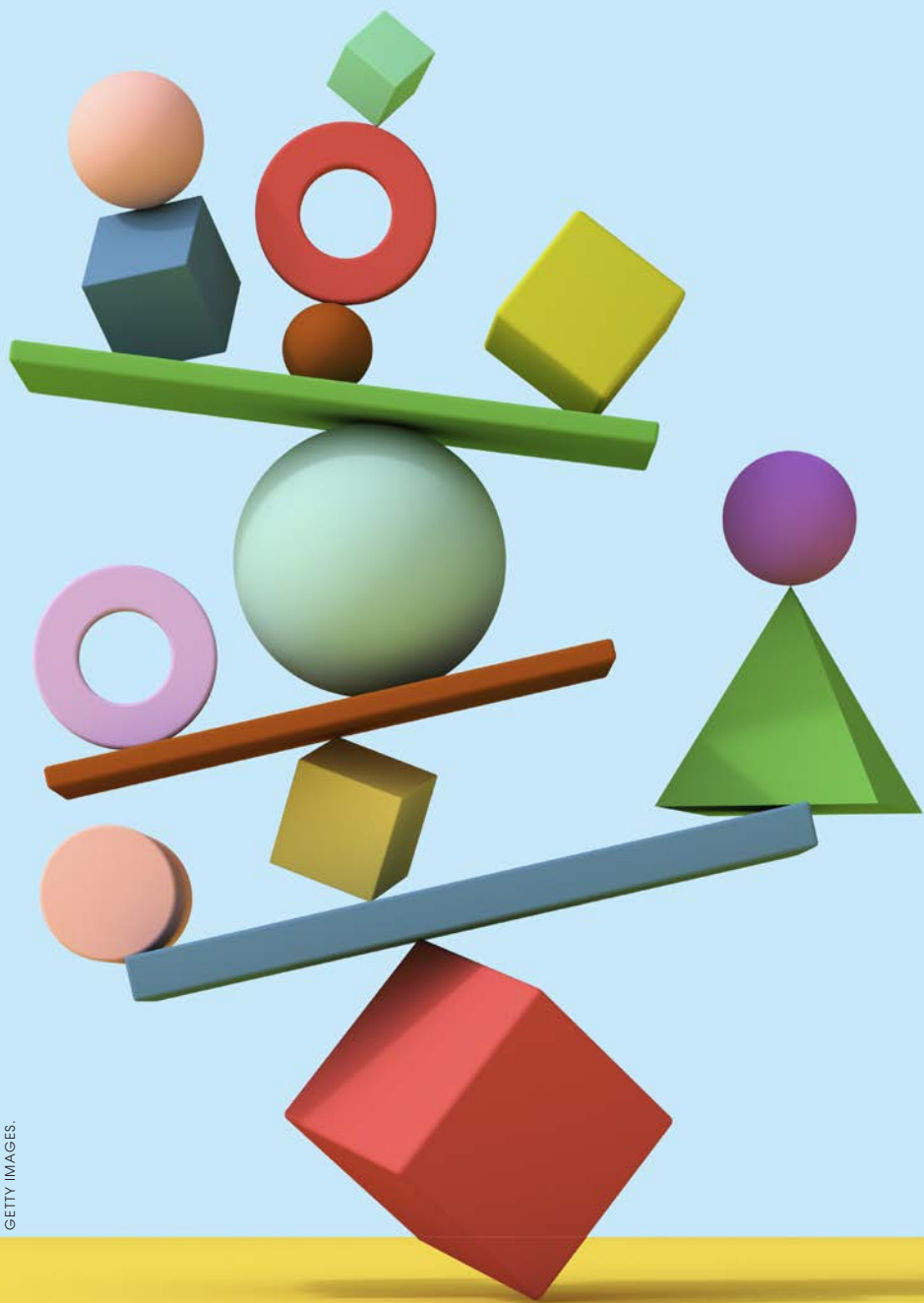


hormones, ADHD, and the midlife balancing act

Being in perimenopause is all kinds of challenging. Now more women are discovering that their brain fog, lack of impulse control, and constant feeling of distraction may be a clue to something else entirely.

BY LESLIE GOLDMAN





melanie
Hutchinson had always been messy, but in 2020, as she entered her 50s, her home became overrun with clutter.

A mountain of laundry overtook her bedroom and piles of paper and junk accumulated everywhere. Before Zoom meetings, she'd hurriedly throw things into laundry baskets and stash them in the basement to avoid an embarrassing background. The Ontario, Canada-based finance operations manager also found herself struggling with impulse control: She couldn't stop herself from bingeing on sweets, and she would find herself seething with rage while grocery shopping. "I'd want to scream at people if their cart was taking up the whole aisle," she recalls.

