

# **ADHD in Women: A Guide for Parents & Educators**

This guide summarizes how Attention-Deficit/Hyperactivity Disorder (ADHD) can present in girls and women, why it is often missed or misdiagnosed, and what current research (and research gaps) says about assessment and support. It is informational and does not replace clinical evaluation.

## **How ADHD Presents Differently in Females**

Many girls and women show predominantly inattentive symptoms (mind-wandering, disorganization, time-blindness) rather than overt hyperactivity. Social masking, perfectionism, and people-pleasing can hide difficulties at school or work. Internalizing problems (anxiety, depression, low self-esteem) are common and can overshadow core ADHD features.

## **Across the Lifespan**

- Childhood/Adolescence: daydreaming, slow work pace, sensitive to criticism; effortful masking to meet expectations.
- Young Adulthood: challenges with executive functions (planning, deadlines, finances), rejection sensitivity, burnout.
- Reproductive Transitions: cyclic symptom changes; some report worsening premenstrually, postpartum, and in perimenopause.

## **Comorbidity & Differential Diagnosis**

Women with ADHD have higher rates of anxiety, depression, and eating disorders than non-ADHD peers. Symptoms may be misattributed solely to mood/anxiety disorders, trauma, or personality styles, delaying ADHD recognition. Rule-outs include thyroid or sleep disorders, trauma-related concentration problems, and autistic traits (AuDHD).

## **Impact on Education & Work**

- Inconsistent performance despite high ability; strong interest-driven focus but difficulty starting routine tasks.
- Time management challenges (late assignments, all-nighters, missed deadlines); clutter/organizational strain.
- Social dynamics: overcommitting, difficulty setting boundaries, conflict avoidance leading to burnout.

## **Assessment & Screening (What Research Supports)**

Good assessments combine history from multiple settings, clinical interview, rating scales, and impairment measures. Common tools include adult and youth ADHD scales (ASRS, Vanderbilt, SNAP-IV), plus structured interviews (e.g., DIVA-5). Research emphasizes considering female phenotypes (inattentive, internalizing, masking) and co-occurring conditions.

## **Supports Described in the Literature (Informational)**

- Psychoeducation that includes female-specific presentation and self-compassion for years of 'trying harder'.
- Executive function scaffolds: visual planners, external reminders, task breakdown, body-doubling.
- CBT/ACT approaches adapted for ADHD; skills for procrastination, perfectionism, and emotional regulation.
- Medication is often effective for core symptoms; research notes a need for sex-specific data on dosing changes across the menstrual cycle, pregnancy, and perimenopause.

## **Where the Evidence Is Lacking (Key Research Gaps)**

- Historical underrepresentation of females in ADHD studies; many diagnostic criteria were derived from male samples.
- Limited data on hormonal phases: premenstrual symptom changes, pregnancy/postpartum management, and perimenopause.
- Understudy of intersectionality (race/ethnicity, LGBTQ+, socioeconomic factors) and how these shape diagnosis/access.
- Long-term outcomes of late-diagnosed women (education, employment, mental health) need more prospective research.
- AuDHD in females: limited guidance for differential diagnosis and tailored supports.

## **Signs That May Be Overlooked in Girls & Women**

- Quiet in class, compliant, or high-achieving but relies on intense effort, all-nighters, or last-minute sprints.
- Chronic disorganization masked by perfectionism; spends excessive time 'fixing' small details.
- Emotionally drained after school/work; cycles of hyperfocus and burnout.
- Frequent misplacement of items, missed appointments, or unpaid bills despite strong intentions.

## **Informational Note**

This document is educational and not a substitute for clinical assessment. ADHD can overlap with anxiety, depression, trauma, sleep, and thyroid conditions. A thorough evaluation considers history, context, strengths, and functional impact.

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## **Selected Peer-Reviewed References**

- Young, S., et al. (2020). Guidance for identification and treatment of ADHD in girls and women: A consensus statement. *BMC Psychiatry*.
- Mowlem, F. D., et al. (2019). Sex differences in ADHD: Associations with comorbidities and symptom severity. *Psychological Medicine*.
- Quinn, P. O., & Wigal, S. (2004). ADHD in women: Findings in a clinic-referred sample. *Journal of Attention Disorders*.
- Rucklidge, J. J. (2010). Gender differences in ADHD: Implications for psychosocial treatments. *Clinical Psychology Review*.
- Hinshaw, S. P., et al. (2012). Long-term outcomes of girls with ADHD (BGALS). *Journal of Consulting and Clinical Psychology*.
- Biederman, J., et al. (2006). Girls with ADHD: A longitudinal study. *American Journal of Psychiatry*.
- Cortese, S., et al. (2018). Comparative efficacy of medications for ADHD: Systematic review and meta-analysis. *The Lancet Psychiatry*.
- Skoglund, C., et al. (2015). ADHD medication during pregnancy and risk outcomes: Nationwide cohort. *BMJ*.
- Nussbaum, N. L. (2012). ADHD and female hormonal stages: A review. *Journal of Attention Disorders*.