

Exploring Undiagnosed Behaviour Disorders in Adulthood: A Literature Review

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ABSTRACT

This review paper is an evaluation of the complications that may arise in adulthood when childhood behavioural disorders remain undiagnosed. Behavioural disorders form a significant statistical demographic of individuals who go undiagnosed from childhood until adulthood. Since the symptoms of these disorders are difficult to notice, they are often not considered a problem. However, a review of the existing research reveals that the disorders that come under the umbrella of behavioural disorders show patterns of developing into delinquency and criminal behaviour during adulthood. A further study reveals that these disorders present a co-morbidity with Axis II and Axis I disorders, leading towards significant deterioration in the social and professional lives of these individuals as well as potential lapses into substance abuse and addiction. The study also emphasizes the importance of raising awareness of behavioural disorders, as well as the need for everyone to have access to quality healthcare, irrespective of their socioeconomic or demographic status.

Keywords: *Behavioral Disorders, Undiagnosed Disorders, Childhood Onset, Long-term Effects, Comorbidity*

Behaviour disorders can have long-term effects on a person's ability to maintain relationships, perform poorly in school or on the job, and develop other mental health issues. These disorders not only affect the behaviours of those suffering from them but also cause deficits in several other areas of functioning, including inhibition control, difficulty in decision-making, and impulsivity (Lisa & Cecilia, 2006). Risk factors for these disorders include increased negative affect, effortful control, and difficulty with sensory regulation (John et al., 2012).

People with ODD alone have more impairment than people with ADHD alone, but less impairment than people without ODD or ADHD. Children Who exhibited symptoms of both ODD and ADHD were observed to have significantly more impairment than those who had symptoms of just one of the disorders, which indicates that the clinical effect of comorbidity was remarkably additive (Kenneth et al., 2002). It was also seen that about 40% of the cases of Adult Antisocial Personality Disorder developed from conduct disorder during childhood (Hill & Maughan, 2001).

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Data regarding the number of cases of behaviour disorders that go undiagnosed every year is insufficient. This could largely be attributed to the inability to spot the warning signs, perhaps due to the tendency of guardians to write off the symptoms as a case of “bad behaviour” that would eventually wear off as the child grows up. This, however, as this study has observed is not usually the case. Another reason for this lack of data could be linked to the stigma that surrounds seeking help for mental health issues. Regardless of the reason, it is quite clear that, when left undiagnosed, these disorders significantly reduce an individual’s quality of life during adulthood.

This review paper has evaluated research concerning the effects of these behavioural disorders in adulthood and the impacts they have on the lives of individuals in different aspects of their lives to have a better understanding of the problems a lack of diagnosis and treatment in childhood could cause. It aims to increase understanding of the impacts of these illnesses and highlight the significance of treatments and assistance for individuals who experience them. It is hoped that greater awareness will result in more accurate diagnosis and efficient interventions to assist people with these disorders in returning to normalcy and leading fulfilling lives.

Population Analysis of Behaviour Disorders

Boys outweigh females two to one in cases of oppositional defiant disorder (ODD), which is considered to affect one in ten children under the age of twelve. It is estimated that 5 percent of 10-year-olds have CD, with boys predominating over girls 4 to 1. Approximately one-third of children with CD also suffer from ADHD or attention deficit hyperactivity disorder. The prevalence of ADHD in youngsters is estimated to be between 2 to 5%, with boys having a three-to-one advantage over girls. These figures are an indication of the number of children diagnosed with behavioural disorders; however, a large majority of this population often goes undiagnosed during adulthood and, as such, faces significantly detrimental consequences in many areas of their lives.

Oftentimes, these disorders are mistaken for the child being naughty or belligerent, thus being dismissed as a delinquent and shunned by both adults and peers alike. This flippancy with regard to bad behaviours displayed by kids suffering from these disorders is one of the main reasons why they go undiagnosed into adulthood and disrupt the quality of the individual's life in the long run.

Although the reason behind the development of these disorders is still inconclusive, some demographic and social factors do increase the likelihood of individuals developing them. A turbulent relationship between parents, a lower number of individuals in the family, and a lower educational level in the mother were factors that considerably increased the likelihood of a behavioural disorder in an individual. In addition, cultural aspects are important in the diagnosis of these diseases; communities without access to quality healthcare are more likely to underreport their issues, which increases the likelihood that the disorder will remain untreated into adulthood. (Jalilian et al., 2016).

