

Track Your Progress

A Free Toolkit to Help You and Your Doctor

by Gina Pera

*“You can't measure something if you don't know what you're measuring.”
“If you don't know where you're going, how will you know when you're there?”*

SAVVY ADULTS WITH ADHD keep such maxims in mind when seeking treatment strategies. They know that you cannot move past your challenges until you identify them—and have a ready means by which to track and tweak your progress. That's why keeping a log and using rating scales can be critical to your success.

Yet many other adults with ADHD (even those who have been in treatment for years) have never heard of the rating scales, which are considered critical to treatment success. Of course, this wouldn't be a problem if so many adults were happy with their medication's results. Instead, they just muddle through, echoing the lyrics of that old Peggy Lee song, “Is that all there is?”

In an ideal world, everyone would have access to highly skilled clinicians. In the *real* world, the closest expert might be two hundred miles away, not on your insurance plan, and in some cases lack true expertise. Primary physicians are most readily available but also most apprehensive about wading into ADHD treatment. Even psychiatrists who treat adults often remain unfamiliar with evidence-based treatment for ADHD.

“You might call adult ADHD an ‘orphan’ disorder,” says Margaret Weiss, MD, PhD, an internationally preeminent ADHD clinician and scientist, based in Vancouver, British Columbia. “That's because most professionals with the expertise to recognize and treat ADD/ADHD work in child services; they are not working in adult centers or seeing adults.”

To help broaden access to care for all ADHD patients and provide all clinicians with easy-to-understand, solidly researched, step-by-step guidelines, Weiss and other members of the Canadian ADHD Research Alliance (CADDRA)



created the Canadian ADHD Practice Guidelines. It is available as free download at the organization's website (caddra.ca) and for purchase in hardcopy form.

When it comes to embarking on a medication-treatment plan, the rating scales included in the guidelines are particularly noteworthy: They are solidly developed, easy to use, *and* free. (Many non-specialist clinicians do not use rating scales because they are cost-prohibitive, the clinicians lack training in using them, and the scales take time to score. The result is that the clinician is reliant on simply asking the patients if they “feel better” when what's needed is a more concrete means of both establishing treatment targets and monitoring medication.)

The Toolkit portion of the guidelines includes these three forms and scales, among many others:

› **ADHD Checklist.** This checklist looks at the eighteen official symptoms of ADHD and can be used to monitor the extent to which symptoms are improving with treatment. For diagnostic purposes, it can also be used to retrospectively assess symptoms in childhood. It can be completed by the adult and by someone who knew him/her well in childhood (for example parents or siblings).

› **Weiss Symptom Record (WSR).** The WSR is based on DSM-IV criteria and, while not diagnostic, can be useful as a way to clarify co-existing symptoms (such as sleep, learning difficulties, personality disorders, tics, moods, etc.). It also is helpful in collecting systemic information from third-party informants (parents, siblings, spouses); in this way, the clinician sees at a glance those areas of difficulty identified by the patients and those identified by others. The WSR is not a substitute for a good interview of mental status exam, but it helps the patient and clinician focus on the areas causing difficulty and assures that important problems are not missed.

› **Weiss Functional Impairment Rating Scale (WFIRS).** ADHD symptoms and functional impairments are overlapping but distinct concepts. For example, there are highly symptomatic people who function very well in life. (Think the CEO with textbook symptoms but who, thanks to delegation, support staff, and innate talent, still is high-functioning.) Then there are people who have mild

Gina Pera is the coordinator of Silicon Valley CHADD, where she leads groups for both adults with ADHD and their partners. Pera is the award-winning author of *Is It You, Me, or Adult ADD? Stopping the Roller Coaster When Someone You Love Has Attention Deficit Disorder*. She writes a blog for CHADD: YouMeADD.org.



FOR MORE INFO

Visit caddra.ca for more information or for a free download of the Canadian ADHD Practice Guidelines.

Find more information on other rating scales and checklists on the website of CHADD's National Resource Center on ADHD (help4adhd.org/en/treatment/scales) or the NRC's What We Know information sheet *Diagnosis of ADHD in Adults* (WWK#9).

symptoms in multiple areas that might not meet the threshold for a diagnosis but still are causing considerable functional impairment. Weiss explains: "You do not treat the symptoms, you treat the patient. By assessing functioning as well as symptoms, it's possible to see if you've addressed the problem the patient came in with, as well as the symptoms of the disorder."

These forms and rating scales help both patient and clinician to

- **Make sure the clinician is aware** of the patient's trouble spots and if treatment has helped the patient function better.
- **Relate symptoms to impairments, thus aiding psycho-education.** That is, the forms and scales help the clinician explain the specific ways in which clinical ADHD symptoms are causing trouble in the patient's day-to-day life.
- **Monitor treatment.** At the end of treatment, the clinician can assess if ADHD symptoms have improved (via the ADHD Checklist), if coexisting conditions are better or worse (on the Weiss Symptom Record), and if change in symptoms has also allowed the patient to achieve his or her goals for better functioning.

Since these forms and scales can be used by different treatment-team members (clinicians, patients, and third-party informants), clinicians can compare how the patient is perceived by others, how the patient is doing at different times of life, and what other psychiatric difficulties or problems of living the patient is dealing with.