



Effectiveness of Mobile Health Applications and Digital Health Solutions in Chronic Noncommunicable Disease Management: Innovations, Challenges, and Future Directions

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ABSTRACT: The rapid expansion of digital health technologies, including mobile health (mHealth) apps, wearable technologies, and telemedicine, is revolutionizing chronic disease management. The technologies enable remote monitoring, personalized treatment strategies, and increased patient activation, particularly for diabetes, hypertension, cardiovascular diseases, chronic respiratory diseases, cancer, and mental disorders such as major depressive disorder and anxiety. Evidence confirms that mHealth interventions facilitate glycemic control in diabetes, enhance blood pressure management, rationalize asthma and COPD management, facilitate remote oncology consultations, and facilitate digital cognitive behavior therapy for mental disorders. Despite these advantages, there are disadvantages in the form of digital literacy gaps, inadequate access among disadvantaged groups, data privacy concerns, and regulatory diversity. Excessive implementation costs and demands for clinical evidence also are major constraints to global application. Emerging advancements in artificial intelligence, machine learning, and digital interoperability will also enhance the ability of digital health to predict at an earlier time and in a more personalized way. Closing the digital divide through enhanced accessibility, regulatory settings, and cross-sector collaborations is necessary to enable equal sharing of benefits from digital health. The review addresses the effectiveness of digital health interventions in the management of chronic diseases, drawing attention to innovation, challenges, and directions ahead.

Keywords: Digital Health, Mobile Health (mHealth), Telemedicine, Chronic Disease Management, Artificial Intelligence (AI), Remote Monitoring.

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I. INTRODUCTION

The rapid evolution of health technology digitally is revolutionizing the management of chronic diseases, and it presents new solutions that are encouraging patient participation, improving healthcare resource coordination, and increasing clinical results (1). Mobile health (mHealth) applications, wearable devices, and telemedicine platforms are increasingly integrated into everyday practice, enabling remote monitoring and targeted care interventions(2). Given that conditions such as diabetes, hypertension, cardiovascular disease, chronic respiratory disease, cancer, and severe depression are the primary contributors to morbidity and mortality on a global scale, digital health solutions possess significant potential for enhancing disease management efficacy(3).

There exists substantial evidence supporting the efficacy of digital health interventions. A meta-analysis found that text message interventions for diabetic care decreased HbA1c values substantially(4). Similarly, research established that mHealth applications enhance asthma self-management in terms of increased compliance and reduced exacerbations(5). Telehealth interventions have also been effective in decreasing hospital readmissions among heart failure patients (6).

The COVID-19 pandemic also hastened the use of digital health solutions, highlighting their importance in providing continuity of care for patients with chronic diseases(7,8). Digital interventions have also been found to facilitate smoking cessation(9,10), management of mental health (11), and weight management(12).

Despite all these developments, there are still obstacles like digital literacy disparities, unequal access, information security issues, and clinical evidence for new technology. Addressing these challenges is extremely crucial to make sure that the greatest possible advantages of digital health are reaped. This review synthesizes

existing evidence on the efficacy of digital health interventions for chronic disease management and describes their possible future directions in healthcare.

Digital Health Solutions in Chronic Disease Management

Digital health technology has significantly improved the management of chronic conditions and non-communicable diseases (NCDs) through greater patient engagement, remote monitoring, and enhanced adherence to treatment(13). Mobile health (mHealth) programs, wearable technology, and telemedicine portals have assisted in managing chronic diseases, particularly in reducing hospitalization visits and improving clinical outcomes (13,14). Digital technology supports self-management practices, improves medication adherence, and allows for early intervention, and thus has an integral role to play in disease management (15–17). The following sections discuss the role of digital health in the control of chronic diseases that have high prevalence and high cost, including diabetes mellitus, hypertension and cardiovascular disease (CVDs), chronic respiratory diseases (CRDs), cancer, and mental illness (major depression and anxiety disorders). We take a deeper look at how these technologies assist in ensuring better outcomes for the patient (Figure 1).

