NeuroFX
Changing Minds

CO-OCCURRING CONDITIONS · 5.10

ADHD, Autism and Dyspraxia (DCD): The Three-Way Overlap

Developmental coordination disorder (DCD, dyspraxia in the UK) sits in the same neurodevelopmental cluster as ADHD and autism. The three share heritable risk factors and co-occur far above chance.

FOR
Adults and parents considering DCD alongside ADHD or autism

AUDIENCE AGE
Adults

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The NeuroFX resource library

IN SUMMARY

ADHD, Autism and Dyspraxia (DCD): The Three-Way Overlap

The link in plain terms

- **DCD affects motor coordination and motor planning.** Gross motor skills, fine motor skills, and the activities of daily living that depend on coordination. It is lifelong and is identified by occupational therapy or specialist paediatric assessment, not by medical diagnosis.
- **Around 30 to 50 percent of children with ADHD also meet DCD criteria.** The Kadesjö and Gillberg work in Swedish school-age children put the figure around 50 percent. DCD co-occurs with autism in around 30 to 80 percent of samples depending on measurement.
- **The three conditions cluster in families.** Twin and family studies show shared heritable risk factors. A child with two of the three is at elevated risk of having the third.

How it shows up

- **Handwriting is the most common early signal in school-age children.** Where handwriting is disproportionately poor for the child's other abilities, DCD is worth considering. Handwriting is also affected by ADHD rushing and dyslexia spelling difficulty, so the picture needs disentangling.
- **Adults often describe lifelong daily-life difficulty.** Cooking, driving, packing for travel, organising tools. The difficulty is motor planning and execution, not laziness or disorganisation.
- **Sport and practical subjects are often affected.** Late to ride a bike, slow at ball games, difficulty with PE, struggles in subjects requiring fine motor control. The school experience can shape self-esteem if the underlying DCD is not recognised.
- **Activities of daily living impact in adults.** Driving is often the most clinically important consideration. Some adults with DCD never feel confident driving; some choose not to drive. This affects independence and is worth taking seriously.
- **ADHD treatment does not directly improve motor coordination.** It can help with the executive control that motor planning depends on. Occupational therapy remains the evidence-based intervention for the motor coordination difficulty itself.

What helps and where to start

- **Occupational therapy is the primary intervention for DCD.** Task-oriented OT, often using cognitive approaches such as the CO-OP framework. Specialist OT input is the evidence-based treatment. Access varies by region; many UK families access NHS OT or private OT separately.
- **Each condition is assessed by its own specialist.** ADHD assessment is medical (NeuroFX provides this). Autism assessment is medical (NeuroFX provides this, including combined ADHD and autism assessment). DCD assessment is delivered by occupational therapists or specialist paediatricians as a separate process.
- **Joined-up support is the goal.** The most useful support packages have the different assessments and specialists informing each other. The EHCP process for children is one mechanism. For adults, coordination is often patient-led.

WHEN TO SPEAK TO A PROFESSIONAL

Speak to your GP if you suspect ADHD, autism or DCD in yourself or your child. NHS routes for ADHD and autism assessment exist; DCD assessment is typically delivered by occupational therapy. The Dyspraxia Foundation has UK-specific resources on finding an assessor. Seek urgent help via 111, 999 or A&E for any acute mental health crisis.

SOURCES

NICE NG87; DSM-5-TR; Kadesjö & Gillberg 2001 (J Child Psychol Psychiatry); Blank et al. 2019 (Dev Med Child Neurol)