



WHAT WE KNOW

Women and AD/HD

Knowledge of AD/HD in women at this time is extremely limited as few studies have been conducted on this population.^{1,2} Women have only recently begun to be diagnosed and treated for AD/HD, and today, most of what we know about this population

is based on the clinical experience of mental health professionals who have specialized in treating women.

This sheet will discuss:

- common symptoms and patterns of AD/HD in adult women
- treatment of AD/HD in adult women
- strategies for daily living

IMPACT OF AD/HD IN WOMEN

Females with AD/HD are often overlooked when they are young girls^{3,4}, the reasons for which remain unclear, and are not diagnosed until they are adults. Frequently, a woman comes to recognize her own AD/HD after one of her children has received a diagnosis. As she learns more about AD/HD, she begins to see many similar patterns in herself.

Some women seek treatment for AD/HD because their lives are out of control—their finances may be in chaos; their paperwork and record-keeping are often poorly managed; they may struggle unsuccessfully to keep up with the demands of their jobs; and they may feel even less able to keep up with the daily tasks of meals, laundry, and life management⁵. Other women are more successful in hiding their AD/HD, struggling valiantly to keep up with increasingly difficult demands by working into the night and spending their free time trying to “get

organized.” But whether a woman’s life is clearly in chaos or whether she is able to hide her struggles, she often describes herself as feeling overwhelmed and exhausted⁶.

While research in women continues to lag behind that in adult males with AD/HD, many clinicians are finding significant concerns and co-existing conditions in women with AD/HD. Compulsive overeating, alcohol abuse, and chronic sleep deprivation may be present in women with AD/HD^{7,8,9}.

Women with AD/HD often experience dysphoria (unpleasant mood), major depression and anxiety disorders, with rates of depressive and anxiety disorders similar to those in men with AD/HD¹⁰. However, women with AD/HD appear to experience more psychological distress and have lower self-image than men with AD/HD^{11,12}.

Compared to women without AD/HD, women diagnosed with AD/HD in adulthood are more likely to have depressive symptoms, are more stressed and

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anxious, have more external locus of control (tendency to attribute success and difficulties to external factors such as chance), have lower self-esteem, and are engaged more in coping strategies that are emotion-oriented (use self-protective measures to reduce stress) than task-oriented (take action to solve problems)³. Studies show that AD/HD in a family member causes stress for the entire family¹³. However, stress levels may be higher for women than men because they bear more responsibility for home and children. In addition, recent research suggests that husbands of women with AD/HD are less tolerant of their spouse’s AD/HD patterns than wives of men with AD/HD¹⁴. Chronic stress takes its toll on women with AD/HD, affecting them both physically and psychologically. Women who suffer chronic stress like that associated with AD/HD are more at risk for diseases related to chronic stress such as fibromyalgia¹⁵.

Thus, it is becoming increasingly clear that the lack of appropriate identification and treatment of AD/HD in women is a significant public health concern.

THE CHALLENGE OF RECEIVING APPROPRIATE TREATMENT

AD/HD is a condition that affects multiple aspects of mood, cognitive abilities, behaviors, and daily life. Effective treatment for AD/HD in adult women may involve a multimodal approach that includes medication, psychotherapy, stress management, as well as AD/HD coaching and/or professional organizing.

Even those women fortunate enough to receive an accurate AD/HD diagnosis often face the subsequent challenge of finding a professional who can provide appropriate treatment. There are very few clinicians experienced in treating adult AD/HD, and even fewer who are familiar with the unique issues faced by women with AD/HD. As a result, most clinicians use standard psychotherapeutic approaches. Although these approaches can be helpful in providing insight into emotional and interpersonal issues, they do not help a woman with AD/HD learn to better manage her AD/HD on a daily basis or learn strategies to lead a more productive and satisfying life.

AD/HD-focused therapies are being developed to address a broad range of issues including self-esteem, interpersonal and family issues, daily health habits, daily stress level, and life management skills. Such interventions are often referred to as “neurocognitive psychotherapy,” which combines cognitive behavior therapy with cognitive rehabilitation techniques^{5,16}. Cognitive behavior therapy focuses on the psychological issues of AD/HD (for example, self-esteem, self-acceptance, self-blame) while the cognitive rehabilitation approach focuses on life management skills for improving cognitive functions (remembering, reasoning, understanding, problem solving, evaluating, and using judgment), learning compensatory strategies, and restructuring the environment.

MEDICATION MANAGEMENT IN WOMEN WITH AD/HD

Medication issues are often more complicated for women with AD/HD than for men. Any medication approach needs to take into consideration all aspects of the woman’s life, including the treatment of co-existing

conditions. Women with AD/HD are more likely to suffer from co-existing anxiety and/or depression as well as a range of other conditions including learning disabilities^{17,18,19}. Since alcohol and drug use disorders are common in women with AD/HD, and may be present at an early age, a careful history of substance use is important²⁰.

