



European digital content for the global networks

**EDC-22071 KOM2002/27938**

**Groupware for Distributed Content Production**

**KOM2002**

## Content plan

<b>Security (distribution level)</b>	<b>Public</b>
<b>Contractual date of delivery</b>	31.12.2002
<b>Actual date of delivery</b>	31.12.2002
<b>Deliverable number</b>	D 2.1.
<b>Deliverable name</b>	Content plan
<b>Type</b>	R
<b>Status &amp; version</b>	Final
<b>Number of pages</b>	35
<b>WP contributing to the deliverable</b>	WP2
<b>WP / Task responsible</b>	Martin Winkler (FH NON)
<b>Other contributors</b>	Jacob Palme (KTH)
<b>Author(s)</b>	Martin Winkler
<b>EC Project Officer</b>	Kimmo Rossi
<b>Keywords</b>	Content plan, medical quality, areas of content, Medcircle
<b>Abstract (for dissemination)</b>	This deliverable describes the content plan of our project ;main aspects of content delivery and editorial aspects of our web project; defines areas of content and responsible editors of content; gives additional information according the medical standards (MEDCIRCLE®) for content presentation in the internet

Attachment : Naming of Web4Health International Pages Report by Jacob Palme

# 1. Table of contents

<a href="#">1. Table of contents</a>	2
<a href="#">2. Executive summary</a>	3
<a href="#">3. Introduction</a>	4
<a href="#">3.1. Content evaluation</a>	6
<a href="#">3.2. Aims of content development</a>	7
<a href="#">3.3. Type of content</a>	8
<a href="#">3.4. Editors of Web4health</a>	9
<a href="#">4. Areas of content</a>	11
<a href="#">4.1. Addiction</a>	12
<a href="#">4.2. ADHD</a>	13
<a href="#">4.3. Anxiety</a>	13
<a href="#">4.4. Psychopharmacology and biological treatment</a>	15
<a href="#">4.5. Depressive and Bipolar Disorder</a>	15
<a href="#">4.6. Borderline personality disorder</a>	16
<a href="#">4.7. Child care</a>	16
<a href="#">4.8. Eating Disorder</a>	17
<a href="#">4.9. Health</a>	18
<a href="#">4.10. Life</a>	18
<a href="#">4.11. Other psychology/ psychiatry information</a>	19
<a href="#">4.12. Sexual Problems</a>	19
<a href="#">4.13. Sleeping disorders / Insomnia</a>	20
<a href="#">4.14. Functional somatic syndromes</a>	21
<a href="#">4.15. Psychotherapy</a>	21
<a href="#">4.16. Web4health-website</a>	21
<a href="#">5. Medcircle® criteria for medical webpages</a>	22
<a href="#">5.1. Infoprovider - Identity</a>	22
<a href="#">5.2. Infoprovider – Organisation</a>	23
<a href="#">5.3. Feedback</a>	24
<a href="#">5.4. Sitespecific – Identity</a>	26
<a href="#">5.5. Sitespecific - Service</a>	27
<a href="#">5.6. Sitespecific – Content</a>	27
<a href="#">5.7. Sitespecific – Disclosure</a>	33
<a href="#">5.8. Quality</a>	34
<a href="#">5.9. Policies</a>	34
<a href="#">5.10. Accessibility</a>	35

## **2. Executive summary**

This paper gives a description of the KOM2002 content plan for our webpage Web4health. The content plan describes aspects of content development and special areas of content of our project.

This document is split into 3 parts, each of them detailing one topic.

- I General information of content development and editors of content
- II Areas of content for the project KOM2002 and our webpage WEB4HEALTH
- III Medcircle® criteria for medical webpages with additional information about content presentation

This paper gives additional information about:

- Development of content
- Editorial aspects of the webpage
- Information about the content areas of web4health
- Sitespecific design and identity
- Aims of the webpage and target audience
- Possibilities of feedback for the internet user of the webpage
- Service and maintenance of the webpage
- Aspects of content validity and quality
- Sitespecific disclosures like conflict of interests
- Relevant policies of KOM2002 / Web4health webpage

### 3. Introduction

This deliverable is a result of the existing content evaluation and quality planning (Workpackage 1) and discussions of the KOM2002 project group via e-mail discussion, chat and our project meetings in Luxembourg and Ioannina in the course of the project. We will use the content plan for the further development of new content (Workpackage 2 New Content Development First Stage).

During the process of Workpackage 1 we decided to use our groupware concept to specialize on the aspect of Frequently Asked Questions of the users in the area of mental health. We think this aspect is of special relevance for the users and offers best chances for a future commercial success of the project. During the preparation of our content plan for the project KOM 2002 / web4health we put special efforts to meet highest quality criteria for health related websites. We are aware of different approaches to define quality issues of medical webcontent MEDCERTAIN criteria of the Safer Internet Action Plan of the EU (<http://www.medcertain.org>) or the standard QMIC Quality in Medical Information and Communication ([www.health.tno.nl/en/news/qmic\\_uk.pdf](http://www.health.tno.nl/en/news/qmic_uk.pdf)). We will also meet the standards of the HON Health On the Net Foundation ([www.hon.ch](http://www.hon.ch)). This includes also tools for the user to define high quality medical webpages like DISCERN (<http://www.discern.org.uk>) of the NHS Executive Research & Development Program or NETSCORING ([www.chu-rouen.fr](http://www.chu-rouen.fr)).

The description of the content plan uses main aspects of the MEDCIRCLE® (<http://www.medcircle.org>) standards for medical webpages and the eHealth Code of Ethics:

## **Transparency and Honesty**

We will provide information about the identity and contact for feedback or questions to the responsible persons of our project. Transparency of purposes and objective of the site as well as any commercial interests and funding we be offered.

## **Authority**

The sources and information about the medical experts and institutions and sources of our information will help the user of our webpage to find reliable medical information.

## **Privacy**

Privacy, security and confidentiality is the most important issue in the development and maintenance of our groupware concept and webpage and clearly defined at the very beginning of content development. We implement all necessary preparation to protect personal data against any misuse.

## **Currency**

We will have regular updates of our webpage with our groupware concept. We expect daily updates or feedback to offer up-to-date information.

## **Accountability**

Quality issues will be of highest relevance for the content development of our project. The editorial policy of content development will be clearly stated and only selected authors with medical and psychotherapeutic clinical experience will participate in the project. Our groupware concept offers special opportunities for user feedback and interaction with the experts (Ask-the-expert-areas, forum, chats).

