**Co-Occurring Conditions and Autism**

**Mental Health Conditions**

80% of autistic people, at some point in their lives, have mental health problems such as anxiety and depression, and the majority rate their anxiety as the number one problem in their lives (Autism Dividend 2017). We would anticipate that this figure will rise due to the current pandemic and the effects on the autistic community.

Autism will commonly present alongside other mental health conditions. Sadly, there are higher rates of mortality amongst the population too (Hirvikoski, 2016). Suicide rates are elevated in autism, particularly for women when diagnosis is delayed. Anecdotally, women have often been mis diagnosed with other mental health conditions (Borderline Personality Disorder, Bipolar Disorder, Eating Disorders).

* **Sleep Disorders**

Disordered sleep is more common amongst the autistic population than in typically developing groups. Issues can include getting to sleep, staying asleep. As there is a higher prevalence rate of anxiety and autism this may be a contributing factor. Anxiety effects the onset of sleep significantly, high cortisol levels impact on the secretion of Melatonin, a hormone that is found naturally in the body.

<https://www.autism.org.uk/advice-and-guidance/topics/physical-health/sleep>

* **Eating Disorders**

Difficulty eating can be common for autistic people. This is often linked to the gustatory sense; food taste, texture, and feeling full or empty. Disordered eating can present in different ways; eating only certain foods, not wanting to eat at all or wanting to eat non-food items (PICA). It is a complex issue and can lead to complication in terms of overall physical health, thus causing concern and anxiety for caregivers. Some estimates hold that as many as 20% of people with enduring eating disorders have autism (Lesko 2017). For more information please see links below:

<https://autismwales.org/wp-content/uploads/2020/09/1-Autism-and-Eating.pdf>

<https://www.autism.org.uk/advice-and-guidance/topics/behaviour/eating>

**Physical Health Conditions**

* **Epilepsy**

Epilepsy has a prevalence rate of 1% in the general population this rises to 20-40% amongst the autistic population, this increases for those with a learning disability too (Autistica UK). Epilepsy is a condition that affects the brain, causing seizures of differing degrees. Epilepsy can start at any age and there are many different types. Some types of epilepsy last for a limited time and the person eventually stops having seizures. However, for many people epilepsy is a life-long condition and will require to be controlled by medication. If left untreated or unresponsive to medication it can have significant effects. Particularly for those that have autism and a co-occurring learning disability. For more information please see the links below:

<https://www.epilepsy.org.uk>

<https://www.nhs.uk/conditions/Epilepsy/>

<https://www.autistica.org.uk/downloads/files/Epilepsy-autism-E-LEAFLET.pdf> <https://network.autism.org.uk/sites/default/files/ckfinder/files/Autism%20and%20epilepsy%20PDF(1).pdf>

* **Gastrointestinal problems**

Up to 70% of autistic people may have co-occurring gastrointestinal problems. This may include chronic constipation and/or chronic diarrhoea, pain may be communicated through self-injurious behaviour, particularly in those that have a co-occurring learning disability and little to no verbal communication. There is also a link to anxiety and GI problems.

* **Fibromyalgia**

Fibromyalgia or Fibromyalgia Syndrome (FMS) is a long-term health condition, sufferers experience widespread pain all over the body. Other symptoms include chronic fatigue, headaches, IBS and sleep difficulties. There is little research on the co-occurrence with autism however, anecdotally professionals and autistic people report links. For more information please click on the links below:

<https://www.nhs.uk/conditions/Fibromyalgia/>

<https://network.autism.org.uk/forum-discussion/autismaspergers-and-fibromyalgia>

* **Ehlers Danlos Syndrome**

A rare heritable condition that effects the connective tissue of the body. Can cause Hypermobility and other issues including significant joint pain. Little research has been conducted in relation to the co-occurrence with autism however anecdotally there appears to be a link. Recent studies from America are connecting the link to collagen deficiencies, however the study sample is small.

<https://www.nhs.uk/conditions/ehlers-danlos-syndromes/>

<https://www.nhs.uk/conditions/autism/other-conditions/>

* **Mitochondrial dysfunction**

Mitochondria turn sugar and oxygen into the energy that cells need to function. When they do not function properly various types of Mitochondrial disease can affect different parts of the body: the brain, kidneys, muscles, heart, eyes, ears, and other areas. In adults with autism mitochondrial dysfunction can manifest by the person becoming exhausted, vision may be blurry and there can be an increased risk of potential damage to the brain (Lesko 2017).

* **Other Physical Health Conditions**

From a recent parent survey conducted in the US; respiratory, food and skin allergies are higher amongst the autistic population.

**Neurodevelopmental Conditions:**

* **ADHD/ ADD**

Attention Deficit Hyperactivity Disorder/ Attention-Deficit Disorder describe the same condition characterised by inattentiveness, hyperactivity and impulsivity. People with ADHD tend to find it difficult to maintain focus and are hyperactive (always on the go). They may exhibit unwanted or inappropriate behaviour, seem inattentive, and act on impulse. ADHD can exist in isolation but is commonly seen co-occurring with another Neurodevelopmental Condition. There are also links to risk taking behaviours and addictive behaviours. There are three presentations of ADHD:

• inattentive presentation (sometimes referred to as ADD)

• hyperactive-impulsive presentation

• combined presentation, which is the most severe.

About 75% of children with autism show signs of ADHD, a rate that is significantly higher than it is in the general population (Attwood, 2008)

For mor information please see the following:

<https://www.adhdfoundation.org.uk/>

* **Developmental Coordination Disorder (DCD) or Dyspraxia**

Dyspraxia, otherwise known as Developmental Coordination Disorder (DCD) is a common disorder affecting fine and/or gross motor skills coordination, in both children and adults. The Dyspraxia Foundation adds to this, recognising the many non-motor difficulties that may also be experienced by people with the condition and which can have a significant impact on daily life activities. These include memory, perception and processing as well as additional problems with planning, organising and carrying out movements in the right order in everyday situations. Dyspraxia can also affect articulation and speech (Dyspraxia Foundation, 2015). It is a lifelong condition. For mor information please go to:

<https://dyspraxiafoundation.org.uk/>

* **Dyslexia**

Dyslexia is a learning difficulty that primarily affects the skills involved in accurate and fluent word reading and spelling. Characteristic features of dyslexia are difficulties with phonological awareness, verbal memory and verbal processing speed. Dyslexia occurs across the range of intellectual abilities. It is best thought of as a continuum, not a distinct category, and there are no clear cut-off points. Co-occurring difficulties may be seen in aspects of language, motor co-ordination, mental calculation, concentration and personal organisation, but these are not by themselves, markers of dyslexia.

For more information please go to:

<https://www.bdadyslexia.org.uk/dyslexia/about-dyslexia>

* **Dyscalculia**

Dyscalculia refers to a difficulty with arithmetic. It should be noted that there is, currently, far less research in this area than other Neurodevelopmental conditions. Therefore, agreed definitions of dyscalculia are more difficult to find. The DSM-IV (Diagnostic and Statistical Manual of Mental Disorders, 4th ed., American Psychiatric Association, 2013) recommends a diagnosis of developmental dyscalculia when “mathematical ability, as measured by individually administered standardized tests, is substantially below that expected given the person’s chronological age, measured intelligence and age-appropriate education.”

<https://www.dyslexia.uk.net/specific-learning-difficulties/dyscalculia/>