



Women and ADHD: Accelerating Action for Gender Equality

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ThinkDivergent

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About ThinkDivergent

ThinkDivergent is committed to reshaping neurodevelopmental care, ensuring that clinicians have the tools to provide **timely, inclusive, and neuro-affirmative assessments** that reflect the diverse ways ADHD presents across different population groups, such as women with ADHD.

Why we exist

We believe in equitable access to life-changing self-knowledge, validation, and tailored support for everyone who thinks different. Neurodiversity is a fundamental aspect of human variation, one that demands recognition, respect, and responsive care.

The world we hope to create

A world that embraces neurodiversity, where every individual, regardless of gender, race, or background—has access to inclusive and timely assessments and personalised support to thrive. For women and girls with ADHD, this means dismantling systemic biases that perpetuate underdiagnosis, misdiagnosis, and unmet needs.

How we get there

ThinkDivergent will empower clinicians with a streamlined, holistic, and inclusive assessment platform that:

- Reduces inequalities in access: using neuro-inclusive design for patients.
- Integrates female-sensitivity into assessments: supporting clinicians to recognise ADHD traits unique to women, hormonal influences, and masking behaviours.
- Supports clinical decision-making: reducing diagnostic bias and supporting evidence-based assessments.
- Enables neuro-affirmative care: helping clinicians at all levels provide high-quality, patient-centred support.
- Boosts productivity: minimising administrative burden while enhancing clinical efficiency.

Introduction

On International Women's Day 2025, it is time to confront a critical equity challenge: **the persistent neglect of women with ADHD.**

For decades, ADHD has been understood through a male-centric lens, resulting in the widespread underdiagnosis, missed and misdiagnosis of women. This systemic oversight has created deep inequities, leaving countless women without the support they need. Research highlights stark gender disparities in diagnosis rates, symptom/trait presentation, and outcomes, with women facing distinct challenges throughout their lives.

Achieving true equity requires a fundamental shift toward female-sensitive approaches to ADHD care in ensuring timely and inclusive assessments, tailored support, and effective treatment. No woman should be left behind due to outdated misconceptions and systemic bias.

While sex and gender are distinct, much ADHD research has focused on sex assigned at birth. This article primarily reflects such research tied to biological, hormonal and sociocultural factors. At the same time, we recognise the experiences of all girls and women, and affirm the importance of inclusive, identity-affirming care for all individuals, regardless of gender identity.

A long-standing myth suggests that ADHD is less common or less severe in females. In reality, females can face greater long-term impact and impairment than their male counterparts, yet they remain overlooked and underserved. It is time to break this cycle, challenge outdated narratives, and create a future where all women with ADHD receive the recognition and care they deserve.

The Crisis of Underdiagnosis (Part 1 of 2)

Historically seen as a male-dominant condition, ADHD is now recognised as affecting both genders. While ADHD is more frequently diagnosed in males, research shows that **females can experience more severe traits, greater lifetime comorbidities, and deeper functional impairments.**^{1 2 3}. Despite this, an estimated **50–75%** of girls and women with ADHD remain undiagnosed,⁴ perpetuating cycles of unmet needs and preventable harm. This alarming gap stems from intersecting biases and structural gaps:

Symptom/Trait Presentation

ADHD often presents differently in females, making it harder to detect. While males typically externalise their ADHD traits, females tend to internalise theirs with inattention being more prominent^{5 6 7}. Additionally, while hyperactivity in boys often emerges early, in girls, it may be less pronounced or develop later,⁸ further delaying diagnosis.