## **Accessibility**

During our preparation meetings and ongoing e-mail contact we discussed special issues of accessibility and usability of our content. We will provide easy access and user friendly content with good readability features. Special care will be take to have open access for handicapped persons.

Further information about the editorial policies and quality management will be described in the additional Deliverables of the Quality Assurance Plan and Community Outreach Policy. These aspects will not be discussed in detail in this deliverable.

### **3.1. Content evaluation**

During the first 6 months of the project KOM2002 an evaluation of the existing content was made for the future development of our new content. One important aspect of the content evaluation was also the review of other webpages in the area of mental health information and the issue of quality standards for medical webpages. These results will be summarised in a special Deliverable (content evaluation by IOANNINA).

The medical and psychological partners of KOM2002 used webpages for patient counselling for a long period. One main aspect of the content evaluation was to find out more about the demands of the future users of Web4health. But we found no existing systematic review of the demands of the users of internet users in the area of mental health. So we used the feedback of the internet users of our existing webpages for the development of the KOM2002 project and the webpage WEB4HEALTH. We will try to get more statistical information during the future evaluation period of our project.

We think it is one major aim of the eContent program to provide a new service to the general public that uses specific advantages of our groupware concept. There are many webpages that provide general information about mental health or even detailed information for certain mental health issues. But it is very difficult for the internet users to find good information and to have an easy access to this information. Many users want a possibility to get direct consultation or answers to their special questions. They also like to have a second opinion on consultations or treatment options of their local doctors or psychotherapist.

During the evaluation of our webcontent we discussed the issue of user feedback and questions to the editors of the webpages in detail. We receive a lot of these emails every day. According to our business partner Netdoctor about 70 percent of the users of medical webpages want a service that provides individual Ask-the-expert counselling. Medical web portals started these expert counselling but were not able to provide such a service for a longer period. There are no specific tools to select and sort this type of repeated questions in the area of medical content delivery.

### **3.2. Aims of content development**

The content of our webpage web4health is written by medical experts and psychotherapists with long clinical experience. We have provided mental health related information in the internet with our existing webpages on different topics. One special aim of the groupware concept will be the possibility to combine human knowledge and clinical experience with aspects of the use of new technologies for discussion and presentation of the content.

The aim of our content development is to reach a broad variety of possible users (further information in our Outreach community plan). We hope that the users will seek professional medical or psychological help if necessary if they have the knowledge about specific mental problems. A good example could be the diagnosis of obsessive-compulsive disorders. Many people have compulsive or obsessive behaviors or thoughts but do not go for professional help because they do not know about the specific symptoms and influences of this disorder. Additional fears and social isolation have a big influence on the course of the disorder and cause secondary depression or problems of substance abuse.

We also know from the feedback of the users of our existing webpages that they have additional questions which was not answered by their local doctors or during psychotherapy. Psychoeducation is very difficult in a setting of 10-15 min times offered by many psychiatrists in the clinical setting. Or the patients cannot remember this information because of special impairments or their attention or memory functions due to their psychiatric problems.

We think it is a great advantage of our project to offer different approaches of information to the users. We will offer a variety of information within our system. But we will also offer direct response from the medical experts. These responses will be integrated in the existing webcontent to offer an ongoing content development during the project and future commercial use of the existing groupware concept. We know that the users will also use different sources of information by other webpages or books or journals. The groupware concept will offer an additional opportunity to discuss these issues in the forums or chats as well.

### **3.3. Type of content**

We will use the groupware concept of KOM2002 to provide a system which gives easy access to questions and related answers of the medical experts. We will not provide the traditional form of content presentation with informational webpages but concentrate on the new feature of questions and answers of the users. So the choice of content topics and special areas of interest will be highly influenced by the demand (questions) of our webpage users. We will provide ongoing research on these needs and provide adaptation to the needs to optimize our webpage according to the demand of the internet users.

We have called this type of content FAQ (= frequently asked questions), but it is slightly different to the general use of this term in the area of internet. FAQ in our project are any type of questions of the users that might be relevant for other prospective users of our webpage. Our groupware program will offer a set of templates with answers to the specific question of the user.

A second type of content will be the section "ASK-the-expert". We provide direct counselling by the medical / psychological expert board. These questions and answers will be included in the set of FAQ if the answer was appropriate to the needs of our user.

We provide additional information about the groupware concept and naming of the FAQ templates in the Attachment.



### **3.4. Editors of Web4health**

The authors of the KOM2002 project have long clinical experience and have provided internet webpages for a long time prior to the KOM2002 project. We will only include medical doctors or licensed psychological psychotherapists in the editorial board of our project.

#### **3.4.1. FP**

Framtidspsykologi Stockholm provided a set of FAQ in the area of obesity and eating disorders. The long personal psychotherapeutic experience of Gunborg Palme in the area of obesity and eating disorders and public health information influenced the main aims of the content plan. The psychotherapeutic point of view on the presentation of this information to the general public is of great importance for the usability of our webpage. The experiences of a previous EU-funded project in the area of eating disorders helped to provided this content plan.

#### **3.4.2. University Ioannina**

The greek webpage of the contributors of the University of Ioannina ([www.stress.gr](http://www.stress.gr)) is the most popular webpage for mental health in Greece. The editors of this webpage have highly qualified clinical psychiatric experience and scientific background on the aspects of mental health information. According to our decisions of the project meetings the special issue of Quality management and evaluation will be special tasks for this partner of KOM2002.

Many users have general questions in the content area of depression or anxiety disorders. The existing webpage of our Greek partner has a special section for email contacts and answers of the psychiatric doctors. This concept was very popular to the users of this site.

We decided to use a similar approach for our content development and to combine this feature with our groupware concept.

#### **3.4.3. EMERGIS**

Emergis ([www.emergis.nl](http://www.emergis.nl)) is a popular webpage of a dutch project for mental health information. During the project evaluation the aspect of email feedback was also stressed by our Dutch partners. We receive a lot of emails in special areas of interest. One example is the area of sexual dysfunction or related problems. Many users prefer to use the internet to get anonymous advice or information in this area. This is also true for aspects of addiction. We think it will be a good approach to offer information to frequently asked questions in the area of different types of addiction to motivate people to seek professional help. Emergis is a team of medical and psychological experts so no single names are listed in this report.

