

Medical conditions associated with autism

A range of physical and mental-health conditions frequently accompany autism. They include, [but are not limited to](#), the following:

- [Gastrointestinal \(GI\) problems](#)
- [Epilepsy](#)
- [Feeding issues](#)
- [Disrupted sleep](#)
- [Attention-deficit/hyperactivity disorder \(ADHD\)](#)
- [Anxiety](#)
- [Depression](#)
- [Obsessive compulsive disorder \(OCD\)](#)
- [Schizophrenia](#)
- [Bipolar Disorder](#)
- [Down syndrome \(DS\)](#)

Autism and gastrointestinal (GI) disorders

[21% of autistic children experience GI disorders, including stomach or intestinal problems.](#)

GI disorders commonly include:

- Chronic constipation
- Abdominal pain
- Gastroesophageal reflux
- Bowel inflammation

The Autism Speaks Autism Care Network (ACNet) has developed [medical guidelines](#) to help doctors recognize and manage these issues.

Also see:

- [Guide for Managing Constipation in Children](#)

[Autism and epilepsy](#)

[5% of autistic children \(ages 1-17\) and 12.1% of autistic adults \(ages 18-64\) who are on Medicaid have co-occurring epilepsy, or seizure disorder.](#)

Red flags of epilepsy include:

- Unexplained staring spells
- Involuntary movements
- Unexplained confusion
- Severe headaches

Less-specific signs can include:

- Sleepiness
- Disrupted sleep

- Unexplained changes in abilities or emotions

Treatment of epilepsy is crucial to prevent brain damage. If you suspect that you or your child may have epilepsy, seek evaluation from a neurologist. Evaluation typically involves an electroencephalogram (EEG) to check for seizure-related brain activity.

Also see:

- [Having an Electroencephalogram \(EEG\): A Guide for Parents](#)
- [Having an Electroencephalogram \(EEG\): A Guide for Providers](#) (caring for people with autism)

Explaining Seizures to Children with Epilepsy and Their Peers

Sometimes it can be difficult for children to understand what is happening when they are having a seizure. In addition, it can be very scary for their peers or friends who witness them. Autism Speaks has put together Visual Stories to explain to children how people with epilepsy are just like everyone else!

- [Visual Story for Children with Epilepsy](#)
- [Visual Story for Peers of Children with Epilepsy](#)

If a family member suffers from seizures, you may want to consider a medical alert bracelet that can inform first responders of the seizure disorder and any medications that the individual may take. There are a variety of options available on the internet.

Autism and feeding/eating issues

[Up to 70% of autistic children have atypical eating behaviors](#), the most common of which is food selectivity.

These issues can include **extremely restricted food habits** and aversions to certain tastes and textures. Many adults with autism likewise describe food aversions and restricted eating patterns.

These challenges often stem from autism-related hypersensitivities and/or a strong need for sameness.

Chronic overeating

Chronic overeating leading to obesity is another challenge. It can stem from an inability to sense when “full” and/or eating as a soothing sensory behavior.

Pica

The eating of non-food items – is a particularly dangerous tendency often associated with autism. It appears to be most common among those severely affected by autism. [See ATN/AIR-P's Pica: A Guide for Parents.](#)

Many autism clinics – such as those in the Autism Speaks ACNet – have specialized feeding programs staffed by behavioral therapists and nutritionists. Outside such programs, some speech, behavioral and occupational therapists can help.

Also see:

- [Exploring Feeding Behavior in Autism](#)

Autism and disrupted sleep

Many parents and caregivers report chronic sleep problems in their autistic children.

Many adults on the spectrum likewise have difficulty falling asleep and staying asleep through the night. These sleep issues tend to worsen behavioral challenges, interfere with learning and decrease overall quality of life.

Researchers with the Autism Treatment Network have developed and tested autism-specific strategies for improving sleep:

- [Strategies to Improve Sleep in Children with Autism Spectrum Disorder](#)
- [Sleep Strategies for Teens with Autism](#)
- [Melatonin and Sleep Problems in ASD: An ATN/AIR-P Guide for Parents](#)

Autism and attention deficit and hyperactivity disorder (ADHD)

[35.3% of autistic children \(ages 1-17\) and 21.1% of autistic adults \(ages 18-64\) who are on Medicaid have co-occurring ADHD.](#)

ADHD involves a persistent pattern of inattention, difficulty remembering things, trouble with managing time, organizational tasks, hyperactivity and/or impulsivity that interferes with learn and daily life.

