



*The Parenting Buzz*

# Autism and Co-occurring Conditions

“In Australia, 70% of the time a diagnosis of autism is accompanied by an additional condition or diagnosis, and 40% of the time by two or more additional conditions of diagnosis.

These co-occurring conditions can appear at any time during a person’s development, and some may not appear until later in adolescence or even adulthood.” (*The Spectrum*)

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## Co-occurring Conditions

- **ADHD**
- **Intellectual Disabilities**
- **Exceptional Cognitive Skills**
- **Mental Health Conditions**
- **Neurological Conditions**
- **Cerebral Palsy**
- **Challenges with fine and gross motor skills (Developmental Coordination Disorder)**
- **Ehlers Danlos Syndrome & Hypermobility**
- **Gastrointestinal Symptoms**
- **Eating Disorders**
- **Fragile X Syndrome**
- **Tuberous Sclerosis**
- **Down Syndrome**
- **Sleep Problems**
- **Language Disorders**



## **ADHD - Attention Deficit Hyperactivity Disorder**

*There are three subtypes of ADHD:*

- *inattentive*
- *hyperactive-impulsive*
- *combined*

*Autism and ADHD can often be confused with each other and it can be difficult to separate the two conditions in early childhood. This is because there is an overlap between the symptoms of both conditions, such as differences in eye contact, sensory differences, executive dysfunction, emotional dysregulation and social challenges.*

*However, there are also differences between the two, such as people with ADHD don't like routine, are more likely to make more impulsive decisions and are more likely to become bored quickly, whereas people with Autism prefer routine and structure and can become upset or anxious if their normal routine is disrupted or changed.*

*A child with autism may find it hard to concentrate on a task that doesn't interest them, however they may be absorbed for hours in something they find interesting. On the other hand, a child with ADHD has an attention span that is likely to be short, even when they are doing something they enjoy.*

*Both kids with autism and ADHD have difficulties with communication and interacting with others, but for different reasons. Children with ADHD may talk continuously, interrupt others, not notice*

*how their words are affecting other people. Autistic children on the other hand may struggle with eye contact, fixate on one particular topic of conversation, not use gestures, have difficulties expressing their emotions and thoughts and not respond to social interactions.*

*People who have traits that stretch across both autism and ADHD diagnoses often face more serious challenges than people with either diagnosis alone. They can have more severe social and cognitive issues as well as greater impairments in adaptive functioning (how well a person handles common demands in life and how independent they are compared to others of a similar age and background etc.).*

According to Autistica (which is the UK's leading autism research and campaigning charity) *"approximately 21% of children with ADHD are also autistic, with others having heightened autistic traits" and "around 28% of autistic children also meet criteria for ADHD".*

## **Intellectual Disabilities**

As with many disorders and disabilities, intellectual disability varies a lot from person to person. Usually when it co-occurs with autism it is diagnosed along with autism in early childhood after signs of developmental delay. According to 'The Spectrum' *"Around 30% of autistic people also have an intellectual disability."*

## **Exceptional Cognitive Skills**

This is when a person demonstrates exceptional skills or knowledge.

According to The Spectrum *"Around 29% of people on the autism spectrum have skills that are considered exceptional, including their ability to remember and recall information, to draw using significant recalled visual detail, or to produce music that is pitch perfect."*

Some children have a condition called 2E (which stands for twice exceptional).

Quoting the Child Mind Institute:

*"Some children are highly gifted in areas such as math, writing or music. Then there are those with challenges that affect learning: They could have ADHD, dyslexia or dyscalculia, or perhaps they're autistic or have sensory processing issues. But there are also kids who fit both categories. They're called twice-exceptional, or 2e, which means that they have exceptional ability and disability. They are gifted in some way but they also face learning or developmental challenges."*

2E kids who are both gifted and challenged can be difficult to understand. There can be kids who use their strengths to compensate for the special needs and therefore can mask their learning problems OR the special needs can mask the giftedness. And in some cases neither the disability or the giftedness is recognised. These kids don't always excel in all learning areas, for example they may be three year levels ahead in maths but need extra support in reading.

