

# Evaluating Information Quality in French-Language TikTok Videos on Autism, Attention-Deficit/Hyperactivity Disorder, and Dyslexia

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## Abstract

Social media platforms, including TikTok, have become popular sources of information on neurodevelopmental conditions. Previous studies indicate that 40–55% of English-language TikTok videos on autism or attention-deficit/hyperactivity disorder (ADHD) contain scientifically inaccurate information. However, the accuracy of comparable videos in other languages remains

largely unknown. In this study, we evaluated the quality of information in 109 French-language TikTok videos on autism, ADHD, and dyslexia (with over 66 million cumulative views) to capture variation across disorders. The videos were identified using an ecologically valid keyword search and assessed by healthcare professionals with relevant scientific expertise. Results showed that 41% of autism videos, 56% of ADHD videos, and 41% of dyslexia videos were rated as “very poor” or “fairly poor” on information quality, because they contained major inaccuracies. Across all three disorders, higher-quality videos did not attract more views or interactions.

Keywords: Social media; TikTok; Neurodevelopmental disorders; Misinformation; Accuracy of information; Scientific information

## **I. Introduction**

The internet and social media platforms are widely used to seek mental health information (Akhther & Sopory, 2022; Montagni et al., 2016; Powell & Clarke, 2006). For example, a recent U.S. survey found that 34% of teenagers reported obtaining mental health information from social media at least occasionally (Pew Research Center, 2025a).

TikTok—a short video-sharing platform popular among adolescents and young adults (e.g., Pew Research Center, 2025b; Statista, 2025)—has attracted significant interest from researchers as a social media venue where many users seek and share information as well as personal experiences about mental health and neurodevelopmental disorders (e.g. Gilmore et al., 2022, 2024; Haltigan et al., 2023; Hudon et al., 2025; Jawed et al., 2023; Leveille, 2024; McCashin & Murphy, 2023; Turuba et al., 2025). Autism spectrum disorder (hereafter, “autism”) and attention-deficit/hyperactivity disorder (hereafter, “ADHD”) are among the most prominent health-related

topics on TikTok, with videos tagged #Autism and #ADHD garnering billions of views (Lupton & Southerton, 2024; Zenone et al., 2021). While this visibility can raise awareness of autism and ADHD, it has also prompted concerns about the accuracy and reliability of the information circulating on the platform.

These concerns appear empirically warranted. For example, Yeung et al. (2022) reported that, among the 100 most popular TikTok videos on ADHD, 52% were misleading because they contained information lacking scientific evidence. Consistent with this finding, Karasavva et al. (2025) found that, in the top 100 #ADHD TikTok videos, fewer than half of symptom-related statements aligned with DSM (Diagnostic and Statistical Manual of Mental Disorders) criteria. For autism, two independent evaluations report similar figures, with about 40% of TikTok videos deemed inaccurate or misleading due to scientifically unsubstantiated claims (Aragon-Guevara et al., 2023; Brown et al., 2024).

A limitation of existing studies examining the quality of information in TikTok videos on neurodevelopmental disorders is that they have primarily focused on English-language content. This limitation constrains generalizability, as cross-lingual analyses of social media indicate that, while some misinformation—including health misinformation—permeates language boundaries, diffusion is largely language-assortative and narratives can shift in emphasis or in topics across languages (Quelle et al., 2025; Valdez et al., 2023; Zhou et al., 2023). It is therefore important to assess whether the prevalence of inaccurate or misleading content about neurodevelopmental disorders on TikTok is comparable in non-English languages. In this study, we assessed the quality of information in French-language TikTok videos on three neurodevelopmental conditions—autism, ADHD, and dyslexia—to capture variation across disorders.

