



**ADHD and
the perimenopause
and menopause**

A guide to practical support and treatment for those with ADHD during the perimenopause and menopause

In the UK, it is estimated that around 1.5 million individuals live with Attention Deficit Hyperactivity Disorder (ADHD). Many of these people do not have a formal diagnosis.

ADHD can cause difficulties that affect day to day functioning and these issues can often get worse when hormones change during the perimenopause. This booklet explains why that happens and outlines the interventions and treatments that can really make a positive difference.

Getting a diagnosis and a management plan that's right for you and your ADHD is really important. If you haven't already been diagnosed with ADHD, it can take some time to get a diagnosis.

This can be worrying if you're entering the perimenopause or menopause, as you might have questions about how hormone changes will affect your ADHD and about using HRT.

This booklet will look to address some of the questions you may have. It will take you through the common symptoms of ADHD, the treatment options available, and offer advice for when you talk to your doctor about managing your symptoms.

There's a lot of information here – it might be a good idea to read it in smaller chunks over several days, rather than try and finish it one sitting.

Make notes in the margins, highlight bits that strike you and just take a break if it gets overwhelming.

Contents

1-2

What is ADHD?

What causes ADHD?

Women and ADHD

3-4

What are the symptoms of ADHD?

Common Symptoms

Symptoms in Women

5-6

Getting a diagnosis

Difficulties getting a diagnosis

6-10

ADHD and the perimenopause and menopause

What is the menopause?

What does the menopause have to do with my ADHD?

Hormones and ADHD

Symptoms of the perimenopause and menopause

ADHD symptoms in the perimenopause and menopause

11

Treatment options for ADHD

12-13

Treatment for Perimenopause and menopause

Types and ways of taking HRT

14-18

Managing your ADHD during the perimenopause and menopause

Taking medication and HRT

Psychological support

Lifestyle changes

18

Be your own advocate

19

Additional resources

What is ADHD?

ADHD is a neurodevelopmental condition that can lead to difficulties with inattention, impulsivity and hyperactivity. While ADHD does not affect your level of intelligence in any way, it can make navigating certain aspects of your life more challenging. For example, it is increasingly recognised that if you have ADHD, you may also struggle with regulating your emotions and have some challenges with your 'executive' functioning. This term describes the set of cognitive and thinking skills that includes your ability to be adaptable, to plan, to monitor and control yourself, to organise and manage your time, to learn, embed and recall the right information to help you make decisions and complete a task effectively. In education, there can be difficulties retaining and recalling facts for exams which may result in underperformance and lack of potential academic achievements.

ADHD is characterised by three main features, inattention, hyperactivity and impulsivity.

Some people may think of ADHD and picture a 'naughty' child creating havoc, but it is actually a condition that effects the neural structures and functions of your brain. In the brain of someone with ADHD, the neural pathways are not developed in the same way and this impacts your ability to concentrate, and focus more than for neurotypical people.

Your brain chemistry is also affected. Dopamine – a chemical messenger (or neurotransmitter) – is used by your nervous system to send messages between nerve cells and dopamine plays a role in how we think and plan, and feel pleasure. In ADHD, a dysregulation in dopamine occurs, meaning that you may produce too little dopamine, not have enough receptors for it, or that the dopamine you are producing is not being used efficiently.

As dopamine is linked to sleep, motivation, attention and learning, any disruption to this chemical can have a very real impact on your life. Stimulant medications are often prescribed, as they can encourage more dopamine to be produced, or help keep the dopamine you do have in your synapses for longer. There will be more about medications later in this booklet.

Though ADHD can significantly impact your physical and mental health, it is important to remember that having ADHD doesn't need to define you. There are many individuals who choose to look at their ADHD as a strength and see lots of positives associated with the condition once they fully understand their ADHD and know how to manage it.



What causes ADHD?

The exact cause of ADHD is unknown however, there does seem to be a strong genetic component to the condition. For example, if you have a parent or sibling with ADHD, you are more likely to have the condition too. Some people actually only learn they have ADHD themselves, after their child is diagnosed with the condition.