According to studies, children with conduct disorders from low-income households—those with a median household income below the 50th percentile—have a 1.5 times higher chance of being admitted to an inpatient facility than do children from high-income families. (Patel et al., 2018)

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Lack of parental participation, parental rejection, and monitoring are some of the best indicators of behaviour problems and delinquency. Medium-strength predictors include background factors including parental marital status and criminal history. The indicators of parental absence, parental illness, and lack of discipline are less reliable. It seems that these factors affect males and girls in essentially the same ways. (Loeber & Stouthamer-Loeber, 1986)

Effects on social and professional life

The impact of these behavioural disorders going undiagnosed cannot be ignored. In the long term, it was observed that individuals with these disorders struggled academically and found it difficult to cope with their peers. Individuals with ADHD require education services more than their peers. Their efficiency and motivation are also greatly affected, which explains why they were over three times more likely to drop out of high school and over six times more likely to forgo postsecondary education. (Holly et al., 2016) College achievement may be negatively impacted by ADHD indicators of inattentiveness, such as career decision-making self-efficacy (i.e., confidence in one's own abilities to make decisions and plans for education and careers). (Jan et al., 2012) On the other hand, undiagnosed ODD in young adulthood was predicted to lead to lower levels of educational attainment and occupational prestige for both males and females. (Bonnie & Megan, 2017)

The quality of social life is severely limited by behaviour disorders. The fact that conduct issues predict antisocial behaviour in adulthood is evidence of this. For men, this prognosis is more accurate than for women. Again, the predictive power is higher in males than in women. Conduct issues also predict alcohol abuse and dependence, and, to a lesser extent, drug abuse and dependence. (Kathryn & David, 1994) Adults with ADHD who struggle socially appear to be less lacking in social norm awareness and more dependent on emotional and communication issues. (Sam & Jan, 2008) Peer and romantic relationships may present challenges for young people with ODD, which is related to greater peer rejection and negative social preferences. (Oliver et al., 2018) The general population is found to have a negative impression of individuals with behaviour disorders, and individuals who were in contact with or knew those with ADHD were reported to use more negative adjectives to describe their peers with ADHD than positive ones. Even more interesting is the fact that those with ADHD were more likely to use negative adjectives for their peers with ADHD; however, over consistent, long-term contact, these views had an overall positive change. (Brandi et al., 2009) ODD also predicted problems with romantic relationships, the number and caliber of healthy peer relationships, young adult relationships with parents, and the likelihood that someone would write a recommendation letter for a job application. (Jeffrey et al., 2014) Furthermore, evidence suggests that the presence of ADHD symptoms is inversely correlated with relationship satisfaction, however not always (Gina & Elizabeth, 2017). Men with ADHD may be in partnerships with less dissatisfied partners and may be in a better position to start or maintain romantic relationships, whereas women with ADHD are more likely to be in relationships with dissatisfied partners which increases the risk of having fewer connections overall. (Brian et al., 2021)

Additionally, there is a robust and largely reliable correlation between early-onset behavioural issues and a higher chance of adjustment issues in the future. It is also clear that, when undiagnosed and untreated, these disorders significantly affect the development of these individuals in adolescence and, as such, their later adult lives. (David & L., 1998)

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Among individuals aged 22 to 29, ODD had gender-specific effects on only males' annual income and educational attainment, which both declined. Increases in ODD symptoms only for females predicted higher debt and more perceived interpersonal conflict at work. The fact that both sexes perform differently at work may be partially explained by gender stereotypes that are already in place. Women are less tolerant of irritation and defiance symptoms than men are, and they are more likely to have an impact on their relationships at work. (Bonnie & Megan, 2017) ADHD raises the risk of trauma, accidents, and workplace injuries in young adults and adolescents who work, according to a study. (Terje et al., 2012) In the contemporary workplace, poor frustration tolerance, irritability, and outbursts of anger are frequently not well tolerated. Zero-tolerance policies for antagonism and harassment, including verbal and physical abuse, are being implemented by employers more frequently in an attempt to protect staff members. The typical symptoms of impulsivity, hyperactivity, and inattention may not be as problematic for ADHD patients at work as this type of conduct, according to anecdotal evidence. (Jan et al., 2012)

Risks to Mental Health

In addition to a reduced quality of social and professional life, when undiagnosed, individuals with behavioural disorders are faced with the threat of developing several other personality and mood disorders.