Medication may be further complicated by hormone fluctuations across the menstrual cycle and across the lifespan (e.g., puberty, perimenopause, and menopause) with an increase in AD/HD symptoms whenever estrogen levels fall²¹. In some cases, hormone replacement may need to be integrated into the medication regimen used to treat AD/HD.

For more information on medication management in adults with AD/HD, see “What We Know: Managing Medication for Adults with AD/HD.”

OTHER TREATMENT APPROACHES

Women with AD/HD may benefit from one or more of the following treatment approaches:

1. Parent training. In most families, the primary parent is the mother. Mothers are expected to be the household and family manager—roles that require focus, organization, and planning, as well as the ability to juggle multiple responsibilities. AD/HD, however, typically interferes with these abilities, making the job of mother much more difficult for women with AD/HD.

Furthermore, because AD/HD is hereditary, a woman with AD/HD is more likely than a woman without the disorder to have a child with AD/HD, further increasing her parenting challenges. Women may need training in parenting and household management geared toward adults with AD/HD. The evidence-based parent management programs found to be effective in children with AD/HD are also recommended for parents with AD/HD^{22,23}. However, recent research on these parent training approaches has indicated that parent training may be less effective if the mother has high levels of AD/HD symptoms²⁴. Thus, it may be necessary to incorporate adult AD/HD life management strategies into parent training programs for mothers with AD/HD.

2. Group therapy. Social problems for females with AD/HD develop early and appear to increase with age. Women with AD/HD have greater self-esteem problems than men with AD/HD, and often feel shame when comparing themselves to women without AD/HD¹¹.

Because many women with AD/HD feel shame and rejection, psychotherapy groups specifically designed for women with AD/HD may provide a therapeutic experience—a place where they can feel understood and accepted by other women and a safe place to begin their journey toward accepting themselves more and learning to better manage their lives.

3. AD/HD coaching. AD/HD coaching, a new profession, has developed in response to the need among some adults with AD/HD for structure, support and focus. Coaching often takes place by telephone or e-mail. For more information on coaching, read “What We Know: Coaching for AD/HD with Adults.”

4. Professional organizing. As contemporary lives have become increasingly complicated, the organizer profession has grown to meet the demand. Women with AD/HD typically struggle with very high levels of disorganization in many areas of their lives. For some women, they are able to maintain organization at work, but at the expense of an organized home. For others, disorganization is widespread, which increases the

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challenges and difficulties of AD/HD. A professional organizer can provide hands-on assistance in sorting, discarding, filing, and storing items in a home or office, helping to set up systems that are easier to maintain. For more information on organization, see “What We Know: Organizing the Home and Office.”

5. Career guidance. Just as women with AD/HD may need specific guidance as a parent with AD/HD, they may also greatly benefit from career guidance, which can help them take advantage of their strengths and minimize the impact of AD/HD on workplace performance. Many professional and office jobs involve the very tasks and responsibilities that are most challenging for a person with AD/HD, including paying attention to detail, scheduling, paperwork, and

maintaining an organized workspace. Sometimes a career or job change is necessary to reduce the intense daily stress often experienced in the workplace by most individuals with AD/HD. A career counselor who is familiar with AD/HD can provide very valuable guidance. For more information, consult the What We Know sheet on workplace issues.

WAYS THAT WOMEN WITH AD/HD CAN HELP THEMSELVES

It is helpful for a women with AD/HD to work initially with a professional to develop better life and stress management strategies. However, developing strategies that can be used at home, without the guidance of a therapist, coach or organizer, is critical to reducing the impact of AD/HD. A woman with AD/HD would benefit from the following strategies¹³:

- Understand and accept your AD/HD challenges instead of judging and blaming yourself.
- Identify the sources of stress in your daily life and systematically make life changes to lower your stress level.
- Simplify your life.
- Seek structure and support from family and friends.
- Get expert parenting advice.
- Create an AD/HD-friendly family that cooperates and supports one another.
- Schedule daily time outs for yourself.
- Develop healthy self-care habits, such as getting adequate sleep and exercise and having good nutrition.
- Focus on the things you love.

SUMMARY

Individuals with AD/HD have different needs and challenges, depending on their gender, age and environment. Unrecognized and untreated, AD/HD may have substantial mental health and education implications¹. It is important that women with AD/HD receive an accurate diagnosis that addresses both symptoms and other important issues with functioning and impairment, which will help determine appropriate treatment and strategies for the individual woman with AD/HD.

INTERNET RESOURCES

The National Center for Gender Issues and AD/HD,
www.ncgiadd.org

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