

ADHD Association of Greater Edmonton — Webinar

She's Not Scattered. *She's Wired Differently.*

Understanding ADHD in Women — From Hormones and Nervous Systems
to Why Nobody Told You Sooner

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Who Is In The Room Today?

This conversation is for all of you — wherever you are in your ADHD journey.



The Newly Diagnosed

Just got the answer and still processing what it means.



The Long-Timer

You've known a while but still feel like something's missing.



The Curious One

Not sure if it's ADHD — but something has always felt different.



The Supporter

You're here for someone you love and want to understand them better.

The Research Gap That Changed Everything

For decades, ADHD research was conducted almost entirely on young boys.
We built an entire diagnostic system on half the population.

3:1

Boys diagnosed for
every 1 girl in childhood

12+

Average extra years
women wait for diagnosis

50%

Of women with ADHD
also have anxiety

70%

Experience significant
hormonal ADHD impact

This isn't a gap in women's brains. It's a gap in the research.

Why Women Are Missed – The Masking Problem

What the world sees

- She's so disorganized
- She's too emotional
- She talks too much
- She's a people pleaser
- She can't seem to follow through
- She's always late
- She's always late

What's actually happening

- Working memory + time blindness
- Emotional dysregulation (RSD)
- Verbal processing ADHD style
- Fear of rejection driving behavior
- Executive function + task initiation
- Time perception is genuinely different

"Lazy" is not a diagnosis. But for too long, it was the one women got.

Two Different Motivation Systems

This might be the most important thing you learn today.

Dopamine-Centered

How ADHD research was built

- Externalized symptoms (hyperactivity)
- Novelty-seeking, risk-taking
- Responds strongly to competition
- Motivated by challenge & reward
- More easily spotted in classrooms

vs

Oxytocin-Centered

What the research missed about women

- Internalizes — anxiety, shame, rumination
- Motivated by connection & approval
- People-pleasing as a regulation strategy
- Emotional dysregulation more prominent
- Harder to see — but just as impairing

The Female Nervous System — Built for Sensitivity

Women with ADHD aren't 'too sensitive.' Their nervous systems process the world at a higher resolution.

Interoception

Women with ADHD often have heightened awareness of internal body states — hunger, pain, anxiety signals. This can look like hypochondria but is actually deep nervous system sensitivity.

RSD — Rejection Sensitive Dysphoria

Not just 'feeling bad' when rejected. RSD is an intense, almost physical emotional response. It can derail an entire day — and it's more common and more intense in women.

Co-regulation needs

The female nervous system is strongly wired for social co-regulation. Being seen, heard, and connected isn't a preference — it's a regulation strategy. Isolation makes ADHD worse.

Sensory sensitivity

Tags in clothing. Loud environments. Overwhelming smells. The female ADHD nervous system often runs higher sensory sensitivity — another thing that gets dismissed as 'dramatic.'

Your Cycle Is Running Your ADHD — Here's How

Estrogen amplifies dopamine. When it drops, ADHD symptoms spike. This is not in your head.

Menstruation

Days 1–5

Estrogen at lowest — ADHD at its hardest. Brain fog, low motivation, overwhelm peak. Give yourself grace.

Follicular

Days 6–13

Estrogen rising → dopamine rising. Your 'golden window.' Best focus, creativity, and executive function. Plan big tasks here.

Ovulation

Day 14

Peak estrogen = peak cognitive performance. High energy, confidence, social ease. You feel like a different person — because neurologically, you kind of are.

Luteal

Days 15–28

Estrogen drops, progesterone rises, then both crash at 28. PMS amplifies ADHD — irritability, emotional flooding, time blindness worsens.

Tracking your cycle = tracking your ADHD. It's the pattern most women never knew to look for.

You're Not Failing the Schedule.

The Schedule Was Never Built for You.

The modern world runs on a 24-hour cycle. Women's bodies run on a 28-day one.

We have been trying to perform consistently in a system designed around male biology — and calling it a personal failure when we can't.

