

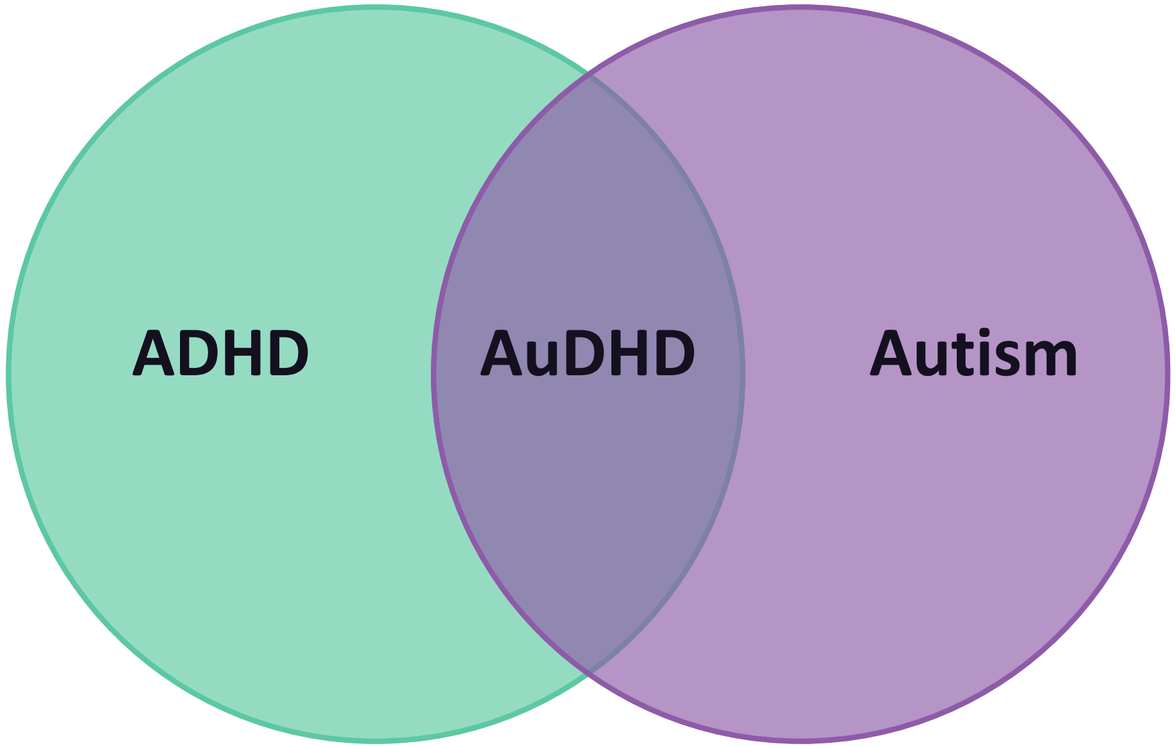
AUDHD EXPLAINED

AuDHD: Two Neurotypes, One Mind

A Neurodivergent-affirming guide to being Autistic and ADHD in one neuro type: the history, the research, the differences and what helps.

Divergent. Neuroaffirming. Authentic.

What is AuDHD?



A community-created word for being Autistic and ADHD at once.

In a formal assessment, both are recorded as separate diagnoses.

It is not a new condition, and not just "very intense ADHD".

The two can pull in opposite directions, hide each other, or amplify each other.

When "both" became allowed

1983
Gillberg points to symptoms shared across developmental conditions

1994
DSM-IV bars an ADHD diagnosis alongside autism

Late 1990s+
Researchers question the exclusion rule

2008-10
Twin studies, a heritability review and ESSENCE show overlap is the rule

2013
DSM-5 allows both diagnoses for the first time

2022
Australian ADHD Guideline approved (July), launched (October)

2025-26
First AuDHD lived experience framew (Craddock)

Autistic and ADHD people knew long before the manuals did.

Why "both" was off the table

The rule

DSM-IV (1994) said ADHD could not be diagnosed in someone who was also utistic, and ICD-10 did the same.

The thinking: inattention in Autistic people was simply part of Autism, and the two could be confused.

What it cost us

People got only the louder diagnosis. Support for the other half went missing.

