practical psychiatric information. The World Wide Web is an Internet facility that creates world-encircling information bridges; already it is well on its way to uniting medical and scientific communities worldwide. According to some, the Web is the greatest advance in information transfer since the invention of the printing press. Others believe that the advent of electronic scientific publishing will change the way that science gets done [1]. Through the Internet, not only doctors and scientists, but also lay press and news agencies, have access to a growing body of information on health and disease, of variable quantity, level and relevance [2]. A policy is therefore needed for medical sites on the Internet, which recognises the responsibility attached to being able to distribute enormous quantities of information. Web sites maintained by universities, institutes and scientific and medical societies have the potential for being prime sources of hard scientific and medical research data. Via SIPonline, monthly updates of psychiatric news are available, free of charge. All scientific news is peer reviewed and archived. The experience of six months will be discussed.

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ALTERATIONS IN IMMUNOLOGICAL INDICES IN DEPRESSION

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The purpose of this study was to investigate concentrations of three positive acute phase proteins (apps): C-reactive protein (CRP), AGP, alpha-1-antichymotrypsin (ACT) and interleukin-6 (IL-6), and soluble IL-6 receptor (sIL-6R). The study was performed in 60 major depressed (MD) inpatients during the acute episode and 20 age- and sex-matched controls. Diagnosis was assessed according to DSM IV and ICD-10 criteria: all patients were diagnosed as major depression, recurrent.

34 of them were qualified as refractory depression: during depressive episode studied, they had the history of failure of response to two adequate antidepressant treatments.

Subjects were drug free for at least 7 days before blood sampling. Concentration of apps were measured by rocket immunoelectrophoresis and reactivity coefficient (RC) of their microheterogeneity by crossed-affinity immunoelectrophoresis (CAIE) with free concanavaline A as a ligand. IL-6 and sIL-6R were estimated with sandwich enzyme-linked immunosorbent assay EIA (Eurogenetics).

Refractory depressed patients had longer duration of the illness and of the studied episode compared with responders to antidepressant treatment. They also had higher concentration of AGP, ACT, CRP, IL-6 and higher monocyte count. The changes in glycosylation of AGP and ACT expressed as values of reactivity coefficient, were also higher in refractory depression.

Our results may suggest an elevation of acute phase response in major depression, particularly evident in refractory depression.

DOES COMMUNITY PSYCHIATRY TREAT SEVERELY MENTALLY ILL?

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Does the implementation of community psychiatry leads to neglect of severely mentally ill in favour of the less severely ill? In Denmark this debate has been intensified because more counties has transferred responsibility for psychiatric patients from health to social welfare authorities. The present study took place in a region of Denmark where this change in responsibility took place. The aim of the study was then to investigate if the change in service was followed by neglect of the severely mentally ill.

The study was performed as a pre-post design comprising diagnostic criteria, social functioning and distress on relatives.

After change in service the cross-sectional study showed increases in number of non-psychotic patients (24%) and psychotics (106%). On a yearly basis the number of psychotic patients accepted for treatment was unchanged whereas the number of non-psychotic patients decreased by 36%. A logistic regression analysis of all screenings showed that psychopathology was the most significant predictor for being accepted for treatment whereas social strain was of less significance before as well as after the change in service. The number of patients with the lowest social functioning and the patients causing the severest distress on relatives showed a substantial decrease in number of patients accepted for treatment in the community psychiatric service.

MAJOR DEPRESSION ASSOCIATED WITH CUSHING'S DISEASE

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Depression is a common complication of Cushing's syndrome; in 50–70% of patients it fulfills the psychiatric diagnostic criteria for a major depressive disorder. It is not known whether patients with Cushing's disease and major depression show some clinical features that are distinctive compared to those who are not depressed. The presence of major depression according to DSM-IV criteria was investigated in 162 patients with pituitary-dependent Cushing's disease (mean age 37.5 ± 12.7 SD, 38 M/124 F). Major depression occurred in 88 (54%). Depression was significantly associated with older age ($p < 0.01$) and female sex ($p < 0.01$). Depressed patients displayed significantly higher pretreatment urinary cortisol levels compared to non depressed patients ($p < 0.001$), with no significant differences in plasma ACTH. Further, depression was significantly associated with relatively more severe clinical conditions, whereas there were no significant differences as to the type of pituitary lesion. Thus, patients with Cushing's disease and major depression appear to suffer from a more severe form of illness, both in terms of cortisol production and clinical presentation. Because of these connections, the presence of depression may have prognostic value in the course of Cushing's disease.

TREATMENT WITH TCA's — THE RELATIONSHIP BETWEEN THERAPEUTIC RESPONSE AND PLASMA LEVELS

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In present investigation 33 patients-27 women and 6 men were included with a depressive episode. They met DSM-III-R and ICD-10 criteria for unipolar or bipolar affective disorder. In the course of the treatment with TCA's (Amitriptyline-AMI and Imipramine-IMI) 2 patients became worse and one patient in non compliance. The remaining patients-24 women and 6 men were with mean age 45.08 (± 17.99) and 36.33 (± 16.50) years respectively. After a placebo period of one week the patients were randomly assigned to 2.5 mg/body weight AMI or IMI with a mean daily dose of 179.41 (± 56.07) mg.

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