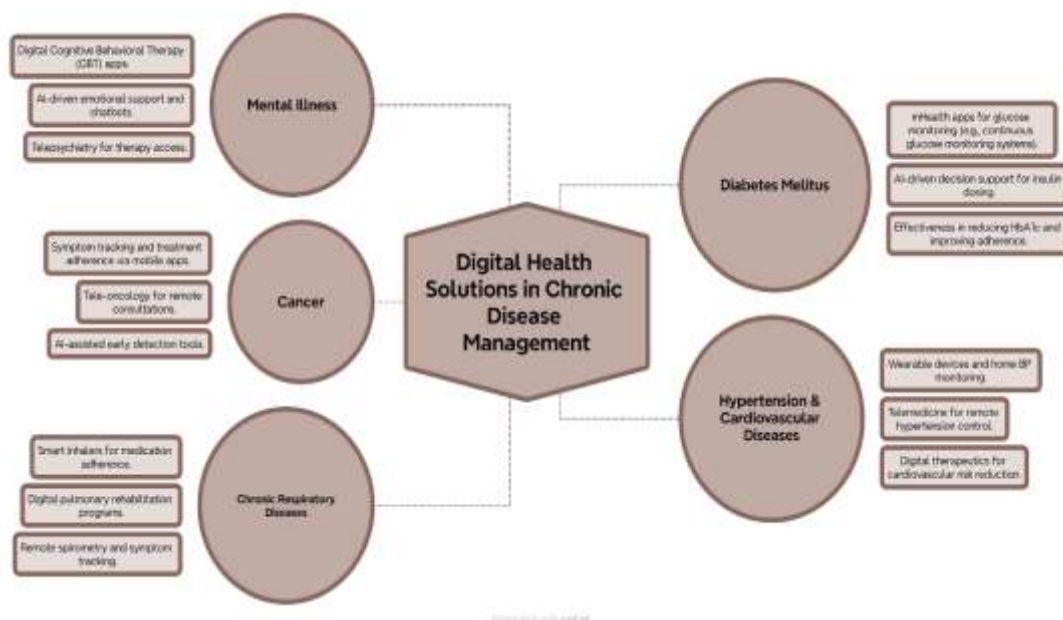


Figure 1: Digital health solutions for chronic diseases management by disease type

Diabetes Mellitus

The intersection of digital health solutions has revolutionized diabetes care by enhancing glucose monitoring, insulin dosing, and patient adherence. Continuous glucose monitoring (CGM) devices and mHealth apps are now integral to diabetes care, allowing real-time tracking of blood glucose levels and empowering patients to make informed choices(18). CGM systems provide real-time glucose data, lessening the incidence of self-monitoring by fingerstick while increasing glycemic control and decreasing the risk of hypoglycemia(19). Evidence from several studies has indicated that the use of CGM is associated with increased time spent within the target range of glucose and hence decreased glycemic variability. Smartphone-based diabetes management systems also enable patients to share information with healthcare professionals, enabling patients to receive targeted interventions that promote improved self-management(20).

AI-driven decision support tools have also simplified diabetes management through personalized insulin dosing recommendations(21). Reinforcement learning algorithms and real-time glucose monitoring have been employed to titrate bolus and basal doses of insulin based on patient-specific patterns(21). Artificial intelligence-based models also demonstrated equivalence to conventional physician-adjusted titration, reducing self-titration burden while maintaining optimal glycemic control (22). Additionally, artificial intelligence-based systems combined with CGM sensors provide early signals for impending hypoglycemic or hyperglycemic episodes, enhancing patient safety and adherence to treatment regimens (23).

The aggregate impact of digital diabetes interventions on glycemic control is significant, with multiple studies documenting significant declines in HbA1c values in individuals who utilized mHealth and AI-powered platforms(24). It has been demonstrated that mHealth applications specifically aimed at diabetes management lead to a mean reduction of 0.5%–0.6% in HbA1c, which reflects improved adherence and self-care behavior

(25). Further, the integration of technology devices into routine care promotes consistent adherence to disease management strategies ultimately lowering diabetes complications(26). With further advancements in digital health, its acceptance by the masses is poised to further increase diabetes management by making it more personalized, data-driven, and efficient.