Referral and Diagnostic Bias

The external nature of ADHD traits in males makes them more likely to be flagged early for assessment. In contrast, the less visible seen in females mean their struggles are often dismissed, overlooked, or misunderstood, resulting in missed opportunities for referral and assessment.⁹

The DSM-5 criteria for ADHD are also largely male-focused, overlooking the nuanced ways ADHD can present in females.¹⁰ As a result, **diagnostic tools and clinical assessments undervalue the internalising traits more common in girls and women, contributing to systemic under-recognition.**

The Crisis of Underdiagnosis (Part 2 of 2)

Compensation and Masking

Females with ADHD are more likely to develop effective coping mechanisms such as academic overcompensation, social mimicry, or perfectionism, allowing them to conceal their ADHD traits, leading to an underestimation of their challenges.^{11 12}

Sociocultural Factors

Societal expectations around female behaviour contribute to the misattribution or minimisation of ADHD traits.¹³ Behaviours such as daydreaming, emotional sensitivity, excessive talkativeness or giggling are often dismissed as personality quirks rather than recognised as potential signs of ADHD.¹⁴ This issue is further compounded by the intersection of race, ethnicity, and culture, **exacerbating the challenges faced by females with ADHD from diverse backgrounds.**^{15 16}

Missed and Misdiagnosis

Females with ADHD are disproportionately diagnosed with anxiety, depression, or other mental health conditions such as Borderline Personality Disorder / Emotionally Unstable Personality Disorder,¹⁷ often because their ADHD-related emotional dysregulation and executive dysfunction overlap with these conditions, which could result in initial misdiagnosis.¹⁸ Co-occurring conditions, such as anxiety or autism, can further obscure ADHD, making it harder for clinicians to recognise the full picture.¹⁹

Stigma

ADHD is vulnerable to stigmatisation, largely due to its complex and still poorly understood aetiology. **Females with ADHD face even greater stigma than their male counterparts,**^{20 21} which may deter them from seeking assessment or disclosing their struggles.

ADHD Across the Female Lifespan (Part 1 of 10)

Childhood

Neuroscientific research confirms distinct differences in brain structure, functional organisation, and neurochemistry between males and females with ADHD.^{22 23 24 25} These biological differences shape divergent trait profiles, **yet diagnostic criteria remain largely male-centric, leading to under-recognition of ADHD in girls.**¹²

While boys with ADHD typically externalise their traits, with difficulties in terms of motor response inhibition and cognitive flexibility,²⁶ girls typically internalise theirs,²⁷ with inattentiveness being more prominent than hyperactivity/impulsivity. Their less visible challenges are more easily overlooked, leading to unrecognised struggles:

- Inattention, chronic distractibility, mind wandering, difficulty sustaining focus
- Weaker working memory, harder to retain and process information
- Auditory processing challenges, missing cues and delayed responses

These **internalised traits in females are often broader in scope and more severe than in their male counterparts,**^{28 29} yet are frequently missed, leading to delays in critical support.

ADHD Across the Female Lifespan (Part 2 of 10)

Childhood (cont.)

Children with ADHD often experience conflicts with their peers, leading to unpopularity, rejection, and a lack of friendships, in part as a consequence of their ADHD traits.³⁰ However, these struggles differ between boys and girls:

- Girls with ADHD are more vulnerable to social-relational bullying, cyberbullying, and physical victimisation,^{31 32 33} while boys commonly experience physical bullying³⁴
- In their efforts to navigate peer relationships, girls with ADHD may rely on ineffective strategies,³⁵ deepening feelings of shame, isolation, and social anxiety.

Without recognition and support, these **early social struggles can lead to lasting emotional distress and lower self-esteem**, impacting mental health well into adulthood.

Furthermore, **trauma, which is significantly more prevalent in girls with ADHD, can begin early in development and persist throughout life, making it challenging to disentangle from ADHD traits.**³⁶ Similarly, anxiety may also emerge early and overlap with ADHD, complicating efforts to separate the two.³⁷

ADHD Across the Female Lifespan (Part 3 of 10)

Adolescence

While males with ADHD often enter adolescence with already elevated traits, **females typically experience an escalation of traits during this period,³⁸** leading to greater levels of impairment.³⁹

Research suggests that while both boys and girls with ADHD exhibit higher levels of emotional dysregulation in childhood, boys tend to improve over time. In contrast, **girls often experience worsening emotional lability, irritability, anxiety, and depression throughout adolescence.⁴⁰**