Prescribers used "ADHD-like" wording. Adults were told "that is just the Autism". Researchers could not properly study the combination.

Within a few years of DSM-IV, researchers said the rule made no sense. It took until 2013 for the manual to catch up with the clinic and with lived experience.

Seminal figures and research

Christopher Gillberg (2010)

ESSENCE: overlap and co-existence are the rule, not the exception, in developmental conditions.

Ronald, Simonoff, Kuntsi, Asherson & Plomin (2008)

A community twin study found overlapping genetic influences on autistic and ADHD traits.

Rommelse, Franke, Geurts, Hartman & Buitelaar (2010)

A landmark review of the shared heritability of ADHD and Autism.

Lichtenstein et al. (2010)

Swedish twin research feeding estimates that around half or more of genetic influences overlap.

Yael Leitner (2014)

Reviewed what was known about co-occurrence in children as DSM-5 opened the door.

Lai et al. (2019)

Meta-analysis of co-occurring conditions in autism, with ADHD at about 28%.

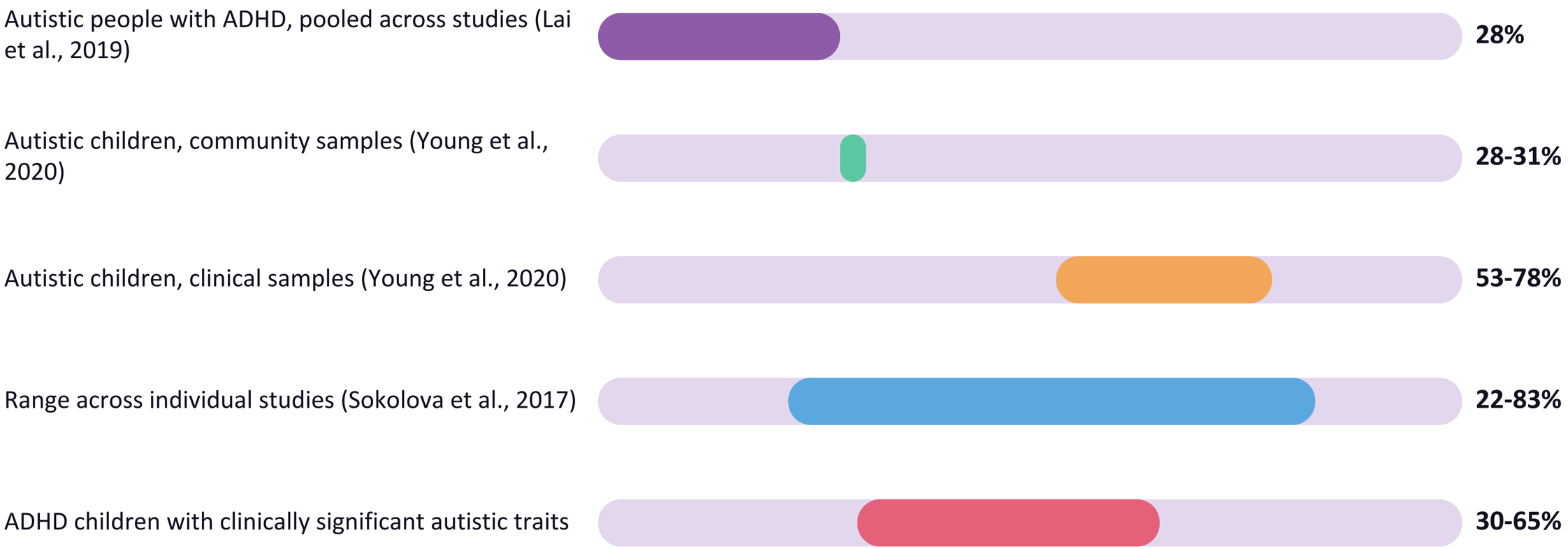
Young et al. (2020)

International expert consensus on identifying and supporting people with both.

Emma Craddock (2026)

Built an AuDHD phenomenology from late-diagnosed women's own stories.

How common is it?



Estimates vary with who is sampled, how they are assessed and when. Read this as "common, and often unrecognised", not as a precise number. The dates of these figures are also relatively dated.

