

Comorbidity in Neurological Disorders

By Brittany Fichter

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My seventh year of life was one of my favorite years. (I told my mom I wasn't going to turn eight because I liked seven so much.) Seven was also one of the hardest years of my life, however, as it was the year I was really started displaying my tics, [OCD](#) tendencies, and high anxiety. My body was doing strange things against my will, I felt unreasonable needs to do things like jump over lines in the carpet exactly three times, and I was afraid. I was suddenly afraid of everything: fires, choking, drowning, sin, burglary, death, being alone, spiders, failing, the dark, sickness, and the end of the world.

My parents grew quickly concerned as my symptoms began to pile up. After taking me to a childhood neurologist, my parents told me that I had (then) a [tic disorder](#) and anxiety, and as my mother continued to explore, they realized I was showing signs of [OCD](#) and [Generalized Anxiety Disorder](#) as well.

I was crushed. I didn't want something to be wrong with me. For years, I tried to ignore the diagnoses, or at least tell as few people about them as possible. Then, even when I finally began to accept that I did have the disorders (after my tic disorder worsened into Tourette's in college), I still didn't see them cohesively. I knew I struggled with anxiety attacks, tics, and compulsions, but the pieces of the puzzle still weren't fitting together quite the way they should. Why were my body and mind doing such crazy things?

It was only when I turned to face my disorders head-on that I began to understand the way they were interacting with one another. I had tics, but my anxiety made my tics worse. In turn, my obsessional tendencies made my anxiety worse, which of course, fed on my tics. It was a vicious cycle that I couldn't escape. My disorders weren't acting alone like I'd believed they did for so long. Rather, they acted together as if they were a disorder all their own.

Being the curious person I am, I couldn't help but wonder where the exact connections were. I could see the results, but I wanted to see the cause. Plus, I couldn't help wondering how many other people were wondering the same thing.

What I came up with: *Comorbidity*

The [Merriam-Webster Dictionary](#) defines this noun as, "existing simultaneously with and usually independently of another medical condition"

Basically, after reading many long articles with difficult words with lots of Greek and Latin origins, I came to a conclusion with three points:

- (1) Lots of individuals with neurological disorders have more than one disorder.
- (2) Certain disorders occur together more than other disorders.
- (3) We don't know why.

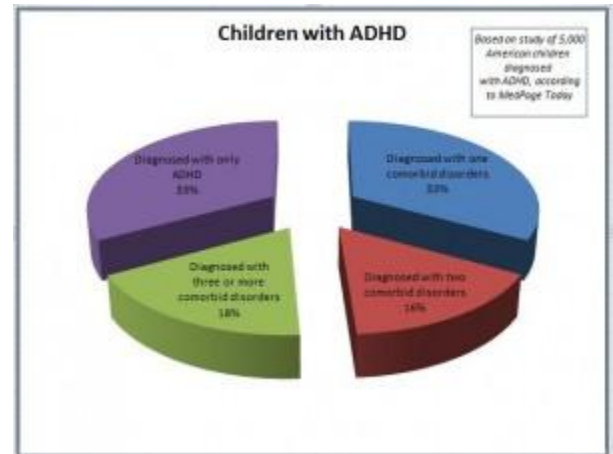
As I've mentioned in my articles on [Tourette's Syndrome](#), [ADHD](#), and [OCD](#), most neurological disorders run in families. They often show signs of being handed down genetically. And while scientists haven't been able to find out exactly why so many individuals are diagnosed with more than one disorder, they have been able to trace which disorders occur together most often.



ADHD

According to [MedPage Today](#), a study was done on 5,000 American children with ADHD, and these were the results that they found.

- Only 33% were diagnosed solely with ADHD.
- 33% were diagnosed with one comorbid disorders.
- 16% were diagnosed with two comorbid disorders.
- 18% were diagnosed with three or more comorbid disorders.

