



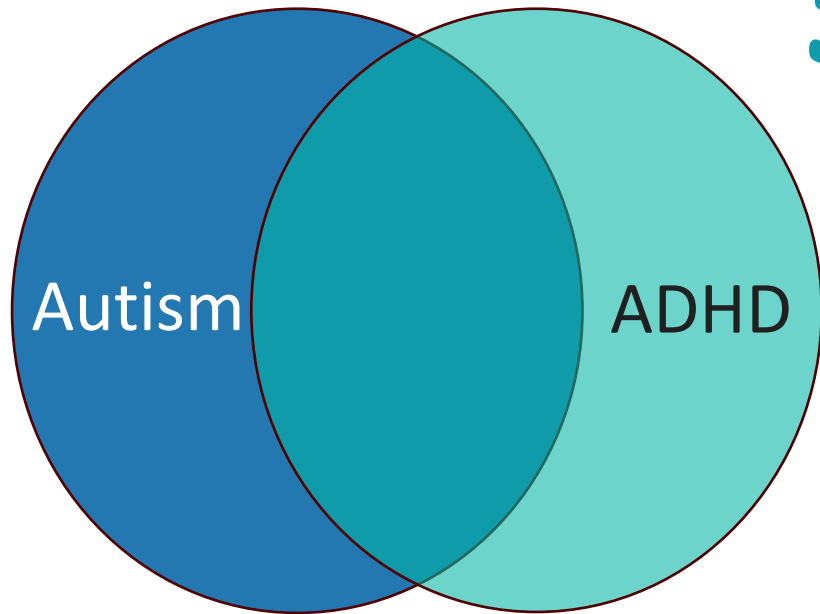
# Early behavioral predictors of co-occurring ADHD in autistic youth

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# High Co-Occurrence of Autism and ADHD



**50%** of autistic individuals present with elevated features of ADHD

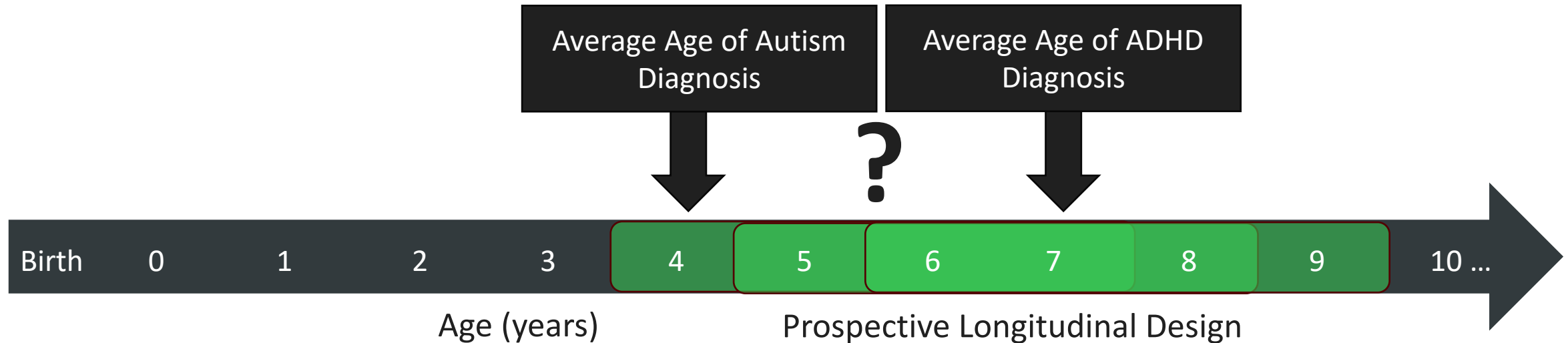
Which can lead to difficulties with:

Inhibitory control, attention, & working memory

Externalizing behaviors

Social skills & daily living skills

# Which autistic children will vs. will not develop ADHD?



- University of Wisconsin Longitudinal Imaging and Neurogenetics in Kids Study (UW LINK)  
Data collected at three time points, each one year apart, beginning at the age of 4.0-7.9 years