These changes coincided with several stressful life transitions, including starting a new job and watching her daughter prepare to leave for college. She was also in the throes of perimenopause, the hormonally turbulent years leading to menopause. Her periods grew extremely heavy and painful, and she started to experience fatigue, a constant sense of being overwhelmed, and brain fog so intense that she began Googling early-onset dementia. (And, oh yes, there was a global pandemic going on.) Though she had been disorganized and anxious her whole life, this level of chaos felt alarming.

Then one day in the middle of all this, she suddenly thought back to the moment six years earlier when her daughter, then 12, had been diagnosed with attention-deficit/hyperactivity disorder (ADHD). When the psychologist had discussed her child's social anxiety, extreme sensitivity, and academic difficulties, Hutchinson had thought, *This all sounds like me*. But she had never heard of a grown woman with a successful career having ADHD, so she had dismissed the idea.

Now the puzzle pieces were starting to fit together. Hutchinson was among the estimated 4% of U.S. adults eventually diagnosed with ADHD, a condition affecting the brain in ways that impact attention and focus, behavior, emotional regulation, impulse control, time management, and more. And as is the case for a shockingly large number of women with ADHD, it had escaped



diagnosis until she reached perimenopause, having previously flown under a gender- and age-biased radar that has left countless bright, capable women berating themselves for being disorga-

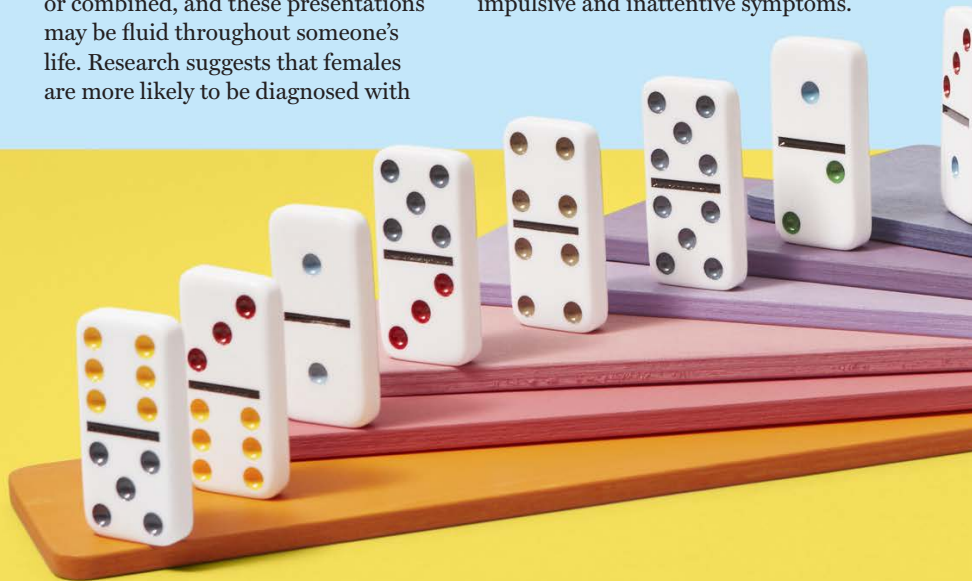
nized, anxious, and easily overwhelmed.

As researchers now understand, these women have a neurodevelopmental condition with a fuse that often doesn't get lit until estrogen starts fluctuating

in midlife; the hormonal shift comes at an already stressful time of life, and any coping mechanisms the woman has developed over the decades are overwhelmed. And then there's the so-called "Mommy factor": In many cases ADHD, which tends to run in families, doesn't get diagnosed until a woman hears the term being used to describe her child. Only then does she realize that she too has been dealing with it all along.

