

Improve Mental Health Care with Digital Therapeutics

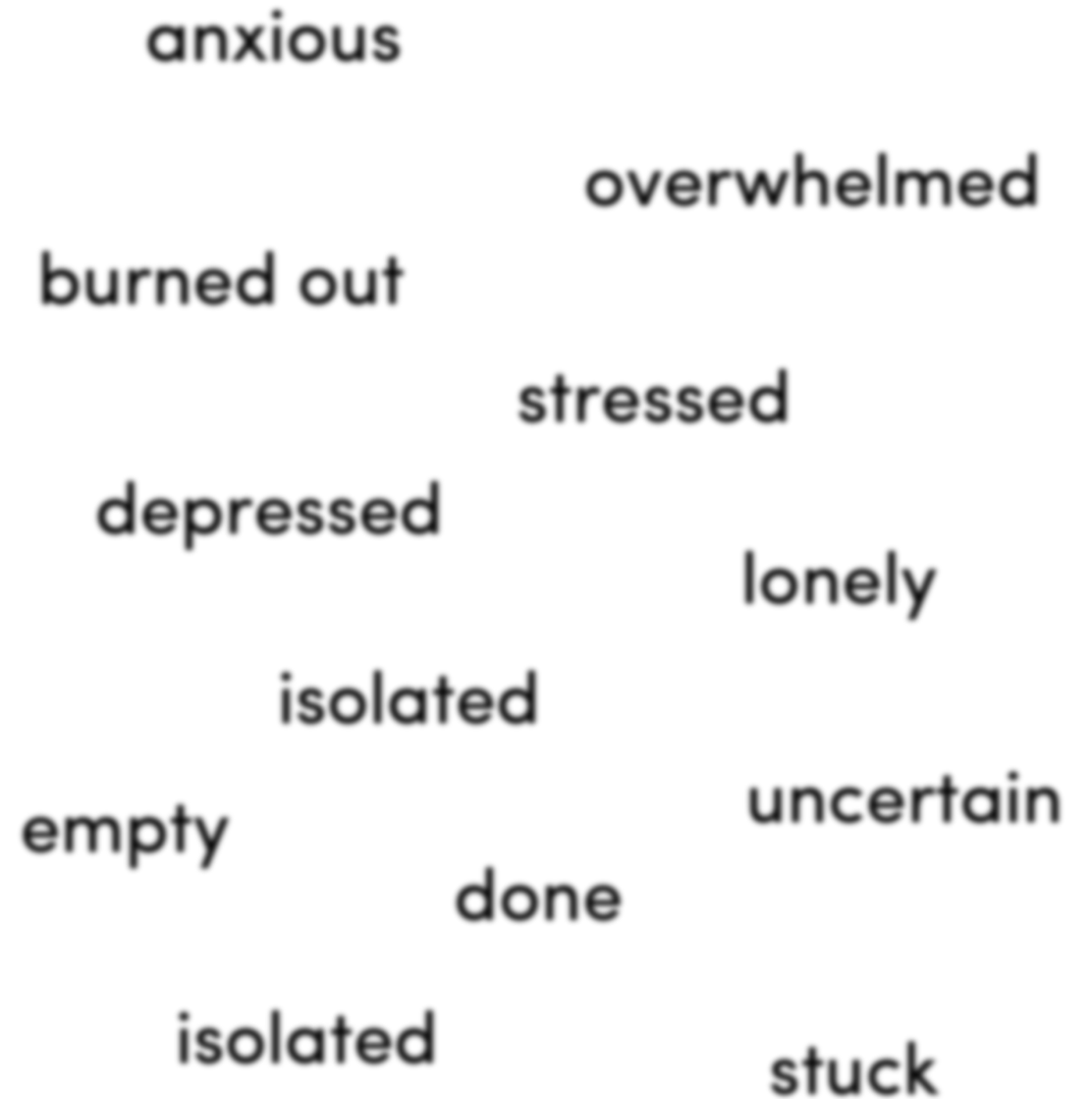
Dr. Madleine Makori

Today's speaker:



Dr. Madleine Makori
Sr. Medical Science Liaison

The unprecedented scale of
the pandemic has affected
every single **one** of us



A word cloud of mental health terms arranged in a circular pattern. The words are: anxious, overwhelmed, stressed, lonely, uncertain, stuck, isolated, done, empty, depressed, burned out, and isolated.

