

FRONTIER PSYCHIATRY

Unmasking ADHD in Girls and Women



Key Statistics

- **ADHD prevalence** in the US is over 11%, nearly double the global average of 5.5%.
- Research is biased; **81% of study participants** are male.
- **Self-harm** in girls has an average onset at 11.5 years, with a large increase below 10 years.

ADHD: A Valid Condition

- ADHD is a **neurobiological condition with a genetic component**; not a character flaw.
- It impacts brain function and requires appropriate medical care.
- Symptoms can cause **impairment into adulthood**.

Impact on Brain Function

- ADHD impairs executive functions: planning, organization, and time management.
- It causes challenges with **response inhibition and working memory**.
- These neurological differences impact attention, impulsivity and planning.
- Differences are seen in dopamine and serotonin receptors.

Functional Neuroimaging

- Studies show **structural and functional differences** in the brains of people with ADHD.
- There is a decrease in cortical white and gray matter.
- Brain imaging helps explain behavioral differences, but is not used for diagnosis.

Gender Differences

- ADHD symptoms often manifest differently in women than men.
- Women often show **inattentive symptoms**, while hyperactivity is more associated with males.
- This difference can lead to **underdiagnosis and misdiagnosis** in women.

Inattentive Symptoms

- Inattentive symptoms include difficulty organizing, forgetfulness, and being easily distracted.
- There are challenges with **time management, and low arousal.**
- These symptoms can lead to **academic underachievement.**

"Masking" Symptoms

- Women with ADHD often develop strategies to mask their symptoms.
- This involves extra effort to appear organized and attentive.
- Masking can include **over-preparing, excessive list-making**, and withdrawing socially.

Biases in Diagnostic Criteria

- Initial diagnostic criteria were biased toward male presentations, emphasizing hyperactivity.
- This led to the **underdiagnosis of females**, who often show inattentive symptoms.
- Research samples used to create criteria have historically been primarily male.

Gender Bias in Teacher Perceptions

- Teachers may rate boys higher on hyperactivity and inattention due to bias.
- They may be more likely to refer boys for evaluation.
- Teachers may **struggle to identify ADHD symptoms** in girls

Consequences of Bias

- Diagnostic biases contribute to the underdiagnosis of ADHD in females.
- Girls are often not identified until symptoms cause significant impairment.
- This can lead to increased risk of **psychiatric comorbidities, substance abuse, and poor self-esteem.**

Recognizing ADHD in Women

- Consider ADHD when women present with issues like underachievement, relationship difficulties, or mood disorders.
- Low self-esteem can also indicate ADHD.
- A **comprehensive evaluation** is essential.

Impact of Untreated ADHD

- Untreated ADHD can lead to social challenges, emotional distress, and psychosocial issues.
- There can be feelings of inadequacy and being overwhelmed.
- Early detection and treatment are critical.

Increased Risks

- Untreated ADHD is associated with higher risks for unplanned pregnancies, and intimate partner violence.
- There is an increased risk for substance abuse, depression, anxiety, self-harm and suicidal thoughts.
- Early diagnosis and treatment are essential.

Thorough Patient History

- A thorough patient history is essential for accurate diagnosis.
- Gather details about the timeline and frequency of symptoms.
- Explore childhood experiences and the impact of ADHD across different settings.

Childhood Onset

- Symptoms must have been present before age 12.
- Ask specific questions to recall childhood experiences of difficulty in school, chores or with attention.
- Documenting the persistence of symptoms across time is crucial.

Validated Screening Tools

- Use **validated screening tools** like the Vanderbilt Assessment Scales.
- These tools can help identify symptoms and their impact on functioning.
- Use screening tools to supplement, but not replace, clinical judgement and thorough history.

Identifying Comorbidities

- Identify comorbid conditions, as they can affect a woman's presentation, treatment, and well-being.
- Common conditions include anxiety, depression, learning disorders, and substance use disorders.
- A comprehensive assessment should screen for these.

Comorbidity Impact

- Comorbid conditions don't rule out an ADHD diagnosis.
- They can mask or mimic ADHD symptoms, worsening the overall impact.
- Address both ADHD and any co-occurring conditions for effective treatment.

Integrated Treatment

- Use an integrated approach for diagnosis and treatment of ADHD and comorbid conditions.
- Treatment plans should address all conditions, not just one.
- This may include medication, therapy, and support resources.

Long-Term Impairment

- ADHD is not just a childhood disorder; it can cause impairment into adulthood.
- Inattention, impulsivity, and emotional dysregulation often persist.
- Early diagnosis and treatment are critical.

Adult Responsibilities

- Increasing adult responsibilities can exacerbate ADHD symptoms.
- Demands related to career, home, and family place strain on executive functions.
- The lack of structure can make it harder to manage symptoms.

Impact of Increasing Demands

- Women may experience worsening symptoms as they take on more responsibilities.
- Common symptoms include inattention, disorganization, and emotional dysregulation.
- These challenges are not due to lack of effort or intelligence.

Combined Treatment

- Combined treatment approaches are most effective, especially for women.
- This approach integrates medication, behavioral therapy, and accommodations.
- Medication should be combined with other strategies.

Medication

- Start medication with low doses, increasing gradually while monitoring.
- Stimulants are often prescribed, and non-stimulants are an option.
- Medication can improve focus and self-esteem.

Behavior Management

- Behavior management is critical, especially for young children.
- Behavioral interventions help develop organizational skills, time management, and emotional regulation.
- Classroom accommodations can be important.

Medication Options

- Stimulants are first-line treatment and work by increasing neurotransmitters.
- Examples include methylphenidate and amphetamine.
- Non-stimulants like atomoxetine are also available.

Side Effects and Formulations

- Be aware of potential side effects of ADHD medications.
- Stimulants can cause headache, poor appetite, and sleep disturbances.
- Non-stimulants may cause gastrointestinal issues.
- There are both short-acting and long-acting formulations.

When Stimulants Aren't Effective

- If a patient doesn't respond to stimulants, consider if ADHD is the correct diagnosis.
- Other options include trying a different medication or non-stimulants.
- Re-evaluate the diagnosis and ensure proper behavioral interventions

Addressing Stigma

- Address the stigma associated with ADHD.
- Stigma can lead to lowered self-esteem and avoidance of treatment.
- ADHD is a real neurobiological condition, not a character flaw.

Person-First Language

- Use person-first language: "a person with ADHD" instead of "an ADHD person".
- Educating the public can reduce stigma.
- Support organizations like CHADD, ADDA, and the Duke Center provide resources.

Addressing Personal Biases

- Healthcare providers must be aware of their own biases.
- Biases can cause underdiagnosis, inadequate treatment, or negative attitudes.
- Self-reflection and education can help providers address their biases.

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Thank You

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