#### **3.4.4. ABIT**

The Italian webpage is specialised on the issue of eating disorders. It offers excellent individual information and help for the users in Italy. The quality of information and readability of information is a very important aspect to offer psychotherapeutic advice for this group of patients who have big problems to form a good therapeutic relationship to a doctor or psychotherapist. Aspects of quality management have been developed by ABIT in the course of the project.

#### **3.4.5. FH NON**

The existing webpage ADD-Online is a german language web project on the issue of ADHD. Although this is a much specialised topic the demand for information and the number of hits (over 1, 5 Million since 1999) shows that special topics might be wanted by the internet users if no other forms of good medical or psychological information is available. The editors of this web project get at least 10 to 20 individual emails every day with special questions on this topic. We also give additional answers in existing forum or chat discussion in the internet. We tried an expert chat during to evaluation period of the Workpackage 1 and got over 130 new questions of the internet users within 2 \_ hours time.

The University of Applied Medical Sciences has good experiences in the area of public health information. FH NON will be responsible for content development and ongoing content production and the coordination of the medical expert group during the project.

## 4. Areas of content

Web4Health will offer a broad spectrum of aspects of mental health. This includes aspects of mental well-being and problems of daily life as well as a description of relevant mental disorders and treatment options. We will focus on aspects of common problems of the users. Some major mental health disorders (e.g. schizophrenia) are not listed in this content plan. These major disorders should be sent to the local psychiatrist because we cannot influence the perception and interpretation of our web content for people with severe impairments of the basic cognitive functions. The special demands of the internet users will be subject to the evaluation of KOM2002 / web4health.

The topics will be described by 16 primary categories of content. These primary categories may be subdivided by subcategories. At this time of the project we can only speculate about the necessary number of questions and answers for each category. We think that at the end of the project up to 200 FAQ will be provided in certain areas of special interest, but there might be areas of minor interest that can be handled with a smaller number of informational templates (FAQ). This will be subject to ongoing evaluation of the special demands of our users.

The classification of content areas is only used to organize the work and areas of responsibility for the medical expert group. We will use this structure of content within our groupware concept but it will not be visible to the user of our webpage. The access to the information will be provided by the language answering system and directories of content.

Each area of content has at least one main responsible editor of the clinical expert board. A review and additional contents will be organised by other clinical experts of our board.

The naming of these content areas is further described in Attachment (Naming of Web4Health International Pages Report) by Jacob Palme (KTH).

#### 4.1. Addiction

Primary category	add	
Main responsibility	Petros Skapinakis	(Ioannina)
	Venetsanos Mavrèas	(Ioannina)
Review	Emergis	

In this primary category typical causes and problems of addictive disorders or behaviour will be described. This will handle misuse or dependence of alcohol or drug use as well as other types of addictive behaviour like internet addiction, shopping addiction or gambling. Substance use disorders are associated with a significant increase in morbidity and mortality and have a huge impact on social costs for the public health system. Each year nonnicotine substance dependence is, directly or indirectly, responsible for at least 40% of all hospital admissions and approximately 25% of all deaths. Two-thirds of these deaths occur in individuals who are dependent on heroine or cocaine; nearly 40% occur in individuals between the ages of 30 and 39. Early onset of addictive behaviors or dependence is associated with poor outcome and very difficult for treatment.

The impact of substance use disorders on the families of these individuals and the public is also of great importance. Approximately one-half of car accidents involve either intoxicated driver or pedestrians and over 50 % of domestic violence occurs under the influence of drugs. Sexual diseases are also influenced by substance abuse. About 1/3 of new AIDS-infection are related to drug abuse.

The prevention of misuse or dependence of addictive substances is also influenced by the information about the drugs and consequences. Many persons try to hide their dependence or are not yet motivated to seek professional help.

We will try to offer additional information for subjects like internet addiction or misuse. We think that it is an appropriate way to reach this special group of addictive persons. In the further time of the project we might have to offer special information (FAQ) for different types of addictions and comorbid disorders.

## 4.2. ADHD

Primary category	adhd	
Main responsibility	Martin Winker	(FH NON)
Review	Emergis	

ADHD (Attention Deficit / Hyperactivity Disorder), once called hyperkinesis or minimal brain disorder, is a common psychiatric disorder of children, adolescents and adults affecting 3- 6 % of the population or at least 1 children in every classroom. Children, adolescent or adults with ADHD exhibit core symptoms of inattention, hyperactivity and impulsivity in various degrees and different levels of severity. To their family, classmates or co-workers, they seem to exist in a whirlwind of disorganized activity. This category refers to common causes, diagnosis and treatment options of this disorder or related problems of disruptive disorders. We will discuss problems of comorbid disorders (like substance abuse) and the possible risks of the pharmacological treatment with psychostimulants.

## 4.3. Anxiety

Primary category	anx	
Main responsibility	Petros Skapinakis	(Ioannina)
	Vanetsanos Mavrèas	(Ioannina)
Review	Gunborg Palme	(FP)

Anxiety disorders are the most common of all mental health disorders with a lifetime prevalence of about 25 %, or about 9 % at the present time. Listed in the category of anxiety disorders are: Panic disorder, Agoraphobia, Generalized Anxiety Disorder, Social Phobia and specific phobias. Obsessive-compulsive disorder symptoms will also be included in this primary category.

Many of these people suffer in isolation or have the misconception that anxiety disorders are a character problems or signs of “weakness”. These serious mood disorders have influence on a person’s ability to function in every day activities. It affects all areas of one’s work, family-life or social function. Education about causes and psychotherapy options plays a central role in modern multimodal treatment. Depending upon severity of anxiety a combination of medication and psychotherapy will be appropriate for the individual.

People with **Panic Attacks** have a discrete period of intense fear with a wide range of physical symptoms like palpitations, pounding heart or accelerated heart rate. Because of chest pain or sensations of breath shortness they often seek help by emergency doctors. Other symptoms of a Panic disorder might include nausea or abdominal distress, feeling dizzy, fear of losing control or going crazy. About 2- 3.5 % of the population have panic attacks.

**Agoraphia** is characterized by the fear of being in places or situations from which escape might be difficult or embarrassing. Agoraphobic fears typically involve typical situations like being on a bridge, travelling in a bus or train or being outside the home alone. These situations are avoided or else marked distress or anxiety about having a Panic Attack will happen. Agoraphobic fears are very common and affect about 2.5 % of the general population.

