24. Nast A, Kopp I, Augustin M, et al. German evidence-based guidelines for the treatment of Psoriasis vulgaris (short version). Arch Dermatol Res 2007; 299: 111–138.
25. Bongartz T, Sutton AJ, Sweeting MJ, et al. Anti-TNF antibody therapy in rheumatoid arthritis and the risk of serious infections and malignancies: systematic review and meta-analysis of rare harmful effects in randomized controlled trials. JAMA 2006; 295: 2275–2285.
26. Bissonnette R. Etanercept for the treatment of psoriasis. Skin Therapy Lett 2006; 11: 1–4.
27. Menter A, Tyring SK, Gordon K, et al. Adalimumab therapy for moderate to severe psoriasis: a randomized, controlled phase III trial. J Am Acad Dermatol 2007; 58: 106–115.
28. Graves JE, Nunley K, Heffernan MP. Off-label uses of biologics in dermatology: rituximab, omalizumab, infliximab, etanercept, adalimumab, efalizumab, and alefacept (part 2 of 2). J Am Acad Dermatol 2007; 56: e55–e79.
29. Paller AS, Siegfried EC, Langley RG, et al. Etanercept Pediatric
30. Tyring S, Gottlieb A, Papp K, et al. Etanercept and clinical outcomes, fatigue, and depression in psoriasis: double-blind placebo-controlled randomised phase III trial. Lancet 2006; 367: 29–35.
31. Tyring S, Gordon KB, Poulin Y, et al. Long-term safety and efficacy of 50 mg of etanercept twice weekly in patients with psoriasis. Arch Dermatol 2007; 143: 719–726.
32. Sanchez Carazo JL, Mahiques Santos L, Oliver Martinez V. Safety of etanercept in psoriasis: a critical review. Drug Saf 2006; 29: 675–685.
33. Reich K, Nestle FO, Papp K, et al. Infliximab induction and maintenance therapy for moderate-to-severe psoriasis: a phase III, multicentre, double-blind trial. Lancet 2005; 366: 1367–1374.
34. Menter A, Feldman SR, Weinstein GD, et al. A randomized comparison of continuous vs. intermittent infliximab maintenance regimens over 1 year in the treatment of moderate-to-severe plaque psoriasis. J Am Acad Dermatol 2007; 56: e31–e15.
35. Menter A, Griffiths CE. Current and future management of psoriasis. Lancet 2007; 370: 272–284.
36. Pirzada S, Tomi Z, Gulliver W. A review of biologic treatments for psoriasis with emphasis on infliximab. Skin Therapy Lett 2007; 12: 1–4.
37. Calabrese LH, Zein N. Biologic agents and liver toxicity: an added concern or therapeutic opportunity? Nat Clin Pract Rheumatol 2007; 3: 422–423.
38. Scheinfeld N. Adalimumab: a review of side effects. Expert Opin Drug Saf 2005; 4: 637–641.
39. Gordon KB, Langley RG, Leonardi C, et al. Clinical response to adalimumab treatment in patients with moderate to severe psoriasis: double-blind, randomized controlled trial and open-label extension study. J Am Acad Dermatol 2006; 55: 598–606.
40. Saurat JH, Stingl G, Dubertret L, et al. Efficacy and safety results from the randomized controlled comparative study of adalimumab vs. methotrexate vs. placebo in patients with psoriasis (CHAMPION). Br J Dermatol 2007; 158: 558–566.

The Status of Infotech, the Internet and Telemedicine in Dermatology in the Nordic Countries

Lars Erik Bryld
Roskilde Hospital, Denmark, E-mail: lebr@regionsjaelland.dk

Lars Erik Bryld chaired the session Infotech, Telemedicine and Dermatological websites at the 31st Congress of Dermato-Venereology in Reykjavik. For those of you who missed the session, he has written a short summary.

At the recent Nordic Congress of Dermato-Venereology in Reykjavik a full session was dedicated to infotech, telemedicine, and dermatological websites.

Implementation of information technology in healthcare today is ubiquitous, but in far too many cases it is locked within proprietary systems with limited potential for seamless exchange of information. This prevents optimal patient care when patients move between different healthcare providers and locations.

Furthermore, many patients situated in remote locations of the world do not receive healthcare on a par with what can be provided in more densely populated areas. The recent worldwide spread of internet access has resulted in emerging solutions that address some of these problems. The challenge of servicing remote locations such as the Faroe Islands, northern Norway, and Alaska using telemedicine was addressed by *Drs Jemec, Moseng* and *Bocachica*, respectively, while *Drs Bryld* and *Bleeker* gave talks about using the internet to perform cross-site tracking of non-melanoma skin cancer and to educate health personnel, respectively.

Another session featured a talk about home care eczema counselling using telemedicine. While these systems are still under development, and many issues regarding patient confidentiality and security remain to be resolved to the satisfaction of all users and authorities, the currently presented results overall appear very promising.

Internet-driven information technology must currently be regarded as an inevitable tool when trying to provide near-equal access to high-quality healthcare knowledge with a limited number of healthcare specialists.