

# When It's Not Just ADHD

Co-Occurring Conditions Parents Should Know About

## Most Children with ADHD Have Something Else Too

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If your child was diagnosed with ADHD and something else, that's actually very common. Nearly **78% of children** with ADHD have at least one other condition. The same brain differences that produce ADHD also raise the risk for anxiety, depression, learning problems, and other conditions. When ADHD treatment alone isn't enough, another condition happening alongside it is often the reason.

## Anxiety (about 3 to 4 in 10 children with ADHD)

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Anxiety and ADHD share overlapping symptoms (restlessness, poor concentration, racing thoughts) but for different reasons. ADHD inattention comes from a brain that can't sustain focus; anxiety inattention comes from a brain hijacked by worry. They often feed each other: ADHD-related mistakes (forgotten homework, social missteps) fuel anxiety, and anxiety makes executive function worse. The good news: stimulants do *not* typically worsen anxiety. Meta-analyses show they actually reduce measured anxiety in most children. When anxiety is severe, your child's doctor may treat it first with therapy (CBT) or an SSRI before adding ADHD medication.

## Oppositional Behavior (4 to 6 in 10)

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Oppositional Defiant Disorder (ODD) is the most common behavioral overlap. Not all defiance is ODD, though. ADHD itself causes frustration and impulsivity that can look oppositional. Behavioral Parent Training (BPT) is the first-line treatment. Stimulants help by improving impulse control. If your child's opposition is mostly driven by irritability (meltdowns, rage), it may respond better to emotion-management strategies than to consequences alone.

## Learning Disabilities (3 to 5 in 10)

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Dyslexia, dyscalculia, and dysgraphia occur 2 to 3 times more often in children with ADHD. **Medication does not fix learning disabilities.** A child whose ADHD is well-controlled but still struggles with reading, math, or writing likely needs targeted academic help (specialized reading instruction, math tutoring, or occupational therapy) on top of ADHD treatment. If grades haven't improved despite good medication response, ask about testing for a learning disability.

## Depression (about 1 in 9, rising with age)

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Depression in ADHD is not just "feeling sad about struggling." There is genuine genetic overlap between the two conditions, and the combination carries elevated suicide risk. Key warning signs: loss of interest in activities they used to enjoy, persistent feelings of worthlessness, and visible slowing down. If depression is severe, your child's doctor will typically stabilize mood first before adjusting ADHD treatment.

## Tics and Tourette Syndrome (about 1 in 5)

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About 1 in 5 children with ADHD also has tics. An outdated belief held that stimulants worsen tics. Modern evidence shows this is not true for most children. Tics naturally wax and wane, and apparent worsening is often coincidental timing. Alpha-2 agonists (guanfacine, clonidine) can treat both ADHD and tics at the same time.

## Autism Spectrum Disorder (about 1 in 8)

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About 13% of children with ADHD also have autism, and 50 to 70% of children with autism have ADHD. When both are present, stimulants still help but may be harder to tolerate (more irritability, emotional sensitivity). Non-stimulants like guanfacine may be tried first. If ADHD treatment seems to reveal new traits (sensory sensitivities, social differences), that is often "unmasking," not a medication side effect.

## What You Can Do About It

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- **Keep a log.** Track mood, sleep, appetite, meltdowns, and school performance weekly. Patterns become visible over time that aren't obvious visit to visit.
- **Request testing at school.** If grades aren't improving despite good medication response, request testing for a learning disability in writing. It's free and it's your right.
- **Watch for depression warning signs.** Loss of interest in things they used to enjoy, persistent feelings of worthlessness, or visible slowing down lasting more than two weeks. These need attention right away.
- **Know the treatment order.** Safety concerns get addressed first. Then whatever is causing the most disruption right now. It's normal for treatment to unfold in stages rather than all at once.

Source: VeriPsych Clinical ADHD Education Platform, Module 6A: ADHD Comorbidity. Based on the 2022 NSCH, SAMHSA 2022, MTA Study, and the World Federation of ADHD International Consensus Statement (2021).