The world was designed around:

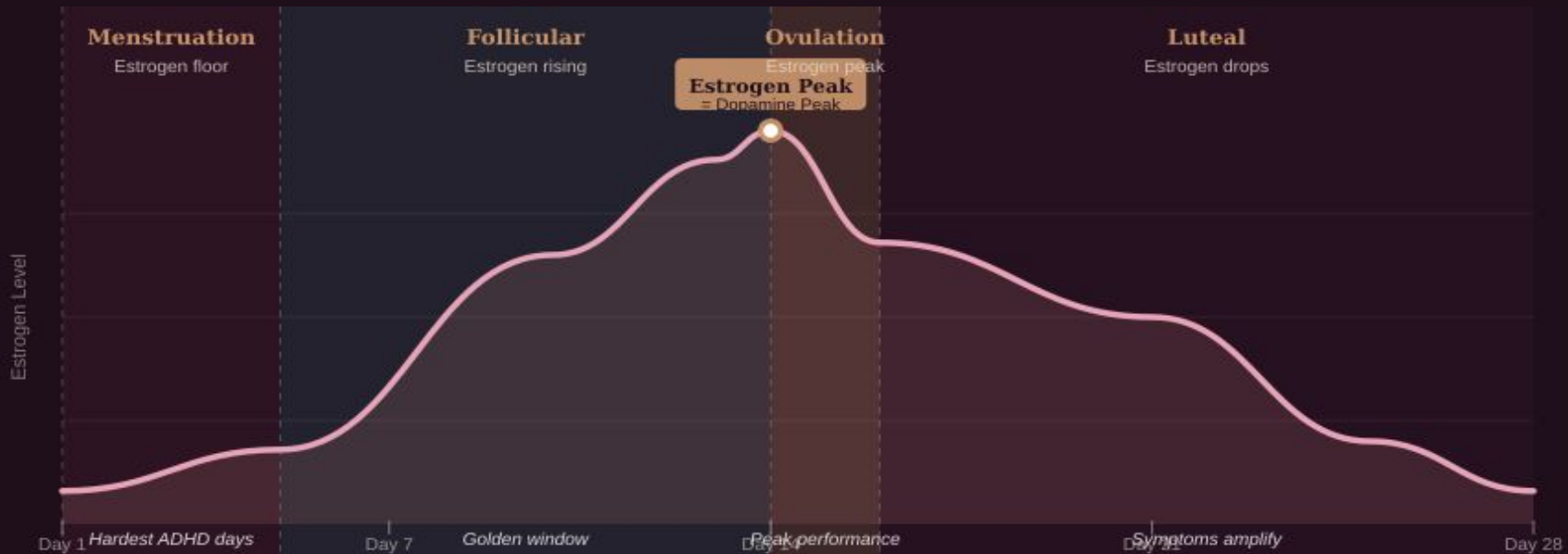
- A 24-hour hormonal cycle (testosterone-based)
- Consistent daily output and linear productivity
- The 9–5 workday — peak performance every morning, every day
- Steady energy, steady focus, steady mood
- One speed: on

Women's bodies actually run on:

- A 28-day hormonal cycle with four distinct phases
- Energy, focus, and capacity that shift week by week
- A natural peak window — and a necessary rest window
- Cyclical output, not linear output
- Four speeds — and all of them are valid

Add ADHD to a system already working against your biology — and it's not a mystery why so many women are exhausted.

Estrogen → Dopamine → Your ADHD Brain



High estrogen (Days 6–14)

Dopamine up → sharper focus, better working memory, medication works well

Low estrogen (Days 1–5, 22–28)

Dopamine drops → symptoms amplify, meds may feel less effective

On medication?

Track cycle + symptom data. Bring it to your next appointment.

Perimenopause — When Everything Gets Louder

The ADHD-menopause intersection is one of the least talked about and most impactful things happening to women in their 40s. If you're in this season — this part is for you.

