

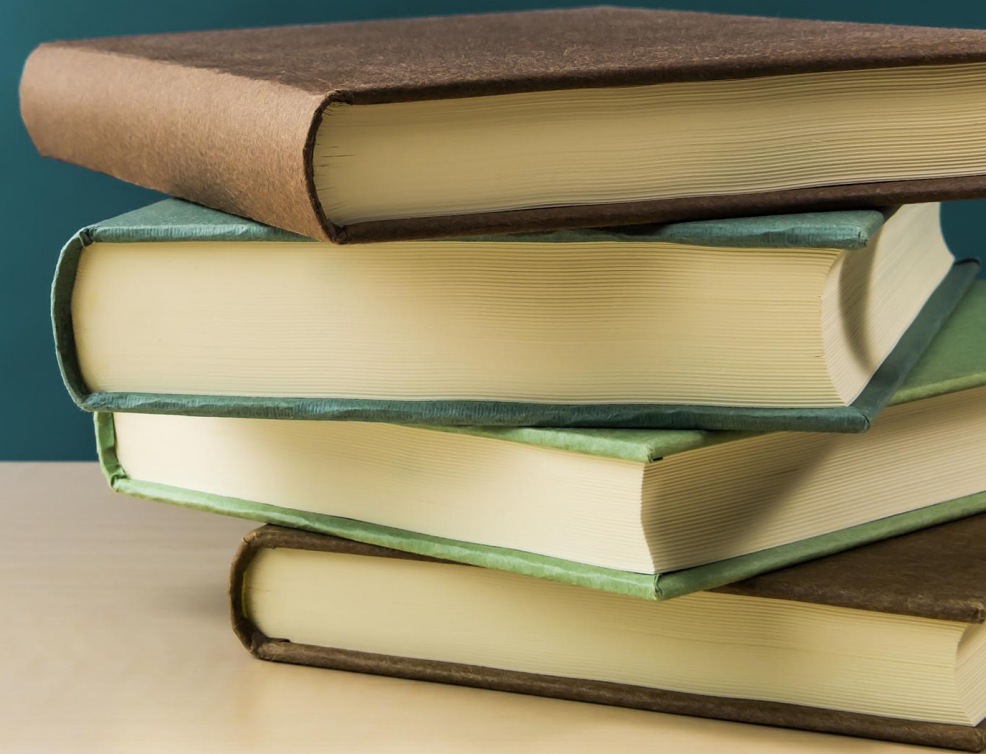
We've Come a Long Way, Baby!

Women with ADHD 25 years later



I have no disclosures to report,

Other than a few tiny book royalties from Taylor and Francis, Hachette, Advantage Books, and American Psychological Association Press.



What does it mean to successfully “treat” ADHD in Women?

**It all depends upon what you
measure!**

**Measuring reduction of DSM-5
symptoms doesn't begin to
address the impact of ADHD
upon women**

**ADHD SYMPTOMS
ARE IN CONSTANT
INTERACTION
WITH THE
CIRCUMSTANCES
IN WHICH A
WOMAN FINDS
HERSELF**

HOUSEHOLD ENVIRONMENT

FAMILY ENVIRONMENT

RELATIONSHIP ENVIRONMENT

SOCIAL ENVIRONMENT

WORK/SCHOOL ENVIRONMENT

NATURAL ENVIRONMENT

ENVIRONMENTAL/CIRCUMSTANTIAL CHANGES CAN
POWERFULLY AFFECT A WOMAN'S ADHD EXPERIENCES

**To understand women,
start with the girls**



Diagnostic Issues for Women begin in girlhood

Girls are socially “rejected” or socially “neglected”

Report that they “always felt different”

Girls mask and over-compensate

**Co-occurring anxiety & depression more familiar
ADHD**

Anxiety + Perfectionism = Stress + Success

Hormonal fluctuations at puberty increase ADHD



Risks increase in adolescence:

Anxiety

Depression

Risk-taking

Cigarette smoking

Eating disorders

Self-harm

Risk of pregnancy

Suicidal thinking

Likely not to complete their education



Women with ADHD face greater risks than their male counterparts

- Higher levels of anxiety and depression
- More suicide attempts
- More psychiatric hospitalizations
- Higher rates of divorce
- Lifespan cut short, on average, by over 9 years, (compared to 7.5 years for men).
- An even more significant finding, given that women, on average live 2 years longer than men (which explains the reduced rates of ADHD in older adults)

**Measures of “treatment success”
typically focus only on
hyperactivity, impulsivity,
and
distractibility**

However, DSM-5 diagnostic criteria don't begin to describe the multiple impacts of ADHD upon women.