Behavioral features



Brain structure & microstructure



Genetics

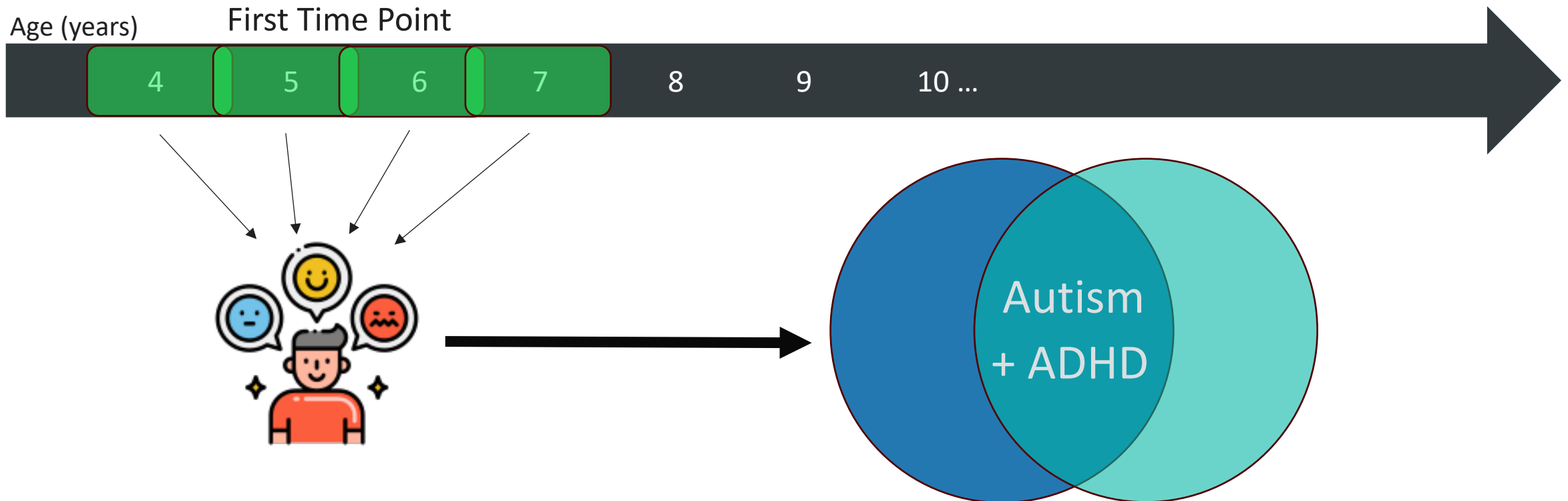


Cellular & molecular information (IPSC's)



Retro- & prospective treatment

# What behavioral features **distinguish** autistic children with and without **co-occurring ADHD**?



# Methods



## Participants

- 33 autistic youth (Aut)
- 42 autistic youth with ADHD (Aut+ADHD)
  - KSADS utilized to diagnose ADHD
- 4.18-7.99 years-old

Population-Representative Sample  
32% female  
31% had an IQ below 70 (DAS II)