Adults with ADHD and ODD often have difficulty handling social situations, mostly due to the fact that they often experience peer rejection during early childhood. Furthermore, the inattention aspect of ADHD is found to be inversely proportional to emotional intelligence (WILLIAM, 2008), and adults with ADHD have significantly lower levels of self-esteem in comparison to their peers. (Sivan & test, 2015)

The increased prevalence of substance abuse among people with behavioural disorders has been highlighted in several studies. Young adults with behavioural disorders have a high prevalence of substance abuse; the rate of substance use was 53.6%, and recidivism was significantly correlated with substance use. (Gustavo et al., 2015) While CD and ADHD each significantly increase the risk of substance abuse in young adulthood, CD and ADHD combined may further increase the risk. (Malin et al., 2020) Adult ODD sufferers are more likely to have abused drugs in the past than non-ODD people, who are less likely to have done so. Furthermore, it was discovered that the majority of adults with adult ODD had a history of alcohol abuse, as indicated by instances in which they regularly drank more than five drinks per day. (Frederick et al., 2013) In people seeking treatment, CD and substance use disorders (SUD) were most frequently associated. The CD has been found to be a strong predictor of teen substance use and abuse in numerous studies. Adolescent substance abuse coupled with CD has been linked to an increase in antisocial and violent behaviour. (Wim et al., 2006)

Many studies have demonstrated that the main sites of comorbidity between internalizing and behavioural disorders are CD and depression, which frequently co-occur in late childhood and adolescence. Recent research, however, points to ODD—rather than CD—as the most likely cause of the co-occurring diseases of disruptive behaviour and depression. (Rolf, 2010) When compared with each other, ODD revealed a higher likelihood of developing anxiety and panic disorders during adulthood, while CD showed a significantly lesser likelihood of this occurring. Furthermore, adults with ODD usually develop depression, while those with CD do not. [(William et al., 2009) (Josep & Adrian, 2006)] In young adults, ADHD is linked to a higher risk of recurrent depression. In comparison to

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those who only have ADHD with childhood onset, adults with ADHD have a higher percentage of recurrent depression in their early adult years. (Beate et al., 2021) Undiagnosed ADHD in childhood was a significant predictor of a higher initial level of depressive symptoms at age 18. Participants with ADHD in childhood also experienced higher levels of depressive symptoms by the age of 18, compared to participants without ADHD. These individuals also continued to experience higher levels of depressive symptoms into emerging adulthood, though they did not increase. (Michael et al., 2016) Recent accounts of the symptoms of ADHD have suggested that emotional regulation issues are a significant feature of the disorder. Classic stress-related anxiety and depression should be taken into account as potential comorbid outcomes when examining the relationship between stress exposure and the course of ADHD. It is possible to speculate that people with ADHD who are under stress exhibit both a more persistent form of the disorder as well as the onset of concomitant internalizing issues along with this persistent ADHD trajectory. (Catharina et al., 2019)

The likelihood of having any Axis I or II diagnosis, particularly substance use disorders, bipolar disorder, and histrionic personality disorders, is significantly higher in people with a history of CD than in people without a history of CD. Additionally, they are more likely to suffer from antisocial, paranoid, and compulsive personality disorders. (Cristiane et al., 2012) (Andrew et al., 1992) ADHD raises the incidence of comorbid disorders, particularly those related to mood, anxiety, personality, and substance abuse. The symptomatology of bipolar disorders (BD) and ADHD commonly overlap, which greatly contributes to the underdiagnosis and undertreatment of BD. (Enrico et al., 2021) It is reasonable to hypothesize that ODD, a childhood disorder, may be a precursor to BP because it may be associated with persistent issues with emotion regulation, especially anger, and social dysfunction. (Stephanie et al., 2012)

Foraying into Delinquent Behaviour

Characterized by physical aggression and covert delinquent acts (Paul et al., 1993), conduct disorders (CD), which are behaviours that violate social norms and the rights of others, are increasingly being linked to a variety of negative adult outcomes, including criminal behaviour, according to prospective research. Temper tantrums and other ODD-related behaviours were more related to emotional instability (Joseph et al., 2019) and delinquent behaviours independent of CD in the long term. (Steffen et al., 2016)

ADHD sufferers' moral development is significantly impacted by their incapacity to socialize. When ADHD is present, they may struggle to form moral judgments, which can increase their risk of crime and impair their moral reasoning. ADHD can have an impact on emotional intelligence, empathy, and guilt, all of which are essential for moral development. (Cory & Drew, 2014) When combined with hyperactivity, conduct disorder in childhood is strongly linked to later delinquency; however, this association is not as strong when an emotional disorder is present. This suggests that while ADHD by itself may not be directly linked to delinquency, it may increase the risk of delinquent behaviour when combined with other disorders like conduct disorder. (Berit et al., 2011) Despite the fact that not all people with ADHD will engage in criminal behaviour, ADHD has a moderating effect on the course of criminal behaviour, and the risk of recidivistic offending is higher in people with ADHD. (Ylva et al., 2021)