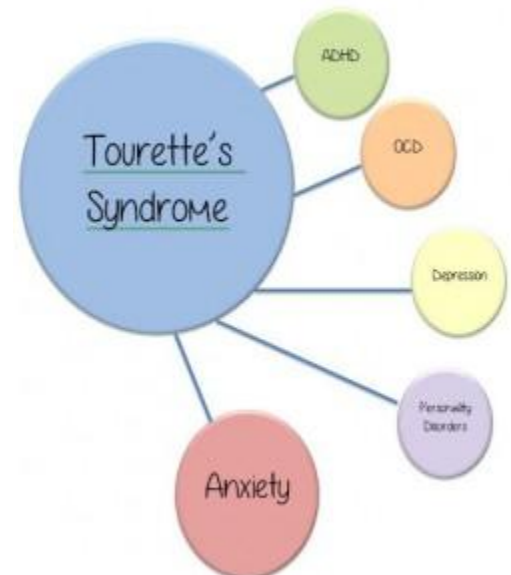


Medscape’s article, “[ADHD and Comorbidity](#),” says that some of the most common disorders that occur with ADHD are these:

1. Depression Disorders
2. Bipolar Disorder
3. A higher likelihood of struggling with substance abuse.

Tourette Syndrome

I’m aware of the fact that I struggle with OCD tendencies, as well as anxiety. According to the [Psychiatric Times](#) article on Tourette Syndrome, I skipped the first most common comorbid disorder that usually goes with TS (ADHD), and went right on to the second, OCD. The article reports that, 60%-80% of people with Tourette’s are also diagnosed with ADHD, a much higher rate than any of the comorbid rates that went along with ADHD itself.



Other disorders are listed in the article, such as Depression

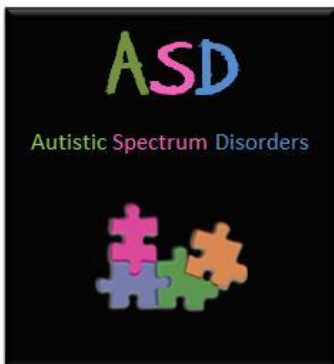
Disorders and Personality Disorders, but I can tell you that the Personality Disorders are far less common than than ADHD and OCD.

There's one set of disorders the article doesn't really discuss that I think is worth mentioning: Anxiety (which would be why I made it big and red in my graphic). Anxiety actually touches nearly all of the disorders, and I can tell you that it certainly affects my TS and my OCD tendencies. After reading numerous articles, I've concluded that Anxiety isn't considered nearly enough in many these studies as a disorder of its own.

Autistic Spectrum Disorders

In the children I've worked with over the years, I've noticed that those diagnosed with Autistic Spectrum Disorders often are diagnosed, or at least display signs of other disorders as well, such as tics, hyperactivity, OCD tendencies, and lots and lots of anxiety.

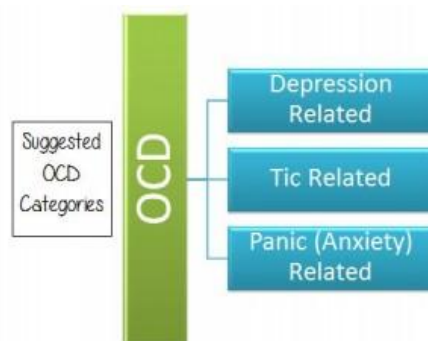
According to Autism Treatment Trust's article, "[Medical Comorbidities in Autism Spectrum Disorders](#)," children with ASDs also suffer from other medical problems, such as seizures, asthma, stomach problems, respiratory infections, and migraines.



In my article, Autistic Spectrum Disorders – Part II, I describe recent studies that have explored the cause of these comorbid symptoms. Unfortunately, no one has been able to pinpoint exactly why these conditions so often occur in children with ASDs.

Obsessive Compulsive Disorder

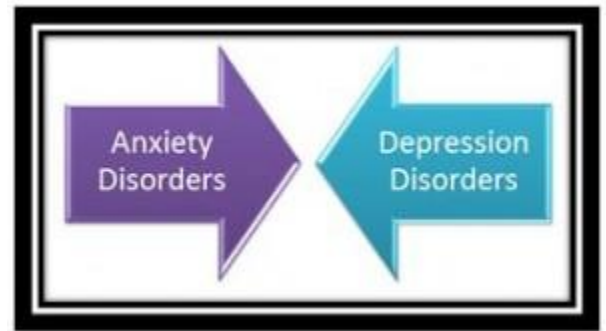
The US National Library of Medicine article, "[Obsessive–Compulsive Disorder Comorbidity: Clinical Assessment and Therapeutic Implications](#)," says that OCD is so commonly found with other disorders that some scientists believe there should be sub-classifications based on comorbidity. These three suggested classifications basically boil down to these:



The reason these scientists believe it's so important to have these classifications is for treatment purposes. Some OCD cases can be treated certain ways, while other cases must be treated differently because not all cases respond to treatment the same way.

