

GIRLS AND WOMEN WITH ADHD

Jennifer Merrick, RSW

INTRODUCTION

IF YOU MEET ONE PERSON WITH
ADHD...YOU'VE MET ONE PERSON WITH
ADHD.

WHAT DOES IT MEAN TO BE DIAGNOSED WITH ADHD?

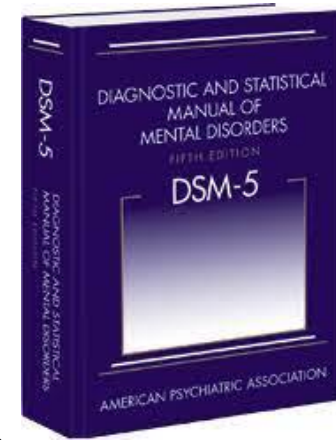
1. the process of identifying and determining the nature of a disease or disorder by its signs and symptoms, through the use of assessment techniques (e.g., tests and examinations) and other available evidence.
2. the classification of individuals on the basis of a disease, disorder, abnormality, or set of characteristics. Psychological diagnoses have been codified for professional use, notably in the [DSM-IV-TR](#) and [DSM-5](#).
<https://dictionary.apa.org/diagnosis>

*ADD is an outdated term

DIAGNOSIS

WHAT IS THE DSM 5?

- The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, (DSM-5), published by the American Psychiatric Association is the guide that lays out the criteria to be used by doctors, mental health professionals, and other qualified clinicians when making a diagnosis of ADHD.



WHO CAN DIAGNOSE?

- Physicians (family doctors)
- Psychiatrists
- Psychologists
- Clinical Social Workers ★
- These are all professions who have a regulatory board that oversees practices, and these titles are protected.

★need advanced clinical certification

3 PRESENTATIONS OF ADHD

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 on instructions.
- Has difficulty with organization.
- Avoids or dislikes tasks requiring a lot of mental effort over long periods.
- Loses things.
- Is easily distracted.
- Is forgetful in daily activities.

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 like they were driven by a motor.
- Talks excessively.
- Blurts out answers before questions have been completed.
- Difficulty waiting or taking turns.
- Interrupts or intrudes upon others.

Combined Presentation = symptoms of both

CHANGES IN DSM CRITERIA

WHAT CAUSES ADHD?

"No single risk factor explains ADHD. Both inherited and noninherited factors contribute and their effects are interdependent. ADHD is familial and heritable...Having a biological relative with ADHD, [genetics], extreme early adversity, pre and postnatal exposure to lead and low birth weight/prematurity have been most consistently found as risk factors, but none are yet known to be definitely causal. There is a large literature documenting associations between ADHD and a wide variety of putative environmental risks that can, at present, only be regarded as correlates. "

(Thapar et al., 2013)

WHAT CAUSES ADHD?

In short we don't have a specific answer as to what causes ADHD, and likely it is a combination of factors including:

- Genetics (75%)
- Brain functioning and development
 - Environment ★
- We have a poor understanding of how experiences influence biological expression and development, meaning environment doesn't cause ADHD, but it might exacerbate traits that are already present.

ADHD AROUND THE WORLD

Children

Adults

Fayyad, et al., 2017 *study has conflict of interest

QUESTIONS?

But you don't look like you have ADHD?

WHAT DO WE
KNOW ABOUT
WOMEN AND
GIRLS WITH
ADHD?

We know that women often experience ADHD differently, are underdiagnosed, have higher experiences of trauma, and that research has been focused on the male experience.

- "Asked to describe a typical heart attack, most people (including most doctors), would describe a man with crushing chest pain, probably with a background history of hypertension. But this traditional teaching, it turns out, is only telling us half the story. Cardiovascular disease is also the leading cause of death in women globally and, in the USA, leads to a similar number of deaths in men and women. The failure to recognise the prevalence of heart disease in women and the different set of symptoms in women (feeling generally unwell or unexplained weakness) during a heart attack contribute to delays in women seeking help and the loss of vital time in a cardiovascular emergency."
- According to "Gender biases in estimation of others' pain," when male and female patients expressed the same amount of pain, observers viewed female patients' pain as less intense and more likely to benefit from psychotherapy versus medication as compared to men's pain, exposing a significant patient gender bias that could lead to disparities in treatments.