## II. Material and Methods

### *Data collection*

To collect TikTok videos on the three neurodevelopmental disorders (autism, ADHD, and dyslexia), we first created three new TikTok accounts and accessed them via fresh Google Chrome sessions on a desktop computer, with cookies cleared and in incognito mode. Second, we used each account's search bar to query one of the following French keywords: “*autisme*” (autism), “*TDAH*” (ADHD), or “*dyslexie*” (dyslexia). These keywords were chosen after preliminary exploration to determine which terms yielded the most relevant results on the platform. Identifying videos through keyword searches in the TikTok search bar provides good ecological validity and enables retrieval of content that is spontaneously presented to users when they search for autism, ADHD, or dyslexia. We relied on keywords rather than hashtags because hashtag searches returned videos not only in French but also in foreign languages, mostly English.

Searches for autism videos were conducted on March 23, 2024, and for ADHD and dyslexia videos on March 25, 2024. TikTok ranks search results by audience engagement (likes, views, etc.), with the most popular videos appearing first. For each disorder, we reviewed the first 45 videos returned by the search and selected those meeting three inclusion criteria: (1) the video is in French; (2) the video addresses the disorder of interest (autism, ADHD, or dyslexia); (3) the video is “informational,” following Aragon-Guevara et al. (2023)—that is, it advances claims about the disorder in general, including what causes it and how it should be diagnosed or treated. Consistent with criterion (3), personal-experience videos by individuals who report having the disorder, or by relatives of individuals presented as having the disorder, were included in the corpus provided that they also contained broader informational statements about the disorder (see [Supplementary Material, Table S1](#), for a classification of the creators of the videos in our final corpus).

Following this procedure, we retrieved a total of 112 videos—38 on autism, 41 on ADHD, and 33 on dyslexia. We downloaded these videos and recorded for each of them the following audience engagement metrics: number of views, likes, comments, shares, and downloads.

### ***Expert evaluation of the quality of information in the videos***

Six healthcare professionals (hereafter referred to as experts) independently assessed the quality of information in the videos. They included the fourth, fifth, and sixth authors of this article,<sup>1</sup> as well as three additional experts. Two experts evaluated the videos on autism, two evaluated those on ADHD, and two evaluated those on dyslexia. Five of the experts are psychiatrists, and one is a certified speech-language pathologist. All have extensive expertise in the disorder addressed by the videos they evaluated.

The experts received an online questionnaire (Google Forms) with the set of videos they were assigned to evaluate—either the 38 autism videos, the 41 ADHD videos, or the 33 dyslexia videos. In the online questionnaire, the videos were presented one by one in random order. The experts rated the quality of information in each video by selecting one of the following response options to the item “From your perspective, the quality of information on [autism/ADHD/dyslexia] in this video is... :”

- “Very good: information on [autism/ADHD/dyslexia] in the video is accurate.”
- “Fairly good: information on [autism/ADHD/dyslexia] in the video is mostly accurate, although the video contains minor inaccuracies.”
- “Fairly poor: information on [autism/ADHD/dyslexia] in the video contains major inaccuracies, although some information remains accurate.”

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<sup>1</sup> These authors took no part in collecting or selecting the videos for our corpus, nor in developing the questionnaire administered to the experts.

- “Very poor: overall, information on [autism/ADHD/dyslexia] in the video is inaccurate and/or misleading.”

See the [Supplementary Material](#) for the French wording of the item and response options.

### ***Consolidation of expert ratings***

Experts’ ratings of the videos were coded on a 4-point scale, from 1 = “Very poor” to 4 = “Very good.” **Table 1** shows the distribution of rating discrepancies across videos on the three disorders.

**Table 1** – Distribution of discrepancies in experts’ ratings of the quality of information in videos on autism, ADHD, and dyslexia. Two experts independently assessed the videos on each disorder (six experts in total).