anxious
overwhelmed
burned out
stressed
depressed
lonely
isolated
uncertain
empty
done
isolated
stuck



Patients



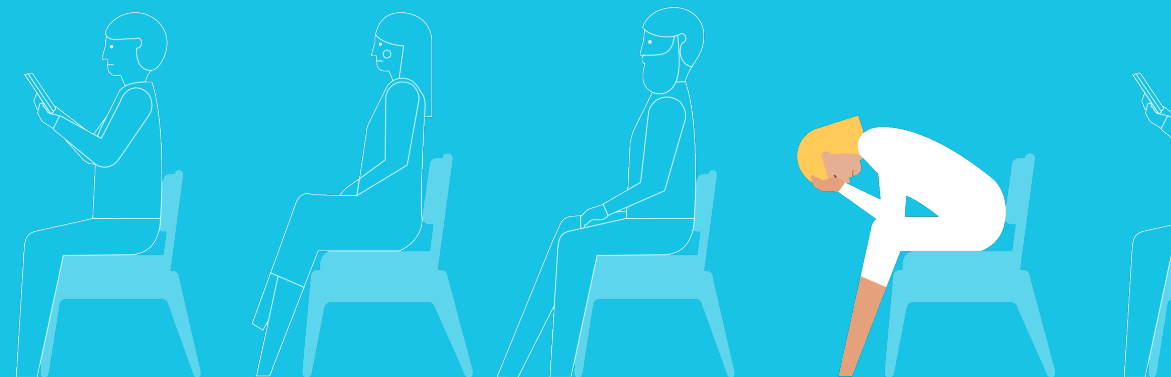
Mental health providers

The current mental health care system is **unable** to meet the surging need

Systemic barriers
prevent patients from
accessing care

BIG HEALTH

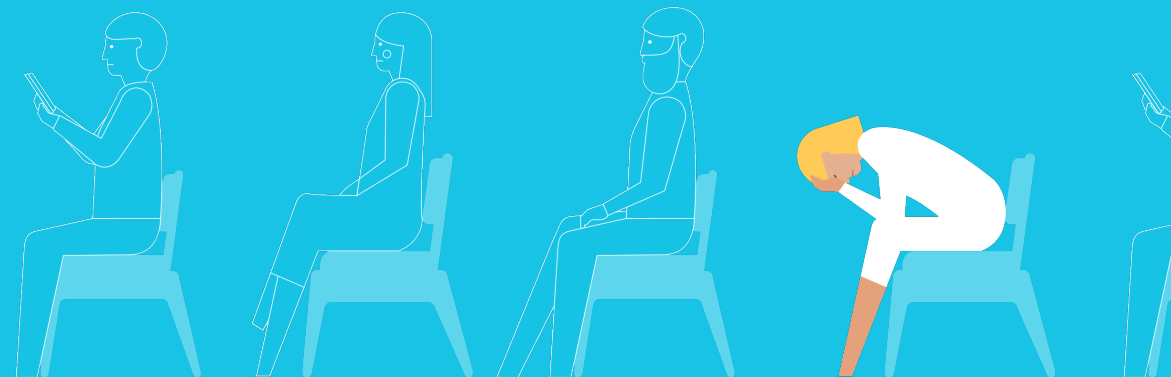
Stigma



Systemic barriers
prevent patients from
accessing care

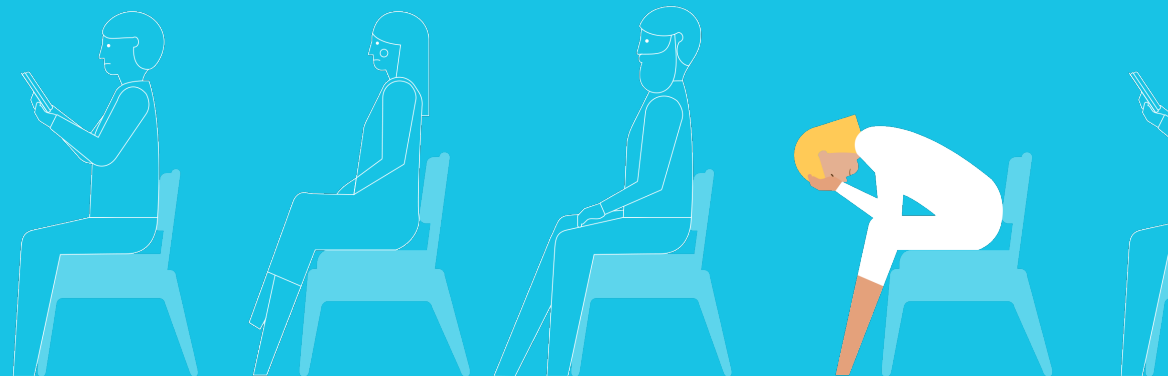
Low perceived need

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Systemic barriers
prevent patients from
accessing care