THE PROBLEM WITH GENDER BIAS IN RESEARCH

POLL

Boys are _____ times more likely to be diagnosed with ADHD
than girls

MYTHS WE NEED TO GET RID OF

- ADHD doesn't always present as hyperactive.
- You can't have "a little bit of ADHD".
 - ADHD is NOT a behavioral disorder, it is a neurodevelopmental condition that impacts our brain's functioning.
- ADHD is not always a "superpower".
- ADHD does not mean you can't focus on anything.

The biggest myth is that girls cannot get the disorder.

ADHD IN GIRLS

- Did you know that research indicates that that up to 75% of girls with ADHD never get diagnosed. This leads to consequences of low self-esteem, substance use challenges, unemployment and higher rates of mental health challenges including depression and anxiety.
- Girls are diagnosed with ADHD on average five years later than boys — boys at age 7 and girls at age 12.

WHAT DO WE
KNOW ABOUT
WOMEN WITH
ADHD?

WHAT DO WE KNOW ABOUT WOMEN AND GIRLS WITH ADHD?

"Over 30 years ago, Berry, Shaywitz and Shaywitz warned that girls constitute a 'silent minority' in ADHD, with more internalised behaviour making them less likely to be referred for assessment [36]. This does not appear to have changed. Females with ADHD remain more likely to be unrecognised or mis-identified leading to lower than expected rates of referral, assessment and treatment for ADHD.

Whilst this has been attributed to the higher rate of internalised and inattentive only presentation in girls, this omission is remarkable, given that the predominantly inattentive subtype of ADHD has been endorsed by the Diagnostic and Statistical Manual, a key diagnostic tool, for many years. There are specific barriers that seem to hinder the recognition of ADHD in girls and women. These include symptomatic differences, gender biases due to stereotypical expectations, comorbidities and compensatory functions, which mask or overshadow the effects of ADHD symptoms." (Young et al., 2020)

STATISTICS

HESSON, J., & FOWLER, K. (2018). PREVALENCE AND CORRELATES OF SELF-REPORTED ADD/ADHD IN A LARGE NATIONAL SAMPLE OF CANADIAN ADULTS.

- Objective: The objective of this study was to examine the prevalence and correlates of self-reported attention deficit disorder (ADD)/ADHD in Canadian adults.
- Method: Prevalence of self-reported ADD/ADHD was examined in a large national sample of Canadians (n = 16,957).
- Significantly higher lifetime and current prevalence rates of major depressive disorder, bipolar I and II disorders, generalized anxiety disorder, and substance use disorders were observed in the ADD/ADHD group compared with the control group.
- Within the ADD/ADHD group, lifetime and 12-month prevalence rates of major depressive disorder and generalized anxiety disorder were significantly higher in women, whereas lifetime and current rates of some substance use disorders were significantly higher in men.

STATISTICS

HESSON, J., & FOWLER, K. (2018). PREVALENCE AND CORRELATES OF SELF-REPORTED ADD/ADHD IN A LARGE NATIONAL SAMPLE OF CANADIAN ADULTS.

- Individuals in the ADD/ADHD group were more likely to report not having completed high school. No gender differences were observed between men and women in the ADD/ADHD group for level of education.
- In terms of total personal income...as compared with the control group, individuals in the ADD/ADHD group more frequently reported a personal income in the \$10,000 to \$19,999 range and less frequently reported an income above \$50,000.
- A significant gender difference was also observed in reported income level within the ADD/ADHD group. About 40.8% of women in the ADD/ADHD group reported personal income below \$19,999 compared with 25.8% of men. In addition, 30.3% of men in the ADD/ADHD group reported an income above \$40,000 compared with 20.9% of women reporting a diagnosis of ADD/ADHD.