Anxiety and Depression

The US Library of Medicine's article, "[The Comorbidity of Major Depression and Anxiety Disorders: Recognition and Management in Primary Care](#)," says that of the 10-20% of people who seek medical help each year for depression or anxiety problems (although they often don't know their problems are caused by depression or anxiety), at least half of them show signs of both depression and anxiety.

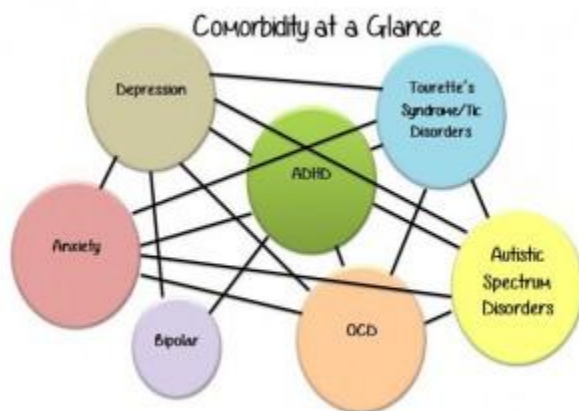


The article concludes that recognition of these two types of disorders as comorbid would mean more affective treatment for their symptoms. I would say that I have to agree.

It's So Confusing! Why Bother? I know it's confusing, but it's still very important to understand comorbidity.

Once I began to understand that my Tourette's, OCD, and my Anxiety fed off of one another, I began to

understand how my brain really "ticks," so to speak. I began to realize that my tics were like a Litmus Test for my anxiety, and I've become much better at predicting my Anxiety Attacks before they start by paying more attention to the severity and type of tics I'm experiencing at the time. My OCD compulsions raise my stress levels, but because I'm aware of them, I'm able to take a step back and recognize when I'm obsessing over something that I need to let go.



Being aware is the key. When I'm aware, I'm better able to talk myself through situations. I'm able to say, "This is how I'm feeling, but it doesn't mean it's true." It means that when I know I'm feeling much more

anxiety than I should (as displayed by the ferocity of my tics), I can go to God and ask Him to help me see things as they really are. I can ask for His peace.

You can do these things, too. Being aware of what's going on inside of your head means you can learn to better:

- *Self-Talk*: acknowledging your feelings, but then going on to reason with yourself outside of your feelings. For example, saying, "I'm feeling like if I don't do this right, something really bad will happen. I know, however, that even though I'm feeling threatened by this situation, nothing really bad will happen to me if I don't do it perfectly."
- *Communicate with your doctor*: The more specific information you can share with your doctor, the more likely it is that he or she will be able to give you the specific help you need in your situation.
- *Communicate with your loved ones*: The more your family and friends understand that your disorders don't own you, the easier it will be for them to encourage you and support you when times get rough. If you don't tell them, however, it's likely that they will think you're just doing strange things. (Unfortunately, people who don't struggle with disorders themselves often don't recognize the disorders in others unless they're told.)

I hope this helps explain why so many people with disorders display symptoms of other disorders. Remember that neurological disorders come on Spectrums, meaning they vary in severity and display in each individual. Our brains are all wired differently, so no two individuals will display their disorders the same way, even if they have the same diagnosis.

My disorders are a part of who I am. God didn't make a mistake when He made me. I believe that I have a purpose to fulfill, a mission for God, just the way I am, even if that means my brain works a little differently from everyone else's. I tic, obsess slightly, worry, and have panic attacks a lot, but apparently, I need those tools to fulfill my purpose. And just like me, I believe God has a plan for you, too. Instead of focusing on the negative aspects of your differences, look for the ways your disorder has made you unique. Think about all the things you understand because of your situation that few other people can. Then, go out and do something with that special knowledge that only you possess.