	<b>Autism videos</b>	<b>ADHD videos</b>	<b>Dyslexia videos</b>	<b>All videos</b>
	<i>N (%)</i>	<i>N (%)</i>	<i>N (%)</i>	<i>N (%)</i>
No discrepancy	13 (34%)	24 (59%)	11 (33%)	48 (43%)
Discrepancy = 1 point	21 (55%)	16 (39%)	17 (52%)	54 (48%)
Discrepancy > 1 point <sup>1</sup>	4 (11%)	1 (2%)	5 (15%)	10 (9%)

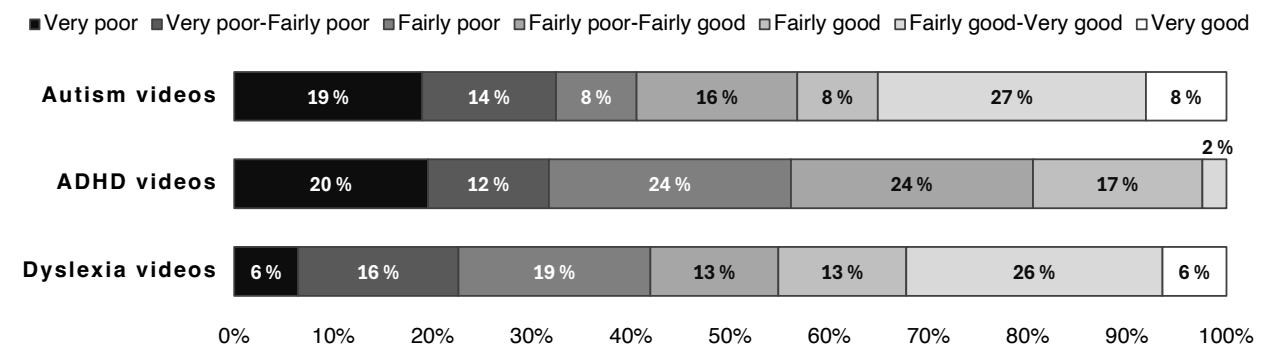
<sup>1</sup> Of the 10 videos with a discrepancy over 1 point between the two experts, three videos (one on autism, two on dyslexia) were excluded from the corpus because an independent evaluation by a third expert did not yield a reliable final rating.

When both experts assigned the same rating to a video, that value was retained. When their ratings differed by one point, the mean of the two ratings was used. For discrepancies greater than one point, a third expert (the last author of this article), an experienced psychiatrist specializing in neurodevelopmental disorders, conducted an independent assessment. This expert evaluated all videos with rating discrepancies greater than one point across the three disorders and was blinded to the initial ratings. In cases requiring a third evaluation ( $N = 10$  out of 112 videos; see Table 1), the final rating corresponded to that of the third expert if it matched either of the initial ratings; otherwise, the video was excluded from the corpus. As a result, one autism video and two dyslexia

videos were excluded. After these exclusions, the final corpus comprised 109 videos—37 on autism, 41 on ADHD, and 31 on dyslexia.

### III. Results

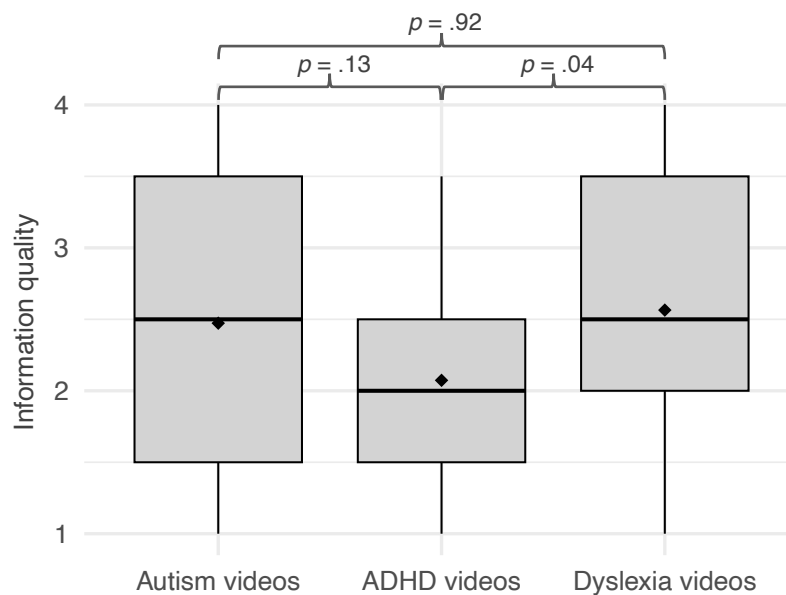
The 109 videos in the final corpus had been viewed more than 66 million times in total (autism videos: 17.9 million views; ADHD videos: 36 million views; dyslexia videos: 13.1 million views; see [Supplementary Material, Table S2](#), for descriptive statistics of all audience engagement metrics). In terms of information quality, 41% of autism videos, 56% of ADHD videos, and 41% of dyslexia videos were rated by experts as ranging from “very poor” to “fairly poor” (see **Figure 1**).