ADHD affects all aspects of a woman's life:

- Feeling **overwhelmed**
- Chronically **disorganized**
- Chronically late, poor **time management**
- Sense of shame, inadequacy - can't live up to typical **societal expectations**
- **Household management** challenges
- Difficulty with **Meal-planning and prep**
- Conflictual marriages/ **high rate of divorce**
- **Fractured friendships**
- **Workplace challenges**
- **Parenting challenges**
- **Poor sleep, poor self-care**



Females present different profiles:

- Symptoms often present at puberty
- **High IQ girls may function well, but at a great cost**
- Often a history of treatment for anxiety and/or depression
- Often mis-diagnosed as bi-polar if hyperactive component is present
- Often mis-diagnosed as Borderline Personality Disorder if emotional dysregulation is present
- Hormonal fluctuations impact symptoms
- Greater ACE's (Adverse Childhood Events)
- Major concerns with social isolation/exclusion



Growing consideration of:

1) Rejection Sensitivity Dysphoria (RSD)

and

2) Emotional Dysregulation

as core symptoms for women with ADHD

Impact of hormonal shifts:

Puberty – upsurge in symptoms

Pregnancy – often a decrease in symptoms

Post-partum – rapid resurgence of symptoms

Perimenopause – beginning in late 30's – gradual decline in female hormones – sudden increase in symptoms – common time for late-diagnosis

Menopause – symptoms may actually improve in post-menopausal women. HRT can be very helpful.



Treatment Issues for Women

Self-blame, shame

Low self-esteem that limits choices

Self-assertion

Gender role expectations

More difficult social demands

Motherhood

Fluctuating hormones

Relationship issues; domestic violence

Treating Coexisting Conditions and AD/HD

- Therapist must address all conditions, interweaving therapy to focus on both practical, psychological, and interpersonal
- Needs close working relationship with physician who can prescribe medications appropriate for AD/HD and other conditions



Depression vs. ADHD

Depression often leads to delayed diagnosis



Among women with ADHD seeking a very delayed diagnosis, most common prior diagnosis is depression



Previous treatment for depression didn't lessen disorganization and overwhelm

Common Coexisting Conditions

- Depression
- Anxiety
- Bipolar Disorder
- “OCD” vs. OCD
- “Borderline” vs. Borderline Personality Disorder
- Sleep disorders
- Eating disorders
- Addictions
- Learning disabilities
- Fibromyalgia
- Posttraumatic stress





Ways to improve cognitive functioning

- **Medication** – immediate, helpful, and easy – but only addresses some issues
- **Exercise** – John Ratey – *Spark*
- **Nutrition** – Lisa Mosconi – *Brain Food*
- **Hormones** – Lotta Borg Skoglund & Helena Kopp Kallner – *Female Hormones and ADHD: The Impact on Brain and Body*
- **Sleep** - Harriet Hiscock, MD and Emma Sciberras PhD - *Sleep and ADHD: An Evidence-Based Guide to Assessment and Treatment*
- **Stress Management** – Lidia Zylowska – *The Mindfulness Prescription*
- **Exposure to the natural world** – Mark Berman – *Nature and the Mind*
- **Social Connections** – Critical to women’s well-being - (Miss. Diagnosis: A Systematic Review of ADHD in Adult Women)



Sleep Issues for Women

- **Delayed sleep-onset** – essentially treating “jet lag” using light therapy, melatonin
- **“Busy Brain” syndrome** – Default Mode Network doesn’t turn off – constant thoughts preventing sleep – paradoxically focusing on something can promote sleep
- **Distraction helping sleep** - Mr. Rogers/Reading/Sleep with Me/Music
- **Anxiety** – meditation, something to distract her that is not too stimulating
- **Revenge Bedtime Procrastination** – related to huge demands placed on women – choose sleep deprivation for “me time”