There is some evidence to suggest that if your mother had a difficult pregnancy, or if you were exposed to substances such as alcohol or tobacco while in the womb, you may be more at risk of developing ADHD.

It's important to remember that there is no way to prevent ADHD and it's not caused by anything you have or haven't done. Current research does not support common myths such as: ADHD arises from excessive sugar intake, watching too much TV, poor parenting or other social and environmental factors. Whilst these stressors could aggravate your symptoms, they do not cause the ADHD.

Women and ADHD

You may be reading this booklet and know you have had ADHD for some time. Or perhaps reading this booklet is one of the first steps you take on your journey to learning about living with ADHD. If you are thinking about ADHD for the first time, it may be useful to know that research suggests girls and women are far less likely to be diagnosed with ADHD compared to boys and men.

It can be helpful to remember that if you are learning about having ADHD for the first time later in life, you are not alone. Many women only come to learn about having ADHD as a consequence of their symptoms worsening due to a particular stressor (such as entering the perimenopause/menopause).

There are lots of possible reasons why ADHD in girls and women may not be recognised. Some research suggests there could be a bias, where clinicians 'miss' ADHD due to it being more commonly associated with boys and men. (In fact, the diagnostic criteria for ADHD are oriented around a male presentation.) As girls and women are often more frequently 'policed' for their behaviour, it has been argued they may become more adept at masking their symptoms due to gender pressures, resulting in ADHD remaining undetected. Regardless of the possible reasons, research indicates that a large number of girls and women with ADHD are likely to remain unidentified and untreated, which has implications for their long-term social, educational, and mental health outcomes.

What are the symptoms of ADHD?

The symptoms of ADHD vary, and no two individuals will have exactly the same experience. The main categories symptoms fall into are: attention, impulsivity and hyperactivity, or a combination of the two.

Common symptoms

Some of the symptoms associated with **attention** are:

- Difficulty sustaining focus on a task
- Difficulty listening, even when someone is speaking directly to you
- Struggling to organise tasks and activities, particularly those that are sequential or require doing things in a particular order
- Struggling with time management or meeting deadlines
- Avoiding tasks you dislike, or tasks that require a sustained mental effort, such as preparing reports or completing forms
- Misplacing things that you need such as your wallet, phone, or keys
- Forgetting to complete tasks such as paying a bill or returning an important phone call
- Missing appointments altogether.

Some of the symptoms associated with **impulsivity and hyperactivity** are:

- Feeling restless or like you need to move around
- Finding it hard to engage in activities quietly
- Finding it uncomfortable to be still for extended periods of time such as in meetings, or at a restaurant
- Talking more than others in social situations
- Finding it difficult not to interrupt in conversations
- Difficulty waiting, such as when in a queue, in traffic or in a conversation for your turn to speak
- Finding it hard not to 'take over' or lead an activity
- A sense of having 'too many tabs open' on your mind's computer screen, that all demand attention at once
- A difficulty filtering out irrelevant information, such as background conversations making it hard to focus on the person speaking to you.
- An interest-based hyperfocus where hours can be spent on one specific endeavour

These are just a few of the more commonly reported symptoms, but there are lots more. You may identify with some of these symptoms more than others, or find that you fall into one category more than the other. Keeping a list of the symptoms you are experiencing can be a really helpful way of helping to create a management plan with your healthcare professional that's right for you.

Symptoms in women

Increasingly, research indicates that women with ADHD may present with a slightly different set of symptoms when compared to men. Alongside the symptoms outlined above, you may struggle with managing your emotions or find yourself suffering with heightened anxiety or low mood. This may include feelings of overwhelm and periods of 'overthinking' that can be hard to switch off.

Recent research suggests that mood related symptoms are often missed as indicators of ADHD and consequently, women are more at risk of being diagnosed inappropriately with an internalising disorder or personality disorder (such as Borderline Personality Disorder/BPD) as opposed to ADHD.