CO- OCCURRING DISORDERS

Comorbid psychiatric disorders are present in as many as 80% of adults with ADHD; 47% have a comorbid anxiety disorder, 38% have a comorbid mood disorder, 42.7% have a comorbid substance use disorder, 16.8% have antisocial personality disorder, and 15% have bipolar (Kessler et al., 2006). In fact, it is often the comorbid disorder that leads an adult to seek help (Adamou et al, 2013).

ANNUAL RESEARCH REVIEW: ATTENTION-DEFICIT/HYPERACTIVITY DISORDER IN GIRLS AND WOMEN: UNDERREPRESENTATION, LONGITUDINAL PROCESSES, AND KEY DIRECTIONS.

- Many assessment scales laden are with items emphasizing male forms of ADHD but do not focus sufficiently on potential female-relevant behaviors (e.g., hyper-verbal behavior versus overly active physical behavior). Moreover, teachers may underreport ADHD symptoms in girls.
- Many girls with actual ADHD may be hard to identify given their tendency to present with exclusive inattention, relative lack of externalizing behaviors, comorbid presence of anxiety and/or depression, and use of compensatory strategies and family supports that may mask core symptoms (see Young et al., 2020, who also emphasize that highly structured environments can mask ADHD).
- Times of life transition – to formal schooling, secondary education, challenging university/ vocational venues; economic independence; and pregnancy/childbearing – may well be triggering of symptom exacerbation. Thus, developmental histories are essential.

ANNUAL RESEARCH REVIEW: ATTENTION - DEFICIT/HYPERACTIVITY DISORDER IN GIRLS AND WOMEN: UNDERREPRESENTATION, LONGITUDINAL PROCESSES, AND KEY DIRECTIONS.

Families of girls with ADHD are marked by stress, discordant parenting, and potential invalidation of their daughter (Beauchaine et al., 2019; Gordon & Hinshaw, 2017). Parent management interventions (including emotion regulation skills for parents), combined with school-based programs and active promotion of social skills, are evidence-based ideals.

Beyond symptom reduction, treatments should emphasize academic engagement/skills, monitoring of peer interactions, reduction in risk for maltreatment, and building of self-concept (not falsely but through development of competencies). Education around sexuality, protected sex, and prevention of partner violence are also clearly in order.

In terms of research priorities:

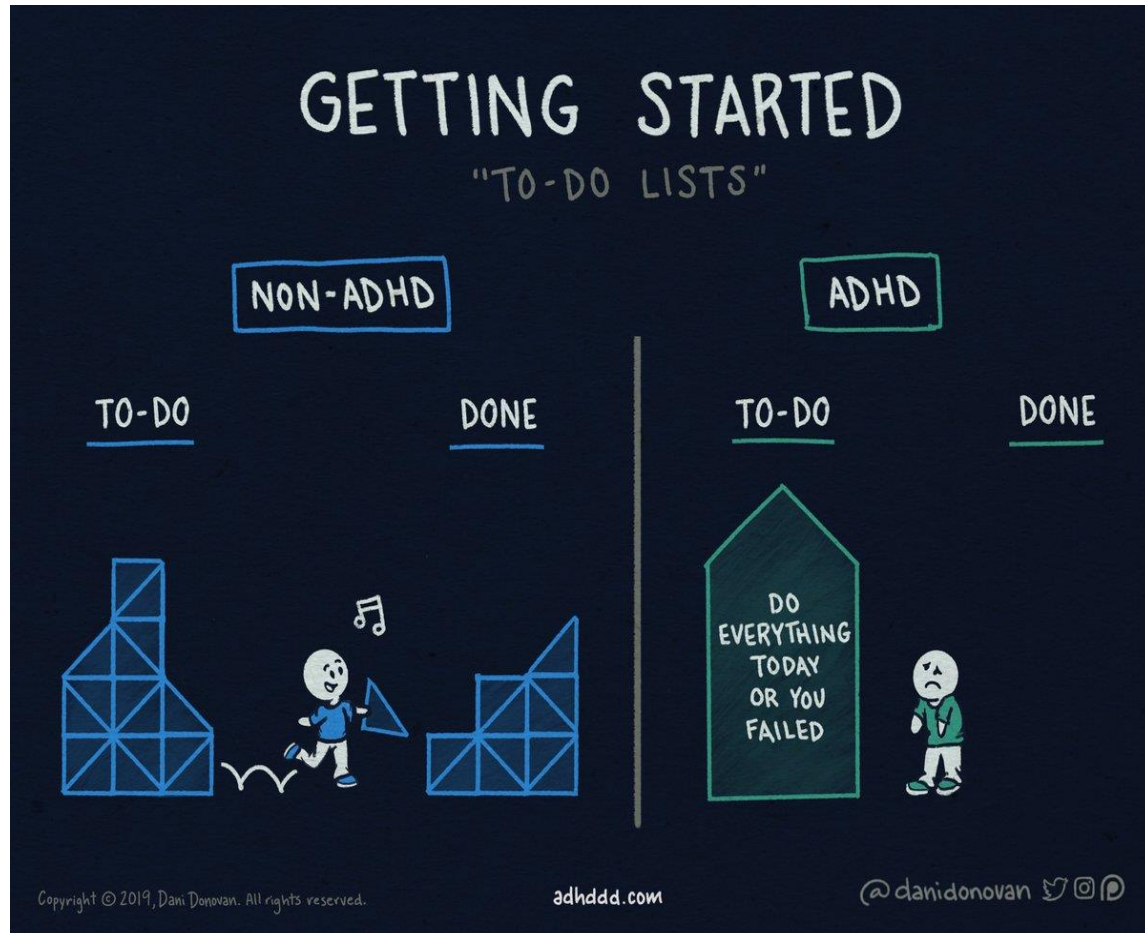
A key direction should be not only more precise estimates of sex differences in symptoms and impairments but also female-specific elucidation of heterotypically continuous developmental pathways to self-harm, relationship difficulties, unplanned pregnancy, and subsequent parenting of the next generation. Although expensive, prospective longitudinal research is necessary for such elucidation.

