



WOMEN AND ADHD

SWI

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LORNA REDFORD

Group Services Co-ordinator

Founding member of the Perth & Kinross
ADHD Support Group

20 years of experience supporting those
with ADHD





ADHD+ SEEING EVERYTHING

OUR MISSION:

to support, nurture, educate and enable those with ADHD and their families to live with the daily challenges of ADHD and its co-existing conditions



Thank You!

Let me start by thanking Charlotte for inviting me, Nicky and Demi to join you this evening to talk about Women and ADHD. I hope it will be an insightful session and please feel free to ask questions!

DID YOU KNOW?

Globally, it is estimated that between 5 and 10% of the population would test positive for ADHD.



[illegible]

WHAT IS ADHD?

A pervasive, challenging and usually lifelong neurodevelopmental disorder

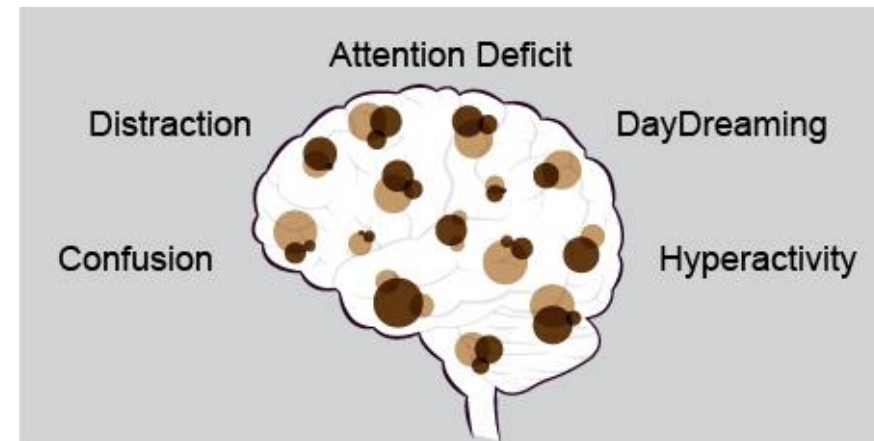
A condition/disorder which...

- has been recognised in some form since at least Ancient Greek times
- has a significant positive and negative impact on society
- requires support from an early age and potentially throughout the lifetime
- is associated with dozens of other conditions/disorders
- we are still learning more about every year

BRAIN COMMUNICATION

The image on top represents an “ordered”, communicative, “neuro-typical” brain

The image underneath represents the brain of an individual with ADHD



NEUROTRANSMITTERS



WHAT ARE THEY?

Neurotransmitters are **chemical messengers**

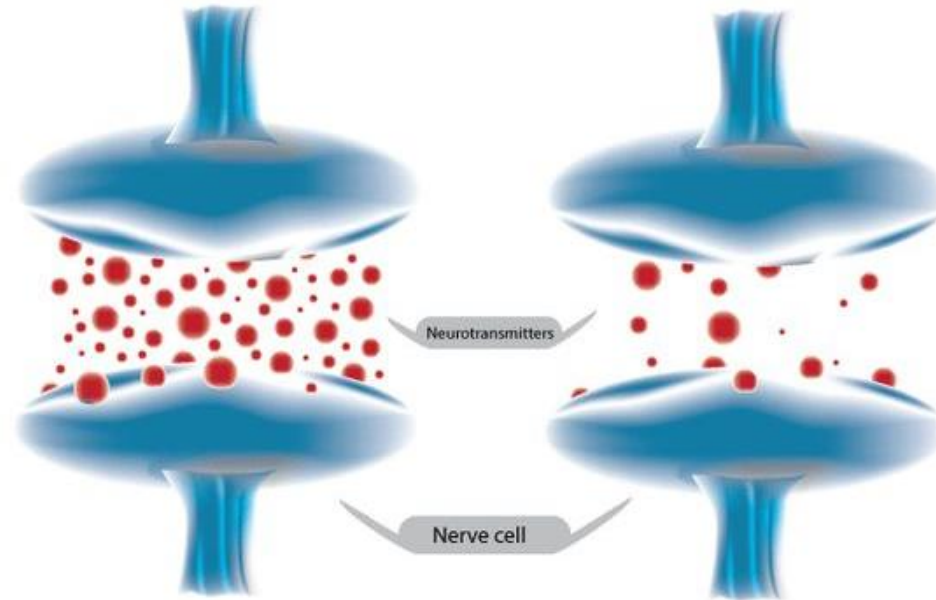
They carry messages from one part of the brain to another, along pathways of brain cells called **neurons** and across gaps between neurons called **synapses**

