NeuroFX
Changing Minds

CO-OCCURRING CONDITIONS · 5.15

OCD and ADHD: Distinguishing the Patterns

OCD and ADHD can look similar at the surface and are often confused. They also genuinely co-occur more often than chance. This is how to tell them apart and how treatment is shaped when both are present.

FOR
Adults considering OCD, ADHD or both

AUDIENCE AGE
All ages

REVIEWED
17 May 2026

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The NeuroFX resource library

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

IN SUMMARY

OCD and ADHD: Distinguishing the Patterns

The link in plain terms

- **OCD is recurrent obsessions and compulsions.** Intrusive thoughts, images or urges that cause distress, plus repetitive behaviours or mental acts performed in response. NICE CG31 sets out the UK clinical approach. OCD affects around 1 to 2 percent of adults at any given time.
- **Co-occurrence with ADHD is elevated.** Around 10 to 30 percent of children with OCD also meet ADHD criteria. Among adults with OCD, around 10 to 15 percent. The reverse co-occurrence (ADHD samples meeting OCD criteria) is also elevated. Shared frontostriatal circuits and partial genetic overlap are part of why.
- **The two need disentangling.** Self-report screening tools can over-detect either condition in the presence of the other. Structured clinical assessment is the most reliable approach.

How to tell them apart

- **Checking has different mechanisms.** OCD checking is driven by an obsessional fear of a specific outcome. ADHD checking is driven by forgetfulness and working memory difficulty. The behaviour can look identical; the mechanism is different.
- **Rumination has different texture.** OCD rumination is intrusive, distressing and ego-dystonic, with specific themes. ADHD-related rumination is more often replaying social interactions or recent events, distressing but less specifically themed.
- **Perfectionism has different drivers.** ADHD perfectionism is often avoidance: not finishing because nothing feels good enough. OCD perfectionism is anxiety-driven: not stopping because a standard has not been met.
- **Repetitive behaviours serve different functions.** ADHD repetitive behaviours (foot tapping, fidgeting) are driven by under-stimulation and serve self-regulation. OCD compulsions are driven by anxiety reduction and serve to reduce obsession-related distress.
- **Some autistic features can look like OCD.** Insistence on sameness, repetitive behaviours and rigid thinking can resemble OCD at the surface. Where the developmental history shows autistic features, autism assessment may be useful alongside OCD assessment.

What helps and where to start

- **First-line OCD treatment under NICE CG31.** CBT with exposure and response prevention (ERP) as the first-line psychological treatment. SSRIs as the first-line medication option in moderate to severe OCD or where psychological therapy is declined or insufficient.
- **ADHD treatment continues alongside.** Stimulants are usually compatible with SSRIs at standard doses; specific interactions are checked by the prescriber. A small subgroup find stimulants worsen OCD, prompting formulation changes or a switch to a non-stimulant.
- **ADHD-aware delivery improves engagement.** CBT with ERP for OCD is more effective when delivered with awareness of co-occurring ADHD: structured homework, between-session reminders, more frequent contact. Generic CBT delivered without the ADHD context can underperform.

WHEN TO SPEAK TO A PROFESSIONAL

Speak to your GP if obsessions and compulsions are taking more than an hour a day or are causing significant distress, particularly if ADHD-type difficulties are also present. NHS routes for both conditions exist; Right to Choose in England applies to ADHD. The OCD-UK charity has UK-specific resources at ocduk.org. Seek urgent help via 111, 999 or A&E for any acute mental health crisis, including intrusive thoughts of self-harm.

SOURCES

NICE CG31; NICE NG87; DSM-5-TR; Geller et al. 2004 (Eur Child Adolesc Psychiatry); Brem et al. 2014 (Atten Defic Hyperact Disord)