

ADHD Diagnosis and Treatment for Womxn and Girls

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Learning Objectives:

1

1. Participants will be able to identify effective diagnostic tools for trauma and gender informed diagnosis of ADHD.

2

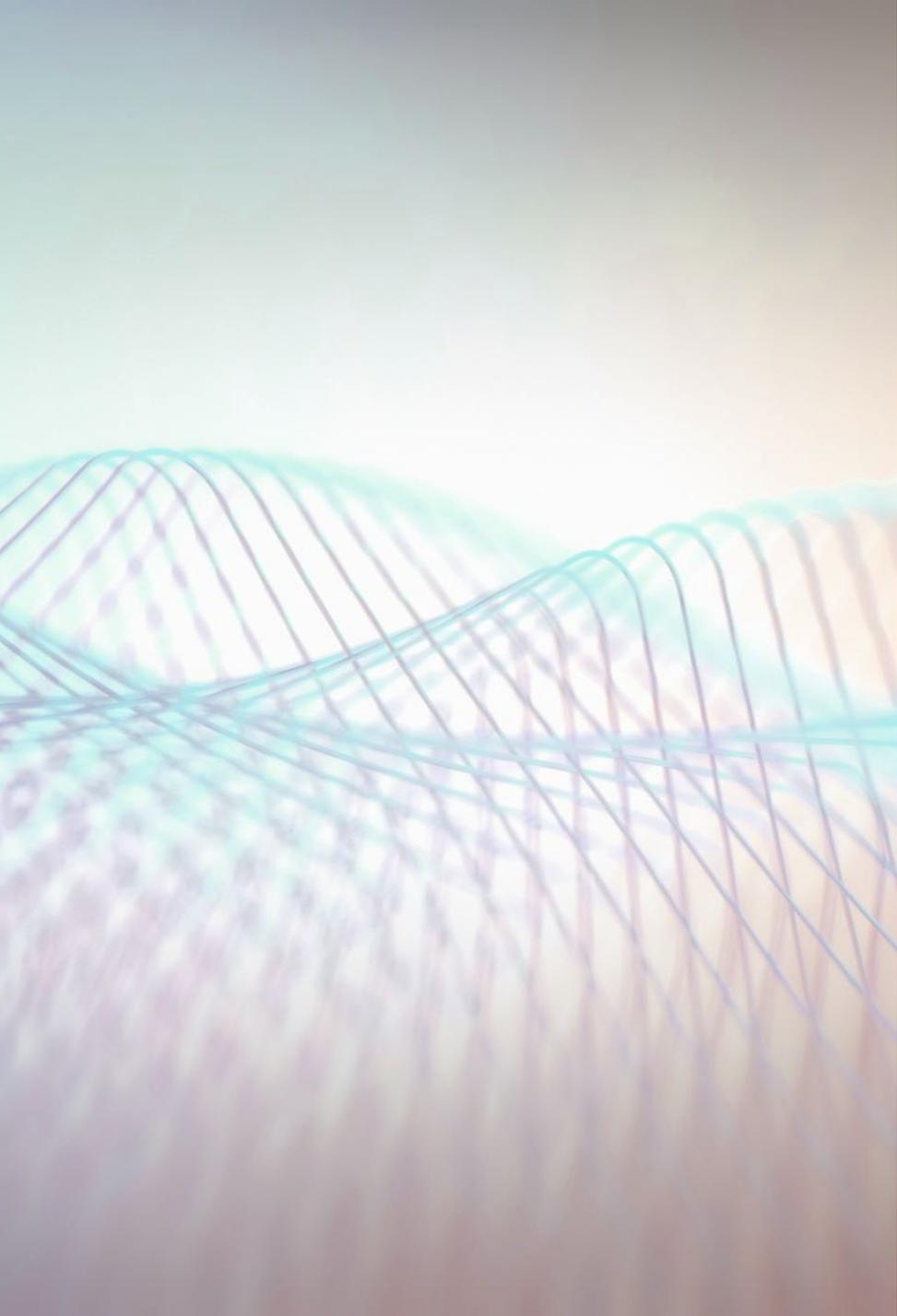
2. Participants will be able to discuss diversity, equity and inclusivity challenges and opportunities within ADHD assessment.