## Behavioral Measures & Analysis

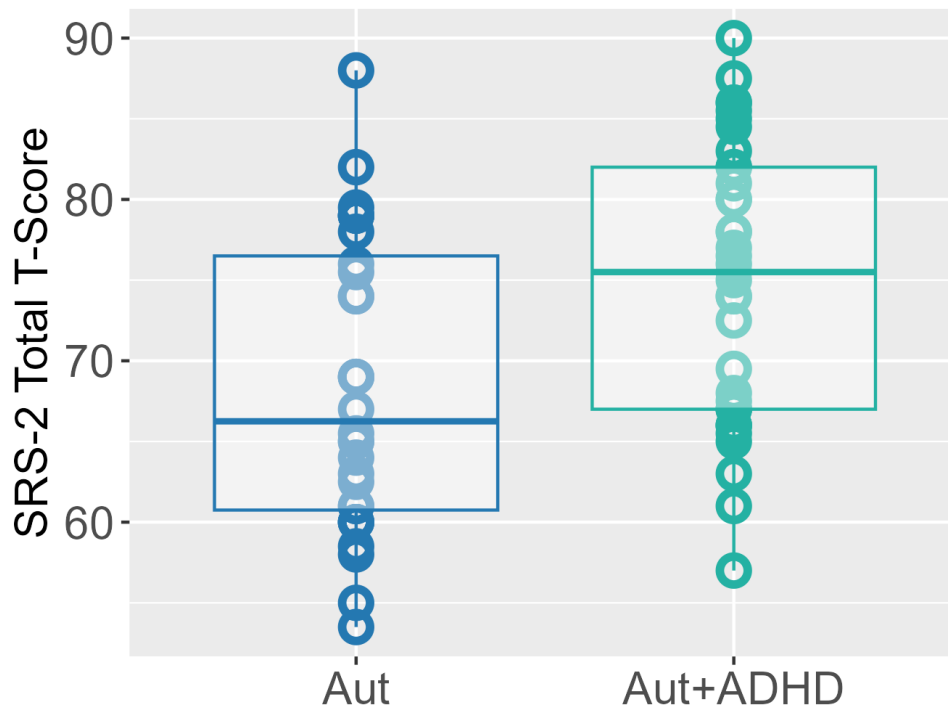
- Autism features (SRS-2 & SCQ) and repetitive behaviors (RBS-R)
- Executive functioning (BRIEF-2)
- Externalizing, internalizing behaviors, and anxiety (CBCL)
- Sleep patterns (CSHQ)
- Independent samples t-tests

# Autistic youth with ADHD showed pattern of specific differences in autism measures.

Medium to large increase in autism features on the SRS-2,  $p < .001$ ,  $d = -0.74$ .

But no differences in autism features on the SCQ (considers retrospective information) nor in repetitive behaviors

## Social Responsiveness

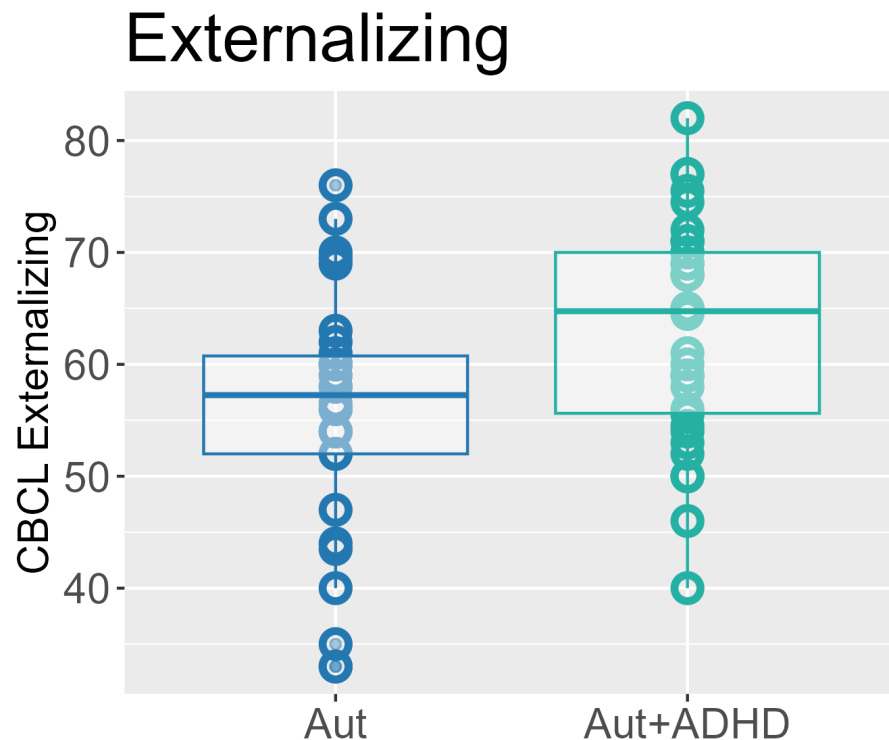


✘ Social Communication (SCQ)

