

ADHD in children and young people - How common are the comorbid conditions?

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Abstract

ADHD is often associated with comorbid (coexisting) medical conditions. It is important to be aware of and screen for these conditions during the assessment of children and young people with ADHD. This short article presents a table with comorbid conditions and their prevalence figures derived from a number of sources in the literature.

Introduction

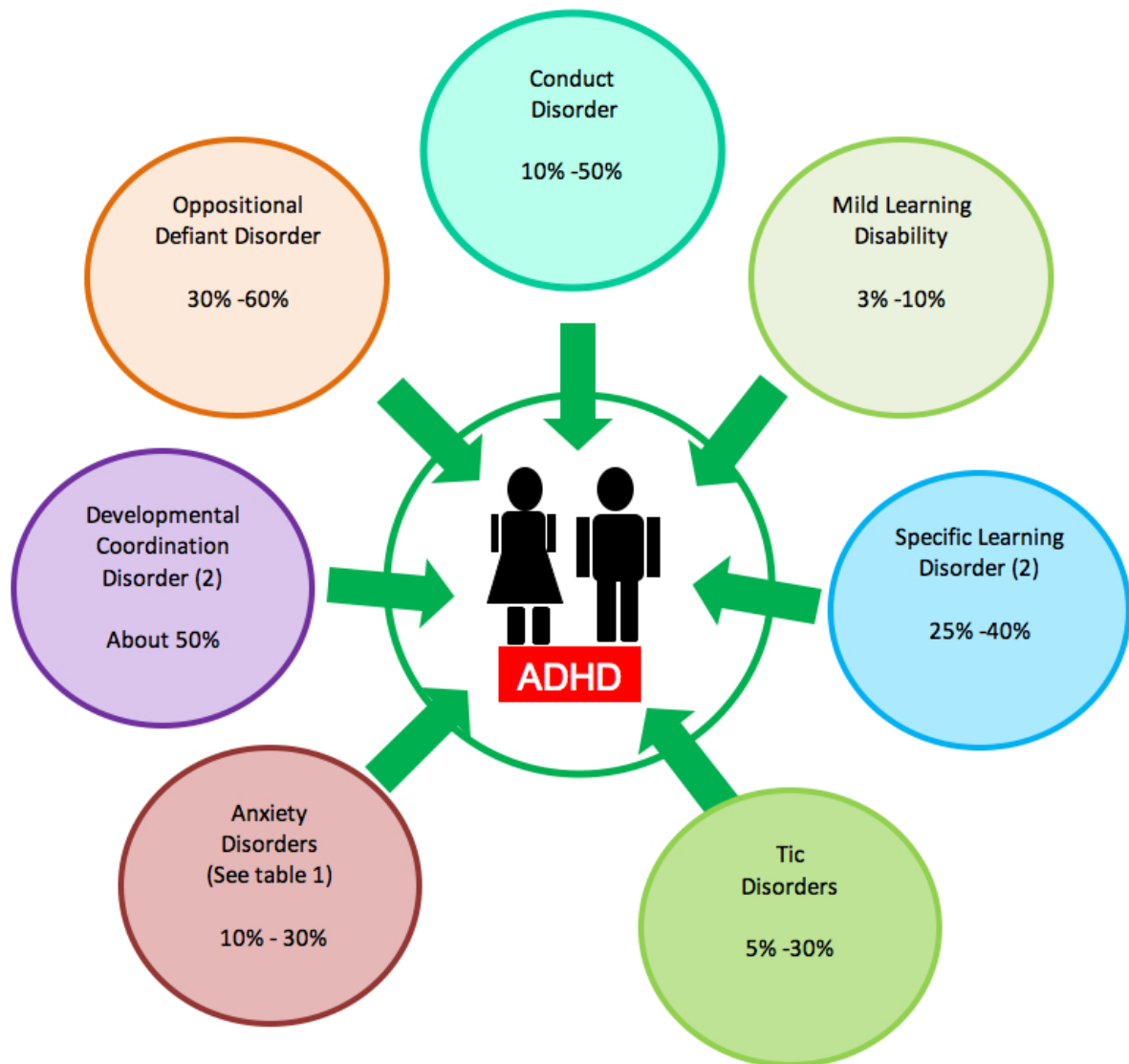
In clinical practice it is not uncommon to see a child with ADHD presenting with more than one diagnosis (see paper by Thomas Brown in this issue). About 50% to 75% of children with ADHD have one or more comorbid conditions (1).

There are several developmental and psychiatric conditions (Table 1) that are often found in association with ADHD but may not be apparent at the initial clinical assessment. It is important for the clinician to assess carefully in order to diagnose comorbid conditions. Prompt and effective intervention, both for the ADHD and for the comorbid conditions, offers the best chance of a favourable outcome.

Table 1

Psychiatric conditions	Developmental and other medical conditions
• Oppositional Defiant Disorder • Conduct disorder	• Autism Spectrum Disorder • Developmental Coordination Disorder
Anxiety disorders • Separation anxiety disorders • Avoidant disorder • overanxious disorder	• Specific learning disorders - Reading disorder/ dyslexia - Mathematic disorder (dyscalculia, disorder for written expression)
• Obsessive Compulsive Disorder, also an anxiety disorder	• Learning disability
• Depressive disorder	• Smoking, alcohol and substance misuse disorders
• Tic disorder and Tourette syndrome	• Sleep problems/disorders ○ Obstructive Sleep Apnoea ○ Restless Leg Syndrome ○ Delayed Sleep Phase Syndrome

Prevalence of certain comorbid conditions seen in association with ADHD (1)



GP Comment

What have I learned from this paper?

1. Behavioural disorders (such as conduct and oppositional defiant disorder), developmental/learning disorders, anxiety disorders and tic disorders are all common in individuals with ADHD.
2. The table showing the prevalence of comorbid disorders has increased my awareness of the importance of diagnosing and managing these conditions in people with ADHD; if the ADHD is adequately treated but the comorbid disorder is not, I shall have a low threshold for referring back to specialist child and adolescent psychiatry services.
3. As a result of reading this paper I shall raise the awareness of the common associated disorders with family and carers who attend GP appointments with the patient who has ADHD, and encourage early reporting of any concerns.

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References

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