ADHD & Coexisting Disorders in Children
ADHD AND CHILDREN
Attention-deficit/hyperactivity disorder (ADHD) is a recognized medical condition that often requires medical intervention. Establishing a diagnosis of ADHD is complex and requires information that can be obtained from multiple sources, including parents, physicians, and teachers. One of the difficulties in diagnosing ADHD is that as many as 87% of children being evaluated for ADHD have a coexisting condition.

When two different disorders are present within the same patient, at the same time, the diseases or illnesses are said to be comorbid. Some of the key comorbidities of ADHD include the following:

- Oppositional Defiant Disorder (ODD)
- Conduct Disorder (CD)
- Anxiety
- Learning disabilities
- Mood disorders
- Other disorders

In addition to treatment for the symptoms of ADHD, your child may require medication and/or counselling to help control the symptoms of a coexisting disorder.

OPPOSITIONAL DEFIANT DISORDER AND CONDUCT DISORDER
Approximately 30 to 50% of children with ADHD will meet the criteria for oppositional defiant disorder or conduct disorder. Children with oppositional defiant disorder often argue with adults and are angry, resentful, and easily annoyed, blaming others when things go wrong. Conduct disorder can include bullying, destructive behaviour, deceitfulness, and rule violation. Co-occurrence of ADHD and CD in adolescents is often a precursor of antisocial behaviours, nicotine use, substance use or abuse, anxiety or depression, and development of antisocial personality disorder as adults. These coexisting conditions are more likely in the two subtypes marked by hyperactivity-impulsivity (Hyperactive-Impulsive and Combined Types). Counselling and/or medication may be needed to treat these coexisting conditions.

ANXIETY DISORDERS
It is estimated that as many as 33% of children with ADHD will also have a coexisting anxiety disorder. Children with anxiety disorders have extreme feelings of fear, worry, or panic, and often seem agitated. Other features include school refusal, separation anxiety, and rituals. Preliminary studies suggest that these coexisting conditions are more frequent in children with the predominantly inattentive subtype of ADHD. Counselling and/or medication may be needed to treat these coexisting conditions.
MOOD DISORDERS
There is considerable overlap between ADHD and mood disorders. Signs and symptoms of depression may include changes in appetite and weight, trouble sleeping, fatigue, diminished ability to think, feelings of worthlessness or guilt, and suicidal preoccupation. Signs of mania in children may include irritability, mood changes, rapid speech, decreased sleep, or inflated self-esteem. Children with mood disorders often require a different type of medication than those normally used to treat ADHD.

LEARNING DISABILITIES
Rates of learning disabilities that coexist with ADHD have been reported to be anywhere from 19 to 80%, depending on the definition used. ADHD is not a learning disability. However, ADHD can make it hard for a child to do well in school. These children need appropriate classroom accommodations to help them cope with their learning disability.

“ADHD is not a learning disorder, but it can make it hard for a child to do well in school”

OTHER DISORDERS
Tic Disorders
Tic disorders may be vocal or motor tics. The most common tic disorder is blinking. ADHD appears in 50% of individuals with Tourette’s Disorder. However, most people with ADHD do not have Tourette’s. When ADHD and Tourette’s are coexisting, ADHD is often present first.

Developmental Disabilities
ADHD is two to three times more common in developmentally delayed children than in those with normal IQ scores.

Neurofibromatosis
Neurofibromatosis is a genetic disorder that affects the skin and the nervous system. Although most people with neurofibromatosis type 1 have normal intelligence, learning disabilities and ADHD occur frequently in affected individuals.
SUMMARY
Comorbid disorders occurring in children with ADHD can lead to significantly greater social, emotional, and psychological difficulties. It is critical to identify any comorbid conditions so that appropriate interventions can be chosen.

GLOSSARY OF TERMS
Sub-classifications of ADHD

- Predominantly Inattentive Type: When a person displays six or more symptoms of inattention, but fewer than six symptoms of hyperactivity-impulsivity, and the symptoms have persisted for at least six months.
- Predominantly Hyperactive-Impulsive Type: When a person displays six or more symptoms of hyperactivity-impulsivity, but fewer than six symptoms of inattention, and the symptoms have persisted for at least six months.
- Combined Type: When a person displays six or more symptoms of inattention and six or more symptoms of hyperactivity-impulsivity, and the symptoms have persisted for at least six months.
- Most children and adolescents with ADHD have the combined type.

Tourette’s Syndrome: is a genetic, neurological disorder consisting of both motor tics (e.g., eye blinking or head shaking) and vocal tics (e.g., coughing or humming) that have been present for at least a year and occur prior to age 18.

Borderline Personality Disorder: is a condition characterized by impulsive actions, inappropriate intense anger related to fear of abandonment, mood instability, and chaotic relationships.

Neurofibromatosis (NF): is a set of genetic disorders, which cause tumours to grow along various types of nerves and spots on the skin. NF can affect the development of non-nervous tissues such as bones and skin. It can also lead to developmental abnormalities.

“Experts have found as many as one-third of children being evaluated for ADHD have a coexisting condition”

FOR MORE INFORMATION
There are many reliable sources of information on ADHD. Good places to start are:

- The Canadian Attention-Deficit/Hyperactivity Disorder Resource Alliance
  www.caddra.ca
- The Learning Disabilities Association of Canada
  www.ldac-acta.ca
- Children and Adults with A.D.D.
  www.chaddcanada.org