Greater female representation (of both parents and offspring) is needed in genetic and epigenetic investigations; in follow-up of prenatal and perinatal risk factors; and in studies of the roles of parenting practices, parenting stress, and parental psychopathology. Also, studies of biological and psychosocial changes related to transitions to puberty and subsequently to childbirth and childrearing – as well as perimenopause and menopause in women – are sorely needed.

Determination of later life health risks, including neurodegenerative disorders – along with relevant underlying mechanisms – is a priority. Far too little is known about such topics, particularly in women.

QUESTIONS?

HOW MIGHT THESE TWO EXPERIENCES AFFECT ONE ANOTHER FOR WOMEN?



VIDEO-BIOLOGY OF ADHD

<https://www.youtube.com/watch?v=Xp805f-j1VI&vl=en>

THE ROLE OF EXECUTIVE FUNCTIONING

- Executive dysfunction, which is also called executive function deficit or disorder, is when the brain has a hard time with the skills of attention, memory, flexible thinking, and organization/time management.
- Executive dysfunction isn't an official diagnosis, but rather, a set of symptoms associated with ADHD.
- Impacts to memory, organization, time management, attention, concentration, the list goes on!

WOMEN'S HEALTH AND ADHD

Hormonal changes at puberty — especially the higher levels of estrogen and progesterone — can cause ADHD medications to be less effective. “Studies have shown that estrogen may enhance a woman’s response to amphetamine medications, but this effect may be diminished in the presence of progesterone,” says Quinn.

Estrogen promotes the release of the feel-good neurotransmitters, serotonin and dopamine, in the brain. Not surprisingly, studies suggest that the first two weeks of the cycle go more smoothly for women with ADHD than the second two weeks, when progesterone levels rise. During the third and fourth weeks, called the luteal phase, progesterone diminishes the beneficial effects of estrogen on the brain, possibly reducing the effectiveness of stimulant medications.

It is believed that women with ADHD experience premenstrual syndrome (PMS) more acutely than women who don’t have the condition. Feelings of sadness and anxiety typically worsen in women with ADHD during this time...the good news? Treating ADHD can improve PMS symptoms, too.

ADHD AND EMOTIONAL REGULATION

- Not diagnostic criteria, but very common to struggle with regulating emotions!
- Emotion regulation is **the ability to exert control over one's own emotional state**. It may involve behaviors such as rethinking a challenging situation to reduce anger or anxiety, hiding visible signs of sadness or fear, or focusing on reasons to feel happy or calm.



