

## Session Overview

Dr. Olga Eyre, Clinical Research Fellow and Child & Adolescent Psychiatrist at the Wolfson Centre for young people's mental health, explored the complex relationship between ADHD and co-occurring psychiatric conditions, especially depression. The session aimed to improve understanding, recognition, and management of these overlapping challenges.

## Key Insights

### ADHD Basics

- ADHD is a neurodevelopmental condition characterised by inattention, hyperactivity, and impulsivity.
- Symptoms begin in childhood and often persist into adulthood.
- Prevalence: ~3–5% in children, ~2–3% in adults.

### Co-occurring Psychiatric Conditions

- 60%+ of children and up to 80% of adults with ADHD have at least one co-occurring psychiatric disorder.
- Common co-occurring conditions:
  - Children: Oppositional Defiant Disorder (ODD), Conduct Disorder, Anxiety, Depression.
  - Adults: Depression, Anxiety, Bipolar Disorder, Substance Use, Personality Disorders.

### Diagnostic Challenges

- Symptom overlap between ADHD and psychiatric disorders complicates diagnosis (e.g., restlessness and poor concentration may present in both ADHD and depression).
- Underreporting: Children with ADHD may underreport depression symptoms compared to parents.
- Gender differences: Girls often diagnosed later than boys, with emotional issues (e.g., depression) often preceding ADHD diagnosis.

### Depression in ADHD

- Depression often presents earlier in individuals with ADHD.
- Symptoms like anhedonia, guilt, hopelessness, and psychomotor retardation help distinguish depression from ADHD.
- ADHD may increase vulnerability to depression due to social, academic, and emotional stressors.

### Mechanisms of Co-occurrence

Dr. Eyre outlined four possible explanations:

1. Symptom overlap
2. Shared genetic/environmental risk factors
3. ADHD causing or contributing to depression
4. Presence of a third condition (e.g., irritability)

Research suggests that irritability may mediate the link between ADHD and depression, and warm parent-child relationships may buffer this risk.

## **Q&A Highlights**

- Treatment of depression in ADHD: Follow NICE guidelines; SSRIs like fluoxetine may be used, but more research is needed for depression treatment in young people with ADHD.
- OCD: Often co-occurs with ADHD; not just symptom mimicry.
- Diet/Vitamins: Some studies exist, but evidence is limited.
- Referral Tools: Concerns raised about the limitations of tools like SNAP-IV; need for broader assessment approaches.
- Eating Disorders: ADHD linked to anorexia, bulimia, and possibly ARFID; research is ongoing.
- Physical Health: Links to conditions like Ehlers-Danlos Syndrome and hypermobility noted.

Following on from one of the questions via the chat - prevalence of eating disorders in ADHD:

Nazar BP, Bernardes C, Peachey G, Sergeant J, Mattos P, Treasure J. The risk of eating disorders comorbid with attention-deficit/hyperactivity disorder: A systematic review and meta-analysis. *Int J Eat Disord.* 2016 Dec;49(12):1045-1057.