

Measuring Social and Family Functioning of ADHD in Children and Adolescents

Attention-Deficit/Hyperactivity Disorder (ADHD) is a persistent condition that affects not only the patient, but also the people around them. There are 18 widely recognized core symptoms of ADHD that fall into the categories of inattention and hyperactivity-impulsivity. These symptoms interfere with daily life and often affect a child's ability to foster healthy relationships with others and function productively, whether at school, at home or in social situations.¹

Children with ADHD are often socially awkward and act inappropriately with others. The child's inability to relate with others creates family stress that can impact parents' and siblings' emotional well-being in the presence of a persistent medical condition.

In order to effectively treat ADHD, it is important to understand if a treatment reduces the core symptoms of ADHD and further, whether a medication may also improve social and family situations, relationships and self-worth for a child and his or her family.

Measuring family and social functioning

Broad social and family functioning can be assessed using the Child Health Questionnaire (CHQ), an extensive set of questions answered by a child's parents or immediate caregiver that measures physical and psychosocial well-being.

What is the Child Health Questionnaire?

The CHQ is a widely accepted tool for assessing a child's emotional and physical health. It measures 14 concepts, including: physical functioning, social roles (emotional, behavioral, and physical), bodily pain, general behavior, mental health, self-esteem, general health perceptions, change in health, parental impact (emotional and time), family activities, and family cohesion.

The CHQ has been tested and validated, with norms developed in asthma, attention deficit hyperactivity disorder, cystic fibrosis, epilepsy, and juvenile rheumatoid arthritis.²

Does the reduction of ADHD symptoms result in improved family and social functioning?

While ADHD symptoms usually respond favorably to stimulants, no studies have assessed whether these changes lead to lasting improvements in quality of life for the child or their family.

Studies that have looked at effect on social functioning include:

- A placebo-controlled study published in *Pediatrics* (November 2001) was the first to measure the effect of any one ADHD treatment on social and family functioning. The study suggests that Strattera significantly reduced ADHD symptoms in children and adolescents, and improved specific CHQ measures of social and family functioning.³
- The National Institute of Mental Health conducted a study of children with ADHD which found that children treated with effective medication management (either alone or in combination with intensive behavioral therapy) manifested substantially greater improvements in social skills and peer relations than children who received only routine community care over 14 months. Change in social skills was assessed by a parent- and teacher-completed subscale from the Social Skills Rating System.⁴

¹ American Psychiatric Association: *Diagnostic and Statistical Manual of Mental Disorders*, fourth edition. Washington, DC, American Psychiatric Association, 1994.

² Landgraf JM, Abetz L., and Ware JE. The CHQ User's Manual. First Edition. Boston, MA: The health Institute, New England Medical Center, 1996.

³ Michelson David, M.D., et al.: Atomoxetine in the Treatment of Children and Adolescents With Attention-Deficit/Hyperactivity Disorder: A Randomized, Placebo-Controlled, Dose-Response Study. *Pediatrics* 2001 Vol. 108 No. 5.

⁴ Jensen Peter S.: A 14-Month Randomized Clinical Trial of Treatment Strategies for Attention-Deficit/Hyperactivity Disorder. *Arch Gen Psychiatry* 1999 vol. 56 1073-1085