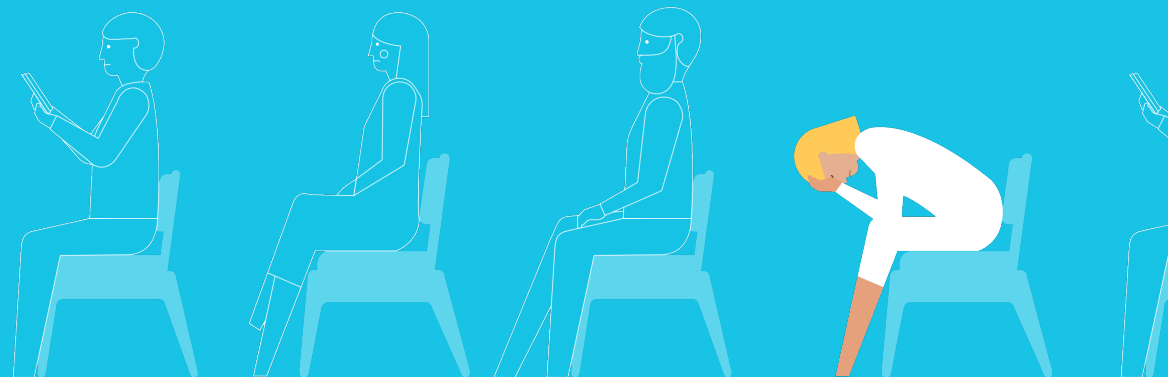
Difficulty navigating
the system



Systemic barriers
prevent patients from
accessing care

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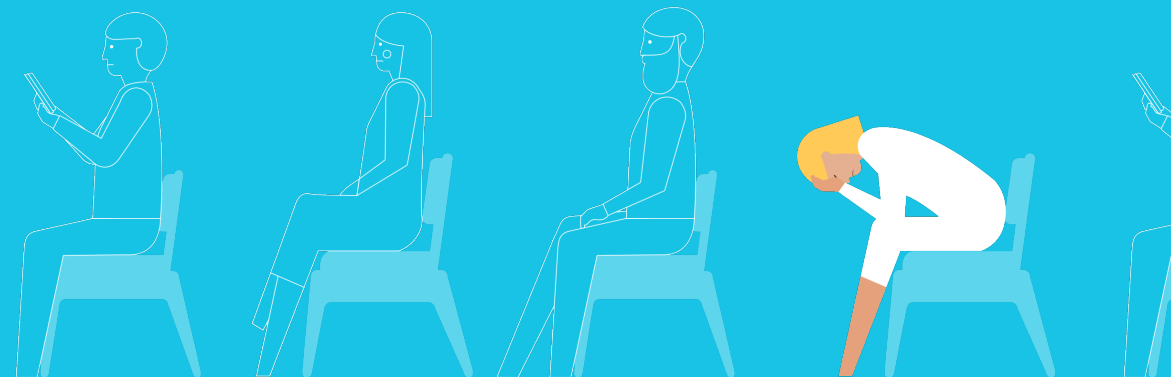
Scheduling & long
wait times



Systemic barriers
prevent patients from
accessing care

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Bias



Poll:

Of these barriers, which are the most prevalent in hindering your population from accessing high-quality mental health care?



So where *do*
employees go to
receive care?

Primary Care



Option 1: Provider referral

Which will often lead to a several-week waiting period

Option 2: Medication

Primary Care



Option 1: Provider referral

Which will often lead to a several-week waiting period

Option 2: Medication

Over **80%** of people seeking mental health care receive psychiatric medications.