**Figure 1** – Expert ratings of the quality of information in the videos on autism ( $N = 37$ ), ADHD ( $N = 41$ ), and dyslexia ( $N = 31$ ).

The mean ratings of information quality on the 4-point scale (1 = “Very poor,” 4 = “Very good”) were 2.47 for autism videos (median = 2.5, SD = 1.04), 2.07 for ADHD videos (median = 2.0, SD = 0.72), and 2.56 for dyslexia videos (median = 2.5, SD = 0.90). We tested whether mean ratings differed across disorders (autism, ADHD, dyslexia). Since the ratings violated normality and homogeneity-of-variance assumptions (Shapiro–Wilk on residuals,  $W = 0.94$ ,  $p < .001$ ; Levene,

$F(2, 106) = 4.42, p = .014$ ), we used Welch’s ANOVA. The analysis revealed a significant main effect of disorder,  $F(2, 65.05) = 3.83, p = .027$ . Games–Howell post hoc tests (adjusted for multiple comparisons) showed that ADHD videos were rated significantly lower on information quality than dyslexia videos (mean difference = 0.49,  $p = .041$ ), whereas no other pairwise comparisons reached significance (ADHD videos vs. autism videos,  $p = .133$ ; dyslexia videos vs. autism videos,  $p = .920$ ; see **Figure 2**).



**Figure 2** – Ratings of information quality (1 = “Very poor,” 4 = “Very good”) for videos on autism ( $N = 37$ ), ADHD ( $N = 41$ ), and dyslexia ( $N = 31$ ). P-values are from Games–Howell post hoc tests (adjusted for multiple comparisons).

Next, we examined whether the quality of information in the videos was associated with audience engagement. For videos on each disorder (autism, ADHD, dyslexia), we computed Spearman rank-order correlations between information quality and five audience engagement metrics (number of views, likes, comments, shares, and downloads), yielding a total of 15 tests. We chose Spearman correlations because engagement metrics departed from normality within videos on each disorder



(Shapiro–Wilk, all  $p < .001$ ). P-values were adjusted for multiple comparisons using the Benjamini–Hochberg procedure to control the false discovery rate (FDR,  $q = .05$ ). As shown in **Table 2**, none of the 15 associations remained statistically significant after adjustment.

**Table 2** – Spearman’s rank correlations ( $\rho$ ) between information quality and audience engagement metrics for videos on autism ( $N = 37$ ), ADHD ( $N = 41$ ), and dyslexia ( $N = 31$ ).

	$\rho$	$p^{\text{raw}}$	$p^{\text{FDR}}$
<b>Autism videos</b>			
Correlation between information quality and:			
- number of views	0.42	0.010	0.154
- number of likes	0.28	0.088	0.660
- number of comments	0.12	0.495	0.878
- number of shares	0.17	0.319	0.878
- number of downloads	0.11	0.505	0.878
<b>ADHD videos</b>			
Correlation between information quality and:			
- number of views	-0.03	0.868	0.929
- number of likes	-0.04	0.824	0.929
- number of comments	-0.09	0.585	0.878
- number of shares	-0.02	0.916	0.929
- number of downloads	0.01	0.929	0.929
<b>Dyslexia videos</b>			
Correlation between information quality and:			
- number of views	-0.11	0.551	0.878
- number of likes	-0.11	0.562	0.878
- number of comments	-0.14	0.458	0.878
- number of shares	-0.11	0.567	0.878
- number of downloads	-0.08	0.680	0.927

*Note.*  $p^{\text{raw}} = p$ -values before adjustment;  $p^{\text{FDR}} =$  Benjamini–Hochberg–adjusted  $p$ -values controlling the false discovery rate ( $q = .05$ ) across the 15 tests.

