

SYSTEMATIC ASSESSMENT OF CO-MORBIDITIES IN CHILDREN WITH ADHD

Olson Huff Center, November 2014

What are comorbidities?

Comorbidity refers to the co-occurrence of two or more psychiatric conditions. There is a 60-80 % chance that a child with ADHD will have a co-morbid condition. Conditions that commonly occur with ADHD include oppositional defiant disorder, anxiety, depression and learning disabilities.

Oppositional defiant behavior	15% (Inattentive) 70% (Combined)
Conduct disorder	20-50%
Anxiety disorders	10-40%
Depression	10-30%
Learning disability	20%
Developmental coordination disorder	20-50%
Tic disorders/OCD	10-20%
Substance abuse	10-30% of older adolescents

Why assess what else is going on?

Some children may present with inattention and/or disruptive behavior, but these symptoms may be manifestations of other conditions. Many conditions may masquerade as ADHD and should be considered in the initial evaluation. A mnemonic that speaks to the goal of maintaining a medical perspective while evaluating children with symptoms suggesting ADHD is NEEDS AN MD

N – Normal variation – includes temperament, active 5 year old boys, etc.

E – Expectations exceeded – academically demanding KG class, immature child with developmental delay

E – Environment/Experience – poverty, stress, adjustment issues, adverse childhood events, trauma, abuse, attachment disorders

D – Disability – includes specific LD, intellectual disability, autism spectrum disorder

S – Sleep – sleep onset delay, night time awakening

An – Anxiety – Generalized anxiety disorder, separation anxiety, OCD, PTSD

M – Medical – including iron deficiency, poor nutrition, hearing/vision impairment, seizure disorder, head injury, drug/alcohol abuse, iatrogenic

D – Depression – including depression, mood disorder

For some children, the comorbid condition may be equally or more impairing than the ADHD. For example, a child with acute stress-related symptoms or depression is unlikely to function well until those conditions are relieved. We have seen many children with ADHD and comorbid anxiety disorders who initially respond poorly to stimulant therapy. After successful treatment of the anxiety disorder, their residual ADHD symptoms responded well to stimulant medication. It is important to try to distinguish generalized anxiety from situational anxiety in response to having ADHD. Individuals with ADHD may become anxious as they repeatedly encounter frustration, failure and peer rejection, and this situational anxiety is likely to improve with successful management of their ADHD. As a general rule, we first treat what appears to be the more impairing condition.

How should we systematically assess comorbidity?

- A thorough history - that includes the use of open-ended questions and input from parent and child – is essential. Using anxiety disorders as an example, common symptoms of anxiety include excessive fears or worries, separation anxiety, crying easily, panic attacks, sleep problems and somatic complaints. Ask if the child has always been shy and slow-to-warm, or if these symptoms represent a change from baseline. The physical

examination can be an appropriate time to gather information from the child, with questions like “Do you worry a lot? What kind of things do you worry about?” In some circumstances, it may be important to talk with the child separately, and adolescents should certainly be given an opportunity to talk privately with the clinician. Also, the family and social history may provide additional clues.

- Physical findings such as bitten nails or other nervous habits should be noted. Also, observe the demeanor of parents and child. A parent who reports his/her child’s symptoms as “In 1st grade, we struggled with *our* reading...” may indicate possible enmeshment or separation problems. A child who appears hyper-vigilant, guarded or clingy may indicate generalized anxiety or trauma.
- Rating scales can be helpful in screening for comorbidities. The Vanderbilt ADHD rating scale has a few screening questions which if significant should prompt further evaluation for oppositional behavior, conduct problems anxiety, depression, or learning disabilities. Other broad behavioral scales may be useful, such as the Conners (long forms) and Child Behavior Checklist. Several questionnaires may help clinicians to identify specific comorbidities - including the Screen for Child Anxiety Related Disorders (SCARED) and the Beck Depression Inventory (BDI). The SCARED and BDI are available on line without cost, and the use of such scales is supported by the CPT code 96110.
- Review of school records and work samples may help to identify learning disabilities, including dyslexia. Red flags in the history include failing EOG exams, below grade level performance and positive family history of specific LD. See *Learning Disabilities* in Toolkit