Hypertension and Cardiovascular Diseases

The integration of digital health technologies has enhanced hypertension and CVD care significantly through the utilization of wearable blood pressure (BP) measurement devices, telemedicine, and digital therapies. BP can be measured in real-time using wearable BP monitoring devices such as cuffless sensors and smartwatch systems, which enable early hypertension detection and lifelong monitoring. Kario et al. upheld that ambulatory BP monitoring with wearable devices enhanced blood pressure control and reduced cardiovascular events through the ability to make real-time interventions according to BP variability (27). However, accuracy issues are still a problem, as heterogeneity in pulse wave analysis in the estimation of BP was recognized, emphasizing on the importance of further optimization(28). Telemedicine has also encouraged remote hypertension management, where treatment regimens can be adjusted based on real-time measurement of BP. Telemedicine intervention was evidenced to improve BP control compared to standard care, particularly for high-risk populations during the COVID-19 pandemic (29).

Digital therapeutics, which include AI-driven lifestyle interventions and mobile health applications, have been instrumental in cardiovascular risk reduction. Mobile applications promoting diet, physical activity, and medication adherence have demonstrated a significant reduction in systolic BP and cardiovascular events(30). It is also reported that digital interventions focusing on behavioral changes, improved long-term BP control through adherence to antihypertensive therapy(31). In addition, digital solutions have helped bridge gaps in healthcare by providing remote access to hypertension care. Studies have demonstrated that digital health solutions effectively lower blood pressure in marginalized communities. These innovations demonstrate how digital health technologies can improve the management of cardiovascular conditions through tailored, scalable, and economically viable approaches.

Chronic Respiratory Diseases

Chronic respiratory diseases (CRDs) like asthma and chronic obstructive pulmonary disease (COPD) are significant public health problems worldwide. Digital health interventions can reduce these problems by improving disease control and patient outcomes. A narrative review addresses the advantages and future potential of digital healthcare in COPD management, including interventions like self-care strategies, educational videos, inhaler training materials, and pulmonary rehabilitation programs (32).

These technology-based interventions aim to increase patient engagement and better health outcomes through accessible and personalized care. Telemedicine is a leading intervention, especially in responding to healthcare access disparities. The systematic review by Codispoti et al. emphasized the potential of digital health technologies, such as telemedicine and mobile health apps, to bridge gaps in healthcare through remote consultations, patient education, and improved adherence to treatment regimens(33). The research emphasized that interventions based on telemedicine were specifically effective in the control of asthma by decreasing hospitalizations and improving medication compliance, ultimately resulting in improved disease control(33).

In addition to telemedicine, digital therapeutics have also been a major aspect of CRD management. Interactive and adherent smart inhalers, connected via mobile application usage monitoring as well as real-time feedback opportunities, have been potential adherence-enhancing and symptom-relieving interventions (33,34). Smart inhalers enable clinicians to remotely monitor patient status and adjust treatment regimens based on feedback. Furthermore, home digital spirometry permits continuous monitoring of lung function with minimal in-clinic visits but facilitates timely intervention(35). While these technologies hold great promise, further studies are needed to establish their cost-effectiveness in the long term and their integration into standard clinical practice.

Cancer

Digital health technologies have transformed cancer treatment with mobile apps for symptom tracking, tele-oncology for distant consultation, and AI-based early diagnosis. Symptom-tracking apps help patients report side effects in real-time, improving compliance and clinical control. A web app with reminders was demonstrated by a randomized trial to improve adherence to aromatase inhibitors in breast cancer patients, enhancing short-term drug compliance and symptom burden (36). Tele-oncology has expanded the cancer management options for patients in remote areas or with limited access to healthcare systems. It is reportedly revealed that telehealth in oncology during the COVID-19 pandemic not only enhanced cancer management, but also was efficiently used to manage medication complications and symptom management (37,38). Moreover, early detection methods derived from AI as machine learning algorithms were integrated into virtual oncology

clinics, which would enhance diagnostic accuracy and treatment plans. In addition, it has been shown that AI-based systems analyze big datasets, and therefore, identify malignancies with higher sensitivity and specificity than previous conventional techniques (39). These health solutions make a more effective, patient-focused cancer care possible, combining real-time tracking, remote visits, and sophisticated diagnostic capabilities to improve early detection, treatment compliance, and patient outcomes.

