

## Attention-Deficit /Hyperactivity Disorder —Other Conditions Associated with ADHD



Attention-Deficit/Hyperactivity Disorder (ADHD) often occurs with other disorders, referred to as *comorbidities* of ADHD. The combination of ADHD and its comorbidities presents extra challenges to affected individuals, educators, and health care providers. Diagnosis and treatment are more difficult when ADHD and another condition are present in the same individual.

About half of children with ADHD referred to clinics have behavior disorders as well as ADHD. Oppositional Defiant Disorder is one of the most common disorders occurring with ADHD. Conduct Disorder is less common, can be significantly disruptive, and is difficult to treat. Increased injuries and strained peer relationships are also common in this population. Because significant challenges may result from having ADHD and another disorder, it is important to screen every child with ADHD for other disorders and problems.



Recently released data from the 1997-98 National Health Interview Survey suggests roughly half of those youth 6-11 years old diagnosed with ADHD may also have a Learning Disorder (LD). The combination of attention problems caused by ADHD and LD can make it particularly hard for a child to succeed in school. Properly diagnosing each disorder is crucial. Appropriate and timely interventions to address ADHD and LD should follow diagnosis. The nature and course of treatment for ADHD and LD may be different, and different types of providers may be involved. Working with health care professionals to determine appropriate referrals and treatment is the best way to make informed decisions for an individual dealing with ADHD and a learning problem.

### *What are some of the symptoms of common ADHD comorbidities?*

#### *Oppositional Defiant Disorder (ODD)*

Only a qualified mental health professional can diagnose ODD. ODD usually starts before age eight, but no later than early adolescence. Symptoms may occur most often with people the individual knows well, such as family members or a regular care provider. These behaviors are present beyond what are expected for the child's age, and result in significant difficulties in school, at home, and/or with peers. Examples of ODD behaviors include:

- Losing one's temper a lot
- Arguing with adults or refusing to comply with adults' rules or requests
- Often getting angry or being resentful or vindictive
- Deliberately annoying others; easily becoming annoyed with others
- Often blaming other people for one's own mistakes or misbehavior

#### *Conduct Disorder (CD)*

Conduct Disorder is a behavioral pattern characterized by aggression toward others and serious violations of rules, laws, and social norms. These behaviors often lead to delinquency or incarceration. The symptoms of CD are apparent in several settings in the person's life (e.g., at home, in the community and at school). While CD is less common than Oppositional Defiant Disorder, it is severe and highly disruptive to the person's life and to others in his/her life. It is also very challenging to treat. A mental health professional should complete evaluations for CD where warranted, and a plan for intervention should be implemented as early as possible.



## *Learning Disorders (LD)*

A Learning Disorder is not a behavioral disorder. It causes a person's achievement on standardized tests in reading, math, or written expression to be substantially below what is expected for the individual's age, schooling, and level of intelligence. Impairment in these areas is not explained by other disorders. LD can seriously disrupt a child's schooling, can persist into adulthood, and may ultimately interfere with daily activities that require reading, writing or math skills.

The three main types of LD are:

- *Reading Disorder:* reading accuracy, speed and/or comprehension is much lower than expected.
- *Mathematics Disorder:* mathematical calculation and/or reasoning are much poorer than expected.
- *Disorder of Written Expression:* writing skills such as grammar, punctuation, paragraph organization, spelling and handwriting are much poorer than expected.

Each of these types of LD may occur alone or in combination with one or both of the others. Symptoms may begin as early as kindergarten, but LD often is not diagnosed until at least second grade due to the need for formal instruction in reading, writing or math to make diagnosis possible. In most cases, early identification, intervention and/or accommodations can significantly reduce the effects of LD.



***The identification of specific treatment options for ADHD and its comorbidities is a key part of obtaining optimal outcomes for the individual.***

Primary health care providers can play a vital role by appropriately referring patients and their families for proper diagnosis and treatment of ADHD and its comorbidities. Medication can help reduce the symptoms of ADHD. When comorbidities are present as well, medication may have the added benefit of increasing the person's positive response to behavioral interventions. However, it is important to continue seeking effective ways to treat ADHD and other disorders for individuals who do not respond to medication or who choose not to take them.

American Psychiatric Association: *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition, Text Revision. Washington, DC, American Psychiatric Association, 2000.

Green M, Wong M, Atkins D, et al. *Diagnosis of Attention Deficit/Hyperactivity Disorder: Technical Review 3*. Rockville, MD: US Department of Health and Human Services, Agency for Health Care Policy and Research; 1999. Agency for Health Care Policy and Research publication 99-0050 (Green, et al., 1999)