**Generalized Anxiety Disorder** is defined by chronic and exaggerated worry and tension even through nothing seems to provoke it. People with this disorder anticipate disaster or excessive problems concerning personal health, family aspects, money or work. People with this disorder usually cannot relax and have a broad spectrum of related problems like sleeping problems or secondary addiction problems. Quiet often physical symptoms like trembling, muscle tension or headaches, sweating or other problems arise. The clinical prevalence can be high (up to 8 % in some studies), but many of these people do not seek professional help because this disorder is not very well known to the public.

**Social Phobia** is an intense fear of becoming humiliated in social situations, specifically of embarrassing oneself in front of other people. It often is accompanied by depression or substance abuse. Social fears and phobic behaviour affects about 10 – 13 % (life time).

**Specific phobias** symptoms are experienced by at least 1 of 10 persons. So many people experience intense, irrational fears of certain things (e.g. a knife) or situations like heights, tunnels, escalators, or injuries involving blood. Adults with phobias realize their fears are irrational but they avoid these objects or situations or would experience symptoms of a panic disorder.

**Obsessive-compulsive disorder (OCD)** is an illness that causes people to have unwanted thoughts (obsessions) or to repeat certain behaviours (compulsions) over and over again. Most people with OCD know that their obsessions and compulsions make no sense, but they can't ignore or stop them. Obsessive thoughts make people with OCD feel nervous or afraid. They try to handle these feelings by performing certain behaviours according to "rule" that they make up for themselves. This might include rituals of washing or cleaning or other behaviours. About 2 % of the population have this disorder.

#### 4.4. Psychopharmacology and biological treatment

Primary category	bio
Main responsibility	Petros Skapinakis (Ioannina) Venetsanos Mavrèas (Ioannina)
Review	Emergis Abit FH NON

In this section questions and information on psychopharmacological treatment (e.g. antidepressants, neuroleptics, anxiety reduction, sleeping pills and stimulants) will be summarised. Other forms of biological treatment methods (e.g. light therapy for depressive disorders) will be described. During the process of content evaluation we got many questions in this content area. At this point of the project we will try to respond to common questions of the users of our Webpage. We cannot provide information about all possible treatment approaches and will refer to local doctors to get individual counselling if necessary.

#### 4.5. Depressive and Bipolar Disorder

Primary category	bipolar
Main responsibility	Ioannina Emergis

Depressive disorders are very common disorders, affecting about 25 % of adult women and more than 10 % of men. About 2 % of all children under 12 years and 5% of adolescents are affected. 10 – 15 % of the depressive patients commit suicide. Only half of all depressive disorders are properly diagnosed and many of these patients do not seek professional psychiatric or psychotherapeutic help because somatic symptoms (functional somatic syndromes, insomnia, low appetite) are misinterpreted. Symptoms do not only include a loss of interests and changes of the mood and affective regulations but also cognitive impairments like low concentrations or psychotic symptoms.

We know of different causes of depressive symptoms and forms of depressive disorders (e.g. bipolar depression, melancholia, dysthymia).

Medical disorders (stroke, chronic heart diseases, cancer or changes of hormones) can influence the onset and course of depressive disorders. We know that psychosocial aspects are of a special importance as well. This can be the loss of a relevant person or work, burn-out syndromes, chronic worry or other influences of daily life.

#### 4.6. Borderline personality disorder

Primary category	border	
Main responsibility	Martin Winkler	(FH NON)
Review	Petros Skapinakis	(Ioannina)
	Venetsanos Mavrèas	(Ioannina)

Borderline Personality Disorder (BPD) is a severe, chronic, disabling and potentially lethal psychiatric condition. People who suffer with this disorder have extreme and long standing instability in their emotional lives, their behaviours and their self-image. People with Borderline-Personality disorder have repeated and frequent difficulties in their relationship and work lives and feel extremes of anger, depression or emotional emptiness. Typically self destructive behaviours such as self-mutilation, alcohol or drug abuse, serious over or under eating are related to this disorder.

This is a common disorder affecting 1-2 % of the general populations and about 10 % of psychiatric inpatients. Compounding the seriousness of BPD is that it is difficult to treat. The characteristics of these disorders, such as instable relationships and intense emotional reactions interfere with establishing the therapeutic relationship that is necessary to any treatment.

The use of internet information on this condition might help to understand these maladaptive patterns and promote professional mental help for this group of patients.

#### 4.7. Child care

Primary category	child	
Main responsibility	Martin Winkler	(FH NON)
Review	Gunborg Palme	(FP)

Parents feel isolated when looking for information on child care or educational issues. They often go only for other parents, relatives or co-workers for advice and base their decisions and interventions on information that is limited.

The goal of child care education is to provide information to parents so that they may meet their personal and family needs. Of special importance will be how good child care can prevent future mental disorders, and how not-so-good child care can be a factor causing future mental disorders.

We will try to cooperate with experts of child psychiatry and pedagogical experts if we get a high number of questions in this content area. The FH NON already has an ongoing cooperation with the department of pedagogic of the University Lüneburg and additional support will be provided by german doctors of child psychiatry if necessary.



## 4.8. Eating Disorder

Primary category	ed	
Main responsibility	Fabio Piccini Gunborg Palme	(ABIT) (FP)
Review	Petros Skapinakis Venetsanos Mavrèas	(Ioannina) (Ioannina)

In this category the clinical experts will describe typical causes, symptoms and treatment options for eating related problems. Relevant disorders like Anorexia or Bulimia, obesity and binge eating disorder will be explained. Aspects of diet or weight control will be handled.

**Anorexia nervosa** is a very serious eating disorder. It may lead to death as a consequence of starvation or other medical conditions caused by lack of food. The desire to avoid eating too much is often combined with an excessive fear of becoming fat and extreme notions about wholesome and unwholesome food. Those with anorexia frequently deny that they are underweight, or ill, just as alcoholics deny that they are addicted to alcohol. Women with anorexia often miss their menstruation several times in succession.

**Bulimia nervosa** is a common eating disorder. It is most common among young women, where 1-2% are affected. It is characterized by a craving for food, where you rapidly wolf down much more food than your body needs. People with bulimia sometimes often cannot stop themselves from eating more and more. More or less successful methods are then used by the individual to prevent an increase in weight. Bulimics are frequently able to maintain normal weight or slightly less than normal weight despite their eating disorder, but there are also those with drastic swings in weight. Bulimics usually alternate between compulsive eating and periods of getting rid of the food and fat using different methods. The fasting or vomiting usually ends with renewed hunger, causing a new period of frenzied eating. People with Bulimia often feel that they are unable to control their own eating.