Mental Illness

Digital health technologies have had a significant impact on the management of Major Depressive Disorder (MDD) and anxiety in terms of increased symptom tracking, treatment adherence, and early warning. Mobile apps, particularly those offering cognitive behavioral therapy (CBT), enable patients to monitor their mental well-being, perform guided therapeutic exercises, and receive immediate feedback. A systematic review and meta-analysis found that mHealth app-based interventions can decrease symptoms of anxiety but were less clear for the effect on symptoms of depression (40). In addition, a prescription-only digital therapeutic smartphone application for treating MDD in adults by providing CBT-based exercises and reminder notifications to motivate patient engagement, was approved by the U.S. Food and Drug Administration (41).

Telemedicine expanded access to mental health care by offering remote visits, which are convenient for people who cannot go to in-person therapy. A meta-analysis of randomized clinical trials showed that digital mental health interventions significantly reduced symptoms of depression and anxiety, especially among individuals with severe conditions (42). In addition, early detection devices were integrated with AI, and therefore, it is expected to improve diagnostic accuracy. Pei et al. utilized neural networks and AI from digital devices to identify anxiety and stress in college students, highlighting the effectiveness of digital health solutions for real-time feedback (43). In general, these digital technologies are creating a more personalized and efficient way of treating MDD and anxiety, including real-time monitoring, remote therapy, and advanced diagnostic technology.

II. DISCUSSION

Challenges and Limitations

While digital health potential is revolutionary, its wider application is being thwarted by several challenges (Figure 2). A major challenge in this regard is digital health literacy, particularly among the lower socioeconomic group and the elderly. Many patients struggle to access digital health technologies due to low literacy and difficulties reading digital screens. This digital divide exacerbates health inequalities, limiting access for those who could benefit the most from remote monitoring and telehealth services (44). Additionally, physicians often lack sufficient training in digital health technologies, leading to inadequate integration into daily clinical practice (45).



Figure 2. Challenges in digital health implementation for chronic diseases management.

Regulatory and ethical issues are obstructing the embrace of digital health. Data ownership, privacy, and security are the top priorities among these concerns. As we increasingly rely on artificial intelligence (AI) and cloud storage for health data, the potential misuse of sensitive information and patient consent remains a significant worry (44). Inconsistent regulations among countries hinder the global implementation of digital health, leaving healthcare providers and technology developers uncertain (46).

A significant hurdle remains in validating digital health interventions. Many wearable devices and applications do not have robust clinical evidence backing their effectiveness and long-term value. The pace of technological innovation frequently surpasses that of regulatory agencies in creating guidelines, leading to an overwhelming number of untested digital health solutions that do not fulfill their expected health benefits (45). Moreover, digital health interventions rarely provide for patient-specific preference and low participation and compliance results (47).

A significant drawback is the high cost of scaling digital health. The upfront expenses associated with adopting digital platforms, upgrading infrastructure, and enhancing human capacity can be too burdensome for healthcare facilities, especially in low- and middle-income countries (45). Insurance coverage and reimbursement for telemedicine and digital health services are inconsistent, hindering their adoption (44).

Despite these restrictions, digital health continues to develop, and overcoming these barriers through enhanced digital literacy, effective regulation, and low-cost implementation strategies will be vital to its success.

Future Directions and Innovations

The digital health future holds enormous breakthroughs, particularly with the integration of machine learning and artificial intelligence into the management of chronic diseases. The use of AI-based predictive analytics and decision-support systems is foreseen to revolutionize personalized medicine by allowing disease detection at an earlier stage and providing personalized interventions (45). In addition, increased interoperability of digital health platforms will support effortless integration of wearables, electronic health records (EHRs), and remote monitoring technology to foster more interconnected patient care(46). This connected world can make it possible for patients to get proactive about managing their health in a timely manner and provide physicians and clinicians with immediate data to base decisions upon.