## Mental Health Conditions

Mental health conditions are not a part of autism however people with autism are more likely to develop a mental health condition due to their difficulties in the areas of social skills, relationships, language, feelings and emotions etc. Mental conditions can include anxiety disorders, clinical depression, bipolar disorder or obsessive compulsive disorder.

The Spectrum mentions Research from Monash University estimates *“around 66% of people with an autism diagnosis are currently co-living with a mental health disorder, and up to 81% will live with a mental health disorder at some point in their lifetime.”*

Anxiety is common in autistic children, with social anxiety being one of the most common anxiety disorders.

## Neurological Conditions

This includes conditions such as Epilepsy and Tourette syndrome and other tic disorders.

**Epilepsy** is a medical condition that affects the brain and causes seizures. According to The Epilepsy Foundation *“Epilepsy can develop at any stage of life, but it is more common in children, adolescents, and people over 60. There are at least 60 different types of seizures. A person with epilepsy may experience one or more seizure types. Their behaviour during a seizure depends on the type of seizure and the area of the brain being affected.”*

According to Autism Awareness Australia *“Epilepsy and other seizure disorders are more common among autistic people than the general population. Around 12% of the autistic population will also have epilepsy, in comparison to 1% of the general Australian population. People with autism and an intellectual disability are also more likely to develop epilepsy.”*

**Tourette Syndrome** is a type of tic disorder. Tics are involuntary, repetitive movements and vocalisations. The variety and complexity of tics is huge, meaning there are just so many examples of common tics people can have from blinking, to facial grimacing through to uttering obscene words or hitting or biting. Some might be less obvious while others very obvious. Tourette Syndrome usually begins between the ages of 2 and 21 and continues throughout life.

According to Raising Children Network *“About 5% of autistic children have Tourette disorder and another 9-12% have tics of some kind. Tourette disorder or motor tics are more common in children with moderate to severe intellectual disability.”*

## Cerebral Palsy

Cerebral Palsy is caused by *“damage to the brain or a difference in development affecting the areas of the brain that control movement.”* (The Royal Children’s Hospital Melbourne). People with cerebral palsy have difficulties with making and / or controlling their body movements. These movement difficulties and the severity of the condition can vary greatly. With Cerebral Palsy, movement problems are the only difficulty with some children, however if additional areas of the brain are also damaged then the child may also have other brain-related conditions.

According to Autism Awareness Australia *“Roughly 7% of children with cerebral palsy also have autism spectrum disorder. These 2 conditions are not related to one another but can co-occur and affect childhood development.”*

## Challenges with fine and gross motor skills

Developmental Coordination Disorder (DCD) *“is characterized by significant difficulty performing motor skills at an age-appropriate level. Individuals with DCD experience substantial impact of these difficulties on everyday tasks as well as in social relationships”* *“DCD is characterized by difficulties in performing accurate and fast gross- and fine-motor skills, including problems with coordination and balance. The movements of children with DCD frequently lead to performance difficulties in activities of daily living and physical games that typically-developing (TD) children perform easily.”* (Cacola, Miller & Williamson, 2017).

DCD isn’t usually diagnosed until after the age of 6 due to motor skill development.

## Ehlers Danlos Syndrome and Hypermobility

An article written by Professor Tony Attwood and Dr Michelle Garnett about Autism and Ehlers Danlos Syndrome states:

*“Ehlers-Danlos syndrome is a group of disorders that are genetic, and affect the connective tissues making them weaker, primarily the skin, joints, and blood vessel walls. There are 14 different types of EDS, and the most common one, hypermobile EDS, is the one most diagnosed with autism. Many people have overly flexible joints and may be diagnosed with a hypermobility spectrum disorder, but EDS comes with a whole range of other issues.”*

These issues can include overly stretchy skin, fragile skin that is slow to heal, chronic pain (usually in the joints), less sensitive to proprioceptive and vestibular input, joints are easily dislocated, gastrointestinal disorders and cardiovascular conditions.

Hypermobility is a condition that affects many people with autism According to Reframing Autism up to 80% of people with autism experience hypermobility. They also say that the connection between the two isn’t fully understood but researchers believe there may be a genetic component

involved where certain genes associated with autism may also play a role in the development of hypermobility.