Symptoms of ADHD can overlap with those of autism. As a result, ADHD can be difficult to distinguish in someone on the spectrum.

If you suspect that you or your child has autism and ADHD, we recommend evaluation by a specialist familiar with both conditions. If the evaluation confirms ADHD, ask your healthcare provider to help you tailor a treatment plan appropriate to you or your child's needs.

Treatment may include behavioral strategies and in some cases medication for ADHD.

Autism and anxiety

[17.1% of autistic children \(ages 1-17\) and 26% of autistic adults \(ages 18-64\) who are on Medicaid have co-occurring anxiety.](#)

Because people with autism may have trouble assessing and expressing how they feel, behavior often provides the best clues in those experiencing anxiety. Anxiety can trigger racing heart, muscle tightness and stomach aches, some people may even feel frozen in place.

Social anxiety – or extreme fear of new people, crowds and social situations – is especially common among people with autism. In addition, many people with autism have difficulty controlling anxiety once something triggers it.

Anxiety can be triggered at different points in time and by different activities – including some that were previously enjoyable.

Anxiety can be diagnosed by a medical professional.

Treatments include behavioral interventions including [cognitive behavioral therapy programs adapted for people with autism](#). In some cases anti-anxiety medication may also be helpful.

Also see:

- [Managing anxiety in children with autism](#)
- [Easing anxiety in children with autism and limited verbal skills](#)

Autism and depression

[7.5% of autistic children \(ages 1-17\) and 20.2% of autistic adults \(ages 18-64\) who are on Medicaid have co-occurring depression.](#)

Depression rates for people with autism rise with age and intellectual ability. Autism-related communication challenges can mask depression. Telltale signs can include loss of interest in once-favorite activities, a noticeable worsening in hygiene, chronic feelings of sadness, hopelessness, worthlessness and irritability. At its most serious, depression can include frequent thoughts about death and/or suicide.

If you suspect that you or your child with autism is depressed, we urge you to seek evaluation and treatment.

Treatments may include cognitive behavioral therapy and in some cases antidepressant medications.

Also see:

- [What's the connection between autism and depression?](#)

Obsessive Compulsive Disorder (OCD)

Research suggests that OCD is more common among teens and adults with autism than it is in the general population.

However, it can be difficult to distinguish OCD symptoms from the repetitive behaviors and restricted interests that are a hallmark of autism.

If you suspect that you or your child has developed OCD in addition to autism, we encourage you to seek evaluation by a mental health provider who has experience with both conditions.

Also see:

- [A parent wonders: Are new repetitive behaviors OCD or 'just autism'?](#)

Autism and Schizophrenia

8.1% of autistic adults (ages 18-64) who are on Medicaid have co-occurring schizophrenia.

Autism and schizophrenia both involve challenges with **processing language** and **understanding other people's thoughts and feelings**. Clear differences include schizophrenia's psychosis which often involves **hallucinations**. In addition, autism's core symptoms typically emerge between ages 1 -3 years; schizophrenia emerges in early adulthood.

Treatments: Anti-psychotic medications

Autism and Bipolar Disorder

7.8% of autistic children (ages 1-17) and 15% of autistic adults (ages 18-64) who are on Medicaid have co-occurring bipolar disorder.

People with bipolar disorder tend to **alternate between** a frenzied state known as **mania** and episodes of **depression**.

It is important to understand the symptoms of true bipolar disorder from those of autism by looking at when the symptoms appeared and how long they lasted. For example, a child with autism may be consistently high-energy and socially intrusive through childhood. As such, her tendency to talk to strangers and make inappropriate comments are likely part of her autism, and not a symptom of a manic mood swing.

Treatments: Some of the medications used to treat bipolar disorder can be problematic for some with autism who has difficulty recognizing and expressing feelings. A psychiatrist can provide additional medications that may be safer.

Some of these conditions are described more extensively in [Autism and Health: A special report by Autism Speaks](#).

Down syndrome and autism (DS-ASD)

Research shows that about 16-18% of people with Down syndrome also have autism.

When autism occurs in someone with Down syndrome, the characteristics of autism (social and behavioral challenges, communication difficulties and restricted interests) may be observed in addition to the symptoms of Down syndrome (intellectual disability, speech and language delays).

Click here to learn more about the [DS-ASD diagnosis](#).

Also see:

- [Expert Q&A: Explaining the conditions that accompany autism](#)
- [Learn how the Autism Care Network works to improve mental health among autistic youth](#)



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