The term "ADHD" still makes most people think of squirrely boys causing trouble in class. But the truth is that girls can have ADHD, as do many adult women. (At least twice as many boys as girls are diagnosed with ADHD, but research suggests that by adulthood the ratio is closer to 1:1.) ADHD can present as predominantly inattentive, predominantly hyperactive/impulsive, or combined, and these presentations may be fluid throughout someone's life. Research suggests that females are more likely to be diagnosed with

the inattentive type, which includes challenges with executive functioning, an umbrella term for skills that involve planning, staying on task, and keeping track of belongings or time. (Young girls with this type are often labeled flighty daydreamers.) Predominantly hyperactive/impulsive ADHD tends to occur more in males; women with ADHD can also be hyperactive/impulsive—excessively chatty, fidgety, and risk-taking, for example—but their hyperactivity is often turned inward, manifesting as overthinking, having racing or ruminating thoughts, and an "internal restlessness," says Gilly Kahn, Ph.D., a clinical psychologist in Atlanta who specializes in treating girls with ADHD. When Hutchinson was diagnosed, at 53, she was told that she had the combined form, a mixture of hyperactive/impulsive and inattentive symptoms.



the hormonal cascade

The fact that so many women are being diagnosed with ADHD in their 40s or 50s is no surprise to New York City-based neuropsychologist Jeanette Wasserstein, Ph.D., an assistant clinical professor of psychiatry at the Icahn School of Medicine at Mount Sinai. She explains that midlife hormone changes create a biochemical storm that can either cause ADHD symptoms to appear for the first time or allow preexisting ones to gain traction so that previously successful coping mechanisms no longer work.

Compared with the relatively stable levels of the reproductive years (outside

pregnancy and the postpartum period), “estrogen zigzags all over the place in perimenopause and drops off significantly in menopause,” Wasserstein says. Most women associate these fluctuating estrogen levels with symptoms such as hot flashes, but estrogen also “regulates several important neurotransmitters,” Wasserstein says, “including dopamine, which we need for executive functioning, and serotonin, which is important for mood regulation and impulse control.” Estrogen also helps govern acetylcholine, a neurotransmitter involved in memory, learning, and focus.

Whether or not a woman has ADHD, up-and-down estrogen



levels in perimenopause and dropping estrogen levels in menopause spark varying degrees of cognitive and mood changes, creating symptoms including brain fog and emotional dysregulation. For those with ADHD, this can have a tsunami-level ripple effect.

For Tracy Otsuka, author of *ADHD for Smart Ass Women: How to Fall in Love with Your Neurodivergent Brain* and a certified ADHD coach who was diagnosed with it in perimenopause, symptoms included brain fog that impeded her ability to read standard work contracts and changes in her penmanship so severe that “I thought I had Parkinson’s disease,” she recalls. (Dopamine is involved in fine and gross motor skills, which is one reason people with ADHD can sometimes be clumsy.)

When Wasserstein and *ADDitude* magazine surveyed more than 3,500 women with ADHD, a huge majority said their symptoms had first appeared or escalated during perimenopause and menopause. “More than half reported that problems with time management, feeling overwhelmed, and brain fog had become ‘life-altering,’” Wasserstein says. For those with confirmed ADHD, the average age of diagnosis was in the 40s.

The hormonal link is one reason women with ADHD may look back to their 20s and 30s and realize their symptoms have routinely flared in the days before their period, when estrogen levels naturally dip. Women with ADHD are also more prone to severe PMS and postpartum depression.

add stress and stir

Hormone shifts aside, the intense stress that accompanies keeping career, family, and friendship plates spinning can have debilitating effects on the midlife ADHD brain. For those like Hutchinson, who reached midlife in the middle of the pandemic, it was the perfect storm: In fact, between 2020 and 2022 the number of 30- to 49-year-old women newly diagnosed with ADHD nearly doubled.

Add midlife social stressors and societal pressures, Kahn says, and it makes sense that in so many cases ADHD symptoms become more apparent when a woman reaches her 30s, 40s, or 50s.

For some women who receive a later-in-life diagnosis—what Otsuka calls “midlife-onset ADHD”—this is their first go-round with symptoms. For others, red flags have been waving since childhood, but they’ve been hidden by the women’s ability “to mask their interpersonal struggles and adhere to the rules of how women ‘should’ behave,” Wasserstein explains.

These women often unknowingly develop compensatory workarounds, relying on checklists, phone alarms, and sticky notes to stay on task or working until midnight because they previously got sidetracked. They may, like Hutchinson, keep quiet in conversations when they desperately want to interrupt, or smile and nod while tuning out. And though it contradicts the “space cadet” tropes, perfectionism is rampant

DO YOU HAVE ADHD, OR DID TIKTOK CONVINCe YOU?

■ Stacy Ferrante, 46, was watching a woman on TikTok describe her ADHD symptoms (including an inability to make berry jam without noticing a messy table in the dining room, wandering over to tidy it, grabbing a book that belonged in the bedroom, and then making the bed once she arrived there). *Oh, that's 100% me,* Ferrante thought.

