

# Autism and ADHD: does the global rise in diagnosed neurodivergence reflect increased awareness of undiagnosed cases?

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Diagnoses of autism and other neurodivergence are rising. Jessica Eccles and Elizabeth Weir say that the trend is real—and that claims of “overdiagnosis” and insistence on exact case numbers are unhelpful. But Alastair Santhouse and Traolach Brugha argue that more factors are at play, not least a widening of already vague definitions

## Yes—Jessica Eccles and Elizabeth Weir

The prevalences of autism and attention deficit/hyperactivity disorder (ADHD) have been assessed systematically using health and education data from millions of people around the world. Despite claims of variation across setting, the current rates in the US, the UK, and Sweden closely align.<sup>1,2,3</sup> The evidence is also clear that increased awareness of neurodivergence within marginalised groups is driving these changes.

The diagnostic criteria and the tools to support them have traditionally failed to capture non-stereotypical presentations of both ADHD and autism, highlighting the importance of considering intersectionality in these contexts and particularly the role of ethnicity, gender, and socioeconomic status. Historical data suggested a significant male predominance of both autism and ADHD, but emerging evidence from both research and clinical practice suggests that the gender ratio is narrowing<sup>3,4,5</sup> and that it may approach parity by adulthood in the case of autism.<sup>4</sup>

In line with this, improved recognition of neurodivergence in females is nearly indisputable, with a 1500% increase in autism incidence among females from 1998 to 2018 in the UK, as well as evidence that gender significantly moderated the change in overall autism incidence.<sup>2</sup> Regarding other social determinants of health, in the US before 2016, white children and those with higher socioeconomic status were more likely than others to have autism diagnosed; however, since 2020 this pattern has reversed, and children in the US from minority ethnic backgrounds are now more likely to get a diagnosis, with little difference by socioeconomic status.<sup>3</sup> Children from minority ethnic backgrounds are also more likely than white children to have co-occurring intellectual disability, again suggesting barriers to diagnosis by ethnicity.<sup>3</sup>

### Unmet need

Concerns about seemingly rising rates of ADHD and autism, often couched in terms of “overdiagnosis,” reflect broader debates around identity, culture, and economic pressures on healthcare and society. We consider the term “overdiagnosis” to be epistemologically unsound. It violates the medical definition by mischaracterising symptomatic, functionally impaired individuals who meet diagnostic criteria as somehow not “really” having their condition, thereby perpetuating structural stigma in neurodivergence and mental health conditions that would never be tolerated in physical health (we don’t claim that someone with HbA<sub>1c</sub> ≥48 mmol/mol has had their diabetes “overdiagnosed” simply because awareness and case finding have increased).

In addition, this overlooks a critical fact: a substantial number of neurodivergent people lack recognition and vital support, despite clear evidence that underdiagnosis and misdiagnosis are widespread. The main challenge is unmet need, as most autism in adults aged over 50 remains undiagnosed,<sup>1</sup> and NHS England’s ADHD Taskforce confirms that ADHD is persistently underdiagnosed and undertreated throughout the lifespan.<sup>6</sup>

The cost to society—across education, employment, healthcare, and social sectors—is huge, estimated at £17bn a year in the UK.<sup>6</sup> Undiagnosed ADHD and autism are also linked to poorer mental and physical health, increased offending behaviour (including imprisonment, crimes, substance misuse, and antisocial behaviour), and a notable day-to-day impact on activities such as education, work, driving, and relationships.<sup>7</sup> Fixating on “overdiagnosis” or precise prevalence distracts from real crises affecting neurodivergent individuals, especially those facing the harshest realities in health, education, social care, or the justice system.