Yet another key area in the future will be health equity and digital inclusivity. Current disparities in digital literacy and access to digital health technologies present challenges to successful implementation(47). Future strategies will have to be focused on developing accessible, culturally sensitive, and user-friendly digital interventions for diverse populations. Regulation mechanisms will also have to be adjusted to facilitate the appropriate application of AI and digital health technologies while ensuring patient privacy and data security(44). As digital health continues to develop, there will be a need to develop cross-sector collaboration between policymakers, healthcare professionals, and technology developers to shape a productive and sustainable digital health landscape.

III. CONCLUSION

Digital health technology has transformed the management of chronic disease, maximizing patient outcomes by allowing remote care, AI-guided decision-making, and tailor-made treatment. Disparities in access, regulatory barriers, and data safety concerns; nonetheless, restrict the large-scale uptake. Future interventions must focus on integrating AI, expanding digital literacy programs, and creating policies ensuring ethical and fair provision of care. Addressing these challenges will realize the full potential of digital health and contribute to better, more inclusive, and patient-centric chronic disease care.

REFERENCES

- [1]. Gunasekeran DV. Technology and chronic disease management. *Lancet Diabetes Endocrinol.* 2018 Feb;6(2):91. Available from: <https://www.thelancet.com/action/showFullText?pii=S2213858717304412>
- [2]. Dinh-Le C, Chuang R, Chokshi S, Mann D. Wearable health technology and electronic health record integration: Scoping review and future directions. *JMIR Mhealth Uhealth.* 2019 Sep 11;7(9):e12861. Available from: <https://mhealth.jmir.org/2019/9/e12861>
- [3]. Widmer RJ, Collins NM, Collins CS, West CP, Lerman LO, Lerman A. Digital Health Interventions for the Prevention of Cardiovascular Disease: A Systematic Review and Meta-Analysis. *Mayo Clin Proc.* 2015 Apr 1;90(4):469. Available from: <https://pmc.ncbi.nlm.nih.gov/articles/PMC4551455/>
- [4]. Haider R, Sudini L, Chow CK, Cheung NW. Mobile phone text messaging in improving glycaemic control for patients with type 2 diabetes mellitus: A systematic review and meta-analysis. *Diabetes Res Clin Pract.* 2019 Apr 1;150:27–37. Available from: <https://pubmed.ncbi.nlm.nih.gov/30822496/>
- [5]. Farzandipour M, Nabovati E, Sharif R, Arani MH, Anvari S. Patient Self-Management of Asthma Using Mobile Health Applications: A Systematic Review of the Functionalities and Effects. *Appl Clin Inform.* 2017;8(4):1068. Available from: <https://pmc.ncbi.nlm.nih.gov/articles/PMC5802317/>
- [6]. O'Connor M, Asdornwised U, Dempsey ML, Hufferberger A, Jost S, Flynn D, et al. Using Telehealth to Reduce All-Cause 30-Day Hospital Readmissions among Heart Failure Patients Receiving Skilled Home Health Services. *Appl Clin Inform.* 2016 Apr 20;7(2):238. Available from: <https://pmc.ncbi.nlm.nih.gov/articles/PMC4941836/>
- [7]. Omboni S, Padwal RS, Alessa T, Benczúr B, Green BB, Hubbard I, et al. The worldwide impact of telemedicine during COVID-19: current evidence and recommendations for the future. *Connected health.* 2022;1:7. Available from: <https://pmc.ncbi.nlm.nih.gov/articles/PMC7612439/>
- [8]. Keesara S, Jonas A, Schulman K. Covid-19 and Health Care's Digital Revolution. *New England Journal of Medicine.* 2020 Jun 4;382(23). Available from: <https://www.nejm.org/doi/full/10.1056/NEJMp2005835>
- [9]. Prutzman YM, Wiseman KP, Grady MA, Budenz A, Grenen EG, Vercammen LK, et al. Using Digital Technologies to Reach Tobacco Users Who Want to Quit: Evidence From the National Cancer Institute's Smokefree.gov Initiative. *Am J Prev Med.* 2021 Mar 1;60(3):S172–84.
- [10]. Sha L, Yang X, Deng R, Wang W, Tao YJ, Cao HL, et al. Automated Digital Interventions and Smoking Cessation: Systematic Review and Meta-analysis Relating Efficiency to a Psychological Theory of Intervention Perspective. *J Med Internet Res.* 2022 Nov 1;24(11):e38206. Available from: <https://pmc.ncbi.nlm.nih.gov/articles/PMC9713619/>
- [11]. Philippe TJ, Sikder N, Jackson A, Koblanski ME, Liow E, Pilarinos A, et al. Digital Health Interventions for Delivery of Mental Health Care: Systematic and Comprehensive Meta-Review. *JMIR Ment Health.* 2022 May 1;9(5):e35159. Available from: <https://pmc.ncbi.nlm.nih.gov/articles/PMC9109782/>
- [12]. Sharpe EE, Karasouli E, Meyer C. Examining Factors of Engagement With Digital Interventions for Weight Management: Rapid Review. *JMIR Res Protoc.* 2017 Oct 1;6(10):e205. Available from: <https://pmc.ncbi.nlm.nih.gov/articles/PMC5673884/>

