

CO-OCCURRING CONDITIONS · 5.4

Autism and Anxiety: The Most Common Co-Occurring Picture

Anxiety is the most consistently reported co-occurring mental health condition in autistic people. It is also the one most often misunderstood, because autistic anxiety is different in shape from anxiety in non-autistic people.

FOR

Autistic adults and parents of autistic children

AUDIENCE AGE

All ages

REVIEWED

17 May 2026

PART OF

The NeuroFX resource library

IN SUMMARY

Autism and Anxiety: The Most Common Co-Occurring Picture

The link in plain terms

- **Around 27 percent of autistic adults meet anxiety criteria at any given time.** Lifetime prevalence is around 42 percent. The figures come from the Hollocks 2019 meta-analysis pooling 35 studies. Around 40 percent of autistic children and adolescents meet criteria for at least one anxiety disorder.
- **Roughly two to four times the general population rate.** Social anxiety disorder, generalised anxiety and specific phobia are all over-represented. The picture is consistent across UK, European and North American samples.
- **Autistic anxiety is not just standard anxiety in an autistic person.** It has specific drivers that distinguish it clinically: intolerance of uncertainty, sensory load, social processing demand, masking, and reduced interoceptive accuracy.

How it shows up

- **Intolerance of uncertainty.** Sustained distress in response to unpredictable situations, sudden changes to plans, ambiguous social cues. The anxiety is about the absence of predictability itself, not about a specific feared event.
- **Sensory contributors.** Bright lighting, certain textures, unpredictable noise, particular smells. Cumulative sensory load produces nervous-system arousal that does not always attach to cognitive worry.
- **The cognitive cost of decoding non-autistic communication.** Implicit social rules, tone of voice, expected gestures: running the translation in the background is exhausting. Social anxiety in autism is often about the load of decoding, not feared evaluation.
- **Masking accumulates.** Active suppression of autistic traits and performance of neurotypical behaviour drives anxiety, depression and burnout over time.
- **Interoceptive difficulty makes anxiety harder to recognise.** Some autistic people do not easily notice or interpret racing heart, shallow breathing or chest tightness. Anxiety can present as confusion, fatigue or sudden behavioural collapse rather than classical anxiety.

What helps and where to start

- **Autism-aware therapy.** Standard CBT can underperform because the cognitive distortion model does not always fit autistic anxiety. CBT delivered by a clinician with autism experience, or with explicit adjustments, fits this picture better.
- **Address the drivers, not just the symptoms.** Sensory accommodations, predictability at home and work, scripts and rehearsal for social situations, masking reduction in safe contexts. These reduce the load that produces anxiety.
- **SSRIs sometimes help, sometimes do not.** First-line under NICE for anxiety. The evidence base in autistic anxiety is mixed; some patients respond well, others find limited benefit or particular sensitivity to side effects. Start-low, go-slow is standard.
- **Check for co-occurring ADHD.** A significant proportion of autistic adults also have ADHD. Where AuDHD is present, the treatment approach changes; ADHD-driven contributors to anxiety also need to be addressed.

WHEN TO SPEAK TO A PROFESSIONAL

Speak to your GP if anxiety is significantly affecting daily function. NHS routes for both anxiety treatment and autism assessment exist; the autism pathway varies by region. NeuroFX offers private autism assessment with co-occurring anxiety considered throughout. Seek urgent help via 111, 999 or A&E for any acute mental health crisis.

SOURCES

NICE CG142; NICE CG113; Hollocks et al. 2019 (Psychol Med); Lai et al. 2019 (Lancet Psychiatry); South & Rodgers 2017 (Front Hum Neurosci)

NEXT STEPS

Speak to NeuroFX

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