STRETCH BREAK!
MINDFULNESS PRACTICE

WOMEN, ADHD AND TRAUMA

Trauma is defined as "events ...[that] confront people with such horror and threat that it may temporarily or permanently alter their capacity to cope, their biological threat perception, and their concepts of themselves" (Van Der Kolk, 2000, p.8).

WOMEN, ADHD AND TRAUMA

Let's unpack this study and what it means. It does not mean that women with ADHD are more flawed, it means our brains are designed differently than how society dictates, and therefore we are more likely to develop negative coping, or have less access.

A Canadian study by Fuller-Thomson et al. (2016) found that women with ADHD had “triple the prevalence of ...suicidal ideation, childhood sexual abuse and generalized anxiety disorder and double the prevalence of substance abuse, current smoking, depressive disorders, severe poverty and childhood physical abuse in comparison with women without ADHD” (p. 918). Women with ADHD also have been found to have lower levels of education, lower socioeconomic status, more difficulties in social roles, increased accident rates than women without ADHD (Fuller-Thomson et al., 2016; Young et al., 2019).

WOMEN, ADHD AND TRAUMA

ACE STUDIES

BULLYING



- 2013 study-Adolescent girls with ADHD experienced more social problems and more relational and overt victimisation than adolescent girls without ADHD.
- 2016 study- Although many studies have investigated problematic peer functioning in children with ADHD, this research has predominantly focused on boys and studies investigating girls are scant.
- All of the thirteen studies included reported that girls with ADHD, compared to TD girls, demonstrated increased difficulties in the domains of friendship, peer interaction, social skills and functioning, peer victimization and externalising behaviour.

MASKING

Not a clinical term
but a common phrase
used to describe
behaviors

WHAT IS Masking?

ADHD masking, also known as 'camouflaging' or 'impression management' is when someone with ADHD attempts to hide their symptoms by copying the behaviours of neurotypical people. It's a way for some to try and fit in socially or feel more accepted.

Hiding hyperactivity by pretending to be calm

Keeping things tidy when it overwhelms you

Attempting to cope by using perfectionism

Arriving much too early to attempt to cover time blindness

Reacting as society expects instead of how you really feel

Bottling up intense emotions until you feel ill

Calling in sick to avoid stressful or anxiety inducing situations

Hiding being overwhelmed creating feelings of guilt/shame



Your sense of self refers to **your perception of the collection of characteristics that define you and your purpose in the world.**

SENSE OF SELF

"A defining feature of ADHD is its early onset — and the criticisms, punishments, and frustrations that also begin at a very young age." (Conner, 2022)

SENSE OF SELF

"Yes, ADHD is a constellation of inattentive, hyperactive, and impulsive symptoms accompanied by academic, professional, social, and other life impairments. But perhaps most importantly, ADHD is a web of deeply rooted memories and stories. These memories hold a long history that inform our perceptions of ourselves and our capabilities. They are hard to shake and may warp our self-esteem and understanding of who we are."(Conner, 2022)

ADHD AND CORE BELIEFS

CORE BELIEFS/SCHEMA

- Core beliefs are our most deeply held assumptions about ourselves, the world, and others.
- They are firmly embedded in our thinking and significantly shape our reality and behaviors.

COMMON MALADAPTIVE CORE BELIEFS SEEN IN ADHD

- “Social Isolation” refers to the belief that one is isolated from the world, different from other people, and/or not part of any community
- “Insufficient Self-Control/Self-Discipline” refers to the inability to tolerate any frustration in reaching one's goals, as well as an inability to restrain the expression of one's impulses or feelings
- “Emotional Inhibition” refers to the belief that one must suppress emotions and impulses, especially anger, because any expression of feelings would harm others or lead to loss of self-esteem, embarrassment or abandonment
- “Failure” refers to the belief that one is incapable of performing as well as one's peers in areas such as career, school or sports

ADHD AND CORE BELIEFS

CORE BELIEFS/SCHEMA

BUILDING SENSE OF SELF

- Build awareness of habits
- Self-compassion
- Take an inventory of your strengths
- Reframe negative self talk
- Therapy interventions

QUESTIONS?

