

# Co-occurring conditions

**Autistic people can have co-occurring conditions, which means that they may have additional support needs. A person who has received an autism diagnosis might need to take part in further assessments to determine the possibility of other co-occurring or underlying conditions.**

In some cases, one diagnosis might overshadow the possibility of others. This often means that the secondary diagnosis is missed or not focused on by those supporting.

Having the correct diagnosis can be important in accessing the right support, expertise, and guidance. How we approach one diagnosis might conflict with how we support another, so ensuring a full picture of what is happening for the person is crucial.

If your child is given an autism diagnosis, this does not necessarily mean that they will have a co-occurring condition. However, below are some examples of possible co-occurring conditions and their definitions.

## **Attention Deficit Hyperactivity Disorder (ADHD)**

ADHD affects people's behaviour. It can make them seem restless or hyperactive, have trouble remembering things and focusing on tasks, and they may often act on impulse without stopping to think.

It is usually spotted in childhood, but some people are not diagnosed until they are adults.

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## **Obsessive Compulsive Disorder (OCD)**

OCD is where a person has obsessions and/or compulsions, but usually both. An obsession is a thought, image or impulse that keeps coming into a person's mind and is difficult to get rid of.

There are lots of different obsessions that can affect someone, but a few examples are:

- being afraid of contamination by dirt and germs
- worrying that something is not safe, such as an electrical appliance
- thoughts and fears of harming someone else
- wanting to have things in a particular order or arrangement (such as in a symmetrical fashion)

A compulsion is the uncontrollable impulsivity to act on the obsessions.

It is important to understand the difference between a 'repetitive' behaviour and OCD. Check out our factsheet on **How to support with routines and repetitive behaviours** for more information on 'repetitive' behaviours.

## **Anxiety**

This is a common mental health problem affecting 1 in every 6 people in England in any given week<sup>1</sup>.

The main symptoms are:

- having several different worries that are excessive and out of proportion to a particular situation
- having difficulty controlling your worries
- having uncontrollable anxieties or worries about a lot of different events and situations a lot of the time. People can find it difficult or stressful to carry out their daily activities. Sometimes people also have another mental health difficulty such as depression

Other symptoms include feeling irritable, restless, tired, having tense muscles and problems concentrating or sleeping.

## Learning disability

This affects the way a person learns new things throughout their lifetime.

It affects the way a person understands information and how they communicate.

This means they can have difficulty:

- understanding new or complex information
- learning new skills
- coping independently

Unlike a learning disability, a learning difficulty does not impact on intellectual ability. An example of a learning difficulty would be dyslexia or dyspraxia.

## Depression

This affects 1 in 6 people in England in any given week<sup>2</sup>. The main symptoms are losing pleasure in things that were once enjoyable and losing interest in other people and usual activities.

A person may also experience some of the following: feeling tearful, irritable, or tired most of the time, changes in appetite, and problems with sleep, concentration, and memory.

People may have lots of negative thoughts and feelings of guilt and worthlessness; they often criticise themselves and lack confidence. Sometimes people can harm themselves, have thoughts about suicide, or may even attempt suicide. Occasionally a person with a severe condition may hallucinate and have delusions. Over 60% of people with anxiety will also experience an episode of depression<sup>3</sup>.

## Epilepsy

Epilepsy affects the brain. There are billions of nerve cells (neurons) in the brain, which are linked together to form chains. All the functions of the brain are controlled by these neuron chains, and so movement, speech, thoughts, sensations, and feelings all depend on the signals being passed in a regulated and orderly way. The activity of the neuron chains is coordinated by electrical and chemical signals.

People with epilepsy have recurrent bursts of abnormal electrical activity in the brain. This change in brain activity leads to a seizure. A seizure can take several different forms – it can cause changes in a person's body movements, awareness, behaviour, emotions, or senses (such as taste, smell, vision, or hearing). Usually, a seizure lasts for only a few seconds or minutes and then the brain activity returns to normal.

Having one seizure does not necessarily mean that someone has this condition – people can have a 'one-off' seizure.

## Tourettes

Tourettes causes a person to make involuntary sounds and movements called tics. It usually starts during childhood, but the tics and other symptoms often improve after several years and sometimes go away completely.

