NEURODIVERSITY SNAPSHOT

A quick-reference look at how neurodivergent conditions show up, together and apart

A Brief History

For most of the twentieth century, neurodivergent conditions were studied and diagnosed in isolation from one another. A child was assessed for autism, or for ADHD, or for dyslexia, as though each condition existed in its own separate lane. Diagnostic manuals reinforced this: for decades, a person could not officially be diagnosed with both autism and ADHD at the same time, even when clinicians could plainly see both sets of traits in front of them.

That changed in 2013, when the DSM-5 finally allowed autism and ADHD to be diagnosed together in the same person. It was a small technical revision with a large real-world impact, opening the door to research into how these conditions actually interact, rather than assuming each one exists on its own private island.

What that research has found in the years since is that overlap is the rule, not the exception. Most neurodivergent people don't fit neatly into a single labeled box; they carry traits from more than one condition at once, and those conditions interact with, mask, and sometimes intensify one another. Understanding neurodiversity today means understanding it as a landscape of overlapping profiles, not a set of separate boxes to check.

What This Snapshot Covers

This page is a quick-reference look across the most common neurodivergent conditions and how often they travel together, meant to be read alongside the individual condition guides in this series (Autism Insights, ADHD Facts, Dyslexia Guide, Developmental Delay Info, and the DCD Overview) rather than in place of them.

The most common neurodivergent conditions are autism, ADHD, dyslexia, developmental coordination disorder (dyspraxia), dyscalculia, and Tourette syndrome. A single person may carry traits of several of these at once, a pattern sometimes called being multiply neurodivergent. None of these conditions cancel each other out; each one shapes how the others show up.

A useful way to think about it: no two neurodivergent people, even with the exact same diagnoses, will look the same. The specific combination of strengths, challenges, and traits is what makes an individualized approach so essential, far more than any single label ever could.

Understanding the Scope

- An estimated 15 to 20% of the world's population is neurodivergent, roughly 1 in 5 people, encompassing autism, ADHD, dyslexia, dyspraxia, dyscalculia, and related conditions.
- Between 50 and 70% of autistic people also meet the criteria for ADHD, a combination increasingly referred to, informally, as "AuDHD."
- Looking at it from the other direction, an estimated 20 to 50% of people with ADHD also show significant autistic traits or meet criteria for autism.
- Genetic research shows a substantial shared genetic architecture, roughly 50 to 72% overlap, between autism and ADHD, helping explain why the two conditions so often appear together.
- Dyslexia co-occurs with ADHD in an estimated 40% of cases, and dyspraxia frequently overlaps with both ADHD and speech-language conditions.
- Roughly half of all neurodivergent adults are believed to be unaware of their own neurodivergence, often because one condition's traits masked or were mistaken for another's.

Strategies for Teachers

- Look at the whole student, not just the label on the paperwork. A student with an ADHD diagnosis may also have undiagnosed dyslexia or autistic traits quietly shaping their day.

- Don't assume one strategy fits one diagnosis. A student with both autism and ADHD may need routine and novelty at the same time, in different moments of the day.
- Watch for masking, especially in high-achieving students. A student who appears to be coping well may be spending enormous hidden effort holding it together.
- When one intervention doesn't work as expected, consider whether an overlapping, unidentified condition might be part of the picture.
- Keep communication open with families and support specialists; the fullest picture of a student usually comes from combining several vantage points, not one classroom observation.

Strategies for Parents

- Hold diagnoses loosely as descriptions, not full definitions. Your child's actual profile is more specific and more useful than any single label.
- If a strategy that should work for your child's diagnosis isn't working, consider whether something else might also be going on. Overlap is common and often missed.
- Seek evaluators experienced with co-occurring conditions specifically. A specialist looking only for autism, or only for ADHD, can miss the other.
- Give your child language for their own complexity: "You have a brain that's autistic and also has ADHD, and that means some days need routine and some days need something new."
- Resist the pressure to pick a single explanation for your child's challenges. Most neurodivergent people are more than one thing at once.

Strategies for Grandparents

- Know that a grandchild can genuinely have more than one diagnosis at the same time; this isn't overdiagnosis or a fad, it's an accurate, increasingly common picture.
- Avoid trying to fit your grandchild into whichever single condition you're most familiar with. Their actual experience may be more layered than one label suggests.
- Ask the parents to describe your grandchild's specific mix of traits, rather than relying on what you've read or heard about one condition in isolation.
- Stay flexible in your expectations from visit to visit. A grandchild with overlapping conditions may need very different things on different days, and that's not inconsistency, it's real variation.
- Trust that the fullest understanding of your grandchild will come from the people who know them best, and stay open to learning as that understanding develops.

Sources: Simply Psychology, 2026; National Geographic, 2026; Doyle, British Medical Bulletin, 2020.