panic disorder, insomnia). The treatment has consisted of cognitive-behavioral self-help programs supported by e-mail interaction. Effect sizes in these studies are equivalent to previous self-help studies on problems like panic disorder, and indicate that Internet-based treatment can serve as a cost-effective complement to psychological and psychiatric treatment. Important issues when implementing Internet-based treatment in clinical practice involve diagnoses, suitability, and compliance. Whereas self-report inventories can easily be adapted for Internet use, with similar psychometric properties as paper-and-pencil tests, it is more difficult to obtain reliable information on diagnoses. Future studies should address differences between ordinary and Internet-based treatments, and also the use of Internet-based treatment as an adjunct to pharmacological treatment.

S45.4
What can Internet add to psychiatry?

N. Lindefors*. *Department of Clinical Neuroscience, Psychiatry Section, Karolinska Institute, Stockholm, Sweden*

Computer assisted support is becoming increasingly important in clinical practice. The introduction of computerised patient records may provide a base for the development of knowledge directed psychiatry. In association with online access to data bases with diagnostic manuals and treatment programs the desk top computer may thus facilitate the development of safer medical treatments. Decision assistance during the planning of drug prescription with interaction information online may also facilitate safer treatment. Internet provide a diversified and complex avenue through the World Wide Web to acquire information on various aspects of psychiatry. For patients as well as professionals Internet Health sites with medical information have increased the awareness of alternatives for diagnosis and treatments. This is both educational and helpful but provide a challenge for the professional since it may empower some of the patients and their relatives with provocative arguments and suggestions. Internet Health sites hopefully facilitate patient self help and may be adopted for structured patient education. Clinical education and professional development through online CME with Clinical Update is widely provided but the accreditation and quality control needs to be more systematic. Examples of development of Internet applications in the near future are support systems with SMS as reminders and online booking for psychiatric consultations.

S45.5
Internet strategies for AEP

C.B. Pull*, J.M. Cloos. *Centre Hospitalier de Luxembourg, Luxembourg*

The Association of European Psychiatrists (AEP) was founded to foster communication between psychiatrists in Europe in all major fields, including in particular clinical practice, training, research and ethics. To achieve these aims, the AEP organizes European Congresses (every second year), spring and autumn symposia (in the years between Congresses), as well as a number of section symposia.

The AEP was founded before the beginning of the area of the Internet. During the first years of its existence, work in the AEP committees and sections were performed in a traditional way. This proved to be a haunting and sometimes frustrating task.

With the availability of the Internet, it has become possible to considerably develop and enhance communication between the members of the different AEP Committees, sections and other members.

The authors will describe the current version of the AEP Internet site and discuss future strategies for using the Internet to achieve the goals set up by the founders of the AEP.

S46. Data bases for psychiatric research

Chairs: H. Hall (S), C. Wahlestedt (S)

S46.1
deCODE genetics

K. Stefanson. *Iceland*

No abstract was available at the time of printing.

S46.2
Computer-based characterization of phenotypes for genetic and pharmacogenetic studies in psychiatry

H. Fangerau*, T.G. Schulze, F. Illes, S. Ohlraun, D.J. Müller, W. Maier, M. Rietschel. *University of Bonn, Department of Psychiatry, Germany*

Genetic factors play an important role in the aetiology of psychiatric disorders as well as in patient's individual response to medication.

In order to identify those genetic factors large sample sizes are required as we are not looking for major genes but for vulnerability genes with minor effects. Furthermore, even larger samples sizes are required for the obligatory replication studies.

In general those sample sizes can only be obtained by involving different clinical centres. A serious problem of multi-centre studies however is heterogeneity of phenotype characterisation, which can be deleterious for molecular genetic studies.

We developed a computer-based questionnaire to assess life-time symptomatology and to perform DSM diagnoses. The program is based on validated interviews for which translation in different languages already existed or has been made available by us.

The use of this computer-based questionnaire allows homogeneous phenotype characterisation by different study sites, easy data transfer and the possibility for psychiatrists of validating their colleagues' diagnoses even if they do not speak the same language.

This questionnaire is already successfully applied at co-operating centres in Europe, Asia and Latin-America.

S46.3
Genetic databases

C. Wahlestedt*. *Center for Genomics and Bioinformatics (CGB), Karolinska Institute, Stockholm, Sweden*

Bioinformatics (Computational Biology) has emerged as an essential discipline in the era of genome-scale biology. The advancement of high-throughput technologies for sequencing, genotyping, expression analysis and proteoniics facilitated a burst in life sciences data incomprehensible a mere 10 years ago. Despite the exciting developments in data generation, the ability to query, obtain and analyze the data remains limited to a small population of scientists bridging the gap between Information Technology and Biological Sciences. With increased emphasis on bioinformatics education as well as development of more user friendly tools and databases, the

https://doi.org/10.1016/S0924-9338(02)80322-4 Published online by Cambridge University Press