

Autism Victoria trading as Amaze: Professional Advisory Panel

Position statement on:

Having another diagnosis with Autism Spectrum Disorder

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Co-morbidity

Having another diagnosis as well as Autism Spectrum Disorder (ASD) is sometimes referred to as co-morbidity. It is not uncommon for people with ASDs to have co-morbid medical or psychiatric conditions; in fact this is quite common. Problems associated with co-morbidity differ between young children, adolescents and adults. This is partly because ASDs are developmental disorders and so interact with other conditions in a complex manner which varies over time as the child grows into an adult. It is also because some psychiatric disorders do not appear until later in adolescence or adulthood. It is important to remember that in those already diagnosed with an ASD, psychiatric disorders may become evident at any time during development, although they are more likely to present during times of stress such as a change of school or a house move. Equally, in those who have higher functioning ASDs such as Asperger's Syndrome, it may be that the ASD does not get diagnosed until the young person presents with a psychiatric disorder and is assessed by someone with experience of autism.

In the case of young children, it is not uncommon for a diagnosis other than ASD to be made initially. Examples include Attention Deficit Hyperactivity Disorder (ADHD), conduct disorder and some communication disorders. These disorders have some areas in common with ASDs such as increased activity, problem behaviours and difficulty understanding or interacting with others.

ASDs are sometimes known as Pervasive Developmental Disorders – that is, they affect several aspects of the person's life. Hence a careful evaluation is important, taking into account not just the immediate presentation, but also other aspects such as school performance, home life and developmental history. If ASDs co-exist with other disorders, these may require treatment in their own right.

There are two possible routes to co-morbidity; 1) having an ASD may make a person vulnerable to other disorders such as Obsessive Compulsive Disorder or Conduct Disorder, for example; 2) A diagnosis of another disorder (ADHD, or Communication Disorder for example) may be given first as a primary diagnosis which is subsequently seen to be mistaken and an ASD diagnosis is substituted while acknowledging ADHD as a secondary diagnosis.

From childhood to adolescence and adulthood

As children become older, particularly from the age of about nine or ten years, other difficulties may develop which result in confusion about diagnosis. Many children and adolescents feel sad and hopeless about themselves as a result of their difficulties in relating to others and in coping with school work. They may also experience chronic periods of stress and anxiety if their environment is unsuitable in some way. Hence, some children may be diagnosed with psychiatric disorders such as anxiety disorder, depressive disorder or obsessive-compulsive disorder when the features of these are really secondary to the underlying autistic disorder. This can occur, for example, in brighter children or those with Asperger disorder which has never been recognised. If such children develop problem behaviours as a result, they may similarly be diagnosed with conduct disorder with no awareness on the professional's part of an underlying autism spectrum disorder. Again, it is quite possible that the individual has both ASD and psychiatric illness – with appropriate treatment of each condition necessary.

As individuals with ASD progress through adolescence and in to adulthood, their difficulties in understanding other people and in relating to them appropriately may result in withdrawal or suspicious attitudes. Failure of the professional to recognise the presence of ASD may result in misdiagnosis of another disorder such as psychosis or major depression with potential for inappropriate interventions. It is also possible for an individual with an ASD to have one of these disorders as well as ASD. Careful assessment including a detailed history of what the person was like from birth and through their development as well as a detailed examination of their present behaviour and thought processes is necessary.

Medical conditions

Medical conditions also commonly occur with ASDs. These include epilepsy (in around 30%), allergies and some gastro-intestinal conditions. Some medical syndromes such as tuberous sclerosis and fragile X are associated with autism and require expert assessment. As is well known intellectual disability is also a feature of ASDs in a substantial proportion of cases. This is also true for language impairments, which may range from no speech at all to idiosyncratic or impaired language through to autism-like but intelligible receptive and expressive language capabilities

In summary

Overall, it is clear that those with ASDs are complex and can present in a variety of ways depending on development, ability, stress and environment. Although there is no 'cure' for autism as such there are many interventions which have been shown to be helpful in managing the condition. It is important to treat co-occurring disorders as these will impact on functioning and are likely to reduce quality of life.