Adolescent girls with ADHD also face compounded difficulties compared to their male counterparts and female peers, including:⁴¹

- Heightened social, attentional, and organisational struggles
- Lower self-esteem and a poorer self-concept
- Greater psychological distress and feelings of helplessness

These challenges contribute to an increased likelihood of psychological impairments and co-occurring conditions, making adolescence a particularly vulnerable period, *highlighting possible effects of a late diagnosis.⁴²*

In addition, puberty-related brain development, hormonal shifts, and increased social pressure can create a perfect storm, amplifying ADHD-related challenges in girls. Oestrogen declines during certain menstrual phases further intensify ADHD traits in girls, with effects that persist into adulthood.⁴³

ADHD Across the Female Lifespan (Part 4 of 10)

Adolescence (cont.)

Effective stress management is crucial for navigating daily challenges.

Girls with ADHD, particularly those with combined presentation, have lower stress tolerance than boys, making them **more prone to maladaptive coping strategies**, including technological addictions.⁴⁴

This vulnerability of lower stress tolerance also increases the likelihood of early smoking initiation, with ADHD traits in females linked to higher rates of daily smoking and greater dependence compared to boys. Predominantly Inattentive ADHD may also have a causal link to smoking.⁴⁵ Adolescent girls with ADHD are also more likely than boys to engage in substance use, which may contribute to higher rates of self-injurious behaviour.^{46 47} Those with hyperactivity-impulsivity traits also show higher alcohol consumption and faster progression to daily marijuana use than boys.⁴⁸

Low self-esteem and negative self-talk can further exacerbate a psychological vulnerability to disordered eating, a probability that is particularly heightened in individuals with ADHD. Research links ADHD to overeating behaviours,⁴⁹ with ADHD being a key probability factor for binge eating and related disorders.⁵⁰ **Girls with ADHD are more likely to develop eating disorders than their female peers, and when they do, the likelihood of additional morbidity and dysfunction increases,**⁵¹ often persisting into adulthood.

These vulnerabilities persist as adolescent females transition into adulthood.

ADHD Across the Female Lifespan (Part 5 of 10)

Adolescence (cont.)

Beyond disordered eating, ADHD is also linked to obesity,^{52 53 54} with growing evidence of shared genetic factors driving both conditions.⁵⁵ This link is stronger in females, suggesting that biological and hormonal factors interact with ADHD traits, increasing susceptibility to both disordered eating and weight-related health issues.^{56 57 58 59} In addition, the inattentive presentation of ADHD is associated with higher BMI in females compared to both females without ADHD and individuals with ADHD hyperactive-impulsive presentation.⁶⁰

ADHD may also influence sexual behaviours in gender-specific ways, with adolescent girls facing:

- **Earlier sexual initiation**⁶¹ and a higher likelihood of teenage, early, and unplanned pregnancies⁶²
- **Increased vulnerability to sexual victimisation**⁶³ and **physical victimisation by an intimate partner**⁶⁴
- **Higher rates of sexually transmitted infections**,⁶⁵ particularly among those with co-occurring substance use disorders

Compared to their female peers, **girls with ADHD experience fewer years of education, lower academic achievement, and more work-related challenges.**⁶⁶

Adolescent girls with ADHD are also significantly more vulnerable for self-harm than both their male and female counterparts.⁶⁷ **Several childhood and adolescent factors increase the likelihood of suicidality and Non-Suicidal Self Injury (NSSI) in adulthood:**

- Externalising ADHD traits predict NSSI severity.⁶⁸
- Internalising conditions like anxiety and depression predict suicide attempts.⁶⁹
- Peer bullying and victimisation predict NSSI severity, while social rejection predicts suicide attempts.⁶⁰
- Childhood trauma or abuse greatly increases the likelihood of suicide attempts by early adulthood, compared to girls with ADHD who had not experienced trauma.⁷⁰

ADHD Across the Female Lifespan (Part 6 of 10)

Adulthood

Males with ADHD are more likely to experience challenges in spatial memory and complex attention. In contrast, females often report greater challenges with:

- **Arousal regulation** (e.g., modulating emotional and physiological responses)
- **Processing speed** (e.g., cognitive processing and keeping up with demands)

ADHD continues to present differently in males and females^{71 72} throughout adulthood, reflecting underlying neurobiological and psychosocial differences.