## IV. Discussion

A substantial proportion of the 109 French-language TikTok videos on autism, ADHD, and dyslexia evaluated in this study contained low-quality information. Specifically, 41% of autism videos, 56% of ADHD videos, and 41% of dyslexia videos were rated by experts as “very poor”

or “fairly poor” on information quality, because they contained major inaccuracies. These findings are consistent with previous studies of English-language TikTok content, which similarly reported that around 40–55% of videos on autism or ADHD contained misleading or inaccurate claims (Aragon-Guevara et al., 2023; Brown et al., 2024; Karasavva et al., 2025; Yeung et al., 2022). This convergence suggests that the high prevalence of low-quality information on TikTok may not be restricted to English-language content but could represent a broader, cross-linguistic phenomenon. In addition, our analyses revealed differences in mean quality of information across disorders: ADHD videos tended to be of lower quality than dyslexia videos, with autism videos falling in between.

Importantly, we found no evidence that higher-quality videos received greater attention or interaction than lower-quality ones. Across all three disorders, the quality of information in the videos was not significantly associated with the number of views, likes, comments, shares, or downloads.

Taken together, these results raise concerns about the prevalence and visibility of misinformation on neurodevelopmental disorders on TikTok. Exposure to inaccurate or misleading content does not automatically translate into false belief, as the acceptance of misinformation is mediated by a range of cognitive and socio-affective factors (Ecker et al., 2022). Nonetheless, one may worry that repeated exposure to inaccurate information on neurodevelopmental disorders could reinforce misconceptions or encourage inappropriate practices of self-diagnosis. This also raises public health concerns, as it may contribute to unnecessary referrals to specialist services, which are already under considerable pressure (see e.g. Ikhsan et al., 2025; Kraft et al., 2023), while leaving some individuals without timely and accurate diagnosis or appropriate care. Future research should

therefore investigate not only the prevalence of misinformation on social media platforms but also its reception and interpretation, as well as its potential effects on users' beliefs and behaviors.

### ***Limitations***

In our study, the sampling of the videos analyzed was designed to approximate a naïve user search. However, the final sample is small and time-bound (109 videos collected on March 23 and 25, 2024), so selection bias cannot be ruled out. To assess the temporal stability of search results, we repeated the same keyword searches on July 8 and 9, 2024 (without re-evaluating the new videos). Fewer than one-third of the original videos reappeared among the top results (rising to ~50% for the “TDAH” [ADHD] keyword), illustrating the high turnover of TikTok content.

However, in the original sample we found similar proportions of videos containing low-quality information across the three disorders (autism 41%, ADHD 56%, dyslexia 41%). It therefore seems unlikely that a time-specific selection bias would coincidentally generate such convergent results across independent sets of videos. Nevertheless, replication with larger and longitudinally sampled datasets would be valuable.

### **Authors' contributions**

Conceptualization: LC, EG, GB, & HV; Data curation: LC & EG; Formal analysis: LC & EG; Funding acquisition: LC & EG; Investigation: LC, EG, JB, SB, & FGB; Methodology: LC, EG, GB & HV; Project administration: LC & EG; Visualization: LC & EG; Writing – original draft: LC, EG, GB, JB, SB, FGB, & HV.

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### **Disclosure statement**

The authors report there are no competing interests to declare.

### **Data deposition**

The dataset for this study is publicly available on the Open Science Framework at <https://doi.org/10.17605/OSF.IO/XZH7J>

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## Supplementary Material

### I. Classification of video creators

We classified the creators of the videos in the final corpus (N = 109) into eight categories, based on their account bios and/or overall content. Note that some videos in the corpus were not original content but reposts or videos sourced from external platforms or websites. In such cases, the creator category was assigned based on the original creator. **Table S1** shows the result of this classification.

