# CO-MORBID CONDITIONS

A co-morbid (co-occurring) condition is one that you have alongside a principal (primary) condition. For example, suppose your child is Autistic and Dyslexic, and they have more difficulties with Autism than Dyslexia. In that case, Dyslexia is the co-morbid condition to Autism, as Autism would be their primary condition. Listed below are the co-morbid conditions that can occur alongside Autism, ADHD, Specific Learning Disorders (Dyslexia, Dysgraphia and Dyscalculia) and Dyspraxia.

#### ADHD See Neurodevelopmental Conditions Breakdown section PAGE 104

## **Antisocial or other Personality Disorders**

(unlikely to be diagnosed under 18 years) – Antisocial personality disorder is characterised by impulsive, irresponsible and often criminal behaviour. They will typically be manipulative, deceitful and reckless, and not care for other people's feelings. It can range in severity from occasional negative behaviour to repeatedly breaking the law and committing serious crimes. Other personality disorders include; Borderline personality disorder, Narcissistic personality disorder, Paranoid personality disorder, Schizoid personality disorder, and more. There are 10 in total; you can find more information on the **www.mind.org.uk** website.

# **Anxiety Disorders**

If you feel anxious for an extended amount of time, this could indicate that you have an anxiety disorder. There are several anxiety disorders:

# Generalised Anxiety Disorder (GAD)

A long-term condition that can make you feel anxious about various situations and issues rather than one specific event.

#### **Panic Disorder**

A condition where you have recurring, regular panic attacks.

#### **Phobias**

An extreme or irrational fear of something, i.e. like an animal or a place.

# **Agoraphobia**

Several phobias related to situations such as leaving home, being in crowds or travelling along.

# **Obsessive-Compulsive Disorder (OCD)**

A condition that usually involves unwanted thoughts or urges and repetitive behaviours.

#### Autism See Neurodevelopmental Conditions Breakdown section PAGE 104

# Avoidant/Restrictive Food Intake Disorder (ARFID) See eating section PAGE 44

# **Bipolar Disorder**

A mental health problem that mainly affects your mood. If you have bipolar disorder, you are likely to have times where you experience:

- ► Manic or hypomanic episodes (feeling high)
- ► Depressive episodes (feeling low)
- ▶ Potentially some psychotic symptoms during manic or depressed episodes

Everyone has variations in their mood, but in bipolar disorder, these changes can be very distressing and significantly impact your life. You may feel that your high and low moods are extreme and that swings in your mood are overwhelming.

#### **Communication Disorders**

A communication disorder means that a person has difficulty with speech, communication, language, or a combination. This can manifest in word articulation, written language, or understanding and participating in verbal and nonverbal communication. There are four types of communication disorder, as follows:

## **Language Disorder**

Will often have difficulty understanding or using correct words in context. They may also have trouble getting others to understand what they mean. They may have a reduced vocabulary and limited sentence structure. They often struggle to form complete meaningful sentences and have trouble grasping grammar rules, both in written and speaking form.

# **Speech Sound Disorder (SSD)**

Where you have difficulty making certain sounds. The sounds may be omitted, changed, or distorted. For those affected by SSD, it is common to substitute sounds for other sounds.

# **Childhood-Onset Fluency Disorder (COND)**

Refers to a disruption in the natural flow of language, more often known as a stutter. COND will manifest itself in repetition or prolongation of speech. Those who suffer from this disorder may also hesitate before they speak or use monosyllabic repetitive words. For example, they may say something like, "He-he-he-he went that way."

# **Social Communication Disorder (SCD)**

While a person with SCD may be able to articulate exceptionally well and may have no issues understanding grammar and sentence flow, they may be strongly lacking in proper social communication.

For example, when a person speaks to their best friend, their language is different from when they talk to a stranger or their boss. Not recognising the need to change how they speak to other people in different contexts may signify that someone has this disorder. Another sign of SCD is having difficulty following rules of conversation or not understanding things that haven't been said explicitly. People with SCD may struggle to notice subtle parts of the conversation or pick up on non-verbal communications. They may also have difficulty keeping conversations flowing or responding to the thoughts and ideas of others.

