What You Need to know about ADHD and Autism and Chronic Pain

Michael Lenz (00:00):

Welcome to TADD Talks with ADDA. I'm Dr. Michael Lenz, a pediatrician and internist joining you from Wisconsin. I'm excited ADDA invited me to speak with you today. Today I am going to share some thoughts about ADHD, autism and the connections with chronic pain. Have you ever met someone who looks perfectly fine on the outside, maybe even smiling, but inside a weight of pain and fatigue, so overwhelming that it shapes every part of their life? That's the world of fibromyalgia and other related pain conditions, invisible, misunderstood, and often dismissed. Today we're going to unpack what fibromyalgia really is, why so many doctors miss it, and how it connects to overlooked conditions like ADHD and autism. But let's start with the real story. I remember meeting a woman we will call her Sarah, a 20-year-old coming in for what seemed like a simple well adult exam.

Michael Lenz (00:58):

She smiled politely, said she was healthy with no major concerns, but I noticed in her chart there was dysmenorrhea painful periods. So I asked, is that still a problem for you? She hesitated. Then she said, Dr. Lenz, this pain has been going on for years. It's a 15 out of 10 pain. It gets so bad that I can't even go to class. I just curl up and cry in my room. That cracked the door open. She went on to describe migraines, widespread pain, crushing fatigue, and brain fog, and here's the thing. She'd been living with this for years since childhood, but no one had ever put the pieces together. She had learned not to bring it up because every time she did, she got brushed off. How many Sarahs are out there quietly suffering, adapting, and being told it's all in their head or given no clear answers?

Michael Lenz (01:53):

Let's back up. When you hear the word pain, what comes to mind? A broken bone, a burn, A sprain. Chronic pain has three categories. No susceptive pain caused by actual injury or inflammation. Neuropathic is nerve damage of the peripheral nerves, thinking of shingles or diabetic neuropathy or sciatica and no CPL pain. These have to deal with the central nervous system and how they process pain. Think of a guitar, strum it lightly, no amplifier. You get a soft sound, plug it into a powerful amplifier, crank up the volume, and suddenly it shakes the whole house. Same input, but magnified output. That's fibromyalgia. Could this explain why some people have pain everywhere even when there's no visible injury? What if I told you researchers figured out how to create fibromyalgia in the lab? In 1975, a study was published where they took healthy volunteers and deprived them of deep restorative sleep. Within just three nights, they developed pain, stiffness, and fatigue, and even brain fog.

Michael Lenz (02:59):

Restore the sleep. The symptoms disappeared. Now imagine not just three nights, but years of restless sleep, restless legs, insomnia, sleep apnea, a newborn keeping you up every two hours or in many with ADHD difficulty winding down at night. Could poor sleep be one of the sparks that lights the fire of fibromyalgia? Why do people with fibromyalgia bounce from doctor to doctor for years without answers? Because fibromyalgia doesn't stay in one lane. It shows up everywhere. For a neurologist, there's migraines, tingling, and brain fog. A GI Doctor may diagnose irritable bowel syndrome or chronic nausea. A rheumatologist sees somebody for joint pain that's diffused, but normal labs, a cardiologist sees somebody for chest pain but has a healthy heart. Psychiatrist may diagnose treatment-resistant depression or anxiety or psychosomatic pain disorder. Each specialist sees a fragment, but the whole picture, the person right in front of them gets lost.

Michael Lenz (03:59):

As a side note, many patients eventually turn to alternative medicine where someone finally validates their suffering, but then they get labeled with things like chronic Lyme and mold toxicity or adrenal fatigue. These explanations might not hold up scientifically, but they resonate emotionally because finally, someone says, I believe you. Isn't it time mainstream medicine did the same, validated people while offering evidence-based care? But if fibromyalgia doesn't show up on an x-ray or blood test, how do doctors measure it? We use the widespread pain index, checking 19 areas of possible pain and the symptom severity score, looking at fatigue, brain fog, unrefreshing, sleep, and GI symptoms. Put them together and we see the full impact on daily life. This isn't vague or all in their head. It's structured, trackable and real. What if more doctors use this as part of their assessments for these invisible patients? How many more Sarahs would we identify early before years of suffering?

Michael Lenz (05:00):

If pain is amplified in the nervous system, can it be turned down? Treatment is multilayered. Neuroscience reduces pain and can cut symptoms severity by 30 to 40%. Movement. Gentle paced activity. Think walking, yoga, Tai chi, overdoing it leads to crashes. So pacing is key and meds like duloxetine and pregabalin and low dose amitriptyline can help, but not miracle cures, but tools. Cognitive behavioral therapy or acceptance and commitment therapy to manage the anxiety, depression, pain cycle, and support with a trusted doctor. Reassurance and avoiding endless testing. Here's the twist. What if the missing fibromyalgia isn't just about pain, but about neurodivergence? Research suggests that up to 80% of people with chronic pain also have a DHD. Autism is more common too, especially in women with high masking.

Michael Lenz (05:56):

Take Sarah again along with fibromyalgia, restless leg syndrome. She also was diagnosed with ADHD and autism. Once these were identified and treated with better sleep, ADHD medication and supports her pain, fatigue, and daily functioning improved into the normal range. Could it be that for many patients, treating ADHD and giving supports for autism doesn't just improve focus or social functioning, but

actually calms the nervous system and lowers pain? What does it do to a person to be told for years? It's just stress or you're fine. For many, it creates layers of trauma. They doubt their own perceptions of reality. They internalize blame, blame, and they learn to mask to smile or say, I'm okay when they're anything. But this is why validation is medicine as simple. I believe you, your pain is real, and we're going to work on this Together can be life changing.

Michael Lenz (06:49):

So where do we go from here? Fibromyalgia is not rare. It's estimated that at least two to 4% of the population has this. That's millions of people in the US alone and this likely underrepresents. This as many doctors are afraid to diagnose it. Here are some things we need to do. Train doctors to recognize nosaplastic pain screen for ADHD, autism, restless leg, and other co-occurring conditions. Focus less on finding nothing wrong and more on understanding the pattern. Provide ongoing support, not just one-off visits. What if the next patient you see with mysterious pain isn't a mystery at all, but someone with fibromyalgia waiting for someone to connect the dots? This has been Dr. Michael Lenz. To hear more about this, join me at the International ADHD conference in November, 2025 in Kansas City. Thanks for listening and watching. Stay curious, stay compassionate, and remember invisible doesn't mean imaginary. For more information about my work working with children and adults with ADHD and related conditions, visit the Conquering Your Fibromyalgia website. Check out my YouTube channel Conquering Your Fibromyalgia, as well as the podcast Conquering Your Fibromyalgia. Or you can email me at doctormichaellenz@gmail.com. Take care and thanks for listening.