Those with ADHD have been found to have **lower levels** of certain neurotransmitters, affecting their ability to send and receive signals between different parts of the brain

This can affect many different brain functions, including **concentration**

NEURO TYPICAL BRAIN

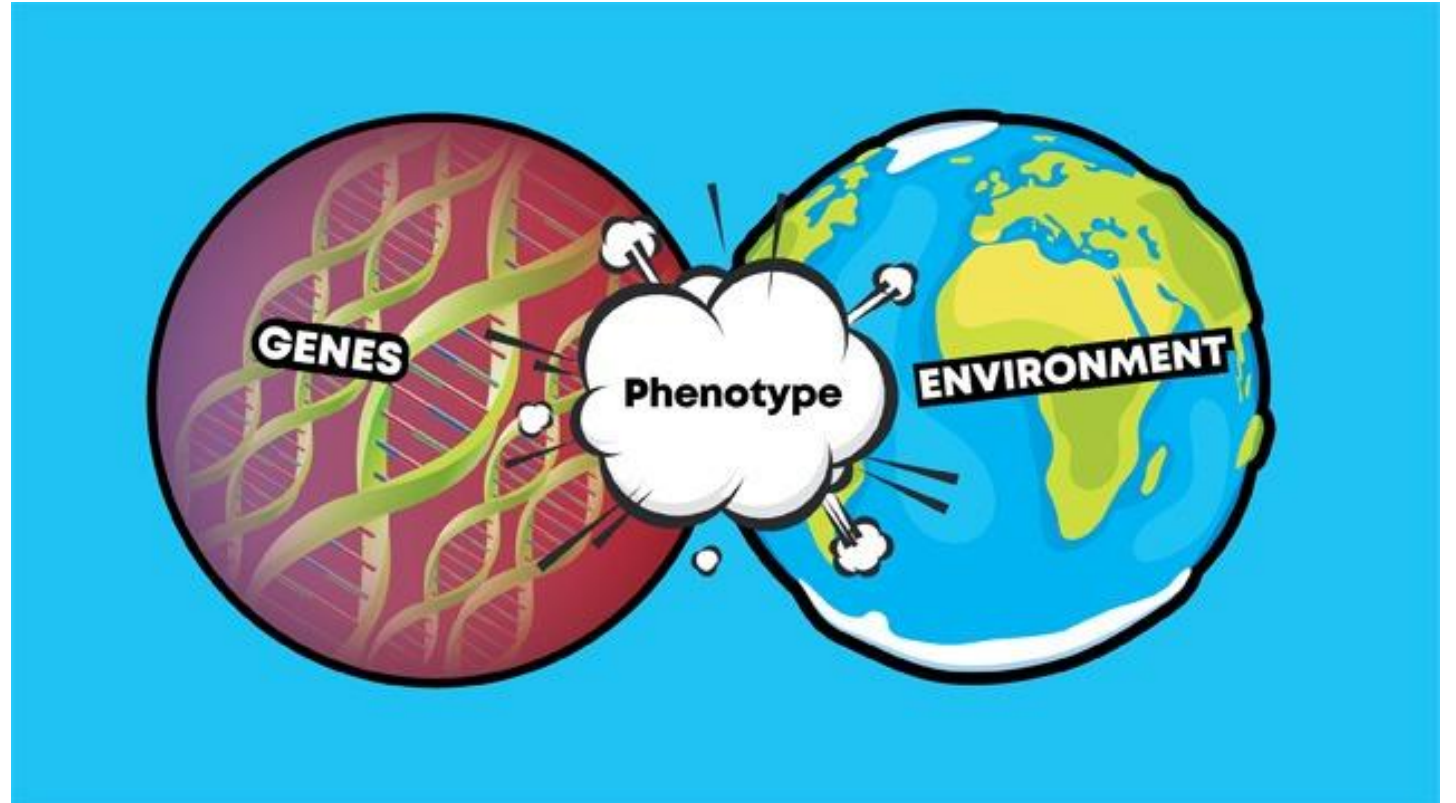
ADHD BRAIN



WHAT CAUSES ADHD?

