

## PATTERN OF COMORBIDITIES IN INDIAN CHILDREN AND ADOLESCENTS WITH ATTENTION DEFICIT HYPERACTIVITY DISORDER

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**Introduction:** A retrospective study in India had showed high rate of comorbid disruptive disorders in children with Attention deficit hyperactivity disorder, but not depression and anxiety disorders as opposed to western literature. Studies using structured assessment tools are lacking in Indian population and thus valid data on prevailing pattern of comorbidities in ADHD children is lacking.

**Aims:** To study the pattern of co-morbidities in Indian children & adolescents (subjects) with ADHD and to compare the degree of functional impairment between ADHD subjects with and without comorbidities.

**Methods:** 60 consecutive subjects aged 6 to 16 years diagnosed as ADHD based on DSM IV TR were recruited with informed consent, from a tertiary care centre during a period of 6 months. Kiddie-SADS - PL was applied to identify comorbidities in these subjects. Global functioning was assessed by Children Global Assessment scale (CGAS) in all these subjects.

**Results:** 55% of recruited subjects had comorbidity, the most highly prevalent lifetime disorder being Oppositional Defiant disorder (25%), followed by conduct disorder (13.3%), Bipolar affective disorder (13.3%), Major depressive disorder (10%), Communication disorder (10%), Substance use disorder (8.4%), Obsessive compulsive disorder (8.3%), Tic disorder (5.4%), Learning disorder (5%), Elimination disorder (3.3%), Social phobia (1.7%) and Separation anxiety disorder (1.7%). Subjects with comorbidities had poorer global functioning ( $41.58 \pm 0.45$ ) when compared to ADHD subjects without comorbidities ( $47.67 \pm 8.57$ ) ( $p=0.018$ ).

**Conclusions:** Our study points out that Comorbid disorders like anxiety disorders are not as low as projected by the earlier Indian studies.