

Comorbidities and Autism

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Terminology

- The term ‘comorbid’ comes from two Latin words, co (together) morbus (sickness), where several conditions, typically with overlapping symptoms, occur together in the same patient and may be related or unrelated.
- The full definition is rather technical, and gets rather messy (see the Wikipedia entry), but the idea, particularly when applied to mental health, is to acknowledge that the situation is complicated and that the condition does not neatly fit into one ‘box’.
- As an example, ‘Sammy’ has Autism, Anxiety, Dyspraxia, Diabetes and Hayfever, the first three are considered ‘comorbid’ because they have symptoms in common, whereas the latter two have little ‘overlap’ with any of the other conditions or each other.

Common Comorbidities with Autism (an incomplete list)

- Autism has often been mistaken for other conditions and vice versa, which is hardly surprising with the number of conditions that ‘overlap’ symptoms with Autism which includes:
 - Anxiety
 - ADHD
 - Learning disabilities.
 - Sensory processing disorders (hyper, hypo and distorted senses)
 - Dyspraxia, dyslexia (and the rest of the ‘dys-family’, dyscalculia, dysgraphia etc)
 - Sleep disorders
 - Obsessive-compulsive disorder (I want/need to do things in a particular way)
 - Schizoid personality disorder (not interested in social relationships)
 - Epilepsy

Observations

- From the list on the previous slide, a few things stood out
- Several conditions appear to share a common issue, in that some of the information the brain receives or sends is jumbled, delayed or not ‘properly processed’ resulting in difficulties with reading, moving about, or communicating effectively.
This contributes to the social and communication difficulties, because if you’re getting a garbled message, you are unlikely to respond correctly.
- Other conditions have less obvious connections, other than being caused by a difference in how our brain functions, but do not appear to share a ‘common cause’ such as epilepsy which appears to affect how the brain works in a significantly different way to autism.
- From a medical point of view the treatments and support needed for each condition can differ significantly, and typically requires a specialist to properly assess.

Discussion questions

1. Since the term ‘comorbid’ is not well-defined, what are some important questions to ask of whatever person/healthcare provider uses the term?
2. How do you feel about the use of terminology that frames a condition that is often a part of you and your daily life as a disease/illness etc?
3. For conditions with potentially positive aspects (such as autism) where do you feel they fit (or span) between ‘a special gifting from God’ (1 Cor 12:7) and ‘a thorn in the flesh’ (2 Cor 12:7)?
4. When He said, “Take up your cross and follow me.” Jesus was speaking to ‘healthy’ individuals, how do we respond to these types of complications?