Up to 80% of adults with ADHD have at least one coexisting psychiatric condition.^{73 74} For females, ADHD-related impairments, compounded by continued societal pressure to suppress their ADHD traits, contribute to **higher rates of anxiety, depression, bipolar disorder, personality disorders, and psychological distress compared to their male counterparts.**^{75 76}

These additional challenges increase the likelihood of suicidal behaviour, especially when overlapping ADHD traits obscure their underlying ADHD. This highlights the severity of the impairments experienced by females with ADHD, exacerbated by a missed or late diagnosis.⁷⁷ **Early recognition and treatment of ADHD and its comorbidities has the potential to change the trajectory of psychiatric morbidity later in life.**⁷⁸

ADHD Across the Female Lifespan (Part 7 of 10)

Adulthood (cont.)

Studies show that the first two weeks of the menstrual cycle can be smoother for ADHD women than the other two, when the progesterone levels increase.⁷⁹ Compared to the general female population, **females with ADHD also have a higher likelihood of premenstrual dysphoric disorder (PMDD)**,⁸⁰ a severe form of premenstrual syndrome (PMS) that exacerbates emotional dysregulation and cognitive difficulties.

Emerging evidence links ADHD to cardiometabolic conditions such as obesity, hypertension, type 2 diabetes, and heart disease.^{81 82 83} Research suggests that females with ADHD tend to be younger when experiencing cardiometabolic issues compared to females without ADHD, indicating cardiometabolic dysfunction begins earlier in females with ADHD, increasing the likelihood of premature health decline.^{84 85} One likely pathway starts in childhood or adolescence, as higher rates of smoking, binge drinking, and disordered eating—common among those with ADHD—drive early metabolic disruptions.

Delayed diagnosis in girls leaves these risks unaddressed for years. Over time, this creates a "two-hit" effect: ADHD-related genetic vulnerabilities combined with prolonged lifestyle-related factors accelerate the onset of conditions like obesity and type 2 diabetes in young adulthood. The intersection of ADHD and cardiometabolic conditions carries compounding vulnerabilities for mental health. **Females with both conditions show markedly elevated rates of psychiatric multimorbidity, including anxiety, depression, and PTSD.**

ADHD is linked to higher mortality rates, especially in those diagnosed as adults. **Females have a higher mortality rate ratio than their male counterparts**, with excess mortality largely driven by accidents and other unnatural causes.⁸⁶

ADHD Across the Female Lifespan (Part 8 of 10)

Pregnancy

Despite evidence that pregnancy affects neurocognitive function in all women, research on how ADHD traits evolve during the perinatal period remains limited.⁸⁷ "Pregnancy brain" characterised by memory difficulties, slower processing, and increased distractibility, may be especially pronounced in those with ADHD.

For pregnant ADHD women, inattentive traits are strong predictors of impairment in their professional life, daily functioning, and relationships during pregnancy, while impulsivity traits uniquely predicts variations in professional and relationship impairments.⁸⁸

Research also suggests that **ADHD increases the likelihood for both depression and anxiety conditions postpartum.**^{89 90}

Maternal ADHD is also linked with an increased likelihood of pre-eclampsia, infection, caesarean section and negative birth outcomes.⁹¹ Research also suggests that obese adolescents with a genetic predisposition for ADHD are more likely to enter pregnancy overweight or obese, increasing the likelihood of ADHD traits in their children.⁹² **Leaving ADHD undetected in girls and women therefore has untoward consequences, not only for the individual, but also for the next generation of children at increased likelihood for ADHD.**⁹³

ADHD Across the Female Lifespan (Part 9 of 10)

Parenthood

While ADHD has a **strong genetic component**, emerging evidence suggests that the caregiving environment can influence how children navigate their ADHD traits, co-occurring conditions, and related challenges.⁹⁴