3

3. Participants will understand the interplay of women's hormones throughout the lifespan and the effect these may have on ADHD diagnosis.

4

4. Participants will be able to utilize real-world examples of diagnostic skills for diagnosis of ADHD among women, across the lifespan.



ADHD and womxn

- **ADHD predominantly inattentive presentation**
 - Fails to give close attention to details or makes careless mistakes
 - Has difficulty sustaining attention
 - Does not appear to listen
 - Struggles to follow through with instructions
 - Has difficulty with organization
 - Avoids or dislikes tasks requiring sustained mental effort
 - Loses things
 - Is easily distracted
 - Is forgetful in daily activities
- **ADHD predominantly hyperactive-impulsive presentation**
 - Fidgets with hands or feet or squirms in chair
 - Has difficulty remaining seated
 - Runs about or climbs excessively in children; extreme restlessness in adults
 - Difficulty engaging in activities quietly
 - Acts as if driven by a motor; adults will often feel inside as if they are driven by a motor
 - Talks excessively
 - Blurts out answers before questions have been completed
 - Difficulty waiting or taking turns
 - Interrupts or intrudes upon others

ADHD Symptoms



Adhd in womXn

Struggling to keep up with the demands of work and home life

Feeling ashamed or embarrassed about inability to keep up

Concurrent anxiety, depression, low self-esteem, substance abuse, or eating disorders

Parenting or working inconsistently

Feeling absolutely exhausted trying to keep up with life

Stress in partner relationships, sometimes focused on inability to perform

Being accused of being lazy, lacking effort, or lacking interest in an activity

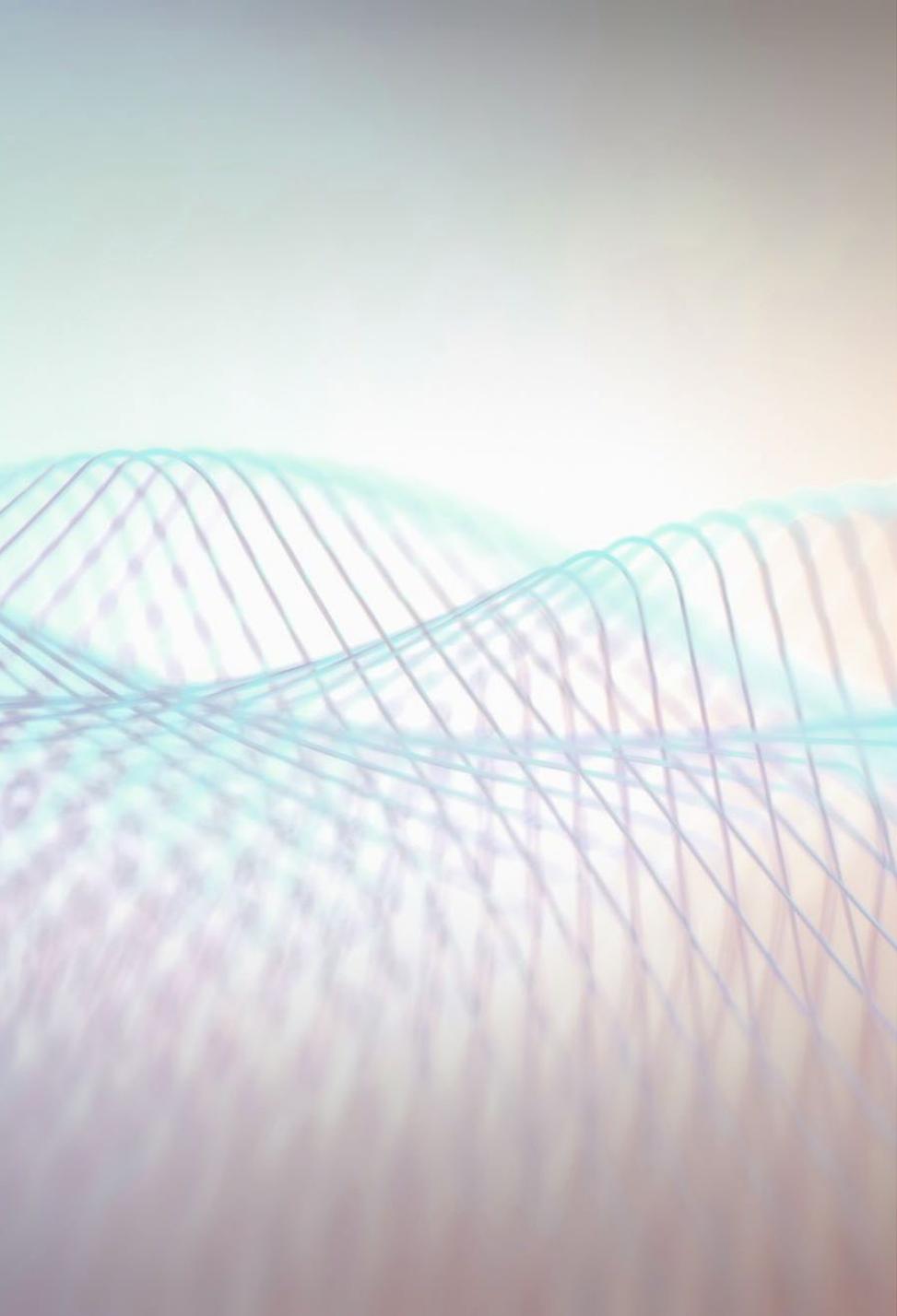
Feeling as though quality of life is lower than necessary

