

CO-OCCURRING CONDITIONS · 5.11

ADHD and Hypermobility / EDS: What the Emerging Evidence Suggests

The clinical observation that ADHD, autism and joint hypermobility cluster together has begun to attract serious research attention. The evidence is emerging, not mature, and worth taking with appropriate caution.

FOR

Adults with ADHD or autism alongside hypermobility features

AUDIENCE AGE

All ages

REVIEWED

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PART OF

The NeuroFX resource library

IN SUMMARY

ADHD and Hypermobility / EDS: What the Emerging Evidence Suggests

The link in plain terms

- **Hypermobility and ADHD co-occur above chance.** The 2022 Csecs UK study found around half of adults with ADHD in clinical samples meet criteria for generalised joint hypermobility. The hypermobile group also showed higher rates of dysautonomic symptoms and chronic pain.
- **Population registry data shows the same pattern.** The 2016 Cederlöf Swedish national cohort study of over 1,700 people with EDS or hypermobility syndrome found ADHD significantly more common than in the general population, alongside autism, anxiety and depression.
- **The mechanism is not established.** Shared developmental biology, autonomic dysregulation contributing to ADHD-like symptoms, and shared connective tissue biology are all plausible candidates. None has been confirmed. Causal claims should be treated with caution.

What it looks like in practice

- **The fatigue and pain are real.** The literature confirms that chronic pain, fatigue and dysautonomic symptoms reported by patients in this group are part of the picture, not invention. They warrant proper assessment and management.
- **POTS and other dysautonomic features are over-represented.** Postural orthostatic tachycardia, palpitations, gastrointestinal symptoms and orthostatic intolerance all appear at higher rates in the hypermobile ADHD or autism population than in the general population.
- **Diagnostic access varies.** hEDS is the most common subtype of Ehlers-Danlos syndrome and is diagnosed clinically using the 2017 international criteria. NHS access for assessment varies; many UK adults seek private rheumatology or connective tissue assessment.

What helps and where to start

- **Standard ADHD assessment and NICE NG87 treatment still apply.** Hypermobility does not change the assessment pathway. NeuroFX provides private adult ADHD assessment with co-occurring physical conditions considered as part of the broader clinical work.
- **Stimulant prescribing considers any dysautonomic features.** Where POTS or other autonomic features are in the picture, stimulant prescribing decisions are more individualised. Cardiology or POTS-clinic input may be appropriate. This is specialist territory.
- **Connective tissue assessment where clinically significant.** If hypermobility-related symptoms (chronic pain, joint instability, marked fatigue) are significant, rheumatology or specialist connective tissue assessment can clarify whether HSD or hEDS criteria are met and open access to appropriate physiotherapy and pain management input.

WHEN TO SPEAK TO A PROFESSIONAL

Speak to your GP if you have hypermobility-related symptoms (chronic pain, joint instability, marked fatigue, dysautonomic features) alongside ADHD or autism. NHS routes for ADHD assessment are well established; access to specialist connective tissue assessment varies and may involve private referral. Seek urgent help via 111, 999 or A&E for any acute medical or mental health crisis.

SOURCES

Csecs et al. 2022 (Front Psychiatry); Cederlöf et al. 2016 (BMC Psychiatry); Malfait et al. 2017 (Am J Med Genet); NICE NG87

NEXT STEPS**Speak to NeuroFX**

Private ADHD and autism assessment for adults and children aged 6 and upwards.
CQC-registered. Bedford Consulting Rooms, 4 Goldington Road, Bedford MK40 3NF.

neurofx.co.uk · info@neurofx.co.uk · 0333 533 3303