The term **Binge Eating Disorder** (BED) is used for those who go through recurring episodes of compulsive overeating. They eat far too much, but don't get rid of the extra calories in the same way as those with bulimia. They typically eat large quantities of food quickly even when they are not physically hungry. Feelings of shame and guilt are common.

BED usually leads to overweight. About one fifth of those who seek medical help for overweight have typical symptoms. Even those with overweight who don't have typical symptoms are often helped by similar treatment.

#### 4.9. Health

Primary category	health	
Main responsibility	Fabio Piccini Gunborg Palme	(ABIT) (FP)
Review	Gunborg Palme Fabio Piccini	(FP) (ABIT)

A person's well being is the integration of health knowledge, attitudes and behaviours. To change maladaptive patterns one has to understand how the human body is affected by behaviours related to eating habits, physical fitness, personal hygiene or environmental conditions. This primary category offers information to identify causes and possibilities of prevention of disorders or disease.

This category will be strongly influenced by the interests of our users. We will try to answer common questions of our users during the testperiod and later course of the project.

#### 4.10. Life

Primary category	life
Main responsibility	All mental health experts
Review	All mental health experts

Personal relationships, including those with family, friends or co-workers have a great impact on personal well-being. This includes aspects of loneliness, jealousy, marital or family problems as well as interpersonal relations at work. The content of this primary category will help to communicate effectively within relationships, resolve conflicts responsibly and understand how to respect the rights of self and others in interpersonal relationships.

We will try to answer questions of the users concerning these topics and give some help for problem-solving or possibilities to find own solutions for these problems. We will try to motivate the reader to seek professional psychotherapeutic consultation if necessary.

#### 4.11. Other psychology/ psychiatry information

Primary category	psy
Main responsibility	All psychiatric experts
Review	All psychiatric experts

In this category we will include public domain texts about common psychiatric disorders (e.g. NIMH-texts) which offer good basic information about psychiatric disorders like schizophrenia or dementia or other relevant psychological information. Since we will respond to the questions of the web4health-users we might also include other mental health topics in this category if necessary. But we will not provide basic information about all different psychiatric disorders because a lot of specific information is already available in the internet and literature.

#### 4.12. Sexual Problems

Primary category	sex
Main responsibility	Emergis
Review	Martin Winkler (FH NON)

Sexual problems are very common problems. 4 of 10 women and 3 of 10 men experience sexual problems. Women reported low sexual desire (22 %), problems of arousal (14%) or pain during intercourse (15). Examples of male dysfunction are premature ejaculation (21%), erectile dysfunction (5%) or low desire (5%). We know, that sexual problems are influenced by psychosocial problems or comorbid psychiatric disorders. Stress-related problems or financial problems are also important risk factors for sexual dysfunction. Past sexual trauma as sexual assault is associated with long-term sexual problems. There is a strong association between sexual dysfunction and impairments of the quality of life.

Many people do not seek professional help because this topic is a very personal topic. Psychoeducation can be a very useful attempt to reduce feelings of helplessness or (wrong) shame about this issue.

#### 4.13. Sleeping disorders / Insomnia

Primary category	sleep	
Main responsibility	Petros Skapinakis	(Ioannina)
	Venetsanos Mavrèas	(Ioannina)
Review	Martin Winkler	(FH NON)

Insomnia, or inability to sleep, is something that many people suffer from at some time. But it can also be a very serious disorder or symptom of comorbid somatic or psychiatric disorders (e.g. trauma, depressive disorder, mania, schizophrenia)

Drivers falling asleep at the wheel cause about 20% of major road accidents and these accidents result in a higher rate of death and serious injury as sleeping drivers don't brake or swerve. This is only one example of the enormous consequences of sleeping disorders !

Two examples of relevant sleeping disorders are :

##### **Insomnia**

Many people have difficulty in getting to sleep or wake up during the night. If the quality of sleep is affected these people feel tired at the next morning. However there is also a huge misconception about the average sleeping time, that causes a misuse and also abuse of sleeping pills. We know of lot of possible influences on sleeping problems. This might be regular shift work or life-style influences like television, caffeinated drinks like coffee, tea or cola and stress related influences. Chronic worry, depression and personal problems are a common source of insomnia and sometime somatic problems (like chronic pain or heart disease) have an influence on the quality of sleep.

##### **Sleep apnoea and snoring**

Sleep apnoea is a common medical disorder causing daytime sleepiness and impaired daytime working performance in around 2 percent of adults. These symptoms are due to the throat narrowing or blocking repeatedly during sleep. This causes an apnoea with influence on the oxygen supply of the brain and subsequent sleep disturbance. The patients usually find nocturnal sleep unrefreshing and their partners may observe loud snoring with intermittent breathing pauses. Sleep apnoea has a big influence on the wellbeing and is a risk factor for other somatic diseases (e.g. stroke, hypertension).

#### 4.14. Functional somatic syndromes

Primary category	soma	
Main responsibility	Martin Winkler	(FH NON)
	Petros Skapinakis	(Ioannina)
Review	Paul Rynden	(Emergis)
	Jan van der Hallen	(Emergis)

Somatoform disorders are a heterogeneous group of disorders, ranging from somatization disorder, conversion disorder, pain disorder or fibromyalgia , irritable bowel syndrome to health anxieties ("hypochondriasis"). The common feature of all these disorders is the presence of physical symptoms, which suggest that they are caused by a general medical condition, but nevertheless cannot be fully explained by it. Patients often make excessive use of the medical system in order to find the causes for their complaints. It is very difficult to offer psychotherapeutic help to this group of patients.

We try to offer psychoeducation about the symptoms, possible somatic and psychosocial causes and treatment options for this heterogeneous group of disorders. Since this group of patients normally does not seek professional psychotherapeutic help this could be a first attempt to motivate the patients to get additional advice by a psychological trained professional.

#### 4.15. Psychotherapy

Primary category	therapy	
Main responsibility	Fabio Piccini	(ABIT)
Review	Gunborg Palme	(FP)

In this section we will answer questions about different methods of psychotherapy. This might include standard therapies like psychoanalytic therapy, cognitive-behavioral therapy or Gestalt therapy. Special types of psychotherapeutic therapy for certain disorders will be included in the course of the project (e.g. dialectic behavioral therapy for Borderline-personality disorder). We want to describe aims, possibilities and limitations of psychotherapeutic therapy.

