

# Differentiating between ADHD and ASD in childhood: some directions for practitioners

Nanda Rommelse; Janne Visser; Catharina Hartman

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## Introduction

Autism Spectrum Disorders (ASD) belong to a wider group of neurobiological developmental disorders, along with Attention-Deficit/Hyperactivity Disorders (ADHD) and other disorders in specific areas of development [1]. All of these disorders manifest through many common characteristics and often appear simultaneously, which can make it hard to differentiate between two or more disorders. This especially holds true for ASD and ADHD: many publications in European Child and Adolescent Psychiatry have documented on the frequent co-morbidity and resemblance in associated factors between both disorders (e.g., [2, 3, 4, 7, 8]). There is no diagnostic test, standardised observation or questionnaire that is specially designed to distinguish between ADHD and ASD. The question is to what extent this is a feasible or even sensible goal and has additive value for the parent or the child. A significant percentage of children does in fact show characteristics of both disorders, in which sometimes criteria for both disorders are met, but sometimes just not met [9, 10]. The basic idea that is often employed is to examine which symptoms are the most conspicuous (regardless of which of the two disorders they belong to) and cause the most suffering and/or contribute to functional impairments. When the symptoms can largely be attributed to ASD, the legitimate question has to be asked whether it adds any value for the child and the parents to also diagnose ADHD. In our view, the answer would be: only when the ADHD symptoms cause significant suffering and/or lead to impairments in everyday life and, therefore, require ADHD-specific interventions. This holds equally true the other way around.