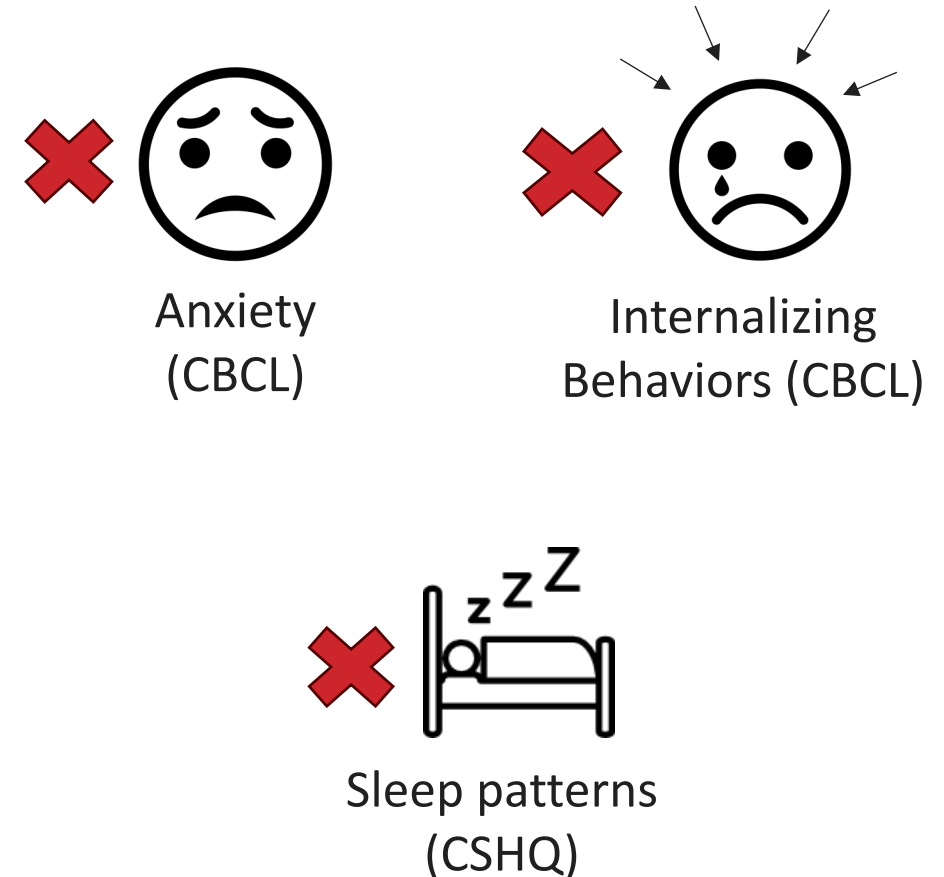
✘ Repetitive behaviors (RBS-R)

# Autistic youth with ADHD showed increased externalizing behaviors.

Medium to large increase in externalizing behaviors (CBCL),  $p < .01$ ,  $d = -0.74$ .