Parenting is a particularly important domain of functioning. Research indicates that **parents with ADHD and their partners experience greater parenting distress** in the first year of their child's life than parents without ADHD.⁹⁵

Additionally, mothers with ADHD report more severe ADHD traits than fathers with ADHD,⁹⁶ suggesting a **greater cumulative burden of executive dysfunction, emotional dysregulation, and societal expectations.**

For mothers with ADHD who also have children with ADHD, the interplay of shared additional challenges across time can create a compounding effect, further impairing the mother's daily functioning and affecting the child's developmental trajectories.⁹⁷

Yet, instead of recognising the additional executive function demands placed on ADHD mothers, **society often misinterprets their struggles as a failure in parenting, fuelling damaging myths that ADHD stems from "poor parenting" and a discipline issue.**

ADHD Across the Female Lifespan (Part 10 of 10)

Perimenopause and Menopause

Research on this key life transition phase for females is especially lacking, as both women and older populations are understudied in ADHD research.

It has been suggested that **hormonal fluctuations during perimenopause and menopause can exacerbate ADHD traits** in females,⁹⁸ leading to more severe climacteric mood challenges,⁹⁹ and cognitive decline.

This may be due to a drop in oestrogen and progesterone,¹⁰⁰ which regulate dopamine levels, already lower in females with ADHD. **As hormone levels decline, dopaminergic activity decreases, intensifying ADHD traits.**

Distinguishing ADHD traits from menopausal changes is challenging, as 70% of women experience cognitive or psychological challenges during this period, such as brain fog, memory issues, and mood difficulties,¹⁰¹ which overlap with ADHD, creating diagnostic ambiguity as clinicians may attribute ADHD traits to menopause alone. For undiagnosed females, **this overlap can obscure a lifelong pattern of ADHD struggles**, perpetuating the cycle of their needs being unrecognised and unaddressed.

The Impact of Late Diagnosis

ADHD is a major public health concern linked to long-term negative outcomes, including accidental injury, academic struggles, relationship issues, unemployment, criminality, substance misuse, and poorer physical and mental health. It also reduces life expectancy and healthy life expectancy, partly due to common factors associated with increased mortality, such as alcohol and tobacco use.^{102 103 104 105}

Delayed, missed, or misdiagnosed ADHD in females can therefore have profound lifelong consequences. Without diagnosis until adulthood, **unmanaged ADHD¹⁰⁶ leads to widespread negative impacts across all domains of life.**^{107 108}

These ultimately contribute to the **significantly increased mortality rates, notably higher in females than males with ADHD, including the increased likelihood of accidental deaths, suicidal thoughts, attempts and deaths as well as non-suicidal self-injury.**^{109 110 111}

Clinical Implications

The cost of failing to detect or misdiagnosing ADHD in girls and women is substantial, given the severity of the outcomes.¹¹² Earlier diagnosis and treatment may help to mediate these negative outcomes.

Understanding the expression of ADHD in females is the first step towards improving detection, assessment, and treatment, and ultimately enhancing long-term outcomes for girls and women with ADHD.¹¹³

This requires a comprehensive understanding of **female-specific developmental trajectories**, including **compensatory strategies, masking behaviours, and the impact of hormonal fluctuations**.^{114 115} Additionally, recognising the influence of co-occurring conditions on clinical presentations is essential.¹¹⁶ **Without addressing these factors, systemic bias persists, perpetuating underdiagnosis and preventable harm to girls and women.**

Checklist for Clinicians (Part 1 of 2)

Integrating Female Sensitivity into Adult ADHD Assessments

1 Prioritise Trauma-Informed Care

- ✔ Use trauma-informed approaches to:
 - ✔ Screen for trauma history.
 - ✔ Map traumatic life experiences and ADHD trait severity.

2 Avoid Male-Centric Bias

- ✔ Be aware that Rating scales with norms based on male or mixed-sex samples may disadvantage females.
- ✔ Do not dismiss ADHD in females due to absence of disruptive behaviours.
- ✔ Challenge assumptions (e.g., “She’s too successful to have ADHD”).
- ✔ Avoid conflating presentation with severity: Quiet struggles do not equal less impairment.

