

MI-CRE 2026 Annual Research Symposium and Policy Forum

timespan.eu: Australian pharmacoepidemiologists plugging in to a large-scale European research collaboration

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Disclosure of Interests Statement: The Medicines Intelligence Research Program, School of Population Health, UNSW has received research funding from IQVIA Australia, unrelated to this project.

Is the presenter an HDR student? No.

Has this research been submitted or presented elsewhere? If so where and when? No.

Abstract

Background and Aims: NHMRC funds Australian researchers to join in EU Horizon projects. Since 2021 the MedIntel team at UNSW has participated in the TIMESPAN project on cardiometabolic disease and adult attention-deficit hyperactivity disorder (ADHD), an international multidisciplinary collaboration including biostatisticians, epidemiologists and clinicians. Within the project, we have taken part in multi-country distributed database analyses with a medicine adherence focus.

Design and Methods: TIMESPAN partnered 17 collaborating institutions, including a professional research management company. Australia, Denmark, Hong Kong, Iceland, the Netherlands, Norway, Sweden, the United Kingdom, and the United States contributed data covering more than one million people with ADHD. Distributed analyses used a “data shell” approach with common analysis scripts, i.e. a project-specific common data model.

Results: Studies have included: ADHD medicine persistence across the lifespan; effects of ADHD and ADHD medicines on adherence to medicines for type two diabetes and hypertension; effects of ADHD and ADHD medicines on the risk of major adverse cardiovascular events; neuropsychiatric factors in ADHD medicine adherence; effects of new cardiovascular disease diagnoses on ADHD medicine adherence; and prevalence of potential drug-drug interactions between ADHD and cardiometabolic disease medicines.

Conclusions: The UNSW team were the only partners with hands-on pharmacoepidemiology experience. This enabled us to make a major contribution to study planning and protocols, but necessitated extra work to coach other team members. PhD candidates across the partner institutions made a major contribution while developing pharmacoepidemiology, coding and data analysis skills.

Impact: Beyond the scientific outputs, the collaboration formed new connections with international colleagues and developed our capacity to do distributed database analyses. We enjoyed close, effective and enlivening collaboration with the researchers on the ground. The experience showed us our value as pharmacoepidemiologists in a multidisciplinary team and the potential to contribute to other similar

networks. On the other hand, the size and dispersion of the collaboration made for sometimes frustratingly slow progress.