Genotypes are your genetic code; phenotypes are what happens when that code interacts with the environment

ADHD is a phenotype; it is the result of both genetic and environmental factors



WHY IS ADHD SO “INVISIBLE” IN WOMEN?

You will hear from Nicky and Demi about their personal ADHD “journeys” but I would like to begin with the information we share within our training sessions and personalised MY ADHD AND ME sessions.



WHY SPECIFY FEMALES?

Females with ADHD under-researched and severely underdiagnosed; most remain unsupported

Female ADHD brains develop and operate differently from male ADHD brains

Presentations and co-occurring conditions are different (and often worse) for females

THE IMBALANCE



The overwhelming majority of neuro-developmental disorders show a male predominance:

- Prevalence ratio of males : females with ADHD = **3:1**
- Ratio of males : females present in clinical setting with recognised ADHD = **6:1**
- The ratio of male : female ADHD diagnosis in adulthood is **closer to 1:1**

WHY IS THERE AN IMBALANCE?

Diagnostic criteria developed predominantly on male samples; may be biased towards a typical male presentation

It is easier to identify ADHD when it is associated with **challenging behaviour**, which is less common among younger females with ADHD

Subconscious gender biases: education staff (who play a crucial role in the identification of ADHD) more likely to identify males than females with exactly the same symptoms

These likely informed by **media portrayals** of ADHD, underlying gender biases and the higher general educational performance of females

WHY IS THERE AN IMBALANCE?

Females are often **misdiagnosed**: those with inattentive symptoms are often misdiagnosed with mood disorders; those with combined symptoms are often misdiagnosed with bipolar disorder

Furthermore, females are often **diagnosed with associated conditions**, such as eating disorders, or even trauma, while their ADHD is missed

- The development of different **areas of the brain** occurs at slightly different stages for females
- The difference in the presence of **hormones** (in particular, thyroid functioning and the sex hormones testosterone and estrogen) can also affect how ADHD brains function

SOCIAL DIFFERENCES

Girls inattentive symptoms are more likely to be seen as socially isolated

Particularly at younger ages, males and females tend to socialise in different ways. Some believe that this can have a big impact on ADHD in females, who exhibit greater levels of peer rejection, aggression, social impairment and 'social disability' than their peers.



THE TYPICAL FEMALE ADHD PRESENTATION

A higher proportion of girls than boys with ADHD have mainly **inattentive symptoms**

Anxiety disorders are particularly common among those females with an inattentive presentation

They tend to display fewer symptoms characteristic of **ODD, CD and depression**, though the comorbidities for females and males with ADHD are broadly similar