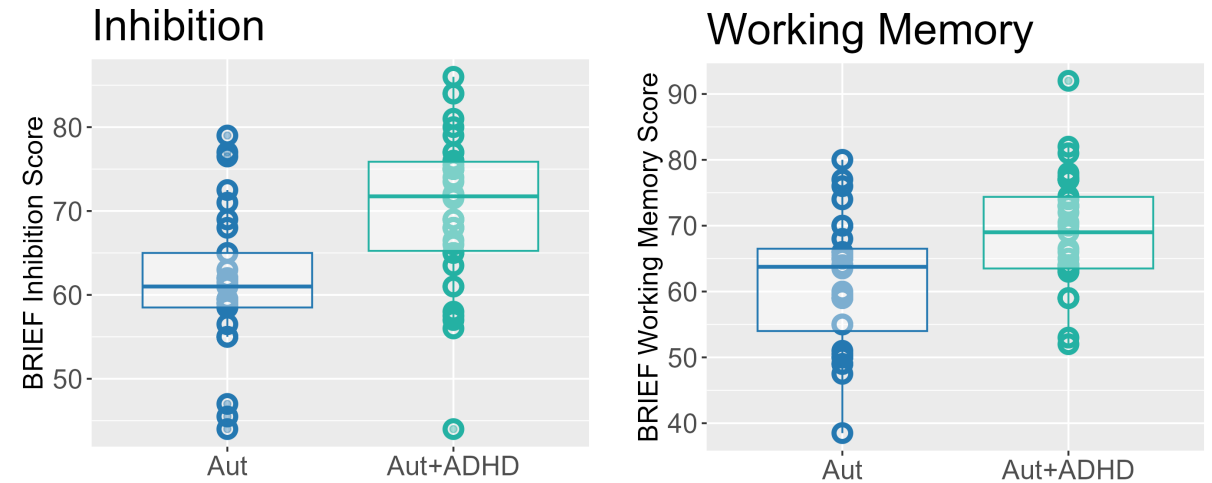
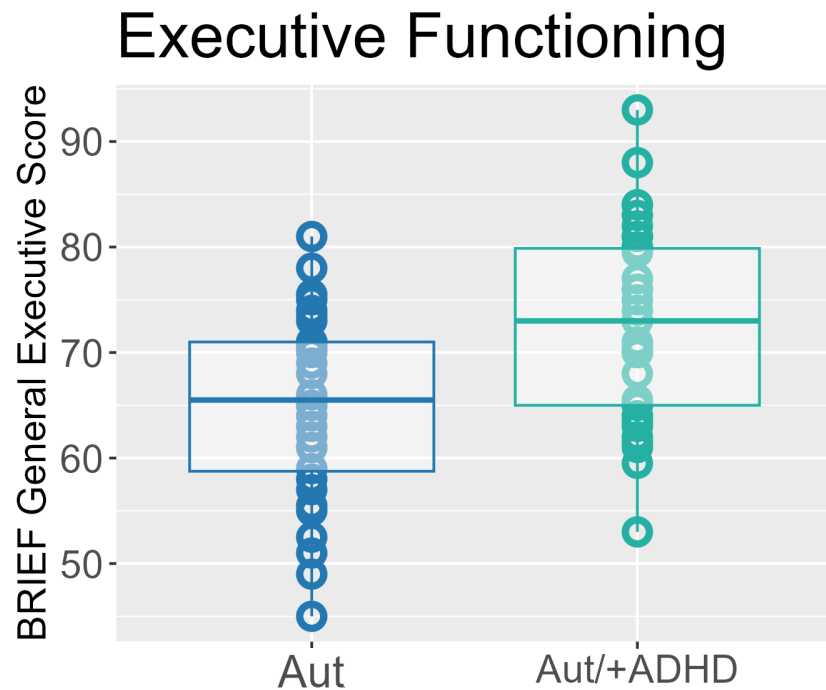
But no differences in:



# Autistic youth with ADHD showed increased difficulties with executive functions.

Large increase in difficulties with global executive functioning,  $p < .001$ ,  $d = -0.86$ .

Large increase in difficulties with inhibition ( $p < .001$ ,  $d = -1.05$ ) and working memory ( $p < .001$ ,  $d = -0.88$ ).