There are also increasing accounts of women reporting struggles with physical symptoms such as pain and fatigue. Some of the symptoms that may be more common to women are:

1. Emotional dysregulation (finding it difficult to control your emotions in certain situations)
2. Irritability and getting frustrated more quickly
3. Mood changes
4. Chronic pain
5. Fatigue or tiredness
6. Self-harming behaviours including cutting, or drinking too much alcohol
7. Unhealthy behaviours with food and eating

In women with ADHD, coping with emotions has been cited as one of the biggest causes of life dissatisfaction. It's important to get help with any emotional issues you may be experiencing. When speaking to your healthcare professional, you can mention this information (and other resources at the end of this booklet) to help convey that your ADHD may have a part to play in your emotional ability to cope. This will help your clinician incorporate emotion management strategies into your ADHD treatment plan.

Getting a diagnosis

If you think you might have ADHD, the first point of contact is usually to speak to your GP. Your GP will not be able to formally diagnose you with ADHD there and then, but they can discuss your concerns and refer you on to a specialist to undergo an assessment, if you're keen for this.

If you are worried about talking to your GP, it can be helpful to have useful information with you such as the symptoms section in this booklet. You might want to take another person with you to your consultation who can help you in the moment get across everything you want to discuss.

If you are referred for an assessment with a specialist, they will usually try to get a picture of how ADHD may be affecting you on a day-to-day basis. They may ask you about how your symptoms manifest in a variety of different settings and try to capture comprehensively, what your experience is. The assessment usually calls upon the use of a rating scale, a clinical interview, and ideally, information from people that are close to you such as family members or colleagues.

A diagnosis of ADHD will often place people within a 'subtype' of the condition. The three primary subtypes are:

1. Predominantly inattentive
2. Hyperactive-impulsive
3. Combined presentations

ADHD can often be missed at an early age and therefore remain untreated until later in life. ADHD in girls and women is still poorly understood and there is a lack of research. Presentation of ADHD can vary enormously from person to person. For example, you may have difficulties with inattention but show no signs of impulsive or hyperactive behaviours – you don't have to be showing all of the main features to have ADHD.

If you have symptoms that can also be a sign of different conditions such as a mood disorder, anxiety, or chronic fatigue for example, the assessor will need to consider what you are primarily struggling with (that's occurring alongside or separately to the ADHD) and what is occurring secondarily (that's being caused by or exacerbated by the ADHD).

It's really important that you tell both your GP and your assessor how you feel. For example, if you think that your mood symptoms may be occurring as a result of your ADHD, as opposed to occurring separately, you should communicate this to them. Something that could help is to think about whether previous successful interventions for mood symptoms have worked this time. For example, if antidepressants or counselling have worked for you in the past, have they worked this time? If the symptoms have still persisted, it may be an indicator that they are more connected to your ADHD.

Difficulties getting a diagnosis

It can take a long time to get a diagnosis of ADHD. If you are seeking help through the NHS, it has been estimated that it can take up to five years. There are a number of possible reasons why it takes time to get your diagnosis.

- The symptoms of ADHD vary from person to person
- The symptoms of ADHD may look like another condition such as Borderline Personality Disorder
- You may present with more than one condition at a time, creating a situation in which other possible causes for your symptoms are 'ruled' out first
- Diagnosing ADHD is not straightforward and requires a thorough assessment undertaken by a specialist
- Your ADHD may not have presented obviously in childhood, meaning that other conditions are first explored as possible causes for your symptoms

It can be disheartening to have to wait to get the care and treatment you need. Most professionals really do want to help. Make sure you're doing your part by keeping track of your symptoms and the things you find difficult, and communicating them clearly both to your GP and to an assessor when you are referred. This will help them to find out as much as possible about the ways in which ADHD is affecting your life and work out the best treatment options for you.

ADHD and the perimenopause/menopause

During the perimenopause and menopause, you may find that your ADHD symptoms significantly worsen. If you have already undergone an assessment and know that you have ADHD, you may spot that your previously well-managed symptoms become harder to control using the same treatments or interventions that have worked for you in the past.