Negative self-image or excessive self-blame

Frequent stimulation via food, social media, or games

Feeling overly or increasingly sensitive or irritable

Ability to maintain focus that changes with menstrual cycle; Or, if postmenopausal, changes in focus linked to hormonal changes



ADHD assessment for womxn

ADHD testing process



Diversity Considerations in ADHD Assessment

Health Equities

- Normed on White (mostly) men
- Limited representation from marginalized populations

Health Literacy

Accommodations within ADHD testing

- Disability accommodations
- Gender-normed accommodations

Testing accommodations for gender

- I. For gender nonbinary or transgender folx, APA suggests:
 1. NOT to use gender normed assessments
 - a. Research supports theory that gender diverse individuals score differently on gender normed assessments and the results may act to further marginalize this population.
 - b. Instead focus on clinical interviews and symptom inventories
 2. If you MUST use a gender normed assessment
 - a. Norm results for both binaries and discuss differences
 - b. Important to note if the assessment identifies gender norms or biological-based sex norms
 3. If you MUST use a gender normed assessment and you can't use both norms
 - a. **ASK THE PATIENT/CLIENT**

Testing accommodations for gender

II. For womxn in general:

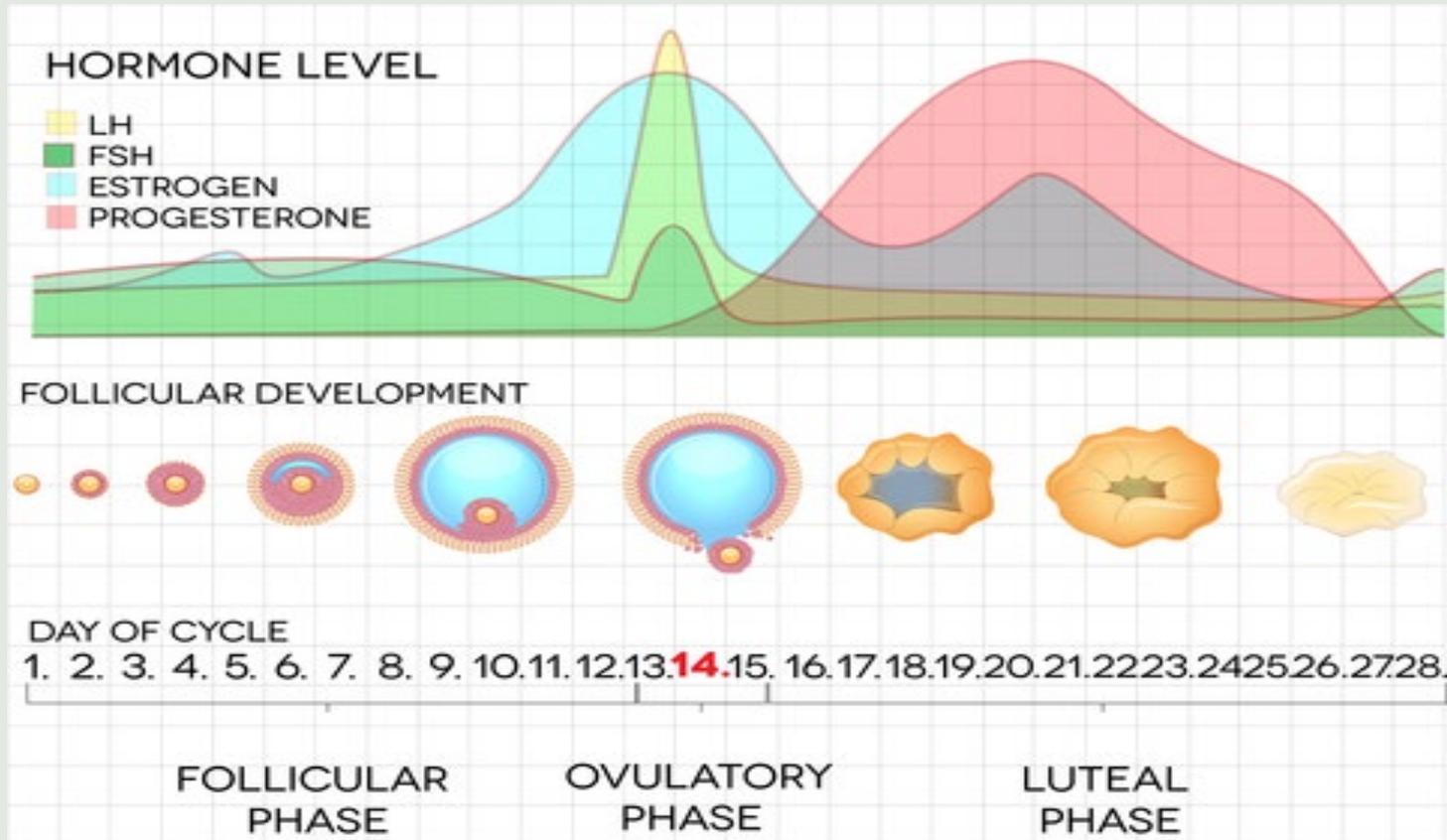
1. Use trauma-informed assessment
 - a. More than 60% of girls and womxn have experienced physical or sexual abuse. This number is probably MUCH HIGHER!
 - b. Explanations of assessment in detail, checking for understanding
