

ARAD NEWSLETTER

Australian Rheumatology Association Database

July 2007

Your contribution to ARAD

The ARAD project team greatly appreciates your contribution to this important health registry. The continued support from individuals with arthritis (rheumatoid arthritis, ankylosing spondylitis, juvenile arthritis and psoriatic arthritis) by completing questionnaires is essential in being able to determine the long term benefits and safety of new biologic drugs for Australian patients. Ultimately, Australian data will be added to data from other nations to evaluate these drugs on an international level.

If you no longer complete questionnaires for ARAD, we thank you for your participation so far. Should you wish to recommence, please contact your state coordinator (details overleaf) so we can send you another questionnaire and update your details.

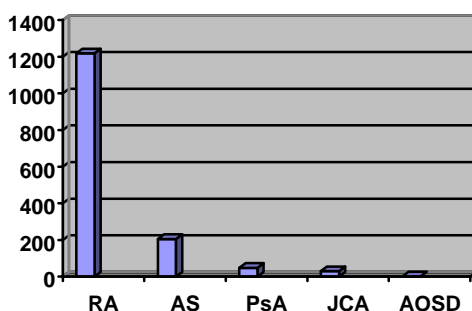
Recent developments in ARAD

1. **Recruitment**

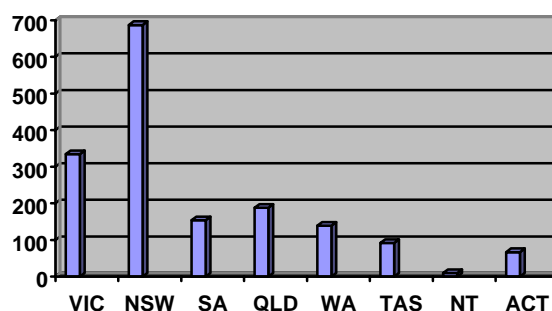
ARAD continues to steadily grow. Currently there are over 1,500 people participating in ARAD, under the care of 152 rheumatologists across Australia. In addition to those on biological drugs, ARAD is now inviting individuals with inflammatory arthritis who are not receiving biologic therapy ('Control' patients), to join the register as well. Control patients may be taking conventional medications for arthritis. 'Controls' are very important to the study, as we can compare their health to that of patients on biologic drugs.

ARAD Participant Characteristics

ARAD participants by disease



ARAD participants by state



2. **Stakeholder Satisfaction surveys**

A recent survey was conducted of 100 randomly selected ARAD participants in the care of 42 rheumatologists, to assess participant satisfaction with ARAD. Participants responded to questions regarding the importance of collecting health information, frequency of ARAD questionnaires and contact with ARAD officers.

Participants reported minimal difficulty in completing questionnaires and were generally satisfied with the contact received from ARAD officers and the frequency of questionnaires.

Rheumatologists were also surveyed regarding the usefulness of ARAD, the workload associated with ARAD and the adequacy of ARAD reports. Rheumatologists viewed ARAD as an important resource for research, clinical information and the rheumatology profession in Australia.

3. Funding

The ability to expand ARAD has been helped by funding from the Australian Government National Health and Medical Research Council (NHMRC), Monash University, and educational grants from Abbott, Amgen and Wyeth pharmaceutical companies. Generous educational grants have also been provided by Aventis and Schering Plough previously.

4. ARAD is unique

ARAD is unique for a number of reasons:

1. There is no other health registry in Australia which collects comprehensive information on the biological drugs including Enbrel, Humira, Remicade, Kineret and MabThera
2. ARAD relies on data from patients, not rheumatologists
3. ARAD collects information from children with juvenile arthritis who take biologic drugs
..... so please keep up the great effort in completing questionnaires and remember it is still essential that you provide an answer to **EVERY** question using a blue or black biro – that is, every question should have a response except questions 14 and 15. If you are uncertain how to answer a question, please contact your state co-ordinator for assistance.

5. Staffing

ARAD welcomes 2 new full time staff members. Dr John Oldroyd is now the ARAD project co-ordinator and Bridie Murphy has taken over as State co-ordinator for Victoria and South Australia.



Dr John Oldroyd
Project Coordinator



Bridie Murphy
State Coordinator:
VIC, SA



Rosemarie van den Haak
State Coordinator:
NSW, ACT



Lyndall Henderson
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WA, QLD, TAS, NT



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If you need any assistance please contact your relevant state coordinator:

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