What's happening

Estrogen begins an erratic decline — spiking and dropping unpredictably for years before menopause. This directly destabilizes dopamine regulation.

Why ADHD gets worse

Many women get their first ADHD diagnosis in perimenopause. They thought they were 'losing their minds.' They weren't — their hormonal ADHD support system was withdrawing.

Sleep disruption

Night sweats + sleep disruption = crashed executive function. This isn't laziness. This is your body under physiological siege.

Brain fog isn't 'just aging'

The cognitive symptoms of perimenopause and ADHD overlap almost entirely: memory issues, word retrieval, concentration, emotional reactivity. Both are happening at once.

Medication needs may shift

Stimulant dosing that worked at 35 may stop working at 44. This is biology, not failure. Work with a provider who understands the intersection.

HRT conversations matter

Hormone replacement therapy can significantly reduce ADHD symptom severity in perimenopause. It's a conversation worth having.

Emotional Dysregulation — Not a Character Flaw

If you've been told you're 'too much' your whole life — this is why.

Rejection Sensitive Dysphoria (RSD) affects up to 99% of adults with ADHD — and it is significantly more intense in women.

1

What RSD feels like

An overwhelming wave of shame, hurt, or anger in response to real or perceived rejection. It's not proportional. It's not a choice. It can last hours and derail everything.

2

The masking connection

Women often develop hyper-vigilance to social cues specifically to avoid triggering RSD. People-pleasing, over-apologizing, always doing more — it's a protection strategy.

3

RSD + relationships

Partners, friends, and bosses may experience ADHD women as 'volatile' or 'overreacting.' What they're witnessing is a nervous system in pain. Not drama — dysregulation.

ADHD Rarely Shows Up Alone in Women

Understanding what often travels with it changes everything about how you see yourself.

Anxiety

50%

Often develops as a coping response to years of ADHD-related struggles — not a separate problem.

Depression

30%

Especially after years of undiagnosed ADHD. Chronic shame and underperformance take a toll.

Autism

Up to 40%

AuDHD is more common in women. Both are underdiagnosed — the masking strategies overlap.

Eating Disorders

3.6×

Higher risk — connected to emotional dysregulation, impulsivity, and body-based shame.

PMDD

45%

PMDD and ADHD are deeply intertwined hormonally. Treating one affects the other.

Trauma / PTSD

Common

Chronic ADHD-related failures create complex trauma responses — especially in women who masked for decades.

The Masking Tax

What it costs to perform 'normal' every single day.

Masking is exhausting. Women with ADHD often put enormous cognitive and emotional energy into appearing neurotypical at work, in relationships, and in public — then collapse at home.

Cognitive load

Constantly compensating — making lists, setting alarms, rehearsing conversations. It burns through mental energy before the day even starts.

Emotional masking

Suppressing reactions, pretending things don't hurt, performing calm when inside it's chaos. This leads to delayed emotional 'explosions' at home.

Social performance

Scripting conversations, mirroring others, over-preparing. Women describe this as playing a character of themselves in every social interaction.

Post-mask crash

After a big event or workday, total shutdown. Not laziness — nervous system recovery. Partners often only see the shutdown, not

*the performance that preceded it. **Completed from a life of overperforming in a world not built for your brain.***

Medication — A Tool, Not a Personality

Medication can help manage symptoms. It does not fix ADHD, restore self-worth, heal trauma, or replace systems and support.

What medication CAN do

- Improve focus and task initiation
- Reduce impulsivity in the moment
- Lower emotional reactivity
- Create a window for other strategies to work
- Help working memory function better

What it CAN'T do alone

- Build skills you were never taught
- Heal internalized shame
- Replace structure and nervous system support
- Compensate for hormonal fluctuations fully
- Make you neurotypical

Women specifically should know

- Symptoms fluctuate with your cycle
- Perimenopause may require dose changes
- Stimulants + low estrogen = less effective
- Some women do better with non-stimulant options
- You deserve a provider who tracks this with you

What Actually Helps — The Whole-Body Approach

ADHD management that ignores the body is only doing half the work. Here's what the research — and lived experience — actually supports.