 - c. NEVER touch a womxn without express consent
 - d. Invite her to bring a body double/friend/conscious other
2. Consider the womxn in context
 - a. Try to divorce from biased information and ideas about womxn
3. These are especially relevant if you are male-presenting
 - a. It's ok to have an open conversation about it with the womxn!

Testing accommodations for gender

III. For anyone who menstruates/is in peri- or post-menopause:

1. Consider phase of life in terms of reproductive stage
 - a. Those in peri- or post-menopause show sex-related differences in response style, response rate, and symptoms
 - b. They also experience more cognitive decline than other gender counterparts
 - c. Be sensitive to folx who may be in peri- or post-menopause who may be 50 or younger
2. For folx who menstruate, it is important to understand menstruation cycles and the role of hormones
 - a. Let's get into this!

Menstrual cycle



Estrogen

Function:

- Healthy development of female sex characteristics
- Ensure fertility
- Keeps cholesterol in control
- Protects bone health
- Brain/mood
- Instrumental in breast development
- Fat distribution
- Development of reproductive organs
- Facilitates metabolism
- Suppresses appetite
- Increased energy and sociability
- Boosts confidence

High:

- Weight gain
- Menstrual problems
- Premenstrual syndrome
- Fibrocystic breast
- Fatigue
- Fibroids
- Loss of sex drive
- Feeling depressed or anxious

Low:

- Irregular menstrual periods
- Hot flashes and/or night sweats
- Insomnia
- Dryness and thinning of the vagina
- Low sexual desire
- Mood swings
- Dry skin
- Menstrual migraines