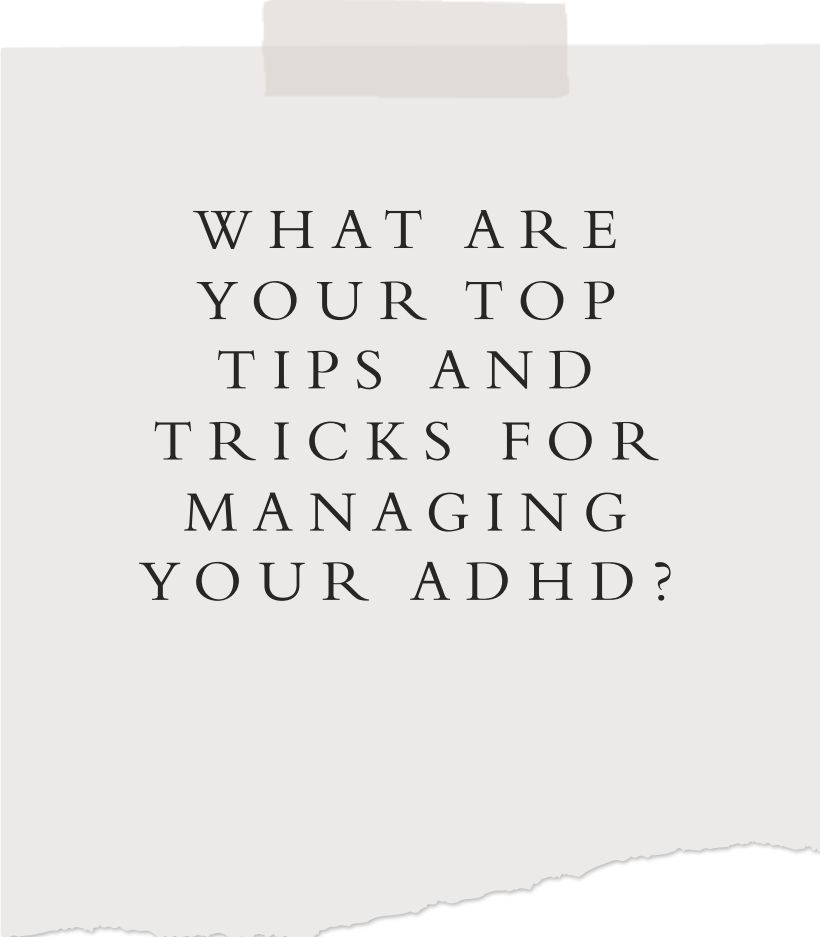
POPULAR DEFINITIONS AND COMMON
EXPERIENCES-REJECTION SENSITIVE DYSPHORIA

MOTIVATION AND ATTENTION REGULATION

- ADHD brains often responds differently to rewards
- Neurotypical brains generally can find motivation in tasks that are important to them, or can use future focused rewards
- ADHD brains often don't function like this—if my brain doesn't find it interesting, or if the reward is in the future, chances are my brain isn't interested
- ADHD brain needs to have authentic interest, or align with our values
- It is often suggested that challenging, interesting, novel, creative or urgent tasks can lead to more motivation

POPULAR DEFINITIONS AND COMMON
EXPERIENCES-PERFECTIONISM

POPULAR DEFINITIONS AND COMMON
EXPERIENCES-FATIGUE



WHAT ARE
YOUR TOP
TIPS AND
TRICKS FOR
MANAGING
YOUR ADHD?

MANY
THANKS!



WWW.ADHDEDMONTON.COM

ADHD *Edmonton* Support Group Meetings

Parent Support Meeting
First Wednesday of the Month
7 - 9 pm

Young Adult Support Meeting
Second Tuesday of the Month
7 - 9 pm

Women's Support Meeting
Second Wednesday of the Month
7 - 9 pm

Adult/Partner Support Meeting
Third Wednesday of the Month
7 - 9 pm