The ADHD-Autism Connection: A Step Toward More Accurate Diagnosis and Effective Treatments

As the diagnosis of attention-deficit/hyperactivity disorder (ADHD) becomes increasingly common, efforts to characterize its nosology, pathophysiology, and treatment abound. The ADHD-Autism Connection: A Step Toward More Accurate Diagnosis and Effective Treatments postulates that ADHD actually should be placed in the continuum of disorders known as pervasive developmental disorders (PDDs). Behavioral characteristics of those with PDDs (including autism and Asperger’s disorder) are noted to be similar in many ways to ADHD characteristics. The scholarly discussion of the diagnostic criteria and treatment for each of these disorders demonstrates that they are in fact unique entities (although perhaps related) and that proper diagnostic evaluation is critical.

The uniqueness of this book lies in the perspective of its author, who is not a physician or a diagnostician, but a wife and mother of 3. The author’s husband and each of her children have been given a diagnosis that appears somewhere in the above proposed continuum. Her rigorous pursuit of answers has led her to conclude that her family members’ differing diagnoses are more closely related than current formulations would indicate. Perhaps the most powerful observation she offers in defense of her theory is that the unusual characteristics of some of the most influential people in history (including Albert Einstein, Winston Churchill, Benjamin Franklin, Thomas Jefferson, and Thomas Edison) are quite likely attributable to diagnoses that appear in this spectrum. Her personal acquaintance with the manifestations of these varying illnesses is, at times, compelling.

While the idea that ADHD and the PDDs may in fact be related does seem to have some validity, I question the value of Kennedy’s essential conclusion. She proposes that researchers should “avoid the usual debates about subtypes and instead begin by investigating the common origins, manifestations, diagnostic methods, and treatments for these disorders” (p. 160). However, as reviewed in the chapters that address each of the current diagnostic entities, treatment varies substantially. In fact, drugs that provide significant benefit to the child with ADHD are ineffective for autism. As a physician who has had extensive contact with many such patients, it is my belief that each of the diagnostic entities discussed represents the end result of a variety of potential insults (either genetic or environmental). Ancillary treatments such as physical, occupational, and speech therapy for many of these patients are properly individualized on the basis of the patient’s needs. Without a concrete proposal postulating some unifying entity that can be rigorously evaluated, I see no value to changing our current diagnostic categories. However, the book remains a good read for those interested in a family member’s perspective and in exploring new ways of thinking about these disorders.

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