(Livingston, 2020)

Progesterone

Function:

- Prepares the endometrium for the potential of pregnancy after ovulation
- Triggers the lining to thicken to accept a fertilized egg
- Stabilizes blood sugars
- Reduces anxiety

High:

- Mood changes
- Bloating
- Headaches
- Breast tenderness

Low:

- Abnormal uterine bleeding
- Irregular or missed periods
- Spotting and abdominal pain during pregnancy
- Frequent miscarriages

(Livingston, 2020)

Menopause and Functioning

Menopausal Transition

The menopausal transition is caused by a **natural decline of reproductive hormones**, estrogen and progesterone. It triggers physical and emotional changes, marking the end of female reproductive years.

MOST COMMON SYMPTOMS



STAGES OF MENOPAUSE

PERIMENOPAUSE

- Starts in mid 40s
- Causes most menopausal symptoms

MENOPAUSE

- Confirmed when period is absent for 12 months in a row

POSTMENOPAUSE

- Years after menopause
- Increases risk of certain serious health problems

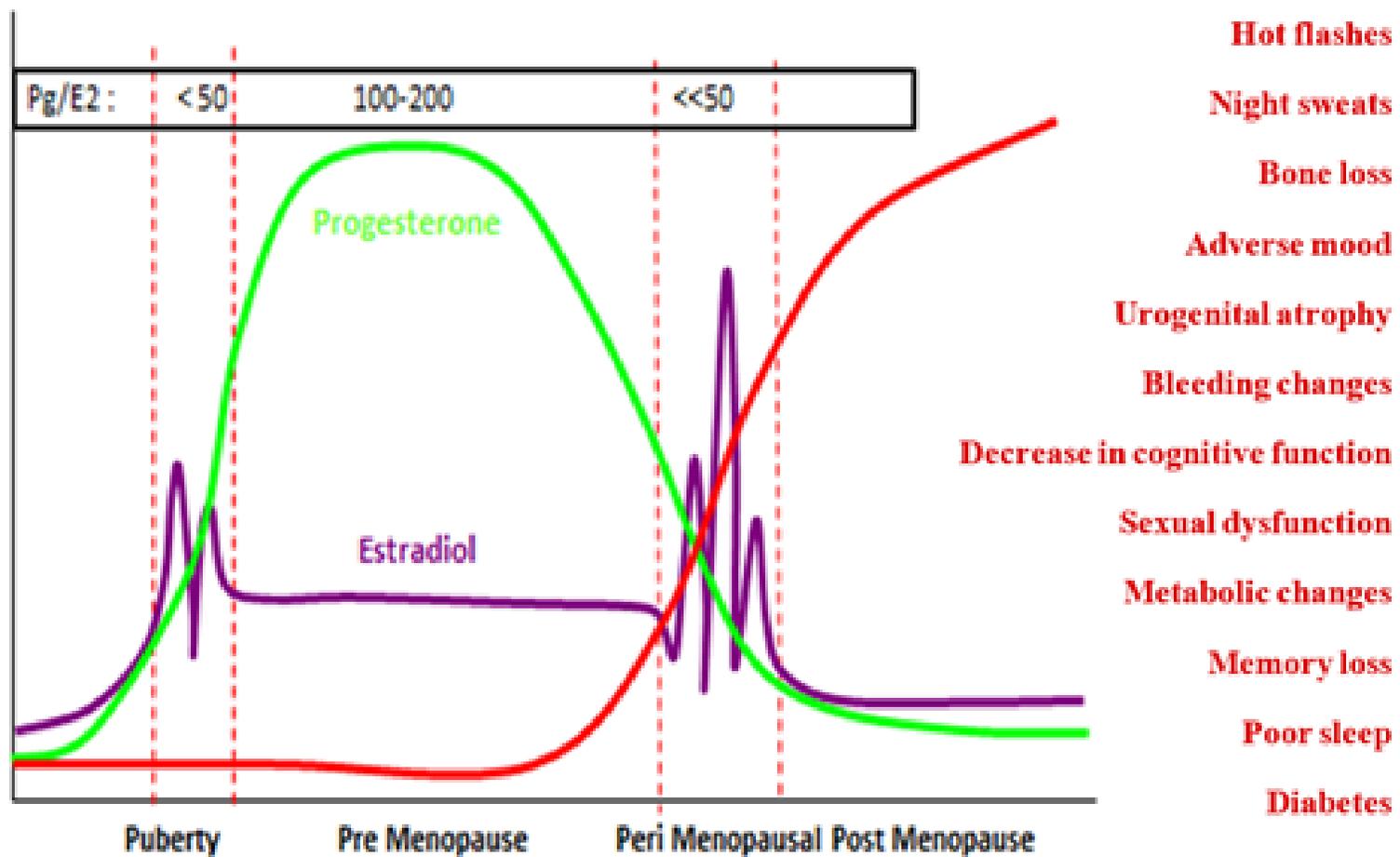


Fig. 1 Fluctuations in estradiol and progesterone across the female lifecycle.

Hormones and ADHD

- In puberty:
 - Starts between 9-11 years old
 - ADHD medications are metabolized more quickly
 - Estrogen helps metabolize medications, progesterone stops the metabolization
 - Increasing dosage often doesn't help
 - More academic and social struggle, more substance use, and more depression
 - Girls and young women often misdiagnosed with mood or anxiety disorders
 - Imperative to direct parents to gentle parent and guide
 - Can help organize projects and events to match energy levels •

Hormones and ADHD

- During menstruating years:
 - First two weeks (follicular phase), estrogen rises and progesterone is low
 - Often a time of clarity and focus
 - Estrogen receptors concentrated in hippocampus
 - Estrogen availability affects memory
 - After ovulation (luteal phase), estrogen rises but so does progesterone
 - Progesterone overcomes estrogen and overrides its' positive effects
 - Womxn often feel depressed, lethargic, and vulnerable
 - Womxn with ADHD experience this and ALSO feel unfocused, foggy, confused and hopeless
 - Progesterone also reduces effectiveness of medication
 - Womxn with ADHD are diagnosed with Pre-Menstrual Dysphoric Disorder more often
- Treatments
 - Luteal phase self-care guide