If you have not yet been diagnosed with ADHD, the onset of peri-menopause and the hormone changes that come with it may be what triggers the ADHD symptoms to become more obvious. It could also worsen symptoms that you don't realise are markers of ADHD that you have previously managed without help.

In this section, we will explain what we mean by the perimenopause and menopause and why the onset of the perimenopause or menopause may exacerbate your ADHD symptoms.

What is the menopause?

The menopause occurs when your ovaries stop producing eggs, your hormone levels drop and your periods stop. For many, this process happens slowly over months and years as your periods begin to change – a time known as the perimenopause. The perimenopause often starts in your early to mid-40's and the average age of the menopause is 51. The perimenopause is when menopausal symptoms occur and periods change either in frequency or nature.

The menopause is defined when your periods have stopped for 12 months. After it has been one year, you will be considered postmenopausal. These are the average ages at which these stages occur, but it can't be predicted. For some people, it happens much earlier or later, such as in their 30s or 20s, and there's no such thing as "too young" for the menopause.

What does the menopause have to do with my ADHD?

During the perimenopause and menopause, the hormones estrogen and testosterone reduce. This decrease in hormone levels can have a significant impact on your health and wellbeing. Not only do these hormones serve a sexual and reproductive function, they also contribute toward helping you maintain bone health, your cardiovascular health and your brain health.

There's evidence that normal levels of estrogen, and also testosterone, can help certain thinking skills and maintain your concentration and attention. Low or fluctuating estrogen levels in contrast, have been associated with a variety of cognitive issues and neuropsychiatric disorders such as Alzheimer's disease and depression.

The role of estrogen is particularly important to consider if you have ADHD symptoms, as it is known to help key neurotransmitters work efficiently which, as discussed earlier, can be impacted when you have ADHD. The neurotransmitters estrogen helps include:

- Dopamine, which plays a central role in executive functioning
- Acetylcholine, which helps memory
- Serotonin, which regulates mood

Estrogen is known to promote the release of both serotonin and dopamine in the brain. Estrogen also helps the production of dopamine and decreases the amount that's broken down in the body. This is really important as having ADHD means you already have a dysregulation in your dopamine production and estrogen can help produce, release and maintain your dopamine levels. This information is useful to factor in when thinking about whether to take HRT or not.

Testosterone is also likely to have an important role in the function of your brain. The beneficial roles of testosterone in women have not yet been well researched unfortunately.

Hormones and ADHD

Your hormone levels will fluctuate across the course of your life and – in the case of perimenopause – even during one day. This makes thinking about the role of hormones and potential exacerbation of ADHD symptoms complicated to say the least!

Individuals with ADHD and perimenopause/menopause often report that hormonal fluctuations have a big impact on their ADHD symptoms. Research has explored how during the menstrual cycle, ADHD symptoms can worsen or improve in line with the rise and fall of estrogen. Symptoms are reported as being at their best during the follicular phase when estrogen is rising and at their worst during the luteal phase when estrogen falls sharply. This fall is often when premenstrual symptoms (PMS) such as mood swings, fatigue, irritability, and low mood occur.

Premenstrual dysphoric disorder (PMDD), a severe version of PMS, has been found to be more prevalent in women with ADHD than women without ADHD, which suggests the emotional changes and cognitive problems that occur as a result of fluctuating hormone levels have a big impact on ADHD symptoms.

As explained, when you enter perimenopause, your estrogen levels start to fall rapidly. Seeing the impact that normal estrogen fluctuations in the menstrual cycle has on your ADHD symptoms helps explain why you may see a worsening of your existing symptoms, when you enter perimenopause and explain why some women start to have ADHD symptoms that were previously unnoticed.

Symptoms of the perimenopause and menopause

Some symptoms of the perimenopause and menopause can be easy to miss. They can often seem like a consequence of leading a busy life (such as struggling with headaches or tiredness). It's good to be aware however, that many symptoms you have learnt to live with could improve when the role of your falling hormone levels are addressed.

