



NEW PUBLICATION IN npj DIGITAL MEDICINE

Cost effectiveness review of text messaging, smartphone application, and website interventions targeting T2DM or hypertension

Consortium Partners from the DigiCare4You project published a new article in npj Digital Medicine (August, 2023) on the cost-effectiveness of text messaging, smartphone application and website interventions for the prevention and management of type 2 diabetes (T2D) and hypertension (HTN).

DigiCare4You is a Horizon-2020 project which aims to improve the early prevention and management of T2D and HTN with the support of digital tools. In this context, the publication contributes to improving our understanding of the cost-effectiveness of different types of digital health interventions compared to usual care.



For people living with, or at risk of, developing T2D and HTN, lifestyle interventions targeting modifiable risk factors can result in substantial health and economic gains. The need for evaluating the cost-effectiveness of digital interventions stems from the high labour cost required for lifestyle interventions and the increasing number of people living with T2D and HTN. Evidence shows that digital health interventions can be practical, reduce labour and delivery costs, and ultimately improve the clinical-effectiveness as well as the cost-effectiveness of lifestyle interventions for the prevention and management of these conditions.

Researchers conducted a systematic review of health economics evaluations concerning three specific digital interventions: text messaging, smartphone applications and websites.



Text messaging



Smartphone application



Website

The digital health interventions reviewed in the publication focused on various prevention and management strategies such as monitoring, treatment adaptations, communication, education, adoption of healthier lifestyle behaviour, facilitation of support groups and teleconsultation.

RESULTS

The results of the review found the three digital health intervention modes to be cost-effective or cost-saving compared to care as usual and, most of the time, also compared to an enhanced version of care as usual (care which also comprises self-management training, education, and/or physician training), with no substantial differences in outcomes between the three modes. Interventions were found to be consistently cost-effective in populations with (pre)T2D but not in populations with HTN.



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[Read the full article here](#)



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