 - Track menstrual cycle
 - Up dosage of medication in luteal phase

Luteal Phase Self-Care Guide

Biobehavioral self-care to support positive mood chemicals and self-compassion: Self-Care Component Example

Food & Hydration	Ensure you are eating consistently throughout the day and in a way that feels nurturing for your body with a focus on whole foods (i.e., not ultra-processed) when possible. Select a water bottle you genuinely like, and aim to consume at least one full bottle in the morning, and one full bottle in the afternoon.
Physical Movement	Protect time for a 15-30-minute walk, ideally outside, and during this movement focus intentionally on what your senses are experiencing. Perhaps visualize inhaling any positive observations you wish to carry with you from the walk, and exhaling stress.
Sunlight	Sun exposure is important for mood, and thus walking outside also offers this benefit. Ensure your blinds are opened in your home, and consider sitting outside in the sunlight with a snack or beverage you enjoy as your body absorbs the sun's benefits.
Sleep	Listen sensitively to your bodily cues for sleep and rest, as you may find that you are encountering more fatigue than usual. Consider beginning your "wind down" routine in the evening one hour- to 30-minutes earlier than normal. If you read or watch television prior to sleep, please choose content that is not excessively stimulating and instead promotes a sense of calm.



Hormones and ADHD

- In Pregnancy and Childbirth:
 - First trimester is most difficult
 - Hormones activate across body and brain
 - Postpartum is worse for womxn with ADHD
 - Drop in hormones can cause significant symptoms of depression and anxiety
 - Support is most important during this time



Hormones and ADHD

- In Peri-Menopause and Beyond:
 - Less estrogen leads to less serotonin and dopamine
 - 60% of perimenopausal women report cognitive changes.
 - 42% of post-menopausal women reported a negative change in memory
- Womxn with higher ACEs are more affected by ADHD in middle age.
- Average age of ADHD diagnosis in womxn is 38.
- Some womxn with ADHD experience relief with progesterone in post-menopause.
- Treatment
 - Hormone-replacement therapy
 - Either estrogen (most common) or progesterone
 - Vitamins and supplements have been found useful as well



Case Studies