## Sleep difficulties

Many autistic people are likely to experience disturbed sleep patterns at some point in their lives. Reasons for this could include:

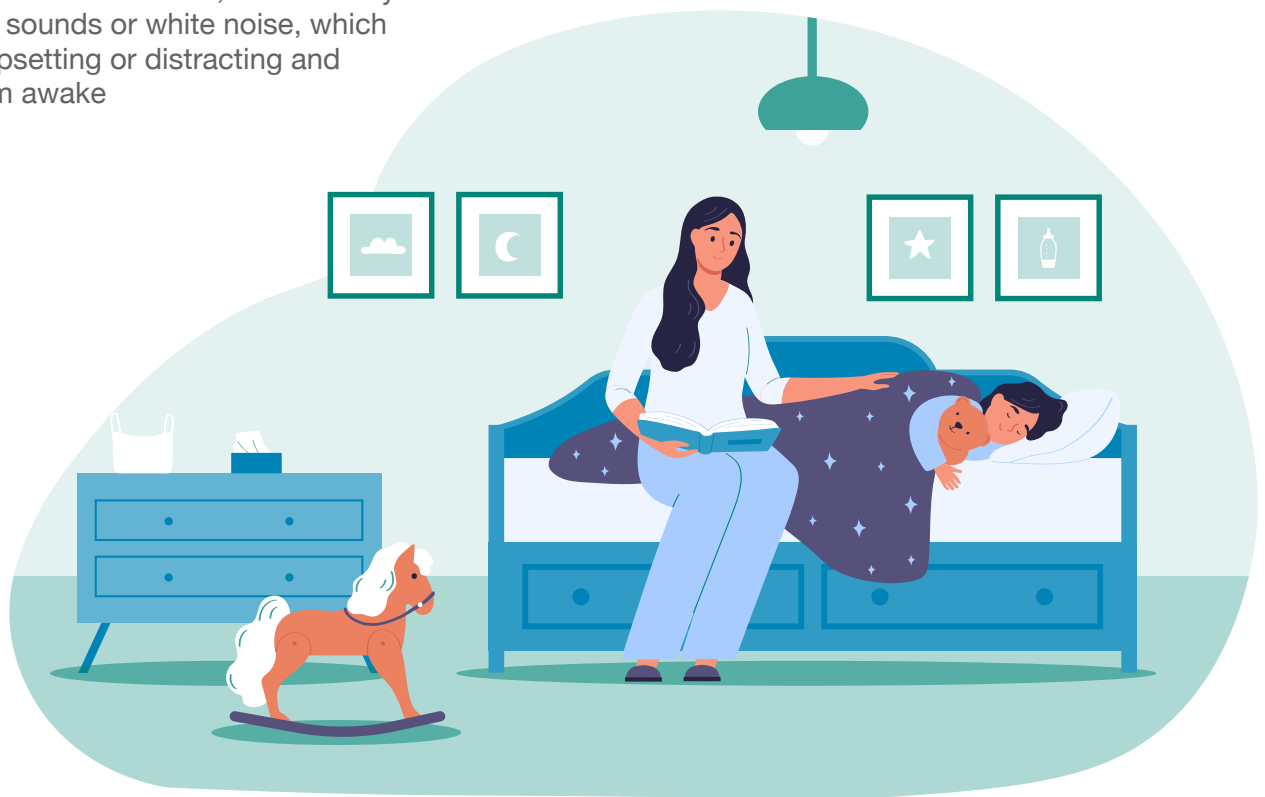
- having difficulty settling, winding down and going to sleep
- waking repeatedly during the night, or having difficulty getting back to sleep after waking up to go to the toilet
- increased anxiety or an inability to relax causing insomnia
- 'social cueing difficulties,' where an autistic person does not make the connection between others in the house going to bed and their own need to sleep
- irregular secretion of the sleep hormone melatonin, which regulates sleep patterns, or having atypical circadian rhythms (body clock)
- neurological conditions such as epilepsy
- sensory differences, such as increased sensitivity to blue light from smart phones, laptops and other screens, or sensitivity to certain sounds or white noise, which may be upsetting or distracting and keep them awake

- problems caused by food allergies, which could cause gastrointestinal issues and discomfort, or increased sensitivity to caffeine or other stimulants, which can disturb sleep
- hypersomnia – sleeping too much. Increased exhaustion could be caused by the additional stress autistic people experience in social situations

It is important to remember that sleep difficulties will have a wider impact beyond just the person who is struggling. A child who is unable to sleep will often impact the sleep patterns of parents, siblings, and others in the home.

View the factsheet on **Sleep** for more information.

If you feel that your child may have a co-occurring condition, you can discuss this with your child's GP or Paediatrician. For further information on the supporting professionals, please see the **Navigating getting support: Roles of professionals** factsheet for more information.



<sup>1</sup> Mind: [How common are mental health problems? - Mind](#)

<sup>2</sup> Mind: [How common are mental health problems? - Mind](#)

<sup>3</sup> NICE: [Prevalence](#) | [Background information](#) | [Generalized anxiety disorder](#) | [CKS](#) | [NICE](#)