FACT SHEET # 4

CO-EXISTING CONDITIONS OF AD/HD

People with AD/HD sometimes have other conditions at the same time. These are referred to as *co-existing, co-occurring* or *co-morbid* conditions. A staggering statistic from the United States suggests that nearly 70% of people with AD/HD have at least one additional or co-occurring major disorder.[9]

Diagnostic precision is essential for any person suspected of having AD/HD. Identifying these co-existing conditions becomes critical, as the presence of another condition may require different approaches or medications. Just as untreated AD/HD can leave lasting scars, so can other untreated disorders cause unnecessary suffering in AD/HD individuals and their families.

When co-existing conditions are present, they can vary widely depending on the person's age and gender. In children, learning and language disorders and oppositional defiant disorder are the most common, followed by conduct disorder, depression, anxiety and tic disorders.

In teens and adults, substance abuse and depressive disorders become more prominent. Often overlooked are the differences in the ways that men and women manifest mental disorders. Women and girls are less likely to have "acting-out" problems, such as oppositional defiant or conduct disorders, and more likely to have more internalized conditions such as depressive or anxiety disorders.

To successfully treat co-existing conditions, clinicians and patients need to recognize the symptoms and understand the benefits and risks of treatment for multiple conditions.

Learning disabilities (LD) are a distinct disorder from AD/HD and affect as many as 25% of children with AD/HD.[4] Many adults also have both LD and AD/HD. Since each disorder interacts with the other, the behavioural symptoms can be difficult to handle. LDs affect the acquisition, retention, understanding, organization or use of verbal and/or non verbal information. They interfere with a person's ability to either interpret what is seen or heard, and to link information from different parts of the brain, which can result in auditory and visual perception problems; academic problems; motor, temporal, organizational and memory problems; and social skills problems.

Depression
AD/HD frequently co-exists with depression (about 10% to 30% of children with AD/HD and more than 45% of adults with AD/HD).[9] Symptoms can include lack of concentration, hopelessness, helplessness, suicidal tendencies, excessive sleep, crying episodes and pervasive sadness, among others. All too often their symptoms are mistaken for anger, shyness, lack of direction, perceived laziness,

obstinacy or chronic underachievement. The mood problem in AD/HD may be subtle—it may not always be severe enough to be diagnosed as depression, but it is more severe than the ordinary dips in mood of everyday life.[5] Treating only the depression or just the AD/HD is insufficient. Many patients require specific medications for each condition.[10]

Anxiety

Many people with AD/HD experience chronic anxiety (about 30% of children and 25% to 40% of adults with AD/HD).[4] They worry excessively about things (school, work, friends) and from chronically forgetting obligations, daydreaming, speaking or acting impulsively, or being late.[5] They may feel stressed out or tired, tense and have trouble getting restful sleep. Some may experience severe panic attacks. Again, specific medications may be needed for each condition.

Substance Abuse

Recent studies suggest that youth with AD/HD are at increased risk for very early cigarette use, followed by alcohol and then drug abuse. Cigarette smoking rates are almost double in adolescents with AD/HD.[5] Many people who have undiagnosed AD/HD feel bad, and do not know why. To escape their emotional or physical pain, to fit in, to relax, they sometimes turn to using substances. But when the "use becomes abuse," it can become an illness itself. So, during the evaluation, it is important to explore the possible underlying causes for the substance abuse, such as AD/HD.[5]

Treating AD/HD as early as possible can reduce the risk of cigarette smoking and substance abuse. Clinical studies indicate that the use of stimulant medication also reduces the risk to start smoking cigarettes. Several international studies have found that stimulant pharmacotherapy did not increase the risk for later substance abuse.[11]

People with AD/HD and current substance abuse require comprehensive multimodal intervention incorporating parallel addiction and mental health treatment.[11]

High-Risk Behaviours

Searching for highly stimulating situations is often a central part of AD/HD. If a person is hyperactive, he or she usually seeks action (but not the dreamy, hypoactive people). The hyperactive child or teen with AD/HD seeks novelty and needs excitement. If there is "nothing to spice up the scene," the person might create one, like creating a disturbance at school or car racing. Adults, too, may seek high stimulation, such as exercising heavily or creating tight deadlines to work under, or they may take up riskier activities like bungee jumping, and in some severe cases excessive gambling or sexual practices.[5]

Aggressive and Defiant Behaviour can also occur along with AD/HD. In children, this is called oppositional-defiant disorder (ODD) (about 40% of those with AD/HD) or conduct disorder (CD) (about 25% of those with AD/HD).[4] ODD involves a pattern of arguing with multiple adults, losing one's temper, refusing to follow rules, blaming others, deliberately annoying others and being angry, resentful, spiteful and vindictive. In the child with AD/HD only, you do not see the premeditation you see in ODD or CD.[5]

CD is associated with efforts to break rules without getting caught, aggressiveness toward animals, destruction of property, lying or stealing things from others, running away, skipping school or breaking curfews. It is often described as delinquency, and children who have both AD/HD and CD may have lives that are more difficult than those with AD/HD only.

In adults, such symptoms may be called "antisocial personality." Some of those who are diagnosed as antisocial personalities may also have AD/HD. They test the limits, may break the law, or lie or cheat. These individuals can respond favourably to treatments for both co-existing conditions.[5]

Emotional Problems

After years of struggling and failing to perform in school, at home and in the community, feelings of inadequacy and low self-esteem often arise. Being labelled "lazy" or "stupid" time after time, some people with AD/HD may act out these feelings, become aggressive, get into fights or impulsively strike out. Others may internalize their feelings, becoming depressed, withdrawn or show a poor self-image. Still others may channel their feelings into their bodies, developing headaches or other physical symptoms. Some believe that they are less worthy, and come to expect failure.[1]

The good news is that with proper diagnosis, most of the co-existing conditions can usually be treated by a combination of counselling, coping strategies, medication, family support, education and/or accommodations in school, home or work settings.

*** *AD/HD is not a learning disability. Each is a distinctive neurologically based disorder. Each is recognized and diagnosed differently. And each is treated in a different way. The treatment for AD/HD will not correct LD. The treatment for LD will not help AD/HD. About 30% to 40% of people with LD will also have AD/HD, so if one disorder is found it is important to look for the other.*

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