

CO-OCCURRING CONDITIONS · 5.3

ADHD and Depression: Cause, Effect, or Both?

Depression is one of the most common co-occurring conditions in adults with ADHD. The relationship is rarely simple: cause, effect or both, often in the same person.

FOR

Adults with ADHD, depression, or both

AUDIENCE AGE

All ages

REVIEWED

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PART OF

The NeuroFX resource library

IN SUMMARY

ADHD and Depression: Cause, Effect, or Both?

The link in plain terms

- **Around 19 percent of adults with ADHD meet depression criteria in any given year.** Lifetime rates are higher; around half of adults with ADHD will meet criteria for a depressive disorder at some point. The figures come from US and European cohort studies and are not artefacts of sampling.
- **Multiple mechanisms operate.** Depression as a downstream consequence of years of unmanaged ADHD experiences. Misdiagnosis of ADHD as depression because of overlapping symptoms. Shared biological substrate in dopamine and noradrenaline signalling. Genuine independent co-occurrence in the same person.
- **Treatment-resistant depression often hides ADHD.** A substantial number of adults whose depression has responded only partially to antidepressant treatment have underlying undiagnosed ADHD driving the residual difficulty.

How to tell the picture apart

- **The childhood pattern matters.** ADHD requires onset before age twelve. A depressive pattern that starts in adulthood without childhood evidence of ADHD-type difficulty argues against underlying ADHD. A childhood history of distractibility, disorganisation and emotional dysregulation points the other way.
- **Depressive low mood is uniform; ADHD low mood is situational.** Depressive mood is persistent across contexts with anhedonia even in previously rewarding activities. ADHD-related low mood lifts when the task fits and energy returns when the activity is engaging.
- **Sleep patterns differ.** ADHD-related sleep difficulty is usually delayed onset and trouble switching off. Depressive sleep disturbance is more often early-morning waking with low mood on waking.
- **Response to antidepressant treatment is informative.** Depression that responds well to standard antidepressants and resolves fully is probably just depression. Partial response with persistent concentration, task-initiation and emotional regulation difficulty points towards underlying ADHD.
- **ADHD treatment does not 'fix' depression.** It addresses the ADHD-driven contributors. If depression is also a separate condition, it still needs its own treatment. Some patients find depressive symptoms lift substantially as ADHD treatment removes the underlying source; others need both treated in parallel.

What helps and where to start

- **Treat severe depression first.** If depression is severe (significant suicidal thinking, marked functional impairment), depression treatment usually starts first. ADHD assessment follows once the episode has stabilised.
- **Combination treatment is common.** ADHD medication and standard antidepressants can be used together. The prescriber will check for specific interactions (some SSRIs affect atomoxetine metabolism, for example).
- **NeuroFX considers co-occurring depression throughout.** A private adult ADHD assessment with NeuroFX includes mood and the pattern of any depression treatment in the picture. Where co-occurring depression is present, prescribing decisions are made with that context.

WHEN TO SPEAK TO A PROFESSIONAL

Speak to your GP if depression has been treated without full resolution and ADHD-type difficulties have been present since childhood. NHS routes for both exist; Right to Choose in England applies to ADHD. Seek urgent help via 111, 999 or A&E for acute suicidal thinking or any mental health crisis. Samaritans: 116 123.

SOURCES

NICE NG87; NICE NG222; Faraone et al. 2021 (Neurosci Biobehav Rev); Kessler et al. 2006 (Am J Psychiatry)

NEXT STEPS**Speak to NeuroFX**

Private ADHD and autism assessment for adults and children aged 6 and upwards.
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