Research on female-specific treatment just beginning – Absence of evidence is NOT evidence of absence

Research needs to focus more on:

- 1) Low self-esteem – Provide psychoeducation, encouragement, and CBT to change thought patterns**
- 2) Impact of hormonal fluctuations – Refer to a hormone specialist**
- 3) Lifelong experience of “not fitting in” with other females - Help her to build a supportive social network – find her “tribe”**
- 4) Impact of punishing societal expectations – Support her in the courage to throw off unreasonable expectations – embrace her authenticity**
- 5) Impact of divorce and single-parenthood - Support in the challenges of parenting children with ADHD**
- 6) Impact of workplace patterns – often placed in admin support positions instead of receiving admin support - Career support to find jobs that are a better match to her strengths and interests**

Group psychotherapy – a sudden upsurge in group psychotherapy for women with ADHD – provides a women’s first exposure to other women that understand, accept and support her



Treatment should focus on:

- Building resilience, self-esteem and **self-compassion**
- Learning **strategies to reduce chaos and overwhelm**
- Make **changes in her environment** to better meet her needs:
 - **Homemaking environment** – simplify, delegate, eliminate
 - **Family environment** – become an ADHD-friendly family/ parenting strategies
 - **Social environment** – help her to find her “tribe”
 - **Work environment** – give her the confidence and self-understanding to seek a work environment that is more supportive and suited to her interests and strengths

Help her to find her tribe

Strong self-advocacy movement emerging among women with ADHD



Similar to ASD movement



Seeking recognition, support, understanding and reduction of unreasonable demands



Tremendous therapeutic effect on women that have access to other women with ADHD

O'Nions, E, El Baou, C, John A, et al. Life expectancy and years of life lost for adults with diagnosed ADHD in the UK: Matched cohort study. *The British Journal of Psychiatry*. 2025;226(5): 261-268. Doi: 10.1192/bjp.2024.199.

Young, S., Adamo, N., Ásgeirsdóttir, B. B., Branney, P., Beckett, M., Colley, W., ... & Woodhouse, E. (2020). Females with ADHD: an expert consensus statement taking a lifespan approach providing guidance for the identification and treatment of attention-deficit/hyperactivity disorder in girls and women. *BMC Psychiatry*, 20(1). <https://doi.org/10.1186/s12888-020-02707-9>

Fuller-Thomson, E., Lewis, D., & Agbeyaka, S. (2016). Attention-deficit/hyperactivity disorder casts a long shadow: findings from a population-based study of adult women with self-reported ADHD. *Child Care Health and Development*, 42(6), 918-927. <https://doi.org/10.1111/cch.12380>

Kok, F. M., Groen, Y., Fuermaier, A. B. M., & Tucha, O. (2016). Problematic peer functioning in girls with ADHD: a systematic literature review. *Plos One*, 11(11), e0165119. <https://doi.org/10.1371/journal.pone.0165119>

Quinn P. O. (2005). *Treating adolescent girls and women with ADHD: Gender-specific issues*. *Journal of Clinical Psychology*, 61(5), 579-587. [10.1002/JCLP.20121](https://doi.org/10.1002/JCLP.20121) [[DOI](#)] [[PubMed](#)] [[Google Scholar](#)]

Hinshaw SP, Nguyen PT, O'Grady SM, Rosenthal EA. (2022) Annual Research Review: Attention-deficit/hyperactivity disorder in girls and women: Underrepresentation, longitudinal processes, and key directions. *J Child Psychol Psychiatry*. 2022 Apr;63(4):484-496. <https://doi.org/10.1111/jcpp.13480>.

Attoe, D. E. and Climie, E. A. (2023). Miss. diagnosis: a systematic review of adhd in adult women. *Journal of Attention Disorders*, 27(7), 645-657. <https://doi.org/10.1177/10870547231161533>

Kathleen Nadeau, PhD is a licensed psychologist and the Founder and Director of

The Chesapeake Center

(www.thechesapeakecenter.com)

One of the largest, multi-disciplinary private ADHD specialty centers in the US.

She is the author or co-author of 16 books related to ADHD. At The Chesapeake Center she devotes her time to training, supervision, program development, speaking engagements and writing.

You can join her email list to receive notifications of upcoming training at:

KathleenNadeau@chesapeakead.com