Autism, ADHD and AuDHD: how they differ

	ADHD	Autism	AuDHD
Attention	Hard to steer on demand; fires up for interest and urgency	Deep, narrow focus; interruptions are costly	Can hyperfocus deeply yet struggle to start or switch
Routine and change	Routines get boring; novelty energises	Routine soothes; change can overwhelm	Needs routine and resists it: a tug of war
Social	May interrupt, drift or overshare	Different social communication; double empathy gaps	Traits can mask each other, so it is harder to spot
Sensory	Often seeking, or easily pulled off task	Often over- or under-responsive, with strong preferences	Seeking and avoiding, sometimes in a single day
Energy	Big, fast feelings; restless energy	Overload can lead to shutdown or meltdown	Boom and bust, with burnout from both directions

Descriptions from clinical and community sources, not diagnostic criteria. Everyone varies.

What AuDHD research and lived experience tell us

Craddock (2026)

Six women diagnosed in adulthood described Autism and ADHD as sometimes conflicting, sometimes two sides of one coin, and felt ambivalent about the categories themselves.

The inertia study (2026)

AuDHD participants described ADHD novelty-seeking and the Autistic need for predictability clashing in how they experience inertia.

Late diagnosis in UK women (2026)

Masking, delayed identification, misdiagnosis, and clinicians missing less stereotypical presentations.

Traits that hide each other

Samantha Stein describes opposing traits that can balance or conceal each other, so neither is easily seen.

AuDHD research is young: small, mostly qualitative studies. Autistic and ADHD voices lead, and findings should be held lightly.

What it can look like

Understand it's real

1. **Craving routine and novelty**
   You need predictability to function, then feel stifled once the routine is set.
2. **Hyperfocus and inertia**
   Deep, absorbed focus on one thing, and enormous difficulty starting or switching to another.
3. **Seeking and avoiding input**
   Loud music one hour, a sensory meltdown the next. Both can be true in a day.
4. **Masking and mutual masking**
   Each set of traits can hide the other, so others miss the full picture. Sometimes so do we.
5. **Boom and bust**
   Bursts of energy followed by crashes, and burnout from carrying the load of both.

Getting recognised

Why it gets missed

Girls and women are often identified later.
Masking hides traits.
When one diagnosis is made, the other is often not looked for.
Less stereotypical presentations get overlooked.

A good assessment

Looks for both, and for other conditions.
In ADHD assessment, the Australian guideline calls for a comprehensive interview, rating scales and checking symptoms across settings.

Starting in Australia

A GP is a good first step. Psychologists and psychiatrists can assess ADHD.
Autism assessment follows its own pathway.
Ask clinicians whether they know both.

Medication is an individual decision for you and a prescriber who understands both. Self-identification is valid too.

Please do

Please do

1. **Plan for both needs**
   Build predictable anchors with room for novelty: routine plus variety, not one or the other.
2. **Make starting easier**
   Cut the steps, use visual cues, try body doubling. Inertia is not laziness.
3. **Respect seeking and avoiding**
   Offer sensory choices. Both needs can be true in the same day.
4. **Plan recovery after the boom**
   Rest before the crash, not after. Pace the highs.
5. **Choose clinicians who know both**
   Back access to neuro-affirming care that looks at Autism and ADHD together.

Supporting AuDHD minds

Please don't

Please don't

1. **Say "you can't be both"**
   Both diagnoses have been recognised since 2013, and people have lived with both far longer.
2. **Call it "very intense ADHD"**
   AuDHD is not ADHD turned up. The two interact in their own ways.
3. **Read inertia as laziness**
   Struggling to start or switch is neurological, not a character flaw.
4. **Hand out one-sided advice**
   ADHD advice to add novelty can collide with a need for predictability, and the reverse.
5. **Demand more masking**
   Hiding who we are costs energy and feeds burnout.

Supporting AuDHD minds

I can...

- ☐ *Notice which need is loudest today*
- ☐ *Build one anchor and one spark into my day*
- ☐ *Ask for adjustments in writing*
- ☐ *Find my people: peer support and community*



Wondering if you are AuDHD? A GP is a good first step. If things feel heavy, reach out early.

Lifeline 13 11 14 · Beyond Blue 1300 22 4636 · Emergency 000



Thank You

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