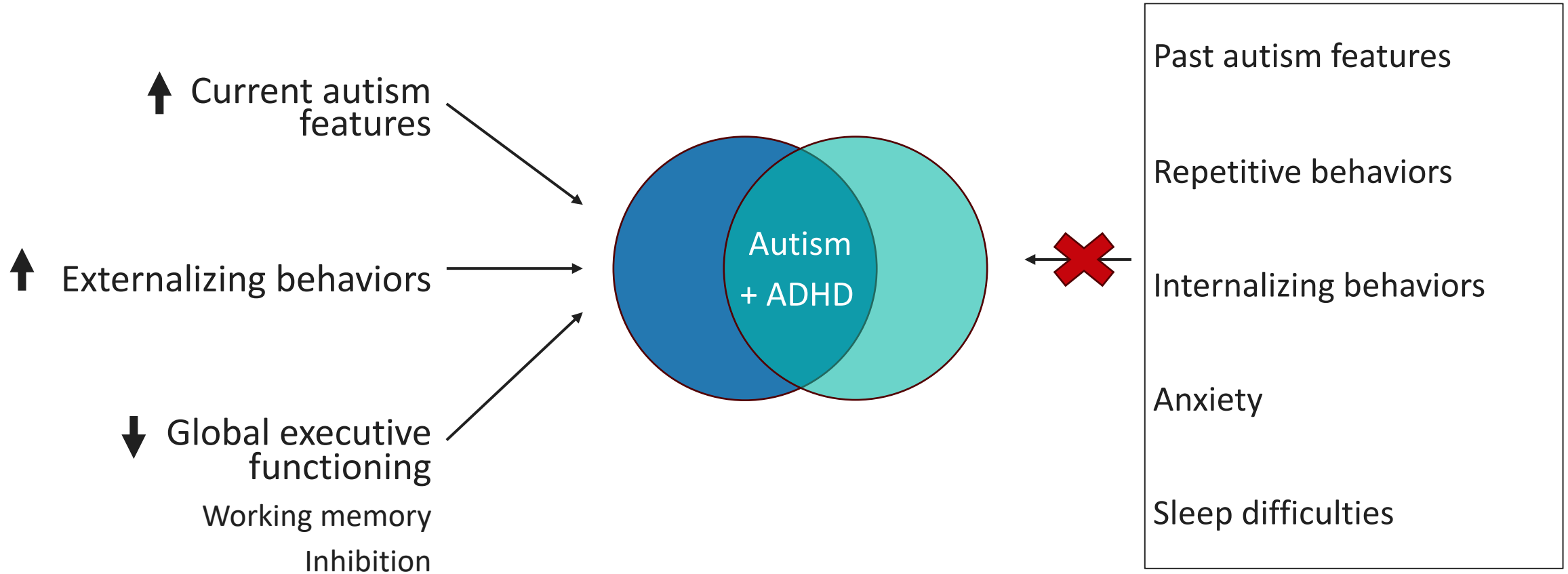
Medium increase in difficulties with: Initiation, planning/organizing, and organization of materials



No differences in: Emotional control, shifting, self-monitoring, and task-monitoring

*Higher BRIEF scores = lower executive function*

# In summary, at time point one:



# Conclusions



Some aspects of autism features, such as **social responsiveness**, may be more prevalent in autistic youth with ADHD, and these **differences may not appear until the age of four to seven years-old.**



Early executive functioning and externalizing behavior challenges in autistic youth with ADHD **can inform earlier ADHD co-diagnosis** and help OT practitioners provide **more supports** for working memory and inhibition earlier on.

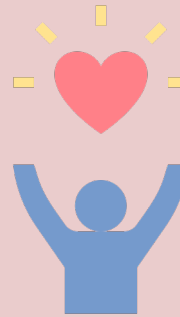


Anxiety symptoms and sleep difficulties may not emerge until later in development and may not serve as early differentiators of an ADHD diagnosis.

# Implications & Future Directions



**Precise intervention**  
targeting inhibition,  
working memory, and  
externalizing behavior  
may best support autistic  
youth with co-occurring  
ADHD



**Early intervention**  
for these behaviors is  
critical for minimizing the  
potential developmental  
impact of the group  
differences observed at  
this age



**Longitudinal research**  
and early intervention can  
help us understand how  
these features develop  
over time and how early  
intervention shapes later  
trajectories



Thank you!

## Our Team



## References

