**Objectives:** Our purpose was to determine the prevalence of ADHD symptoms in patients with FM and to assess the relationship with disease impact.

**Methods:** Consecutive patients, older than 18 years, with diagnosis of FM (ACR 2016 criteria) without known cognitive impairment, seen at the Rheumatology Unit between April 2018 and December 2019, were included. At inclusion visit the collected data included Revised Fibromyalgia Impact Questionnaire (FIQ-R) and Health Assessment Questionnaire, Argentine version (HAQ-A). During the Neurology visit, the following tests were performed: Montreal Cognitive Assessment (MoCA) test for evaluating the presence of cognitive impairment, Conners Continuous Performance Test II (CPT II) for the assessment of ADHD, and Wender-UTah Rating Scale (WURS) to retrospectively assess childhood ADHD symptoms. Univariate analysis was performed using t-tests for normally distributed continuous variables, and Wilcoxon rank sum test for non-normally distributed continuous variables. A chi-square or Fisher test was used when appropriate for categorical variables. Predictors that were found to be related to ADHD (p ≤ 0.20) were then entered into a multivariable logistic regression model.

**Results:** 60 patients with FM and 71 matched controls without FM or known cognitive impairment were included. FM patients’ characteristics are shown in Table 1. 61.7% (n=37) of the patients with FM tested positive for adult ADHD. In 48.6% (18/37) of them, the diagnosis had been missed in childhood. Participants with both FM and a positive adult ADHD screening test did not score significantly different from patients diagnosed with ADHD only. The prevalence rates of ADHD were 53% (21/37) and 41% (28/69) for the general and control population, respectively.

**Conclusion:** The co-occurrence of adult ADHD in FM was highly prevalent. In nearly half of the patients the diagnosis had been overlooked during childhood and it was associated with adult persistence. The prevalence of cognitive impairment, and childhood and adult ADHD was higher in patients with FM compared with the control group. ADHD was not associated with the FM impact. Evaluation of ADHD symptoms in patients with FM is important for recognition and treatment of this comorbidity.

**References:**

