

A Guide for Parents

ADHD and ASD

Attention Deficit Hyperactivity Disorder and Autism Spectrum Disorder



What is Attention Deficit Hyperactivity Disorder (ADHD)?

Attention Deficit Hyperactivity Disorder (ADHD) is a neurodevelopmental condition which occurs in between 3% and 9% of children and young people in the UK. Individuals with ADHD may present with problems of hyperactivity and impulsive behaviour and/or problems paying attention.

What is Autism Spectrum Disorder (ASD)?

Autism Spectrum Disorder is a developmental disorder (or condition) which affects a child's social interaction and communication, resulting in restrictive and repetitive patterns of behaviour, interests and activities. In some patients it may have a lifelong impact. Approximately one out of every hundred people will have ASD.

ADHD and ASD

Some children with ADHD may have features associated with ASD, in particular, difficulties with understanding and adhering to the rules of social interaction. Both conditions frequently exist together, although the child may initially only have been diagnosed with one of the two conditions. Research suggests that up to 40% of children with an ASD diagnosis may have difficulties concentrating.

There is debate about why ADHD and ASD overlap but there is some evidence for a common underlying genetic basis. Many children with both ASD and severe ADHD may experience benefit from the treatment of their ADHD symptoms with medication, though the effect may be less obvious than in children without ASD. Nonetheless, people with ASD who have intelligence in the normal range and who learn to use the appropriate coping strategies, particularly with regard to social interaction, can live independent and happy lives.

Assessment of ASD

If you are concerned about your child's interaction or communication you should seek advice from your health visitor or GP, who can then refer your child on to a specialist service. In the UK, a referral is made to either a Community Paediatric Service or a Child and Adolescent Mental Health Service, where a range of professionals will see your child and speak with you about your concerns.

The assessments may include the following:

- Interviews with yourself and/or teachers to clarify concerns.
- Details of pregnancy, birth and development.
- Physical examination.
- Specific ASD assessments.

Occasionally, the specialist may ask for blood tests or other specialised tests to look for other associated conditions or causes.

Managing children and young people with ASD

Once a diagnosis is made and the profile of your child's needs is clearer, most of the intervention is geared towards ensuring that your child is educated in a suitable school or is suitably supported in a mainstream school where difficult behaviours may be appropriately managed. Gaining an understanding of the diagnosis and how it affects the child and also learning strategies to cope with any problems that may be encountered is a vital component for parents of a child newly diagnosed with ASD.

The doctor's role is largely supportive, unless there are other difficulties such as epilepsy, limited diet, constipation, dyspraxia, sleep problems or ADHD.

Professionals involved may include:

- Paediatrician.
- Child and Adolescent Psychiatrist.
- Speech and Language Therapist.
- Specialist Nurse.
- Specialist Advisory Teacher.
- Clinical/Educational Psychologist.
- Occupational Therapist or Physiotherapist, if there are concerns about physical skills.

Managing ADHD and ASD

For children with a combination of ASD and ADHD, the management may be more challenging and may involve medication to treat the ADHD. Other management techniques that are known to work for children with ASD will also be employed. Quite often when a child has been treated for ADHD the ASD symptoms become more noticeable.

What causes ASD?

Despite ongoing research, it is not clear what causes ASD. There may not be a single cause and multiple genes may be involved, resulting in the characteristic features of ASD.

Characteristics of ASD

The characteristics of ASD range in severity and vary from individual to individual. People with ASD typically have two types or forms of impairment:

- Persistent problems in social communication and interaction.
- Restricted, repetitive patterns of behaviour, interests and activities.

These are present from early childhood to the extent that these symptoms will affect or impact on everyday functioning.

Not all children with ASD are slow to speak. In fact, some begin speaking quite early, but may have an unusually 'quaint' way of talking. However, you may be alerted or become concerned if your child is difficult to engage with, or fails to develop speech at the expected age. These children may not always use their language in a flexible communicative manner.

A person with ASD does not always understand the rules of normal social interaction, may have difficulty in making friends and may have a love for routines. There may also be other behaviours, such as poor eye contact, preference for solitary and repetitive play, distress with change and unusual interests. Other associated difficulties are over- or under-sensitivity to noise, smells, tastes and textures.



Useful websites and support groups

- ADDISS UK - Attention Deficit Disorder Information and Support Service
Helpline 020 8952 2800
www.addiss.co.uk
- The National Autistic Society
Helpline 0808 800 4104
www.autism.org.uk
- Ambitious about Autism
Helpline 020 8815 5444
www.ambitiousaboutautism.org.uk

Useful Books

- **From Like to Love for Young People with Asperger's Syndrome (Autism Spectrum Disorder): Learning How to Express and Enjoy Affection with Family and Friends.**
By Michelle Garnett and Tony Attwood,
published by Jessica Kingsley, 2013.
- **It can get better: Dealing with common behaviour problems in young autistic children.**
By Paul Dickinson and Liz Hannah,
published by National Autistic Society, 2001.
- **Understanding ADHD, Autism, Dyspraxia, Tics and Dyslexia – A guide for parents.**
By Dr C R Yemula and Dr U Chowdhury,
published by Health Insights 4U Ltd, 2012.

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