

ADHD & CO-OCCURRING CONDITIONS

What they are, how they connect, and why it matters

WHAT IS A CO-OCCURRING CONDITION?

A co-occurring condition (also called a comorbidity) is a separate, diagnosable condition that exists alongside ADHD in the same individual. Co-occurring conditions are not caused by ADHD, nor are they symptoms of it, they are distinct diagnoses that frequently appear together with ADHD at rates higher than would be expected by chance.

Key facts:

- **How common:** Nearly 78% of children with ADHD have at least one co-occurring condition (CDC, 2022). For adults, rates are similarly high.
 - **Why it matters:** Unrecognized co-occurring conditions can make ADHD harder to treat, and vice versa. Whole-person care requires understanding the full picture.
 - **Faith community implication:** A congregant who seems to be struggling spiritually, emotionally, or relationally may be living with ADHD alongside one or more undiagnosed conditions, not a lack of faith or effort.
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A NOTE ON DIAGNOSIS

Co-occurring conditions can mimic or mask ADHD, and ADHD can mask them. For example, anxiety can look like inattention; depression can present as low motivation or brain fog; trauma responses can closely resemble hyperactivity. Accurate diagnosis by a qualified clinician who understands ADHD and its full constellation of related conditions is essential. A diagnosis is not a label, it is a doorway to understanding and effective support.

TOP CO-OCCURRING CONDITIONS

The following conditions are among those most frequently diagnosed alongside ADHD, based on peer-reviewed research and clinical data.

01 Anxiety Disorders

Anxiety disorders are characterized by persistent, excessive fear or worry that is difficult to control and interferes with daily functioning. They include Generalized Anxiety Disorder (GAD), Social Anxiety Disorder, Panic Disorder, and Separation Anxiety, among others.

ADHD connection: Approximately 50% of adults and up to 30–40% of children with ADHD also have an anxiety disorder (Kessler et al., 2006; Schatz & Rostain, 2006). The chronic stress of managing ADHD symptoms, disorganization, forgetfulness, social missteps, can trigger or worsen anxiety. Conversely, anxiety can impair focus and appear to be ADHD inattention.

02 Depression (Major Depressive Disorder)

Depression is a mood disorder marked by persistent sadness, loss of interest or pleasure, fatigue, difficulty concentrating, feelings of worthlessness, and changes in sleep or appetite. It is more than occasional sadness, it is a sustained disruption of mood and functioning.

ADHD connection: Adults with ADHD are nearly 3 times more likely to experience depression than those without ADHD (Kessler et al., 2006). Years of struggling with ADHD, especially undiagnosed, can erode self-esteem and lead to chronic feelings of failure, fueling depressive episodes. ADHD-related low motivation can also be mistaken for depression.

03 Oppositional Defiant Disorder (ODD)

ODD is characterized by a persistent pattern of angry or irritable mood, argumentative or defiant behavior toward authority figures, and vindictiveness that occurs more frequently than is typical for a person's age and developmental level.

A note on emotional dysregulation: Emotional dysregulation is not the same as ODD, but the two are closely related and frequently appear together. Emotional dysregulation refers to difficulty managing the intensity and duration of emotional responses, particularly frustration, anger, and disappointment, and is considered a core feature of ADHD by many researchers (Shaw et al., 2014). Where ODD is a separate, diagnosable condition, emotional dysregulation describes a neurobiological pattern of reactivity rooted in the ADHD brain's impaired self-regulation systems. A child or adult who "overreacts," melts down quickly, or struggles to recover from upsets may be experiencing emotional dysregulation rather than, or in addition to, ODD.

ADHD connection: ODD is one of the most common co-occurring conditions in children with ADHD, affecting approximately 40–60% of children diagnosed with ADHD (Barkley, 2015). The chronic frustration of living with unmet neurological needs, especially when a child feels misunderstood or constantly corrected, can escalate into oppositional behavior. Combined with emotional dysregulation, what looks like defiance is often a nervous system in distress. ODD and emotional dysregulation are frequently mistaken for willful defiance, poor parenting, or a spiritual or moral failing.

04 Learning Disabilities (LD)

Learning disabilities are neurologically based processing differences that affect one or more academic skills, most commonly reading (dyslexia), writing (dysgraphia), or math (dyscalculia). They are not related to intelligence or effort.

ADHD connection: 30–50% of individuals with ADHD also have a co-occurring learning disability (DuPaul & Stoner, 2014). Both involve differences in how the brain processes information, though through distinct mechanisms. A child who is bright but struggles academically despite trying hard may be living with both ADHD and an unidentified learning disability.

05 Sleep Disorders

Sleep disorders in the context of ADHD commonly include difficulty falling asleep, staying asleep, or waking feeling rested. Delayed Sleep Phase Syndrome (DSPS), a significantly shifted sleep-wake cycle, is particularly prevalent, as is restless sleep and sleep-disordered breathing.

ADHD connection: Up to 70% of children and adults with ADHD report significant sleep problems (Cortese et al., 2006). Sleep deprivation worsens every core symptom of ADHD, attention, impulse control, emotional regulation, and memory. Poor sleep is often misattributed to laziness or poor discipline rather than recognized as a neurobiological pattern.

06 Trauma and Post-Traumatic Stress Disorder (PTSD)

Trauma refers to the lasting emotional, psychological, and physiological impact of one or more deeply distressing experiences. PTSD is a clinical diagnosis that may follow exposure to such events and includes symptoms like intrusive memories, hypervigilance, emotional numbing, and avoidance.

ADHD connection: Individuals with ADHD are at elevated risk of experiencing trauma due to impulsivity, social difficulties, and higher rates of adverse childhood experiences (ACEs) (Harstad & Levy, 2014). Trauma symptoms, particularly hypervigilance and difficulty concentrating, can closely mirror ADHD, making differential diagnosis critical. Both conditions often coexist and each requires its own evidence-based care.

The Society for ADHD and Co-Occurring Conditions serves as a bridge between faith communities and the evidence-based resources families need. We are here to equip you.

For resources, training, or speaking inquiries: info@societyforadhd.org | www.societyforadhd.org

References available upon request. All content is science-backed and evidence-based.