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ADHD IN WOMEN: UNIQUE CHALLENGES AND MISDIAGNOSIS ISSUES

Attention Deficit Hyperactivity Disorder (ADHD) is often associated with childhood, predominantly affecting boys according to current diagnostic statistics. However, ADHD in women presents distinct challenges and frequently goes undiagnosed or misdiagnosed due to its unique symptom profiles and the influence of societal expectations. Women with ADHD often experience more subtle symptoms, such as chronic disorganisation and overwhelm, which can be exacerbated by hormonal changes throughout their lives. These factors contribute to the under-identification and lack of treatment for women with ADHD.

PSYCHOLOGICAL CONDITIONING & SOCIALISATION

From a young age, girls are often conditioned to conform to societal norms that value quietness, compliance, and attentiveness. As a result, women with ADHD may learn to suppress their symptoms to meet these expectations, leading to internalised stress and self-criticism. Gender roles can further mask ADHD symptoms in women, who are socialised to be nurturing and organised - unlike their male

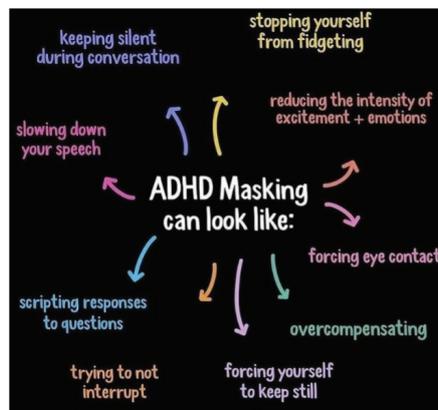
counterparts, who may receive a more lenient "boys will be boys" response.

This psychological conditioning drives many women to develop coping mechanisms to "mask" their symptoms. They often manifest as perfectionism, overplanning, or constant overthinking, which may lead to misdiagnoses of anxiety or depression, while the underlying ADHD remains unaddressed.

hyperactivity tends to be more cognitive. Women report mental restlessness, making it difficult to focus on a single task. Verbal impulsivity is also common, leading to excessive talking or interrupting conversations, symptoms that may be mistaken for sociability rather than ADHD.

Chronic disorganisation is another hallmark of ADHD and is particularly evident in females. Women with ADHD often face challenges in household management, such as maintaining an organised home, managing chores, or keeping track of important documents. These difficulties are compounded by societal expectations for women to maintain an orderly home. Time management issues are also prevalent, with women finding themselves running late or forgetting appointments due to time blindness.

Emotional dysregulation is a significant feature of ADHD in women, leading to intense emotional reactions such as excessive frustration, sadness, or irritability in response to everyday situations. Mood swings are also common, often exacerbated by hormonal fluctuations throughout the menstrual cycle, pregnancy,



PRESENTATION OF FEMALE ADHD AND MISDIAGNOSIS

The presentation of ADHD in females differs considerably from that in males. Hyperactivity in boys is often overt and physical, but for women,

or menopause. This emotional instability can further put a strain on relationships.

Inattention, a core symptom of ADHD, can present more subtly in women. They might struggle with maintaining focus on tasks that are not immediately stimulating or rewarding, affecting both personal and professional performance. To counteract their inattention, women may use perfectionism as a coping strategy and work excessively to meet high standards and avoid criticism, causing mental fatigue and burnout.

ADHD in females frequently presents alongside a range of internalised symptoms and coexisting conditions. Women with ADHD are at a higher risk for anxiety disorders and depression, with symptoms such as chronic worry, low self-esteem, and depressive episodes that may overlap or mask ADHD symptoms. Persistent struggles with ADHD can lead to feelings of inadequacy and low self-worth, particularly when societal and personal expectations are not met.

Social challenges are also a significant aspect of ADHD in women. Difficulties in maintaining relationships may arise due to impulsive communication, forgetfulness, or missing social cues in interpersonal encounters. Additionally, women with ADHD often find it challenging to regulate their emotions in social settings, leading to conflict or misunderstandings.