**Table S1** – Number of videos by creator category.

	<b>Autism videos</b>	<b>ADHD videos</b>	<b>Dyslexia videos</b>	<b>All videos</b>
	<i>N (%)</i>	<i>N (%)</i>	<i>N (%)</i>	<i>N (%)</i>
Individuals presenting themselves as having the disorder	6 (16%)	14 (34%)	8 (26%)	28 (26%)
Relatives of individuals presented as having the disorder	19 (50%)	3 (7%)	1 (3%)	23 (21%)
Healthcare professionals	1 (3%)	2 (5%)	1 (3%)	4 (4%)
Complementary and alternative medicine practitioners	4 (11%)	0 (0%)	0 (0%)	4 (4%)
Mental health content creators	1 (3%)	8 (20%)	5 (16%)	14 (13%)
General-interest creators	2 (5%)	6 (15%)	8 (26%)	16 (15%)
Media outlets	1 (3%)	2 (5%)	2 (6%)	5 (5%)
Other	3 (8%)	6 (15%)	6 (19%)	15 (14%)

### II. French wording of the item assessing the quality of information in the videos

De votre point de vue, la qualité de l'information sur [l'autisme/ le TDAH / la dyslexie] contenue dans cette vidéo est...

- Très bonne

- Plutôt bonne
- Plutôt mauvaise
- Très mauvaise

Les réponses possibles doivent être comprises ainsi :

- Très bonne = les informations sur [l'autisme/ le TDAH / la dyslexie] contenues dans la vidéo sont correctes et précises.
- Plutôt bonne = les informations sur [l'autisme/ le TDAH / la dyslexie] contenues dans la vidéo sont globalement correctes et précises, même si la vidéo comporte des erreurs ou des approximations mineures.
- Plutôt mauvaise = les informations sur [l'autisme/ le TDAH / la dyslexie] contenues dans la vidéo comportent des erreurs ou approximations majeures, même si certaines informations demeurent correctes.
- Très mauvaise = les informations sur [l'autisme/ le TDAH / la dyslexie] contenues dans la vidéo sont dans l'ensemble erronées, imprécises et/ou trompeuses.

### III. Descriptive statistics of audience engagement metrics

**Table S2** – Descriptive statistics of audience engagement metrics.

	<b>Autism videos (N=37)</b>	<b>ADHD videos (N= 41)</b>	<b>Dyslexia videos (N= 31)</b>
<b>N Views</b>			
- Total	17,925,000	36,014,726	13,059,230
- Minimum	12,200	8,726	852
- Maximum	3,700,000	7,700,000	2,000,000
- Mean	484,459.5	878,408	421,265.5
- Median	122,400	332,500	92,700
<b>N Likes</b>			
- Total	1,027,083	3,147,426	939,451
- Minimum	328	172	49
- Maximum	337,200	763,200	192,200
- Mean	27,759	76,766.5	30,304.9
- Median	6,392	16,800	6,754
<b>N Comments</b>			
- Total	18,019	68,226	17,095
- Minimum	9	0	0
- Maximum	4,573	23,800	4,018

- Mean	487	1,664	551.5
- Median	234	425	130
<b>N Shares</b>			
- Total	27,761	319,896	59,033
- Minimum	23	15	2
- Maximum	12,700	129,600	10,300
- Mean	750.3	7,802.3	1,904.3
- Median	186	1,204	215
<b>N Downloads</b>			
- Total	62,121	595,260	115,721
- Minimum	48	83	2
- Maximum	20,800	165,300	28,200
- Mean	1,678.9	14,518.5	3,732.9
- Median	585	3,231	739

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*Note.* Data retrieved from TikTok are subject to the platform's rounding system: values below 10,000 are reported as exact counts; values between 10,000 and 999,999 are rounded to the nearest hundred (e.g., 10,944 is displayed as 10.9K); and values above 999,999 are rounded to the nearest hundred thousand (e.g., 1,565,344 is displayed as 1.6M).