- [13]. Fan K, Zhao Y. Mobile health technology: a novel tool in chronic disease management. *Intelligent Medicine*. 2022 Feb 1;2(1):41–7. Available from: <https://doi.org/10.1016/j.imed.2021.06.003>
- [14]. Agarwal P, Gordon D, Griffith J, Kithulegoda N, Witteman HO, Sacha Bhatia R, et al. Assessing the quality of mobile applications in chronic disease management: a scoping review. *NPJ Digit Med*. 2021 Dec 1;4(1):46. Available from: <https://pmc.ncbi.nlm.nih.gov/articles/PMC7946941/>
- [15]. Spreadbury JH, Young A, Kipps CM. A Comprehensive Literature Search of Digital Health Technology Use in Neurological Conditions: Review of Digital Tools to Promote Self-management and Support. *J Med Internet Res*. 2022 Jul 1;24(7). Available from: <https://pubmed.ncbi.nlm.nih.gov/35900822/>
- [16]. Granger BB, Bosworth HB. Medication Adherence: Emerging Use of Technology. *Curr Opin Cardiol*. 2011 Jul;26(4):279. Available from: <https://pmc.ncbi.nlm.nih.gov/articles/PMC3756138/>
- [17]. Senbekov M, Saliev T, Bukeyeva Z, Almabayeva A, Zhanaliyeva M, Aitenova N, et al. The Recent Progress and Applications of Digital Technologies in Healthcare: A Review. *Int J Telemed Appl*. 2020;2020:8830200. Available from: <https://pmc.ncbi.nlm.nih.gov/articles/PMC7732404/>
- [18]. Cappon G, Vettoretti M, Sparacino G, Facchinetti A. Continuous Glucose Monitoring Sensors for Diabetes Management: A Review of Technologies and Applications. *Diabetes Metab J*. 2019 Aug 1;43(4):383–97. Available from: <http://e-dmj.org/journal/view.php?doi=10.4093/dmj.2019.0121>
- [19]. Kieu A, King J, Govender RD, Östlundh L. The Benefits of Utilizing Continuous Glucose Monitoring of Diabetes Mellitus in Primary Care: A Systematic Review. *J Diabetes Sci Technol*. 2022 May 1;17(3):762. Available from: <https://pmc.ncbi.nlm.nih.gov/articles/PMC10210096/>
- [20]. Mora P, Biggs WC, Parkin CG. Optimizing mHealth Technologies in Real-World Clinical Practices. *Clinical Diabetes*. 2019 Jul 1;37(3):269–75. Available from: <https://dx.doi.org/10.2337/cd18-0081>
- [21]. Sun Q, Jankovic M V., Budzinski J, Moore B, Diem P, Stettler C, et al. A dual mode adaptive basal-bolus advisor based on reinforcement learning. *IEEE J Biomed Health Inform*. 2019 Jan 7 ;23(6):2633–41. Available from: <http://arxiv.org/abs/1901.01816>
- [22]. Contreras I, Vehi J. Artificial Intelligence for Diabetes Management and Decision Support: Literature Review. *J Med Internet Res* 2018;20(5):e10775. 2018 May 30;20(5):e10775. Available from: <https://www.jmir.org/2018/5/e10775>
- [23]. Neborachko M, Pkhakadze A, Vlasenko I. Current trends of digital solutions for diabetes management. *Diabetes Metab Syndr*. 2019 Sep 1;13(5):2997–3003. Available from: <https://pubmed.ncbi.nlm.nih.gov/30078742/>
- [24]. Eberle C, Löhnert M, Stichling S. Effectiveness of Disease-Specific mHealth Apps in Patients With Diabetes Mellitus: Scoping Review. *JMIR Mhealth Uhealth*. 2021 Feb 1;9(2). Available from: <https://pubmed.ncbi.nlm.nih.gov/33587045/>
- [25]. Merrill CB, Roe JM, Seely KD, Brooks B. Advanced Telemedicine Training and Clinical Outcomes in Type II Diabetes: A Pilot Study. *Telemed Rep*. 2022 Jan 1;3(1):15. Available from: <https://pmc.ncbi.nlm.nih.gov/articles/PMC8989092/>
- [26]. Kamaldeep, Roy S, Poonia RC, Nayak SR, Kumar R, Alzahrani KJ, et al. Evaluating the Usability of mHealth Applications on Type 2 Diabetes Mellitus Using Various MCDM Methods. *Healthcare (Basel)*. 2021 Jan 1;10(1). Available from: <https://pubmed.ncbi.nlm.nih.gov/35052167/>
- [27]. Kario K. Management of Hypertension in the Digital Era: Small Wearable Monitoring Devices for Remote Blood Pressure Monitoring. *Hypertension*. 2020 Sep 1;76(3):640. Available from: <https://pmc.ncbi.nlm.nih.gov/articles/PMC7418935/>