Ferrante did end up being diagnosed with ADHD, but experts like Kahn and neuro-psychologist Judy Ho,

Ph.D., worry that influencers playing doctor on social media may inadvertently spread misinformation by suggesting that everything from crying in the car to fidgeting and skin picking screams "ADHD!" in women. In fact, Canadian researchers recently analyzed 100 popular #ADHD TikTok videos (with nearly 283 million views combined) and found that over half contained misleading info.

"It is important for people not to self-diagnose based on

these videos," Ho says. The symptoms they mention could also be related to depression, hormonal fluctuations, or just having a bad day. If you see yourself in these videos, Ho suggests scheduling an appointment with a mental health professional with ADHD expertise. "Stay open-minded," she says. "Share your concerns with your provider and then let them do the work" to ensure that you receive an accurate diagnosis and info on appropriate treatments.

among people with ADHD, partly as the result of "an intense fear of messing up...and feeling rejected," Kahn says.

Maintaining this facade is exhausting, but women with ADHD often manage to squeak through their 20s and 30s while doing so. Then, when perimenopause hits, these compensatory mechanisms often crumble, prompting these women to seek help from a mental health provider. "They're saying, 'It's impacting my life now,'" says Los Angeles clinical and forensic neuropsychologist Judy Ho, Ph.D.

living with ADHD

If you suspect that you have ADHD, ask your primary care doc, ob/gyn, or therapist for a referral to a psychologist or a psychiatrist for a thorough ADHD evaluation. Look for someone who has experience working with women with the condition, as a lot of other diagnoses can overlap with or be mistaken for ADHD. (Find a provider near you at chadd.org/professional-directory.)

And of course in some cases the symptoms a woman is experiencing are due *solely* to perimenopause or another issue.

That said, ADHD is often misdiagnosed as generalized anxiety disorder or depression when the symptoms may relate to a woman's struggle with ADHD. Or, she might have ADHD and

something else. Co-occurring mental health conditions are disturbingly common among women with ADHD, who have heightened rates of anxiety, depression, substance abuse, eating disorders, and suicidality. Otsuka attributes this at least in part to undiagnosed ADHD's impact on self-esteem: "We're constantly beating ourselves up, thinking,



STOCKSY UNITED.

There's something wrong with me."

If you're diagnosed with ADHD, you and your provider can discuss which treatments may be best for you. Stimulants, which boost dopamine levels in the brain, are effective for about 70% of people with ADHD. Non-stimulant ADHD drugs exist too, and some meds typically used for other conditions, such as high blood pressure or depression, can improve specific ADHD symptoms.

For Stacy Ferrante, 46, a real estate agent from Milton, GA, who was diagnosed two years ago, stimulant medication allows her to "focus on a single task at a time rather than juggling 15 different projects." This, along with the flash cards she has always created to stay on task, helps her feel more productive, more focused, and simply "happier."

Wasserstein says many perimenopausal and menopausal women find relief with hormone therapy—rebalancing estrogen levels can have a beneficial effect on dopamine, serotonin, and acetylcholine. "But it's tricky," she says, because ob/gyns aren't typically trained in ADHD diagnosis, and hormone treatment is outside most psychiatrists' domain. For now, she says, "it's up to the patient to assemble her own team and ask them to work together."

Therapy, exercise, sleep, and executive-function coaching can also help. Hutchinson has found refuge in support groups and communities of like-minded women as well as in blogging as a decluttering coach; members of Otsuka's Facebook group,

ADHD for Smart Ass Women Society, have introduced her to game-changing hacks, including time-blocking apps like Asana and virtual coworking apps. (People with ADHD often find that their focus soars when they work in the presence of others—through apps like Focusmate and Flow Club, strangers become accountability buddies.)



silver linings

Otsuka insists that a midlife diagnosis is nothing to fear. Instead, she says, it's often a lightbulb moment, helping women reframe what they had thought were personal shortcomings as biochemical and anatomical differences. Ferrante says she is elated to have a diagnosis that helps her understand, *Oh, this is why I do what I do.*

Otsuka emphasizes that ADHD has its bright sides too: out-of-the-box thinking, fearless drive, laser focus when interested in a topic, and a tendency to be optimistic, resilient, and attuned to injustice. Hutchinson says her ability to hyperfocus allows her to read about eight books a month and bang out long blog posts with little effort; Ferrante, a self-proclaimed "queen of ideas," can transform a house from total disarray to beautifully staged in very little time. "I want to help women squash the notion that they're disordered or defective and embrace their neurodivergence," says Otsuka.