Sleep

Sleep is the #1 nervous system reset. Even one bad night wrecks executive function. Protect it fiercely.



Nervous System

Regulation first, productivity second. Your window of tolerance determines what your brain can do.



Nutrition

Protein + omega-3s + stable blood sugar = better dopamine production. This isn't a diet — it's brain fuel.



Movement

Exercise increases dopamine and norepinephrine for up to 4 hours. It is ADHD medication without the prescription.



Community

Co-regulation is real. Being around safe, regulated people literally helps regulate your nervous system.



Structures

External scaffolding for an internal executive function gap: routines, visible systems, body doubling, timers.

The Same Traits. Two Very Different Lives.

Hustle culture tells you to push through. That's not ADHD-friendly. It's not female-friendly. And it's costing you everything.

When you push & perform

When you honour your nature

Intense emotions

Volatility. Overreacting. 'Too much.'

Deep empathy, rich inner life, profound connection with others

Hyperfocus

Unreliable. Can't sustain. Inconsistent output.

Rare depth of immersion. The ability to create, build, and innovate at a level most people can't access

Sensitivity

Fragile. High-maintenance. Easily derailed.

Tuned into nuance, beauty, and people in ways that make you extraordinary in relationships and creative work

Nonlinear thinking

Scattered. Can't focus. Disorganized.

Pattern recognition, creativity, and problem-solving that linear thinkers simply cannot replicate

Cyclical energy

Unreliable. Lazy when low. Can't keep up.

When you work with your cycle instead of against it — seasons of explosive output and essential restoration

Hustle is anti-female. Hustle is anti-ADHD. Rest, rhythm, and honouring your design is where your power lives.

Rebuilding Identity After a Lifetime of Getting It Wrong

“ You weren't broken. You were misunderstood — by the world, by your teachers,
by the people who loved you, and probably by yourself. ”

The Reframes That Matter

I'm lazy

→ I have task initiation differences, not a motivation character flaw

I'm too emotional

→ I have a nervous system with high sensitivity — that's also a strength

I can't finish anything

→ I lose interest when novelty fades — that's neurology, not weakness

I'm a hot mess

→ I'm wired differently, and I'm learning to build a life that fits my actual brain

How to Advocate for Yourself in the Medical System

The system wasn't built for you. That means you have to learn how to navigate it.

01

Track your cycle + symptoms together

Bring data. A simple log showing when symptoms peak (usually day 22-28 and day 1-5) is powerful evidence in a clinical conversation.

02

Ask about hormone interactions specifically

Many GPs aren't trained on this. Ask: 'How does my estrogen level affect my ADHD medication effectiveness?' If they can't answer, find someone who can.

03

Name your perimenopause symptoms

If you're 38-52 and your ADHD has gotten significantly worse, say: 'I think perimenopause may be affecting my ADHD. Can we discuss both together?'

04

Bring a support person or written notes

ADHD brains under stress lose access to information. Write down your top three concerns before every appointment. You deserve to leave with answers.

05

You are allowed to seek a second opinion

If a provider dismisses your hormonal symptoms or tells you ADHD doesn't work that way in women — that is the wrong provider. You can leave.

What You Deserve to Know About Yourself

■ Your struggles were never a reflection of your intelligence or your worth.

■ The late diagnosis doesn't erase the pain — but it does explain it.

■ Your brain's differences include real, documented strengths.

■ You are allowed to grieve the years you spent not knowing.

■ Healing is not about becoming neurotypical. It's about becoming yourself.

■ You were purposefully and intentionally made — exactly this way.

You Made It This Far Because You're Stronger Than *You've Been Given Credit For.*

Let's talk. Q&A is open.

Website

rewriteadhd.com

Book a consult

Rewrite ADHD — Executive Function Coaching

Book

Coming Soon