#### 4.16. Web4health-website

Primary categories	this-site	
Main responsibility	Jacob Palme	KTH

This is a category that gives additional information about the policies and privacy issues of our Webpage. It has been included in the content section to provide easy access and offer further feedback possibilities to the users.

## 5. Medcircle® criteria for medical webpages

Medcircle® is founded by an other EU project under the Action Plan for Saver Use of the Internet and provides a defined set of information and defined vocabulary (HIDDEL) for the description and evaluation of medical content for the Internet. The description of necessary terms and definitions is available in English, Finnish and German language ([Medcircle](#))

At this point of the project we can only include the basic information by the web provider and development of the webcontent. Since the Medcircle® standard will have to be included at a later time after evaluation of our website according to the rules of the Medcircle® project. This paper will be subject to ongoing changes during the process of content development and maintenance of our webpage.

We are also aware of other standards of medical webcontent, which are included in the Medcircle® criteria like HON ([www.hon.ch](http://www.hon.ch)) or Discern ([www.discern.uk.org](http://www.discern.uk.org)).

### 5.1. Infoprovider - Identity

**What is your postal address? (If you have more than one address, provide the postal address suitable for administrative contacts)** infoprovider\_identity\_address

**Name:** Web4health project, DSV Department, KTH Technical University

**Postal:** Forum 100, 11740 Kista, Sweden

**E-mail:** [ipalme@dsv.su.se](mailto:ipalme@dsv.su.se)

**Phone:** +46-8-16 16 67

**Fax:** +46-8-783 08 29

**Who is the publisher, i.e. the entity responsible for making the resource available (owner of the site)?** infoprovider\_identity\_dc.publisher

**Name:** DSV Department, KTH Technical University

**What type of information provider do you belong to?** infoprovider\_identity\_type

Universities and higher educational institutions

KTH, IOANNINA, FH NON

Other educational institutions and schools

EMERGIS

Healthcare Service Providers (hospitals, doctors)

(psychotherapist)

FP, ABIT

## 5. 2. Infoprovider – Organisation

**In which country are most employees working** ? [infoprovider\\_operation\\_country\\_employees](#)

Sweden

**In which country is the information provider / owner of the site a legal (registered) entity?**

[infoprovider\\_operation\\_country\\_legalentity](#)

Sweden

**In which country / countries is / are the server(s) located?**

[infoprovider\\_operation\\_country\\_server](#)

Sweden

**What is the name of the person responsible for the quality of the web site (editor-in-chief, chief quality officer or equivalent)?** [infoprovider\\_operation\\_staff\\_cqo](#)

Medical co-ordinator: Martin Winkler

Chief quality officer: Petros Skapinakis

**What is the qualification / training of the Chief Quality Officer?**

[infoprovider\\_operation\\_staff\\_cqo\\_training](#)

Medical doctor

**Is the qualification/training of the CQO appropriate taking into account the medical content and aims of the site? (External evaluation by medical expert)**

[infoprovider\\_operation\\_staff\\_cqo\\_training\\_appropriate](#)

The Chief Quality Officer has a long clinical psychiatric experience as well as a scientific qualification at the Universities of Ioannina, Greece

### 5.3. Feedback

**How can users give feedback?** [infoprovider\\_feedback](#)

Email

Webform

Mail

(Phone), if necessary

(Fax), if necessary

**What is your postal address to which users can give feedback, (e.g. customer service department)?** [infoprovider\\_feedback\\_address](#)

Dr. Martin Winkler

Zentrum für Angewandte Gesundheitswissenschaften

Fachhochschule Nordostniedersachsen

Wilschenbrucher Weg 84a

21335 Lüneburg

Deutschland

**What is the feedback email address for content issues?**  
[infoprovider\\_feedback\\_email\\_forcontent](#)

Winkler@fhnon.de

**Do you answer all email / feedback form inquiries?**  
[infoprovider\\_feedback\\_email\\_forcontent\\_response](#)

All emails will be answered if possible.



**If you answer all emails or feedback forms, what is your maximum response time (in working days) to an email / feedback form inquiry?**  
infoprovider\_feedback\_email\_forcontent\_speed

7 working days.

**What is the feedback email address for technical issues concerning your website?** infoprovider\_feedback\_email\_technical

cmc@dsv.su.se

**If you have a feedback form for general inquiries, please provide the url, otherwise leave blank** infoprovider\_feedback\_form

Individual feedback form will be supplied by the web4health system.

**What is the phone number for general feedback?** infoprovider\_feedback\_phone

Dr. Martin Winkler +494131677922

## 5.4. Sitespecific – Identity

**How can authors of the documents be identified?** [sitespecific\\_identity\\_authors](#)

At the top of each webpage / FAQ

**What is the URL where readers can learn about the qualification / training of the authors?** [sitespecific\\_identity\\_authors\\_qualification](#)

To be defined. Links will be provided for each webpage.

**What is the title of the resource?** [sitespecific\\_identity\\_dc.title](#)

Web4health

**How does the user know whether content is still part of your site (and whether he/she is leaving your site)?** [sitespecific\\_identity\\_extent\\_boundary](#)

Design of the webpage and FAQ-section.

**How many webpages does your resource have approximately?** [sitespecific\\_identity\\_extent\\_pages](#)

The first version of Web4health will provide approximately 300 pages / FAQ

**What is the starting URL (homepage) of your resource?** [sitespecific\\_identity\\_url](#)

<http://www.web4health.info>

**Which URL's on your server or subdirectories under your start page (z. B. shop.yourdomain.de) are not part of your site?** [sitespecific\\_identity\\_url\\_except](#)

None.

## 5.5. Sitespecific - Service

**Does visiting the site cost money?** [sitespecific\\_service\\_restrictions\\_fee](#)

No

**Are there any parts of the website which are restricted / password protected (requiring registration)?**

[sitespecific\\_service\\_restrictions\\_password](#)

To write questions or participate in our forum & chat the user their will be a registration.

**What type of services does your site provide?** [sitespecific\\_service\\_type](#)

e-content

## 5.6. Sitespecific – Content

**Explain, how users can determine when content was created, issued (=posted), last reviewed and modified/reviewed (for example, explain whether you provide this information at the bottom of each page).** [sitespecific\\_content\\_currency](#)

This information will be provided at the bottom of each page. We will provide the date of original writing and modification.