But CBT is often a
recommended first-
line treatment

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Insomnia Disorder

Recommended first-line treatment:
Cognitive Behavioral Therapy



Generalized Anxiety Disorder

Recommended first-line treatment:
Cognitive Behavioral Therapy or SSRIs



Major Depressive Disorder

Recommended first-line treatment:
Cognitive Behavioral Therapy, Interpersonal
Therapy, Problem Solving Therapy, or SSRIs

Medications come with risks, side effects, and provide a short-term solution

Hypnotics

(e.g., Ambien, Butisol)
Insomnia

- Sleepiness/Drowsiness
- Hallucinations
- Suicidal thoughts and actions
- Rebound insomnia
- Withdrawal syndrome may include vomiting, sweating, tremors, and convulsions

Benzodiazepines

(e.g., Valium, Xanax)
Anxiety and insomnia

- Drowsiness
- Dependence or addiction
- Cognitive impairment
- Long-term use can lead to substantial cognitive decline
- Anterograde amnesia

SSRIs/SNRIs

(e.g., Prozac, Zoloft)
Anxiety and depression

- Nausea, vomiting or diarrhea
- Blurred vision
- Sexual side effects
- Headache
- Drowsiness
- Dry mouth
- Insomnia

What if there was another effective option without the downsides?

	Digital therapeutics	Common medications for mental health
Highly scalable	✓ High	✓ High
Consistent delivery	✓ High	✓ High
Risk of adverse events	✓ Low	✗ High ¹
Side effect profile	✓ Low	✗ High
Sustained outcomes	✓ Yes	✗ No

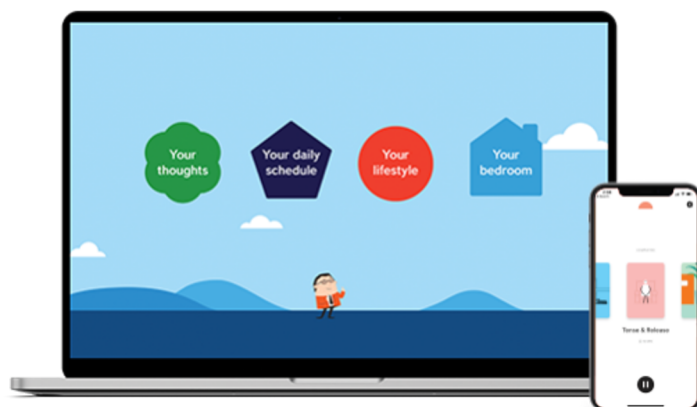
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Users are directed to not make any changes to their prescribed medication or other type of medical treatment without seeking professional medical advice.

¹Risks and side effects vary from medication to medication, however, several classes of common medications for mental health, such as hypnotics, benzodiazepines, are associated with significant abuse liability and risks for adverse health outcomes (e.g., falls and accidents) due to associated psychomotor impairment (Lembke et al., 2018; Soong et al. 2021)

Digital therapeutics provide a safe, effective, and scalable non-drug option

Clinically evaluated software that delivers significant health outcomes and can be provided alongside medications.



Digital therapeutics *must* be researched as rigorously as traditional medicine

INSOMNIA DISORDER

Sleepio

76%

of patients achieved clinical improvement in insomnia (Espie et al 2012).

0

Serious adverse events observed

GENERALIZED ANXIETY DISORDER

daylight

71%

of patients achieved clinical improvement in anxiety (Carl et al 2020).

0

Serious adverse events observed

64 publications | 13 RCTs | 28,000+ participants | 4 clinical guideline inclusions



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Disclaimer: In accordance with FDA's Current Enforcement Discretion Policy for Digital Health Devices for Psychiatric Disorders, for patients aged 18 years and older, who are followed by and diagnosed with Insomnia Disorder or Generalized Anxiety Disorder by a medical provider, Sleepio and Daylight can be made available as an adjunct to their usual medical care for Insomnia Disorder or Generalized Anxiety Disorder, respectively. Sleepio and Daylight do not replace the care of a medical provider or the patient's medication. Sleepio and Daylight have not been cleared by the U.S. Food and Drug Administration (FDA) for these indications. Users are directed to not make any changes to their prescribed medication or other type of medical treatment without seeking professional medical advice.

Poll

Do you currently offer digital therapeutics to your employee populations?

Four key elements to offering a digital therapeutic

1. Deliver clinical outcomes
2. Low lift for benefits teams
3. Easy for members to access
4. Affordable

Low-lift member engagement & billing: Prescription targeting



**Member picks up medication
(Ambien, Xanax, etc.)**

Email and mailer automatically sent to member

Member has immediate access to Sleepio or Daylight alongside their medication

Once member starts the therapeutic, payer is billed via pharmacy invoice

Questions?