Many traits of antisocial personality disorder (ASPD), also referred to as sociopathy or psychopathy, are shared by ADHD and CD. It is characterized by an indifference to the law,

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a lack of empathy, and a tendency toward rash, frequently risky behaviour. At this point, insufficient data are available to make a definitive determination on the association between ODD and ASPD. The probability that an individual with ADHD and CD would eventually develop ASPD is raised, but it does not alter the probability that an individual with ADHD will act in an antisocial manner. Ole and Erik (2016) Notably, the majority of hyperactive people who are detained are from better social classes. According to research, the presence of childhood CPs and severe antisocial behaviour during adolescence almost always serve as mediators between the association between childhood hyperactivity and adult criminality. (James & Anne, 1997) It was shown that there was a stronger correlation between the severity of substance usage and CD and ASPD. This correlation included an earlier age of onset, more severe symptoms, and a stronger family history of substance use disorders. The importance of this illness in substance usage is further evidenced by the frequency of ASPD-like traits in the three primary subtypes of addiction that have been established over the past few decades: Type I/II, Type A/B, and, to a lesser extent, the delta/gamma subtype. (Kim et al., 2006)

Study Outcomes

This review paper examines the effects of undiagnosed behavioural disorders on adult life and the value of early diagnosis and treatment to assist those who are impacted in regaining a sense of control. Untreated behavioural disorders can have long-term effects, making people feel alone and misunderstood. The most common disorders that result in disruptive conduct are ODD, CD, and ADHD. If behavioural issues are not treated throughout childhood, they may negatively affect an individual's ability to maintain relationships and hold down a career. The purpose of this review paper is to increase awareness of the consequences of adult behavioural disorders that remain misdiagnosed, as well as the importance of interventions and support for those affected. Boys outweigh females three to one among children with CD who also have ADHD, which accounts for about one-third of cases. Demographic and social factors such as a turbulent relationship between parents, a lower number of individuals in the family, and a lower educational level in the mother are factors that increase the likelihood of a behavioural disorder. Cultural factors, such as a lack of access to proper healthcare, are also factors that increase the likelihood of a disorder going undiagnosed in adulthood. Individuals with ADHD struggle academically, find it difficult to cope with their peers and require education services more than their peers. The quality of life is affected by ADHD in both males and females. It is linked to higher rates of rejection from peers and unfavorable social preferences, as well as problems with the number and caliber of positive peer relationships, romantic relationships, early-adult relationships with parents, and the availability of recommendation letters for job applications. Not only is there a strong and generally constant correlation between early-onset behaviour problems and an increased risk of suicide, but early-onset behaviour problems also appear to be negatively connected with satisfaction in dating relationships.

Conduct disorders (CD) are linked to a variety of negative adult outcomes, including criminal behaviour. Temper tantrums and other ODD-related behaviours were more related to emotional instability and delinquent behaviours independent of CD in the long term. Moral development can be affected by ADHD, and conduct disorder in childhood is highly associated with delinquency in later life when combined with hyperactivity. Antisocial personality disorder (ASPD), which is typified by impulsive behaviour, a lack of empathy, and respect for the law, is similar to ADHD and CD in many ways. The majority of hyperactive people who are detained are from upper social strata. It was shown that there

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was a higher correlation between the severity of substance usage and CD and ASPD, including an earlier age of onset, more severe symptoms, and a stronger family history.

Overall, this study's long-term effects emphasize the significance of early behavioural disorders in children and adolescents being identified and treated. Early diagnosis and treatment of these disorders may improve a person's ability to succeed in school and the workplace, form and maintain positive social connections, and lead happy and fruitful lives. The study also emphasizes the need for greater knowledge of behavioural disorders and for everyone to have access to quality healthcare, irrespective of their socioeconomic or demographic background.

CONCLUSION

This review study has focused on the prevalence, diagnosis, and treatment of behavioural problems in children and adolescents. The results highlight the significance of early detection and treatment of these disorders to lessen the long-term effects they have on people's lives. The review has also emphasized the need for greater knowledge and comprehension of these disorders as well as the significance of offering everyone access to quality healthcare. This review highlights the critical need for ongoing research and investment in this area to improve the outcomes and quality of life for those affected by these disorders, even though there is still much to learn about the underlying causes and efficient treatments for behavioural disorders.

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Conflict of Interest

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