Furthermore, women with ADHD might report somatic complaints linked to their symptoms. Chronic fatigue can result from the ongoing effort to manage ADHD symptoms, as well as the stress associated with disorganisation and emotional dysregulation. Additionally, sleep disturbances such as insomnia or irregular sleep patterns can be exacerbated by the hyperactive and restless nature of ADHD.

Even though the recognition of 'inattentive ADHD' has led to more diagnoses in females. The diagnostic criteria for ADHD have largely remained unchanged over the decades, resulting in ongoing underdiagnosis or misdiagnosis of girls. Females with the combined type of ADHD may present in unique ways, such as being hyper-talkative rather than physically hyperactive or

emotionally and verbally impulsive rather than physically impulsive. This nuanced presentation can lead to females being easily overlooked in the diagnostic process.

Males with ADHD are often associated with externalised disorders such as conduct disorder and oppositional defiant disorder, characterised by aggression and rule-breaking behaviour. In contrast, females with ADHD are more prone to internalised disorders such as anxiety and depression. Symptoms of inattention and internalised hyperactivity in females tend to be less disruptive in classroom settings, resulting in fewer referrals, diagnoses, and treatments for ADHD.

HORMONES AND ADHD

Hormonal changes have a profound impact on the expression of ADHD symptoms in women. Estrogen, which plays a crucial role in regulating neurotransmitters like serotonin, norepinephrine, and dopamine, has a direct influence on attention, mood regulation, and executive functioning. Since dopamine is strongly linked with ADHD pathology, fluctuations in estrogen levels, particularly during puberty, pregnancy, perimenopause, and menopause, can worsen ADHD symptoms.

For example, during the menstrual cycle, women may notice that their ADHD symptoms fluctuate based on hormonal shifts. The first two weeks of the cycle, which are characterised by higher levels of estrogen, may be more manageable for women with ADHD. However, the luteal phase, when progesterone levels rise, can diminish the beneficial effects of estrogen, leading to a worsening of symptoms. Some women also report that stimulant medications become less effective during this phase.

Pregnancy introduces even more significant hormonal fluctuations. In the early months, increased hormone levels can lead to heightened fatigue, mood swings, and anxiety. Interestingly, some women with ADHD report symptom improvement as their pregnancy progresses, likely due to the stabilising effects of higher estrogen levels. However, the postpartum period often brings its own set of challenges, including an increased risk of postpartum depression and a resurgence of

ADHD symptoms.

PRACTICAL STRATEGIES FOR WOMEN WITH ADHD

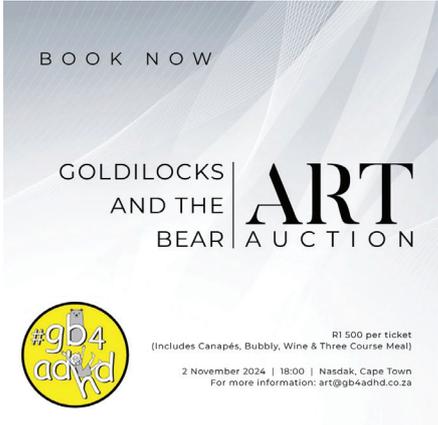
To address these challenges, several strategies can benefit women with ADHD:

- 1. Personalised treatment plans:** Adjusting medication or exploring non-stimulant treatments based on hormonal fluctuations.
- 2. Behavioural therapy:** Cognitive-behavioural therapy (CBT) helps women develop coping strategies for managing symptoms.
- 3. Support networks:** Building support systems of family or ADHD support groups provides emotional and practical help.
- 4. Educational adjustments:** Advocating for accommodations, like extended deadlines or flexible work arrangements, helps manage symptoms.
- 5. Self-care practices:** Exercise, a balanced diet, and adequate sleep can improve well-being.
- 6. Hormonal monitoring:** Tracking hormonal changes aids in adjusting treatment for better symptom control.

CONCLUSION

ADHD in women presents unique challenges that differ from those experienced by men. Societal expectations, hormonal changes, and biases in the diagnostic process contribute to underdiagnosis and misdiagnosis. By recognising these differences and tailoring treatment, healthcare providers can improve the diagnosis and management of ADHD in women, helping them lead more balanced lives.

References available on request. **MHM**



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