Hypermobility is where there is an atypical range of motion in one or more of the joints in someone's body. Symptoms vary from person to person. But some symptoms include pain in the joints or muscles, poor posture, more frequent injuries such as sprains and dislocations due to the joints being hyperflexible, fatigue (as the constant strain on joints and muscles can be tiring and cause low levels of energy).

There is also a link between bowel symptoms and hypermobility-related disorders. Symptoms such as abdominal pain, bloating, nausea, heartburn, vomiting, constipation, diarrhoea and hernias. According to the Hypermobility Syndromes Association *"Up to 10-15% of individuals with EDS also describe a sense of urgency when needing to pass faeces; haemorrhoids (piles) or skin tears with bleeding; and may also be incontinent, soiling themselves due to the inability to control when they pass faeces."*

## Gastrointestinal Symptoms

It has been claimed that up to fifty percent of children with autism experience persistent gastrointestinal tract problems, ranging from mild to moderate degrees of inflammation in both the upper and lower intestinal tract. (<https://www.autism-help.org/comorbid-gastrointestinal-disorders.htm>).

Symptoms can include abdominal pain, diarrhoea, constipation, faecal incontinence, stomach bloating and reflux.

## Eating Disorders

Different eating behaviours are different in children with autism, such as avoiding foods, eating non-food items as well as sensory sensitivities towards some foods. According to Eating Disorders Victoria *"It is common for autistic people to have atypical eating behaviours, with around 70% of autistic children having issues with food or eating"*.

For more information regarding autism and eating disorders visit the 'Eating Disorders Victoria' website: <https://www.eatingdisorders.org.au/eating-disorders-a-z/eating-disorders-and-autism/>.



## Fragile X Syndrome

*“Fragile X Syndrome is an inherited genetic condition that causes intellectual disability, and behavioural and learning challenges.” (Fragile X Association of Australia).* It is caused by alterations in the FMR1 gene on the X chromosome. Males tend to be more severely affected than females but that’s not always the case. The main presentation of fragile x syndrome is developmental delay. But the symptoms and characteristics as well as the degree to which a person may be affected can vary hugely.

According to the Fragile X Association of Australia, *“A small percentage of females with Fragile X syndrome full mutation will have no apparent signs of the condition—intellectual, behavioural, or physical. These females are often identified only after another family member has been diagnosed.”*

## Tuberous Sclerosis

Tuberous Sclerosis is a genetic condition that causes abnormal growths in the brain and other vital organs. Symptoms can include skin abnormalities such as red or pink spots on the face or discolouration of the skin or nails, benign growths on the brain, kidneys, heart, lungs, gut or eyes, seizures, intellectual disability or difficulties with learning, behaviour, thinking or mental health.

According to the Raising Children Network *“Tuberous sclerosis isn’t very common among autistic children (0-4%). It’s more common if the person also has a seizure disorder (8-14%).”*

## Down Syndrome

Down Syndrome is a genetic condition. Most people have 23 pairs of chromosomes. People with Down Syndrome have an extra 21st chromosome. If it isn’t diagnosed during pregnancy it is usually diagnosed at birth or in early infancy.

According to the Raising Children Network, *“only a small number of autistic children also have Down syndrome. This is because Down syndrome is uncommon, occurring in only 1 in 1100 births. On the other hand, autism is relatively common in children who have Down Syndrome. Up to 40% of children with Down Syndrome are also autistic.”*

## Sleep Problems

Sleep problems are common among children with autism, with about two-thirds having sleep problems at some time. These may include troubles falling asleep and staying asleep, nightmares, night terrors and sleepwalking.

## Language Disorders

The language and communication of children with autism can vary hugely. Some kids have very good communication and language skills whereas others find it difficult to communicate and some may be non-verbal and may only communicate with others through gestures and other forms of non-verbal communication.

The way children with autism process information can also be different to their neurotypical peers and they may have difficulties with their receptive or expressive language. They may have a limited vocabulary or trouble learning new words,

*“Studies show that about 63% of children with ASD have language issues, and over half of the people with ASD also face challenges in different aspects of language, such as sounds, meaning, and grammar.” (<https://www.autismparentingmagazine.com/autism-language-processing-disorders/>).*

### **Support for families:**

*First talk to your doctor. Your GP can refer your child onto the necessary health professional.*



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