## **Depressive Disorders**

(it is uncommon to be diagnosed with a depressive disorder before puberty or adolescence) - There are many different types of depression;

A medical doctor can diagnose a depressive disorder. There are several categories of depression that may describe how a person's depression is experienced. These categories include: Recurrent, Reactive, Dysthymia, Cyclothymia, Psychotic Depression, Seasonal Affective Disorder (SAD, Major Depressive Disorder

## **Developmental Language Disorder (DLD)**

Means that you have significant, ongoing difficulties understanding or using spoken language. They may not talk as much and find it difficult to express themselves verbally, and their speech may sound immature for their age. They may struggle to find words or use varied vocabulary and may not understand or remember what has been said. Older children may have difficulties reading and using written language.

Dyscalculia See Neurodevelopmental Conditions Breakdown section PAGE 104

Dysgraphia See Neurodevelopmental Conditions Breakdown section PAGE 104

Dyslexia See Neurodevelopmental Conditions Breakdown section PAGE 104

Dyspraxia See Neurodevelopmental Conditions Breakdown section PAGE 104

## **Epilepsy**

Epileptic seizures occur where you experience a sudden and intense burst of electrical activity in the brain, which causes the messages between cells to get mixed up. This may cause the individual to lose consciousness, have strange sensations, have movement they cannot control, may go stiff, fall to the floor and shake.

# **Global Development Delay (GDD)**

Global Developmental delay is a name (diagnosis) given by doctors when a child has not reached two or more of their developmental milestones at an expected age.

# **Intellectual Impairment**

A significantly reduced ability to understand new or complex information; to learn new skills (impaired intelligence) with a reduced ability to cope independently (impaired social functioning) that started before adulthood, with a lasting effect on their development.

# **Joint Hypermobility**

A connective tissue disorder that mainly affects the bones and joints. People with this condition have loose joints and frequently have long-term joint pain. Characteristics range from mild, such as loose joints, to severe, such as functional bowel disorders and incisional hernias. The joints and skin are most commonly affected. Joints may have a wide range of movement (hypermobility), be unstable, and move out of place (dislocate) frequently. The shoulder, knee, and jaw are some of the joints that dislocate most often. Some people may be diagnosed with Ehlers-Danlos Disorder (EDS).



## Joint Hypermobility Syndrome (JHS)

Joint hypermobility means that some or all of a person's joints have a vast range of movement. It is often referred to as having 'loose joints' or being 'double jointed' as they are exceptionally supple and able to move their limbs into positions others find impossible.

Characteristics can include; pain and stiffness in the joints and muscles, clicking joints, joints that dislocate easily, fatigue, recurrent injuries – such as sprains, digestive problems, dizziness and fainting, and thin or stretchy skin.

If hypermobility occurs alongside symptoms such as these, it is known as joint hypermobility syndrome (JHS).

## Obsessive-Compulsive Disorder (OCD) See Anxiety above PAGE 115

## **Oppositional Defiant Disorder (ODD)**

Frequent and persistent patterns of angry or irritable mood, argumentative or defiant behaviour, or vindictiveness that may significantly impair social functioning. ODD is usually seen as a younger-child version of Conduct Disorder. It emerges mainly during the preschool years (before five years old), where symptoms of aggression and defiance are present. However, the acts committed by the child are less severe.

#### Sleep Issues

Difficulty falling asleep, staying asleep, or insomnia.

# Structural language Disorder

A communication disorder that interferes with the development of language skills in children who have no hearing loss or intellectual disabilities. SLI can affect a child's speaking, listening, reading, and writing. SLI is also called developmental language disorder, language delay, or developmental dysphasia. It is one of the most common developmental disorders, affecting approximately 7 to 8 per cent of children in kindergarten. The impact of SLI usually persists into adulthood.

#### **Substance Abuse Disorder**

Where the use of one or more drugs leads to significant health complications. Drug use affects the mind and ability of a user and may cause an inability to control the urge of consumption. Consequently, this may lead to a substance use disorder. The disorder can lead to physical harm, change in behaviour and mental stress.

#### **Tic Disorders**

Involuntary, sudden, repetitive movements or sounds that usually occur in episodes in the day and can change in nature and severity. Tics are not usually dangerous but can be frustrating and interfere with everyday activities. Most are temporary and resolve spontaneously; however, a small number will persist and become more complex and severe.