



British Society for Rheumatology

Rheumatoid Arthritis Register

Add a New Follow Up: Other Current Therapy

You will be asked for changes to DMARDs and steroids on this page.

Click on each section to expand it.

Patient

Patient summary

Clinician FUP

Biologic Targeted
Therapy

Other Current
Therapy

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Other Current Therapy

Therapy changes including DMARDs and Steroids

Please ensure you select both sections and complete with the relevant information.
Use the relevant buttons located in each section to add/update the data in the database.

DMARDs section

Steroids section

Suggestion

Please ensure all other current drugs are listed. All adverse events should also be listed in the Adverse Events page.
Based on the concomitant drugs, the patient could have comorbidities or adverse events such as **rheumatic diseases or gout**.

ADVANCE TO NEXT SECTION

If there are no changes to record select **No** and then **Update**.

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Other Current Therapy

Therapy changes including DMARDs and Steroids

Please ensure you select both sections and complete with the relevant information.
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DMARDs section

Were there any changes to the patient's DMARD therapy during this FUP period?

☐ Yes

☒ No

1 Select No

☐ - not set -

UPDATE

2 Click Update

	Drug	Start Date	Stop Date	Dates Estimated	Stop Reason	
Edit	Methotrexate	15/06/2024		True		Delete
Edit	Sulfasalazine	15/09/2022		True		Delete
Edit	Leflunomide	01/02/2024		False		Delete

ADD NEW

TUTORIAL

If there are changes to Other Current Therapy to record select **Yes** and **Update**.
Then select **Edit** or **Add New** as appropriate.

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Therapy changes including DMARDs and Steroids

Please ensure you select both sections and complete with the relevant information.
Use the relevant buttons located in each section to add/update the data in the database.

DMARDs section

Were there any changes to the patient's DMARD therapy during this FUP period?

☒ Yes **1 Select Yes**

☐ No

☐ - not set -

UPDATE **2 Click Update**

	Drug	Start Date	Stop Date	Dates Estimated	Stop Reason	
Edit	Methotrexate	15/09/2022	24	True		Delete
Edit	Sulfasalazine	15/09/2022		True		Delete
Edit	Leflunomide	01/02/2024		False		Delete

ADD NEW **TR**

To record a stop (e.g. for Cyclosporine) select **Edit** and complete the form as needed.

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Drug

Primary drug type: Methotrexate

Commenced date: 15/6/2024

Stop date: 16/08/2024

1 Enter a stop date

Dates estimated:

☐ - not set -

☐ Yes

☒ No

2 Indicate if date is estimated

Stop reason: Adverse Event

3 Enter a stop reason

Adverse Event/Other stop reason:

Chest Infection

Please remember to give details of all adverse events in the Adverse Events section of this follow up.

Route: - not set -

SAVE PAGE

4 Click Save page to update

NB The criteria for entering part missing dates is as follows:

- Enter '15' for a missing day
- Enter '06' for a missing month
- Please indicate the date is estimated



Current Therapy has now been updated. If a patient has had a change of dose or route, please enter this as a stop and start. Click on 'Steroids section' to expand the window.

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DMARDs section

Were there any changes to the patient's DMARD therapy during this FUP period?

☐ Yes

☐ No

☒ - not set -

UPDATE

	Drug	Start Date	Stop Date	Dates Estimated	Stop Reason	
Edit	Methotrexate	15/06/2024	16/08/2024	False	Adverse Event	Delete
Edit	Sulfasalazine	15/09/2022		True		Delete
Edit	Leflunomide	01/02/2024		False		Delete

ADD NEW

TUTORIAL

Steroids section



If the patient did not receive any steroids, click on “Advance to next section”

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Therapy changes including DMARDs and Steroids

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DMARDs section

Steroids section

Did the patient receive any systemic steroids? NO ▾

UPDATE

Suggestion

Please ensure all other current drugs are listed. All adverse events should also be listed in the Adverse Events page.
Based on the concomitant drugs, the patient could have comorbidities or adverse events such as **rheumatic diseases or gout.**

ADVANCE TO NEXT SECTION

If the patient received steroids, select yes and tick the appropriate routes.
Click update to save the steroids.

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DMARDs section

Steroids section

Did the patient receive any systemic steroids? YES 

Select Yes

Please select the appropriate route(s).

IM/IV/Joint ☐

Oral ☒

Select route(s)

UPDATE

Click Update

Suggestion

Please ensure all other current drugs are listed. All adverse events should also be listed in the Adverse Events page.
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ADVANCE TO NEXT SECTION

Once each section is complete, click Advance to Next Section to continue.

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