Welcome to the second episode of The Podcast of ADHD! This week we're talking about The Buy-One-Get-One of ADHD.

Now, if you have ADHD, odds are exceptionally high that you also have another disorder or mental illness to go along with it. When you have two coexisting conditions, it's called comorbidity. ADHD has exceptionally high rates of comorbidity with things like autism, dyslexia and dyscalculia, depression, anxiety, sensory processing disorders, sleep disorders, learning disabilities, sexual dysfunction, addiction and addiction disorders, audio processing disorder, and eating disorders. We can't possibly cover all of these things in depth, but I'm hoping to be able to shed some light on how some of them interact with and present in individuals with ADHD.

Before I do that, however, there are also other things that go along with ADHD that aren't disorders and mental illnesses that we have research to prove. These include things such as 32.2% of individuals dropping out of high school, a rate twice that of those without ADHD. And only around 15% of individuals *with* ADHD hold a 4-year degree as opposed to the 48% of individuals without ADHD. People with ADHD are twice as likely to get into a car accident, and 56% more likely to commit suicide. There's even research showing a trend of premature death of up to 14 years in individuals with ADHD.

And then there is what's commonly referred to in the community as "the ADHD tax." This is a reference to those of us with ADHD forgetting we have things and rebuying them later, forgetting about food, particularly produce, and it spoiling without our realizing it. It also refers to impulse purchases both in person and online, and having to replace things we've misplaced. But it doesn't end with purchases- late fees and overdraft fees are common when we forget about a bill that needs to be paid, or forget how much we've taken out of our checking account. It also refers to subscriptions we forgot to cancel, services that we don't use and are still paying for, and struggling to set and keep a budget in the first place for a variety of reasons.

Now that that's out of the way, I'd like to go more into depth on the comorbid diagnoses, starting with anxiety and depression.

> Anxiety and depression can look very very different in someone with ADHD versus in someone without it. In many cases, anxiety can actually effectively cover the ADHD symptoms to the point that most people can't tell that the individual has ADHD at all. Things like interrupting, being late, and doing impulsive and perhaps dangerous activities are all things that are absent in the presentation of an anxious individual's ADHD. About one quarter of people with ADHD have a comorbid mood or anxiety disorder, so it's not at all unusual, though it can often lead to missing an ADHD diagnosis or having the possibility of ADHD dismissed entirely by a doctor. Depression specifically has a comorbidity rate of between 10 and 30%, and it is three times more likely for individuals with ADHD to also have an anxiety disorder and/or depression than individuals without.

Dyslexia and dyscalculia are very common comorbidities with ADHD. Dyslexia is a reading disability that is one of the most common comorbid disorders to occur alongside ADHD. Dyscalculia is similar to dyslexia but occurs with numbers rather than letters, and is also highly common with ADHD. These are the two main learning disabilities that occur with ADHD, but learning disabilities in general have between a 31-40% comorbidity rate with ADHD.

Sleep disorders are another extremely common thing for ADHDers to experience. The most common is Delayed Sleep Phase Syndrome, which affects between 73-78% of individuals with ADHD. Delayed Sleep Phase Syndrome is a Circadian Rhythm disorder that causes the brain to release melatonin later than a neurotypical brain and more slowly. This means that individuals fall asleep later and much slower than their neurotypical counterparts. For some the difference may be slight, but for others it can mean naturally falling asleep at 3 in the morning and waking up by 10 AM, which can cause rifts in interpersonal relationships and difficulties at work in a regular work schedule. While a neurotypical person falls asleep in about fifteen to thirty minutes, a person with ADHD and Delayed Sleep Phase Syndrome can take two to three hours to do so, and when paired with the time the melatonin is being released in the brain, ADHDers are very commonly running on less sleep than they should be, and unfortunately sleep deprivation greatly exacerbates all ADHD symptoms. Sleep disorders in general occur with a comorbidity rate of around 75%.

Sensory processing disorders are also extremely common in individuals with ADHD. A sensory processing disorder is when the brain, specifically the prefrontal cortex- which is underdeveloped in ADHD brains, if you remember that from last week- has difficulty taking in sensory input from one or more senses, or in interpreting this input. This can manifest as a sensitivity to light, sound, smell, touch, taste, pressure, temperature, and others, or in the form of something like auditory processing disorder. Auditory processing disorder is one of the most common sensory processing disorders in ADHD individuals, in which individuals hear but do not comprehend what they are hearing, have difficulty recalling spoken instructions or following a fully verbal interaction, or understanding videos with the subtitles on. Other sensory sensitivities that arise from the prefrontal cortex's inability to take in the sensory information properly in the first place can lead to overstimulation, where the sensory input is simply too much and the brain and body can't handle the input and may force a shutdown. We'll talk a bit more about overstimulation next week, but suffice to say for now that it is a large part of dealing with and managing your ADHD to understand your personal sensory needs and processing abilities and take them into account.

I'd like to touch briefly on addiction and substance use disorders. The ADHD brain is wired for and exceptionally susceptible to addiction and addictive substances or activities because of the dopamine deficiency in the brain. It's five to ten times more likely for individuals with ADHD to have an addiction problem that those without, and it is frequently related to caffeine intake since caffeine is often used as a way to

self-medicate for ADHD symptoms, though it is also common for things like alcohol, substances, gambling, shopping, video games, and binge eating, which can also lead to eating disorders.

And you know what, that's a pretty good background into ADHD comorbidities, so we'll stop here for now. That's it for this week on The Podcast of ADHD! Thanks for listening, and I'll see you next week when we'll be talking about The Stimulatory Needs of ADHD. Bye!