**When was the web site launched (material published for the first time)?**

[sitespecific\\_content\\_currency\\_dc.date.available](#)

Test: 1.4.2003

**When was the content created?** [sitespecific\\_content\\_currency\\_dc.date.created](#)

Start of content development: 1 July 2002

The content development is not yet finished.

**When was the content published?** [sitespecific\\_content\\_currency\\_dc.date.issued](#)

Official publishing date 1.7.2003. We will provide a limited version to a restricted group of users to test the system and content beginning at the 1.4.2003.

**When was the resource last modified (including minor changes such as correcting spelling errors or changes in layout)?** [sitespecific\\_content\\_currency\\_dc.date.modified](#)

Daily minor changes will be necessary

**What is the range of validity of the resource?** [sitespecific\\_content\\_currency\\_dc.date.valid](#)

Since medical information is subject to rapid changes the range of validity of the information is restricted. We will provide updates if necessary. We think that the range of validity should be approximately 1 year.

**When was the content last reviewed?** [sitespecific\\_content\\_currency\\_last-reviewed](#)

See bottom of each webpage.

**How often do you review the content of your site for the need to update/revise?** [sitespecific\\_content\\_currency\\_review-frequency](#)

Daily.

**When was the content last revised substantially (i.e. beyond correcting spelling errors or changes in layout)?** [sitespecific\\_content\\_currency\\_revised-substantially](#)

Daily

**Describe, what entities (persons, organisations, institutions) are making contributions to the content of the resource.** [sitespecific\\_content\\_dc.contributor](#)

Medical experts (doctors, psychotherapist)

**What is the entity (company, person, organisation, institution) primarily responsible for making the content of the resource?** [sitespecific\\_content\\_dc.creator](#)

Dr. Martin Winkler, Zentrum für Angewandte Gesundheitswissenschaften,  
Fachhochschule Nordostniedersachsen, Wilschenbrucher Weg 84a, 21335  
Lüneburg, Deutschland

**What language is the resource in?** [sitespecific\\_content\\_dc.language](#)

English, Swedish, German, Greece, Italian, (Dutch)

## **DISCERN-Criteria (Evaluation by our users / experts)**

This information is subject of external rating / evaluation according to the DISCERN-standard and evaluation instrument ([www.discern.org.uk](http://www.discern.org.uk)). The necessary items are listed to complete the Medcircle criteria list:

Are the aims of the site clear? Look for a clear indication of (1) what the site is about; (2) what it is meant to cover (and what topics are meant to be excluded); (3) who might find it useful" [sitespecific\\_content\\_DISCERN\\_aimsclear](#)

Does it achieve its aim? Consider whether the publication provides the information it aimed to? [sitespecific\\_content\\_DISCERN\\_aimsstatedachieved](#)

Is the content of the site balanced and unbiased? Look for (1) a clear indication of whether the publication is written from a personal or objective point of view; (2) evidence that a range of sources of information was used to compile the publication, e.g. more than one research study or expert; (3) evidence of an external assessment of the publication. [sitespecific\\_content\\_DISCERN\\_balanced](#)

Does it describe what would happen if no treatment is used? Look for a description of the risks and benefits of postponing treatment, of watchful waiting (i.e. monitoring how the condition progresses without treatment) or of permanently forgoing treatment. [sitespecific\\_content\\_DISCERN\\_notreatment](#)

Is it clear when the information used or reported in the publication was produced? Look for (1) dates of the main sources of information used to compile the publication; (2) date of any revisions of the publication (3) date of publication (copyright date). [sitespecific\\_content\\_DISCERN\\_productiondate](#)

Is it relevant? Consider whether (1) the publication addresses the questions that readers might ask; and (2) recommendations and suggestions concerning treatment choices are realistic or appropriate. [sitespecific\\_content\\_DISCERN\\_relevant](#)

Does it provide support for shared decision-making? Look for suggestions of things to discuss with family, friends, doctors or other health professionals concerning treatment choices. [sitespecific\\_content\\_DISCERN\\_shareddecision](#)

Does it provide details of additional sources of support and information? Look for suggestions for further reading or for details of other organisations providing advice and information about the condition and treatment choices. [sitespecific\\_content\\_DISCERN\\_sources](#)

Is it clear what sources of information were used to compile the content of the site (other than the author or producer)? (1) Check whether the main claims or statements made about treatment choices are accompanied by a reference to the sources used as evidence, e.g. a research study or expert opinion. (2) Look for a means of checking the sources used such as a bibliography/reference list or the addresses of the experts or organisations quoted, or external links to the online SOURCES. [sitespecific\\_content\\_DISCERN\\_sourcesclear](#)

Is it clear that there may be more than one possible treatment choice? Look for (1) a description of who is most likely to benefit from each treatment choice mentioned, and under what circumstances; (2) suggestions of alternatives to consider or investigate further (including choices not fully described in the publication) before deciding whether to select or reject a particular treatment choice.

[sitespecific\\_content\\_DISCERN\\_treatchoice](#)

Does it describe the benefits of each treatment? Benefits can include controlling or getting rid of symptoms, preventing recurrence of the condition and eliminating the condition, both short-term and long-term. [sitespecific\\_content\\_DISCERN\\_treatmentbenefits](#)

Does it describe the risks of each treatment? Risks can include side-effects, complications and adverse reactions to treatment, both short-term and long-term.

[sitespecific\\_content\\_DISCERN\\_treatmentrisks](#)

Does it describe how each treatment works? Look for a description of how a treatment acts on the body to achieve its effect. [sitespecific\\_content\\_DISCERN\\_treatmentrisks](#)

Does it describe how the treatment choices affect overall quality of life? Look for (1) description of the effects of the treatment choices on day-to-day activity; (2) description of the effects of the treatment choices on relationships with family, friends and carers. [sitespecific\\_content\\_DISCERN\\_treatqol](#)

Does it refer to areas of uncertainty? Look for discussion of the gaps in knowledge or differences in expert opinion concerning treatment choices. Be wary if the publication implies that a treatment choice affects everyone in the same way, e.g. 100% success rate with a particular treatment. [sitespecific\\_content\\_DISCERN\\_uncertainty](#)

**What is the aim / purpose of the website?** [sitespecific\\_content\\_purpose](#)

Educational information etc (balanced, unbiased, evidence based information), e.g. designed to enable evidence-based choice

**Did you conduct studies which provide evidence that the stated aim has been reached (if yes, specify this under formative/process/outcome evaluation).**

[sitespecific\\_content\\_purpose\\_reached](#)

We will do formative, process and outcome evaluation of the project. We do not have these data at the present time.