Some of the more common symptoms you may experience when entering the perimenopause or menopause include:

- A change in your periods (including the frequency, pattern or flow)
- Change in body temperature (commonly referred to as hot flushes)
- Sweating (particularly at night)
- Changes to your mood
- Increased anxiety or worry
- Tiredness and poor sleep
- Difficulty concentrating and remembering (commonly referred to as 'brain fog')
- Joint pains and muscle aches

- Hair loss and skin dryness
- Worsening of migraine and headaches
- Genital symptoms, including vaginal dryness and soreness
- Urinary symptoms such as needing to wee more often, leakages of urine and urinary tract infections.

ADHD symptoms in perimenopause and menopause

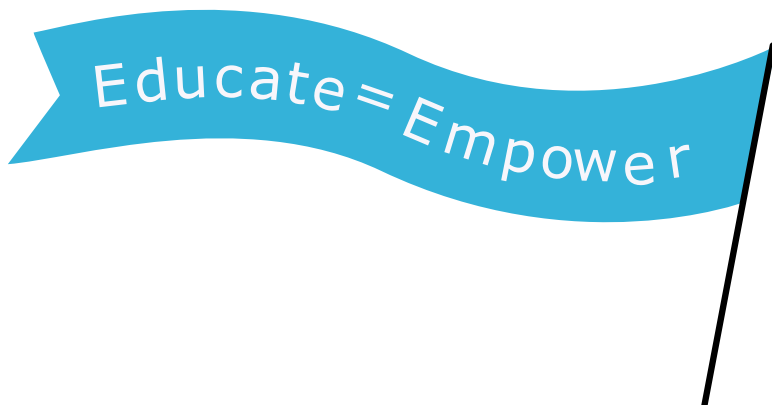
The overlap between symptoms of the perimenopause/menopause and ADHD have been well recognised. When we think about the list of common symptoms of both, its easy to see how when you enter the perimenopause and menopause your symptoms of ADHD may become less manageable. The following table can be a useful point of reference, as it demonstrates how many of the symptoms of both conditions overlap.

| Symptom | ADHD | Menopause |
|---|-------------|------------------|
| impulsivity | 3 | |
| hyperfocus | 3 | |
| disorganisation | 3 | |
| sharp fluctuations in neurotransmitters (chemical brain messengers) | 3 | 3 |
| trouble with focusing | 3 | 3 |
| negative self-image | 3 | 3 |
| fatigue | 3 | 3 |
| forgetfulness | 3 | 3 |
| anxiety | 3 | 3 |
| mood changes | 3 | 3 |
| sleep issues | 3 | 3 |
| libido changes | 3 | 3 |
| depression | | 3 |
| genital and urinary changes | | 3 |
| changes to skin, hair, bone strength, weight management | | 3 |
| hot flashes | | 3 |

The overlap in symptoms helps explain how if you have ADHD, you may experience more significant challenges upon entering perimenopause or menopause. In simple terms, you may feel like you're getting a 'double helping' of the same symptom. If you already struggle with fatigue as a consequence of your ADHD, this symptom may increase when you enter perimenopause or become entirely unmanageable for example.

The cross over in symptoms can also make it difficult to ascertain what is a result of your perimenopause or menopause and what is a result of your ADHD. While it's probably not possible to ever answer this question definitively, it may be useful to remind yourself of the information we have discussed about the role of hormones in the experience of ADHD symptoms and how the dropping of estrogen levels mean that both your dopamine and your serotonin will be low, causing a magnification in your ADHD symptoms. For example, while misplacing your phone or purse may have happened quite regularly as a result of your ADHD, you may find that the onset of brain fog and forgetfulness as a consequence of low estrogen means you lose them even more often now.

Experiencing an increase in existing symptoms, or the onset of new symptoms can be very frustrating. It can be difficult to articulate the feelings you have about the changes you are going through, and it is normal to feel overwhelmed by the experience of a breakdown in your ability to function as you once did. You might find you compare yourself to others, asking questions such as 'why can't I cope with life when everyone else can?' You might find yourself feeling embarrassed to talk about your symptoms or feel ashamed about the burden they place on other people in your life. It is important to remember that you're not alone and that, with the right support, these symptoms can be well managed or even disappear entirely. Exploring treatment options with your clinician will help make sure you are receiving the right support to manage your symptoms and continue to live your life to its fullest potential.