There is a strikingly large “hidden” neurodivergent population—many of whom are already in contact with psychiatric services, their conditions often unnoticed and their needs unmet. Estimates suggest that one in five community mental health patients are autistic and almost half have ADHD—and that among young people in crisis, autism or ADHD is present in a third.<sup>8</sup> First episode psychosis shows higher rates of likely neurodivergence, indicating a need for more tailored care.<sup>9</sup> Patients with bipolar disorder have strikingly high autistic and ADHD features, with more than 60% screening positive for both.<sup>10</sup>

As highlighted by NHS England’s ADHD Taskforce, innovative approaches are needed to deliver timely, reliable, and accessible assessments for the people most in need. The prospect is promising: with sufficient resources, solutions are achievable. Autism and ADHD diagnoses transform lives, and ADHD medicines have been found to be

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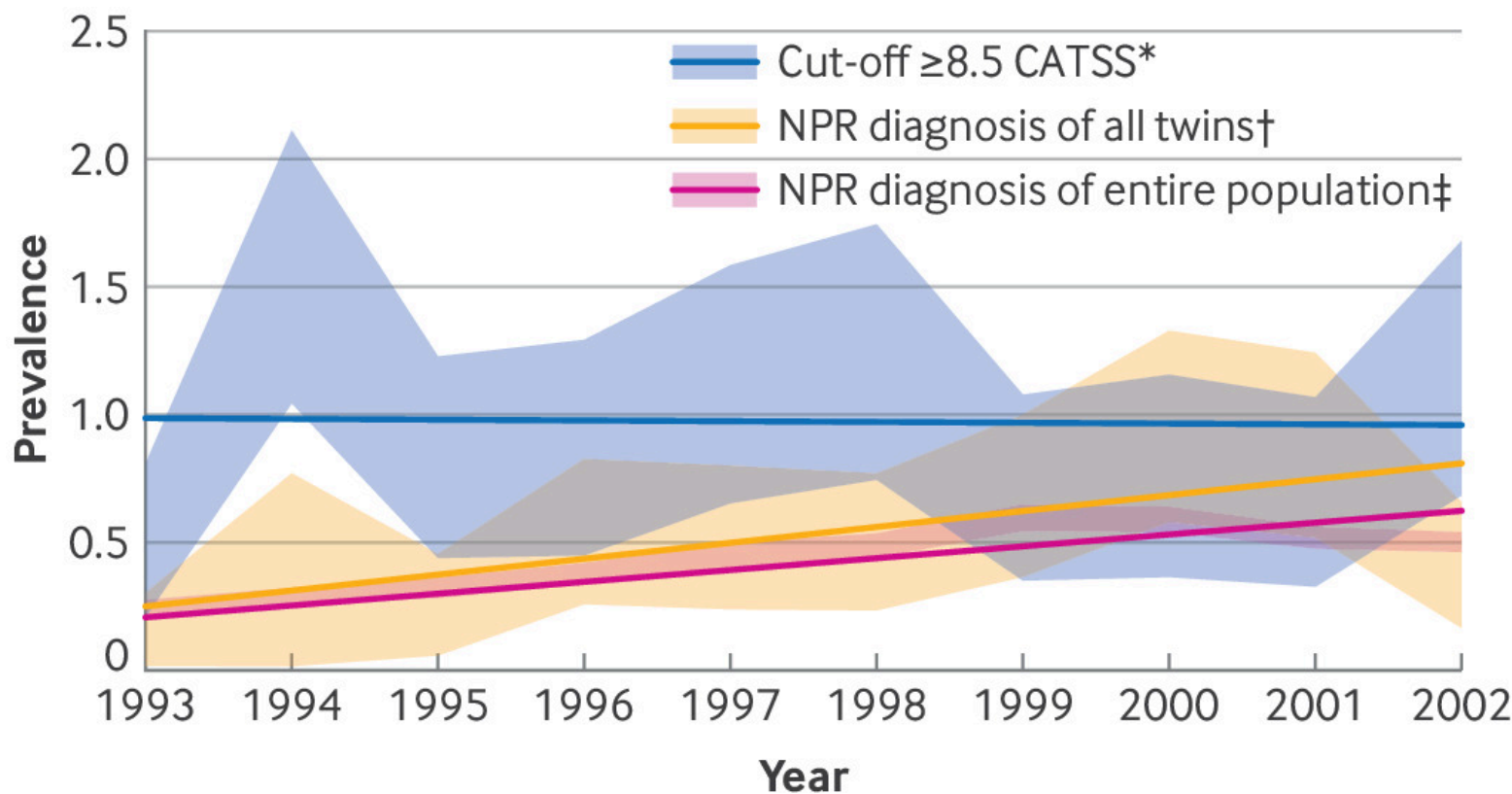
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Attention deficit/hyperactivity disorder (ADHD) is undergoing similar changes in how a diagnosis is made. In childhood, there is evidence that immaturity is being diagnosed as ADHD.<sup>12</sup> In adults, one study concluded that 90% with newly diagnosed ADHD had no history of it in childhood, calling into question the validity of many of these diagnoses as neurodevelopmental disorders.<sup>13</sup> In a 2015 paper titled *Is Adult Attention-Deficit Hyperactivity Disorder Being Overdiagnosed?*<sup>14</sup> Paris and colleagues commented, "The DSM-5 criteria for adult ADHD are so broad that they fail to distinguish between illness and normal variation."

