COMORBID CONDITIONS

QUICK FACTS:

• **Comorbidity:** overlapping disorders that require a descriptive definition in order to determine whether these conditions occur at random or effect one-another. It is important to distinguish whether these disorders are influenced by one another in order to provide the most accurate diagnosis and appropriate treatment plan¹.
• Intellectual disability and ASD may co-occur in 3 out of 4 children¹.
• Symptoms of ASD can make it difficult to accurately test a persons’ IQ and underestimating cognitive abilities can result in limited interventions appropriate for someone with ASD¹.
• Age plays a major rule in co-morbid disorders. For example, someone with ASD may not be diagnosed with depression until they are a teenager because children are less likely to have depression¹.

Assessments:

• There are two scales that assess co-morbid disorders with ASD:
  o **Autism Checklist (PAC):** measures psychosis, depression, anxiety, and OCD. The PAC represents core, psychiatric symptoms that do not overlap with ASD symptom. This allows clinicians to discriminate between these disorders (ASD, psychosis, depression, anxiety, and OCD).
  o **ASD Comorbid Scale:** has an adult version and a child version. The adult version tests for anxiety, conduct problems, irritability/behavior excesses, ADHD, and depression. The child versions tests for tantrum behavior, repetitive behavior, depression, social avoidant behavior, under- and over-eating, and conduct.
    ▪ These assessments only take 10-minutes to conduct.
    ▪ These scales are not comprehensive. Other disorders that are not tested for may go undetected.

Comorbid physical and mental health disorders:

• Accurate diagnosis of disorders is important because medical treatment is becoming more specific to each disorder, which can lead to more effective treatment plans⁵.
• Some physical and mental-health conditions that frequently accompany ASD include gastrointestinal problems, epilepsy, feeding issues, disrupted sleep, ADHD, anxiety, depression, OCD, schizophrenia, and bipolar disorder².
  o GI disorders are 8 times more common for children with ASD².
- Epilepsy effects about a third of people with autism\textsuperscript{2}. Treatment is important for preventing brain damage.
- More than half of children with autism have chronic sleeping problems\textsuperscript{2}.
- Co-morbid disorders that typically co-occur with ASD are depression, anxiety, psychosis, bipolar disorder, ADHD, phobias, and OCD\textsuperscript{1}.
- Anxiety affects around 42\% of people with ASD\textsuperscript{2}.
- 30\% of children with autism are obese\textsuperscript{3}.

Some studies show that people with autism have shorter lifespans because of co-morbidities (accompanying mental and physical conditions)\textsuperscript{3}.

**WHAT SHOULD WE TAKE AWAY?**

Identifying co-morbidities is important to provide the most appropriate treatment plan for someone with ASD. Challenging behaviors can be a result of co-morbid disorders, especially if someone has a difficult time communicating what’s causing certain pain (think GI disorders). Accurately diagnosing co-morbidities can help the multidisciplinary team create a treatment plan that may help reduce challenging behaviors and increase quality of life.

**FURTHER RESOURCES:**

Someone with more extensive background knowledge of ASD and other disorders may benefit from this article. It provides information on age-related co-morbidities, explanations of assessments, behavioral challenges and how these might be linked to co-morbidities, and a case-study of a co-morbid diagnosis with ASD (what this might look like).


This website provides a range of co-morbidities common for people with autism, statistics for each co-morbidity, and how these symptoms might present themselves.

https://www.autismspeaks.org/medical-conditions-associated-autism

This website provides details of symptoms and behavioral challenges of five co-morbidities common for people with ASD.

CITATIONS:

