

# ADHD IN WOMEN

*Late diagnosis, hormonal impact, masking, and the hidden cost of high performance*

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## OVERVIEW

For decades, ADHD research and clinical practice were built almost entirely around the study of boys. As a result, the way ADHD presents in girls and women, more internally, more quietly, more hidden, was largely overlooked. Women have been systematically underdiagnosed, misdiagnosed, and undertreated. The consequences of this gap are now well-documented: higher rates of anxiety, depression, burnout, and self-doubt; diagnoses that arrive years or decades late; and a lifespan of hormonal transitions that profoundly affect ADHD symptoms in ways the medical field is only beginning to understand.

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## THE DIAGNOSIS GAP: WOMEN ARE IDENTIFIED LATER

ADHD in girls and women is frequently missed in childhood because their symptoms tend to be less disruptive and less visible than those of boys. Inattention, daydreaming, anxiety, and quiet struggle do not trigger referrals the way hyperactivity does. By the time many women receive a diagnosis, they have spent years being told they are too sensitive, not trying hard enough, or simply anxious.

### By the numbers:

**~4 years** Women with ADHD experience a nearly 4-year delay in diagnosis compared to men, even when symptom severity is comparable (Skoglund et al., 2023; Agnew-Blais, 2024).

**61%** of women with ADHD received their diagnosis in adulthood, compared to 40% of men (CDC / Staley et al., 2024).

**25%** of women received an ADHD diagnosis before age 11, compared to 45% of men (CDC / Staley et al., 2024).

**8%** of girls ages 3–17 are diagnosed with ADHD, compared to 15% of boys, a nearly 2:1 ratio (CDC, 2022 NSCH).

- Women with ADHD frequently accumulate multiple prior diagnoses, anxiety, depression, or bipolar disorder, before ADHD is identified. The healthcare system often treats the symptoms without identifying the underlying condition (Skoglund et al., 2024).
  - Many women first suspect they may have ADHD after a child in their family receives a diagnosis, recognizing themselves in the description for the first time.
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## HORMONES, ADHD, & THE MENOPAUSAL TRANSITION

Estrogen plays a significant role in regulating dopamine, the neurotransmitter most central to ADHD. As estrogen levels shift across a woman's lifespan, during the menstrual cycle, perimenopause, and menopause, ADHD symptoms fluctuate in ways that are clinically significant but widely underrecognized.

### The Estrogen-Dopamine Connection

- Estrogen supports dopamine function in the prefrontal cortex, which governs attention, working memory, and impulse control. When estrogen declines, as it does during the luteal phase of the menstrual cycle, perimenopause, and menopause, ADHD symptoms can intensify and ADHD medication may become less effective (Eng et al., 2024; Quinn, 2005).
- Women with ADHD are at 6 times higher risk of receiving a depression diagnosis after starting hormonal contraception than women without ADHD on the same medication (Lundin et al., 2023).
- Swedish registry data identified 5 times the rate of postpartum depression and anxiety among women with ADHD compared to women without an ADHD diagnosis (Andersson et al., 2023).

### Perimenopause and Menopause

The perimenopausal and menopausal transition is emerging as one of the most significant, and most overlooked, inflection points for women with ADHD.

**54.2%** of women with ADHD report debilitating symptoms during perimenopause, compared to approximately one-third of women without ADHD (Jakobsdóttir Smári et al., 2025; SAGA cohort, n=5,392).

**Up to 10 years** earlier: perimenopausal symptoms in women with ADHD may begin up to a decade sooner than in the general population (Jakobsdóttir Smári et al., 2025).

**93%** of women with ADHD aged 45+ reported a worsening of ADHD symptoms during perimenopause and/or menopause in an ADDitude survey of nearly 5,000 women.

**83%** of women with ADHD in that same survey reported experiencing some ADHD symptoms for the first time during perimenopause or menopause.

- Common experiences include worsening brain fog, memory problems, emotional dysregulation, overwhelm, and a sudden sense that coping strategies that once worked no longer do.
- Many women present to their physicians during perimenopause believing they are developing dementia, only to discover they have ADHD that was masked for decades by estrogen and their own compensatory efforts.

**An important clinical note:** Women with ADHD who present with new or dramatically worsening cognitive and emotional symptoms during perimenopause or menopause should be screened for ADHD if not already diagnosed. The hormonal transition can unmask ADHD that was previously compensated for.

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## BARRIERS TO DIAGNOSIS WOMEN FACE

Even when women suspect they have ADHD, multiple barriers stand between them and a diagnosis.

