

ADHD and Women's Health

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Abstract:

Background: Attention-Deficit/Hyperactivity Disorder (ADHD) has historically been conceptualised as a predominantly male condition, with childhood diagnosis rates substantially higher in boys. However, emerging evidence suggests that prevalence rates in adulthood approach parity, with variability largely attributable to the under-recognition of ADHD in females. Females more commonly present with inattentive and internalised symptoms, contributing to diagnostic overshadowing by anxiety, mood, and somatic conditions. These challenges are often exacerbated during hormonally sensitive periods across the reproductive lifespan, yet empirical investigation of ADHD within these stages remains limited.

Aims: This study aimed to examine the impact of ADHD on females across three key reproductive stages: menstruation, the perinatal period, and menopause.

Methods: A cross-sectional design was employed with 602 adult females (mean age = 39.52 years, SD = 10.21), including 377 diagnosed with ADHD and 225 non-ADHD controls. Groups were age-matched. Participants reported menstrual regularity and completed validated measures assessing reproductive-stage-related symptoms: the Premenstrual Symptoms Screening Tool (PSST), the Edinburgh Postnatal Depression Scale (EPDS; retrospective reporting), and the Greene Climacteric Scale (GCS) for peri- and post-menopausal symptoms.

Results: Females with ADHD reported significantly higher rates of menstrual irregularity ($\chi^2 = 14.2, p < .001$), premenstrual syndrome ($\chi^2 = 196.60, p < .001$), and premenstrual dysphoric disorder ($\chi^2 = 83.01, p < .001$) compared to controls. The ADHD group also demonstrated significantly

higher severity of postpartum depression symptoms ($t = 7.89, p < .001$) and greater peri- and post-menopausal symptom burden ($t = 9.61, p < .001$).

Conclusions: Findings indicate that females with ADHD experience disproportionately high levels of reproductive-stage-related difficulties across menstruation, the perinatal period, and menopause. These results highlight the necessity of integrated healthcare approaches that consider the interaction between neurodevelopmental vulnerability and hormonal transitions. Policies to improve clinical recognition and tailored interventions are essential to optimise mental health and functional outcomes for females with ADHD across the lifespan.