

While the number of published studies on the use of web 2.0 and social media in healthcare is rising, it is difficult to form a definitive picture of social media usage in chronic disease management. What can be agreed upon is that the underlying principles are participation, communication, user-centeredness, collaboration and openness [11,12], which were rapidly taken up to describe a set of web 2.0 services, specifically for the provision of healthcare [12]. 'Social media' are essentially the services that allow for the principles of web 2.0 to be realized and examples include: Social Network Sites (SNS), blogs, wikis, photo/video sharing services, bookmarking tools and virtual worlds [4,6,13]. Exploring the background of web 2.0 provides a sounder basis for designing research, framing arguments and interpreting study results. We know that the term was popularized commercially in 2004 [9,10], to describe a new generation of the Internet, modelled on a set of technologic, economic and social trends. Foundations for understanding web 2.0 and theory behind the term may be one of the reasons feeding confusion and creating obscurity when exploring health effects of using 2.0 platforms. Definitive attempts to clarify the complexities of web 2.0 remain elusive. Deciding whether a given platform is web 2.0 or an earlier 1.0 technology is where the difficulty lies and is worthy of further examination. Often this confusion comes from how they differ from their web 1.0 predecessors. The lines are blurred [9]