3 Recognise Female-Specific ADHD Presentations

- ✔ Acknowledge that females are more likely to exhibit inattentive traits.
- ✔ Investigate overlooked childhood signs of ADHD.
- ✔ Ask targeted questions to explore the internalisation of ADHD traits.
- ✔ Ask about early social and relational difficulties.
- ✔ Explore compensation and masking strategies to ‘hide’ struggles.
- ✔ Assess the impact of coping mechanisms:
 - ✔ Emotional toll
 - ✔ Social consequences

Checklist for Clinicians (Part 2 of 2)

Integrating Female Sensitivity into Adult ADHD Assessments

4 Evaluate ADHD Across the Female Lifespan

- ✔ Do not rule out ADHD due to satisfactory academic achievement.
- ✔ Consider hormonal influences as potential modulators of ADHD traits.
- ✔ Map ADHD traits and assess impairment during key life transitions.
- ✔ Evaluate stress tolerance and identify maladaptive strategies.
- ✔ Screen for female specific ADHD-related risks and vulnerabilities.
- ✔ Consider psycho-social influences, including gender, racial and cultural factors.

5 Differential Diagnosis & Comorbidities

- ✔ Be vigilant for comorbid conditions that may overshadow ADHD.
- ✔ Recognise overlapping ADHD traits in comorbid conditions.
- ✔ Recognise the common occurrence of anxiety and depression in ADHD females.
- ✔ Distinguish between primary and secondary anxiety or mood disorders.
- ✔ Consider if ADHD traits have been misattributed to other disorders.

6 Foster a supportive and empowering process

- ✔ Use a neuro-affirmative approach:
 - ✔ Validate lived experiences.
 - ✔ Avoid dismissive language.
 - ✔ Use affirming statements.
- ✔ Adopt a strengths-based approach:
 - ✔ Highlight adaptive strategies.
 - ✔ Acknowledge resilience.
 - ✔ Recognise strengths.

Conclusion

Untreated ADHD can be even more impairing for some women than it is for men.

Addressing ADHD in women requires a **fundamental shift from male-centric diagnostic frameworks to inclusive, comprehensive, and lifespan-oriented biopsychosocial models.**

By recognising **female-specific presentations and challenging diagnostic biases**, clinicians can drive meaningful change and improve outcomes for this long overlooked and underserved population group.

But it's not just about reducing challenges: **it's about unlocking strengths.** Women with ADHD can bring creativity, innovation, resilience, and deep empathy to the table. When given the right support, they can flourish as problem-solvers, leaders, and changemakers in every field.

This **International Women's Day 2025**, lets move beyond awareness to accelerating action in ensuring equity. **Women with ADHD deserve care that acknowledges their lived experiences, removes barriers to diagnosis and treatment, and empowers them to thrive, not just survive, with ADHD.**

The ThinkDivergent Platform

ThinkDivergent is more than a digital platform, it's a commitment to equity in neurodevelopmental care.

Unlike traditional assessment tools, the ThinkDivergent platform integrates:

- **A neuro-inclusive app:** accessible design replaces outdated, neurodivergent unfriendly forms.
- **A structured, step-by-step workflow:** guiding clinicians while capturing critical clinical decisions.
- **Female-sensitivity:** supports clinicians in recognising ADHD traits unique to women, hormonal influences, and masking behaviours.
- **Automated, highly personalised reports:** including strengths-based patient summaries.
- **Built-in governance and audit processes:** ensuring safe, effective, and accountable care.

Co-designed with clinicians and individuals with lived experience, ThinkDivergent is a clinical support and productivity tool - not a medical device - **built to enhance diagnostic accuracy while improving patient and clinician experiences.**

"The true measure of a just healthcare system is not how it serves the majority, but how it uplifts those made invisible by bias."

Dr Jasmine Murphy
Chief Clinical Officer of ThinkDivergent

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