- [28]. Mukkamala R, Yavarimanesh M, Natarajan K, Hahn JO, Kyriakoulis KG, Avolio AP, et al. Evaluation of the Accuracy of Cuffless Blood Pressure Measurement Devices: Challenges and Proposals. *Hypertension*. 2021 Nov 1;78(5):1161–7. Available from: <https://pubmed.ncbi.nlm.nih.gov/34510915/>
- [29]. Citoni B, Figliuzzi I, Presta V, Volpe M, Tocci G. Home Blood Pressure and Telemedicine: A Modern Approach for Managing Hypertension During and After COVID-19 Pandemic. *High Blood Pressure & Cardiovascular Prevention*. 2021 Jan 1;29(1):1. Available from: <https://pmc.ncbi.nlm.nih.gov/articles/PMC8638231/>
- [30]. Bozorgi A, Hosseini H, Eftekhari H, Majdzadeh R, Yoonessi A, Ramezankhani A, et al. The effect of the mobile “blood pressure management application” on hypertension self-management enhancement: a randomized controlled trial. *Trials*. 2021 Dec 1;22(1):413. Available from: <https://pmc.ncbi.nlm.nih.gov/articles/PMC8223338/>
- [31]. McLean G, Band R, Saunderson K, Hanlon P, Murray E, Little P, et al. Digital interventions to promote self-management in adults with hypertension systematic review and meta-analysis. *J Hypertens*. 2016 Apr 1;34(4):600–12. Available from: https://journals.lww.com/jhypertension/fulltext/2016/04000/digital_interventions_to_promote_self_management.3.aspx
- [32]. Watson A, Wilkinson TMA. Digital healthcare in COPD management: a narrative review on the advantages, pitfalls, and need for further research. *Ther Adv Respir Dis*. 2022 Mar 1;16:17534666221075492. Available from: <https://pmc.ncbi.nlm.nih.gov/articles/PMC8894614/>
- [33]. Codispoti CD, Greenhawt M, Oppenheimer J. The Role of Access and Cost-Effectiveness in Managing Asthma: A Systematic Review. *J Allergy Clin Immunol Pract*. 2022 Aug 1;10(8):2109. Available from: <https://pmc.ncbi.nlm.nih.gov/articles/PMC9353043/>
- [34]. Himes BE, Leszinsky L, Walsh R, Hepner H, Wu AC. Mobile Health and Inhaler-Based Monitoring Devices for Asthma Management. *J Allergy Clin Immunol Pract*. 2019 Nov 1;7(8):2535. Available from: <https://pmc.ncbi.nlm.nih.gov/articles/PMC6917046/>
- [35]. Franz N, Rapp H, Hansen RN, Gold LS, Goss CH, Lechtzin N, et al. Health care costs related to home spirometry in the eICE randomized trial. *Journal of Cystic Fibrosis*. 2022 Jan 1;21(1):61–9.
- [36]. Graetz I, McKillop CN, Stepanski E, Vidal GA, Anderson JN, Schwartzberg LS. Use of a Web-based App to Improve Breast Cancer Symptom Management and Adherence for Aromatase Inhibitors: A Randomized Controlled Feasibility Trial. *J Cancer Surviv*. 2018 Aug 1;12(4):431. Available from: <https://pmc.ncbi.nlm.nih.gov/articles/PMC6054536/>
- [37]. Levine OH, McGillion M, Levine M. Virtual Cancer Care During the COVID-19 Pandemic and Beyond: A Call for Evaluation. *JMIR Cancer*. 2020 Nov 24;6(2):e24222. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/33180741>
- [38]. Maslan C. Virtual Solutions for Managing Cancer Care In a Pandemic Era: Lessons from COVID-19 A Rapid Evidence Review. 2020;
- [39]. AI-Enhanced Virtual Clinics and Telemedicine for Cancer Treatment - CLOK - Central Lancashire Online Knowledge. Available from: <https://clock.uclan.ac.uk/53741/>
- [40]. Lu SC, Xu M, Wang M, Hardi A, Cheng AL, Chang SH, et al. Effectiveness and Minimum Effective Dose of App-Based Mobile Health Interventions for Anxiety and Depression Symptom Reduction: Systematic Review and Meta-Analysis. *JMIR Ment Health*. 2022 Sep 1;9(9). Available from: <https://pubmed.ncbi.nlm.nih.gov/36069841/>
- [41]. FDA clears first digital treatment for depression, but experts caution that research is still early - ABC7 San Francisco. Available from: <https://abc7news.com/depression-disorder-digital-treatment-rejoyn-mobile-app-fda-approval/14610421/>