Treatment options for ADHD

Depending on your symptoms and how they affect you, there are different options available to support you. Treatments involve a combination of psychological interventions and for some people, medication.

Some individuals are able to manage their ADHD symptoms without medication, others find the use of certain medicines to be very helpful in managing their symptoms. It is thought that up to 75% of adults would benefit from medication for their ADHD.

The medications used to treat ADHD vary, but commonly include:

- **Stimulants** such as methylphenidate or amphetamine. Common medications you might recognise the names of include Ritalin/Adderall. These are typically the most commonly prescribed medications for ADHD, but other medications may be prescribed instead if your clinician does not feel a stimulant would be appropriate for you. The reason stimulants are prescribed is that they work to boost and balance neurotransmitters such as dopamine.
- **Other medications** used to treat ADHD include the nonstimulants such as atomoxetine and certain antidepressants such as bupropion. Atomoxetine and antidepressants tend to work more slowly than stimulants do, however they may prove to be a good option if you are unable to take stimulants because of other existing health problems, or if you experience bad side effects from using stimulant medication.

Finding the right medication and right dose is a process and this will vary from person to person. It may take some time for you to find out what works best.

It's important that you discuss any concerns with your healthcare professional and make a note of any side effects you may be experiencing from using a medication.

Treatment for perimenopause and menopause

As this booklet has explained, your hormones are really important for many different areas of your health. When you become perimenopausal or menopausal, you may want to consider starting HRT. HRT simply tops up the hormone levels that are falling when you become perimenopausal or menopausal. This treatment usually includes estrogen, progesterone and in some cases, testosterone.

HRT is the most effective treatment for perimenopausal and menopausal symptoms. It lowers the risk of heart disease and osteoporosis in the future, as well as other conditions such as depression, dementia, bowel cancer and type 2 diabetes. There are still some myths persisting about HRT and this might result in you not being offered a treatment that could really help. You may be told HRT isn't suitable for you when in most cases it is. It's therefore important to remember that it's OK to ask your clinician for HRT if you decide to try it. You can point them to resources and research that helps to explain the important role of hormones in managing both your perimenopause/menopause and your ADHD.

Your clinician may not be aware of the link between female hormones and ADHD symptoms, or the link with the menstrual cycle and ADHD. Again, it's important to remember that this link has been clearly evidenced in research. As such, it's important that you know it's OK and valid to ask your healthcare professional to address your low hormone levels as a part of your overall treatment approach.

Types and Ways of Taking HRT

There are a few different types of HRT available and different ways of taking it:

Estrogen: The best way to take estrogen is through the skin, either by using a patch like a clear plaster, that you change twice a week, or using a gel or spray that you apply and rub in every day. (Estrogen also comes in a tablet form, but research suggests that it's better where possible to take it through the skin as there's no risk of blood clot when used in this way). It can take some time to find the right method and dose of estrogen for you. How much estrogen you need varies from person to person and depends on factors such as your age and how well your skin absorbs the hormone. Tell your clinician if you are not feeling the positive effects of using estrogen as you may need to increase your dose.

Progesterone: As well as estrogen, if you still have your womb (and sometimes even if you do not) you will need to take a form of progesterone alongside estrogen to make sure the lining of your womb stays thin and healthy. The safest type of progesterone is micronised progesterone, known as Utrogestan in the UK. This is identical to the progesterone naturally made in your body and is derived from the yam plant – you might hear it called 'body identical' progesterone by your clinician. If you have experienced unpleasant side effects before in

contraception containing a synthetic type of progesterone called a progestogen, micronised progesterone is different and is usually well tolerated by most people.

A different way of having a type of progesterone, is to have a Mirena coil inserted into your womb that releases a progestogen slowly. The Mirena coil stays in place and will not need to be changed or removed for five years and is particularly useful if you're still having periods, as it often causes periods to become much lighter, pain free, or even stop altogether. It is also ideal if you need a form of contraception.

