from published authors.

Submit your manuscript here: <https://www.dovepress.com/journal-of-pain-research-journal>