- [42]. Mohr DC, Kwasny MJ, Meyerhoff J, Graham AK, Lattie EG. The Effect of Depression and Anxiety Symptom Severity on Clinical Outcomes and App Use in Digital Mental Health Treatments: Meta-Regression of Three Trials. *Behaviour research and therapy*. 2021 Dec 1;147:103972. Available from: <https://pmc.ncbi.nlm.nih.gov/articles/PMC8671244/>
- [43]. Pei J. Prediction and Analysis of Contemporary College Students' Mental Health Based on Neural Network. *Comput Intell Neurosci*. 2022;2022:7284197. Available from: <https://pmc.ncbi.nlm.nih.gov/articles/PMC9300349/>
- [44]. Cummins N, Schuller BW. Five Crucial Challenges in Digital Health. *Front Digit Health*. 2020 Dec 8;2:536203. Available from: <https://pmc.ncbi.nlm.nih.gov/articles/PMC8521883/>
- [45]. Duffy A, Christie GJ, Moreno S. The Challenges Toward Real-world Implementation of Digital Health Design Approaches: Narrative Review. *JMIR Hum Factors*. 2022 Sep 9;9(3):e35693. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/36083628>
- [46]. Taylor ML, Thomas EE, Vitangeol K, Marx W, Campbell KL, Caffery LJ, et al. Digital health experiences reported in chronic disease management: An umbrella review of qualitative studies. *J Telemed Telecare*. 2022 Dec 1;28(10):705–17. Available from: <https://journals.sagepub.com/doi/10.1177/1357633X221119620>
- [47]. O'Connor S, Hanlon P, O'Donnell CA, Garcia S, Glanville J, Mair FS. Understanding factors affecting patient and public engagement and recruitment to digital health interventions: A systematic review of qualitative studies. *BMC Med Inform Decis Mak*. 2016 Sep 15;16(1):1–15. Available from: <https://bmcmmedinformdecismak.biomedcentral.com/articles/10.1186/s12911-016-0359-3>