- **Gendered diagnostic criteria:** The DSM-5-TR diagnostic criteria and most standardized ADHD assessments were developed based primarily on male presentations. Internalizing symptoms, anxiety, emotional dysregulation, low self-esteem, and rumination, are not as explicitly reflected in criteria that emphasize visible hyperactivity and external disruption.
  - **Misattribution of symptoms:** ADHD symptoms in women are routinely attributed to anxiety, depression, or personality traits. Women frequently leave clinical appointments with prescriptions for antidepressants or anti-anxiety medications rather than an ADHD evaluation (Skoglund et al., 2024).
  - **Masking hides the struggle:** Women develop sophisticated compensatory strategies early in life, over-preparing, arriving excessively early, relying on lists, rehearsing conversations, that make them appear organized and capable. These strategies mask impairment in clinical settings, making it harder for providers to see the effort required to maintain functioning.
  - **Clinician bias:** Research consistently shows that clinicians are less likely to recognize ADHD in women presenting with internalizing symptoms. The same behavioral history assessed in a girl or woman may not trigger an ADHD referral that it would in a boy or man (Attoe & Climie, 2023).
  - **Self-doubt and internalized shame:** Many women who suspect they have ADHD discount their own concerns, having internalized years of being told they are just disorganized, lazy, or emotional. The phrase “but I’m functioning, so it can’t be that bad” is one of the most common reasons women delay seeking evaluation.
  - **Access and waitlists:** Adult ADHD evaluations are increasingly difficult to access. Long waitlists, high costs, and a shortage of providers trained in adult and female ADHD presentation are structural barriers that fall disproportionately on women, who are more likely to be seeking evaluation for the first time in adulthood.
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## THE “HIGH PERFORMER” PATTERN & ADHD BURNOUT

One of the least recognized profiles of ADHD in women is the high performer: the woman who appears exceptionally capable, professionally accomplished, socially engaged, organized on the outside, while expending enormous invisible effort to sustain that appearance. This pattern is not a sign that ADHD is mild. It is often a sign that masking is working, at tremendous cost.

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## What Masking Looks Like in High-Performing Women

- Working significantly longer hours than peers to produce the same output, while appearing equally productive
- Using elaborate systems, apps, alarms, and rituals, not because they are naturally organized, but to prevent visible failure
- Arriving excessively early, over-preparing, or reviewing work multiple times to avoid mistakes that others do not need to guard against
- Saying yes to far more than is sustainable, driven by fear of being perceived as unreliable or difficult
- Feeling like an imposter: highly accomplished externally, while privately convinced they are one mistake away from being “found out”

## The Mental Health Impact of Chronic Masking

Masking is not a neutral strategy. Sustained over years and decades, it depletes cognitive and emotional resources in ways that accumulate toward crisis.

- Half of neurodivergent employees report feeling burned out, compared to 38% of neurotypical workers (WTW Global Benefits Attitude Survey, 2023). More than 40% of neurodivergent workers in a separate survey were already experiencing burnout at the time of the study (Our Community, 2024).
- ADHD burnout is characterized by overwhelming exhaustion, loss of motivation, emotional numbness, and a sudden collapse of the coping systems that previously held functioning together. It is distinct from ordinary workplace burnout in that it reflects the depletion of neurological resources, not simply overwork (Psychiatry Advisor, 2025).
- Chronic masking is strongly associated with elevated rates of anxiety, depression, and low self-esteem. Many women with ADHD are treated for these conditions for years without the underlying ADHD ever being identified (Huynh et al., 2024).
- Women with ADHD are significantly more prone to Rejection Sensitive Dysphoria (RSD), intense emotional pain in response to perceived failure or criticism, which amplifies the drive to perform perfectly and the fear of being found inadequate (ADDitude / Frontiers in Global Women’s Health, 2025).
- The impact of late diagnosis on mental health is well-documented: women diagnosed in adulthood report years of low self-esteem, self-blame, and a painful recontextualization of their life story, understanding, for the first time, that their struggles were neurological, not personal failures (Huynh et al., 2024; Kelly et al., 2024).

**What burnout can look like:** A woman who has been high-functioning for years may suddenly find she cannot complete basic tasks, maintain relationships, or get out of bed, not because something new has gone wrong, but because years of unsustainable effort have finally exhausted her reserves. This presentation is frequently misread as a depressive episode rather than ADHD burnout.

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**The Society for ADHD and Co-Occurring Conditions** serves as a bridge between faith communities and the evidence-based resources families need. We are here to equip you.

For resources, training, or speaking inquiries: [info@societyforadhd.org](mailto:info@societyforadhd.org) | [www.societyforadhd.org](http://www.societyforadhd.org)

*References available upon request. All content is science-backed and evidence-based.*