Worldwide and within countries, identification rates vary markedly. In the UK, ADHD prescriptions reflect levels of affluence.<sup>15</sup> These variations are not biologically plausible: they reflect the role of resources, culture, and diagnostic practices.

Neurodivergence, although a very welcome additional word in the English language, remains undefined, making evidence difficult to collect. In contrast, biomedical diagnostic terms such as autism and ADHD are clearly defined and can be measured reliably.

This leads to a question: is the increase in recorded diagnoses of autism in the UK, the US, and Sweden mirrored in trends in the underlying prevalence of autism? The epidemiological evidence says that it is not. Three studies focusing on trends—two in children (fig 1)<sup>16,17</sup> and one in adults<sup>18</sup>—show that, despite increasing rates of autism diagnosis, underlying autism rates have been stable this century. All three studies used rigorous population sampling and standardised examinations for autism, whereas health records do not.



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**Fig 1**

A Swedish study comparing numbers of children registered as having autism diagnosed each year from 1993 to 2002 and the scores on autism traits (autism phenotype) obtained each year through parents of twins.<sup>16</sup> Annual prevalence of autism spectrum disorder in Child and Adolescent Twin Study in Sweden (CATSS), national patient register (NPR), and NPR diagnoses in Swedish twins. \*Prevalence calculated on 19 993 people responding in twin study born 1993-2002. †Prevalence calculated on all twins, irrespective of response in CATTSS (n=26 953). Diagnosis in NPR was ascribed before the children's 10th birthday. ‡Prevalence calculated on all births in Sweden 1993-2002 (n=1 078 975). Diagnosis in NPR was ascribed before the children's 10th birthday. Regression lines are depicted within 95% confidence intervals.

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Changes in policy, investment, and training have been substantial since the UK's Autism Act 2009 took effect.<sup>19</sup> The UK government's own survey programme identified enormous gaps in identification, emboldening ministers and HM Treasury to invest substantially in autism services.

The NHS long term plan published in 2019 brought substantial additional funding for autism in adults and children<sup>20</sup>—and, following in its wake, significantly more diagnosed cases. Specialist multidisciplinary autism teams have replaced isolated single practitioners. Effects of this growth on waiting lists and on budgets is placing a considerable burden on public services, and the families of high dependence individuals are feeling the effects of this dilution of resources.

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- The authors took part in the 62nd Maudsley debate, "This house believes that the global rise in diagnosed neurodivergence reflects an increased awareness of hitherto undiagnosed people," held in London in October 2025. A podcast of the debate is available at <https://www.kcl.ac.uk/maudsley-debates-61st-to-70th>
- Competing interests: TB is a professor of psychiatry at the University of Leicester, which has undertaken funding contracts from government for Adult Psychiatric Morbidity Survey (APMS) surveys in 2000, 2007, 2014, and 2023-24. He receives publishing royalties from Oxford University Press for the textbook *The Psychiatry of Adult Autism and Asperger Syndrome* (OUP Oxford, 2018). AS is the author of *No More Normal: Mental Health in an Age of Over-Diagnosis* (Granta Books, 2025).
- Provenance: Commissioned; not externally peer reviewed.

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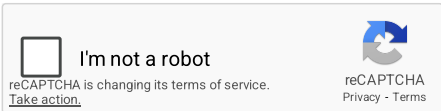
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