**What is your main target audience(s)?**

[sitespecific\\_content\\_purpose\\_targe](#)

Adult patients or consumers

**Is your content appropriate for other audiences or restricted to the ones given above?** [sitespecific\\_content\\_purpose\\_target\\_restricted](#)

Yes

**Is your content designed for a specific gender?** [sitespecific\\_content\\_purpose\\_target\\_sex](#)

Both

**Is the content relevant to a specific age group?** [sitespecific\\_content\\_purpose\\_target\\_age](#)

Adult (19 to 44 years)

Middle Age (45 to 64 years)

(Adolescent (13 to 18 years)

**Which country / countries or geographical region is the information mainly targeting?**

[sitespecific\\_content\\_purpose\\_target\\_dc.coverage.spatial](#)

Non country specific

**Information which you offer is based primarily on the following evidence**

**levels:** [sitespecific\\_content\\_source\\_evidence](#)

Mixed

**Does the site contain any material produced by third parties (i.e. by others than the site owner)?** [sitespecific\\_content\\_source\\_thirdparty-material](#)

No

We might include qualified content by external doctors or psychotherapists. This content will be screened by our expert team according to our quality assurance plan.

**What is the URL of the sources (name of companies or individuals) of the third-party material?** [sitespecific\\_content\\_source\\_thirdparty-material\\_dc.creator](#)

We cannot specify this yet. We may co-operate with external content providers, but have not yet made any agreement with any such provider..

**How can the user recognise third-party material (distinguish it from material produced by the infoproducer)?** [sitespecific\\_content\\_source\\_thirdparty-material\\_distinguish](#)

The Web4health logo will be included at the bottom of each page.

**What subject(s) covers your resource, expressed with MeSH terms?**

[sitespecific\\_content\\_subject\\_dc.subject.mesh](#)

[What is MeSH ?](#)

Not yet provided. This will be included in the course of our first test period of the webpage.

**What subject(s) covers your resource?** [sitespecific\\_content\\_subject\\_free](#)

Web4health will cover mainly cover topics of mental health and psychology. We also include information on healthy life habits (exercise, food) if related to the main subject.

**Which specialty is covered by your resource, expressed by broad specialty?**

[sitespecific\\_content\\_subject\\_specialty](#)

Psychology

Psychiatry

General health information



**What type of content do you offer? [DublinCore.type]** sitespecific\_content\_type\_dc.type

Collection

Interactive Resource

Text

**What kind of content do you offer? Describe it with the MCM vocabulary.**

sitespecific\_content\_type\_mcm

Homepage

Educational material

FAQ

Patient education

Forums

**What kind of content do you offer? Describe it with the HIDDEL vocabulary.**

sitespecific\_content\_type\_medpics

Patient information

## 5.7. Sitespecific – Disclosure

**If there are any biases or wilful omissions, disclose them here (e.g. "Site focuses on alternative medicine and does not discuss evidence based treatments").**

sitespecific\_disclosure\_bias

**Do you have any conflicts of interest?** sitespecific\_disclosure\_conflict-of-interest

The members of the KOM2002 project have no financial participation or stocks of the business partners.

**What are primary sources of funding / financing the site?**

sitespecific\_disclosure\_funding\_source

Public funding

**Provide the URL of the page describing to what extent and how the sponsor and funding sources are involved in selecting or preparing health information content**

The development is partly funded by the European Union. The only specific request we have received from this sponsor is the importance of high medical quality.

**If your service carries any specific risks, provide a URL outlining these risks.**

We will have information about possible risks of public health information in the area of mental health within our webcontent at different places.

## **5.8. Quality**

The aspects of quality management and evaluation will be described in our Quality assurance plan.

The information for the Medcircle cooperation on the evaluation of our project will be included during the further project if available.

## **5.9. Policies**

**Does the site contain advertising or commercially sponsored information?**

sitespecific\_policies\_advertising

No

**Do you have full control over the advertisings displayed on your website? (Is no, if you use banner advertising networks)"**

Yes

**Does the site target advertising or sponsored health information content to consumers based on information about them or their use of the site?"**

No

**Which of the following self-regulation initiatives / ethical codes do you subscribe to?**

HON

**What is your ID or the URL which allow visitors to check the status of your subscription to any of these codes listed under "Sitespecific\_policies\_ethical\_CV"? (URL may be on a third party site, e.g. HON incorporating your ID, or on your own site, specifying your own ethical guidelines)**

Not yet provided. We will try to achieve the HON-registration and other self-regulation codes soon after publishing our webpage.

### **Where is the human readable privacy statement located?**

URL not yet defined. Preliminary version of the privacy statement:

If you want to learn about or discuss your own or your friends' or relatives' problems, you can choose to participate in Web4Health pseudonymously (with your real name secret). Other users must register using their real names.

If you choose to participate with your name, Web4Health will give you a password, which you can use so that other people cannot participate using your name.

If you choose to participate pseudonymously, you will be asked to select a secret name, a pseudonym. If you keep this name secret, other users will not know who you are. You will still have a password, so that other people cannot participate using your pseudonym.

If you indicate that you want your e-mail address to be kept secret, then we will not divulge your e-mail-address to anyone.

We will do our utmost to preserve the secrecy of your pseudonym. We may have to break your secrecy if the police or a court order requires us to identify you.

If you misuse your account, we may cancel your access to Web4Health, but still without identifying who you are. If we have cancelled your account, but you continue to misuse Web4Health, then we may have to identify who you really are in order to stop your misuse of Web4Health.

Web4Health may be used for research on psychological problems by Web4Health partners. The researchers will however never know the real name behind your secret name (pseudonym) without your explicit permission. Other researchers may not use Web4Health for research without approval from the Web4Health consortium.

### **Do you provide a machine readable policy statement (P3P)?**

Not yet.

### **Describe, how confidentiality or anonymity of end-users is protected (e.g., encryption security)**

See quality assurance plan.

## **5.10. Accessibility**

### **Do you strive for and claim that the site is WAI compliant (see <http://www.w3c.org/wai/>)?**

Yes