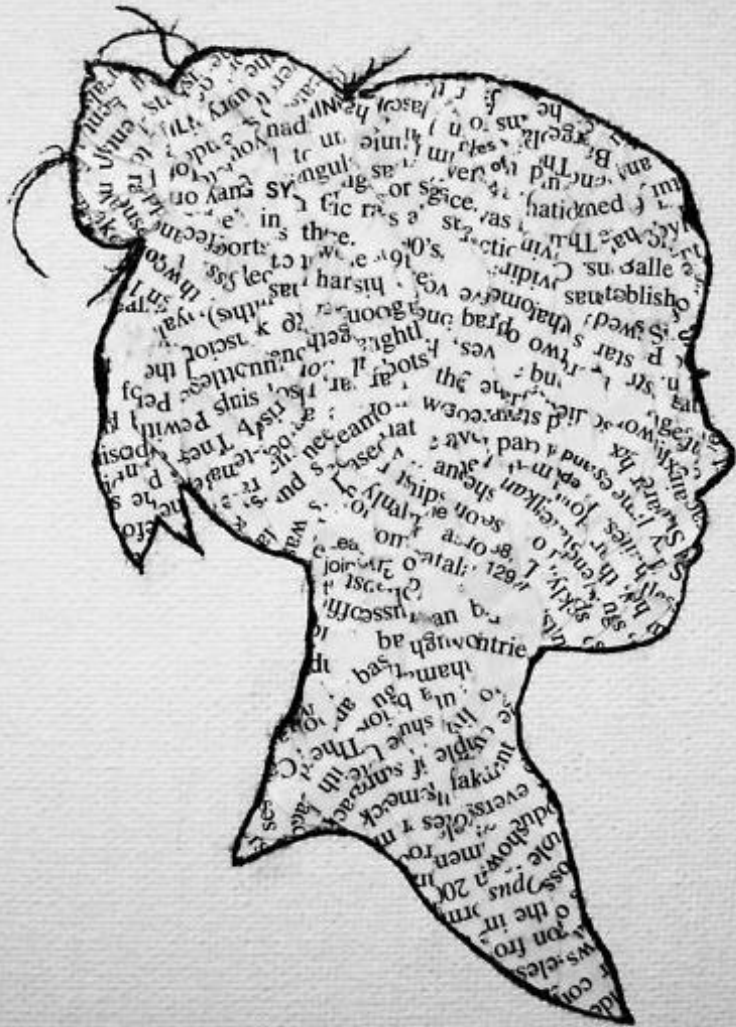
Females with ADHD are at a high risk of **antisocial, addictive, anxiety, mood, eating and substance use disorders**

THE TYPICAL FEMALE ADHD PRESENTATION

In toddlerhood, gender differences for those with ADHD are virtually non-existent

Age 3-4: boys with ADHD are more noncompliant, impulsive and hyperactive than girls, who are beginning to show inattentive and/or internalising symptoms

These inattentive and/or internalising symptoms begin to escalate markedly during female adolescence



WHY DO GIRLS WITH ADHD INTERNALISE?

Two competing or complementary theories:

Underlying biological differences: females attain developmental competence in emotional, cognitive, and social functioning earlier than boys

Gender-based socialisation patterns: females socialised towards internalising rather than externalising

There is some evidence that in early adulthood, females with ADHD can begin to display externalising symptoms: including crime, or mood, conduct, oppositional defiant, anxiety or addictive disorders.

EDUCATION

- In an education setting: Females display more inattentive symptoms, with less challenging behaviour in school. Therefore, they are less likely to display school problems or be diagnosed with a learning disability; males more likely to display gross motor activity, fidgeting, negative verbalizations, off-task behaviours
- The **level of impairment** (relative to peers without ADHD) was as high or even higher for females with ADHD than males with ADHD.
- Females with ADHD have **more school-related problems** (special education placement, grade retention, speech/language difficulties), and lower academic and cognitive performance than their non-ADHD female peers
- Some have found the association between **low academic attainment** and ADHD to be stronger for females than males
- Studies have found that **teachers are significantly better at identifying males than females with the condition**, even when they had identical symptoms

EMPLOYMENT:

- Very little gender-based research on ADHD and employment
- What there *is* indicates that employment outcomes are even poorer for females than males with ADHD and that the risk of unemployment is higher



BEFORE I HANDOVER ...

I would really like to direct you towards a couple of articles that have provoked much discussion and, indeed, connected with so many of our female group members. Both from The Guardian, please take time to have a read if you feel you want to explore ADHD any further ...



'Neurodivergent women often slip through the cracks of ADHD diagnosis because they can appear smart or gifted.'

<https://www.theguardian.com/society/2020/nov/02/the-lost-girls-chaotic-and-curious-women-with-adhd-all-have-missed-red-flags-that-haunt-us?>



<https://www.theguardian.com/society/2022/oct/08/adult-adhd-diagnosis-youve-got-to-relook-at-your-entire-life?>