Testosterone: Some people find that adding in estrogen is not enough to improve their menopausal symptoms. Taking testosterone in addition to estrogen and progesterone may help improve your energy levels, bone and muscle strength, concentration and clarity of thought, and your libido. Many women find that their ability to think clearly and also their memory improve with testosterone.

Testosterone is usually used in the form of a cream or gel that you rub into your skin daily, or sometimes a pellet can be inserted under the surface of the skin that lasts for around 3 months. Some GPs prescribe testosterone, or you may need to obtain it from a menopause specialist or a menopause clinic.

Vaginal estrogen for genitourinary symptoms: You may experience vaginal and/or urinary symptoms such as vaginal dryness or soreness, leaks of urine, or needing to wee more frequently, or more infections like thrush or UTIs (urinary tract infections). If this is the case, you can use a form of estrogen directly inside your vagina. It's available as a pessary (a small tablet that you insert into your vagina), or as a cream or gel. Alternatively, you could use a flexible, silicon ring that is placed inside your vagina, which slowly releases estrogen into the local area for about 90 days, called an Estring. There is also another hormonal vaginal treatment called Intrarosa, a pessary that contains DHEA. This converts to both estrogen and testosterone when inside your vagina.

Vaginal estrogen treatments are very safe and can be taken long-term, alongside HRT, and even if you have had an estrogen receptor positive cancer as very little estrogen (if any) is absorbed into the bloodstream.



ask for help - it is out there!

Managing your ADHD during the perimenopause and menopause

Taking medication and HRT

It's essential that you find a treatment regimen tailored to your specific needs. If you are already using medication for your ADHD, this medication may need adjusting when you begin taking HRT.

You will need to work with your clinician to find the right balance of medications that best manage your symptoms. Your ADHD specialist, (whether seen through the NHS or privately) will usually recommend what ADHD medication and dose you will take. Your GP going forwards may prescribe the medication under a 'shared care' arrangement with your ADHD specialist, but your specialist is likely to manage any further adjustments to your dose. Your GP will usually manage your HRT prescription and dose and you can ask for the professionals to keep each other informed when there are changes to either treatments.

If you are not already using medication to treat your ADHD, the introduction of estrogen (and perhaps testosterone) could well be enough to help manage your ADHD symptoms – and improve any other symptoms of perimenopause or menopause that you're experiencing too. It may be best to try starting HRT for a few months and see if this is enough to manage your possible ADHD symptoms. Keeping a detailed record of your symptoms before and after starting HRT will really help you and your clinician figure out what is improving and what is not.

The balance app is a great way to track perimenopausal and menopausal symptoms – and periods if you still have them.

If after some time you find that certain symptoms (particularly those to do with organisation, planning, sequencing, and time management) are not improving, it may be appropriate to look at adding in a stimulant medication.

Having a consistent GP can be really helpful, as it can save you having to regularly explain your experiences to different doctors on each occasion. If this isn't possible, have the key information written down to aid your memory, including what medications you have tried and are currently taking.

Having ADHD means that being on top of everything can be a challenge, like keeping track of your symptoms and managing your treatment regime. Downloading the balance app can be

helpful as it offers you an easy and accessible way to keep track of your symptoms and medications, enabling you to share them with your GP when you have an appointment. It can also help you to notice any 'triggers' that might be affecting when your symptoms happen and observe when they are at their worst (for example, in the morning, when you are tired or hungry etc.). You may also want to consider setting an alarm on your phone that reminds you when to take your medication each day, what day of the week to change an HRT patch, or when to use your gel or pessary.

There are lots of other ways to manage and improve your ADHD and perimenopausal/menopausal symptoms beyond medication.

Psychological Support

Some people find it helpful to talk to a psychologist about their experiences with ADHD. You may want to consider support such as Cognitive Behavioural Therapy (CBT). CBT helps to build and support executive functioning/cognitive skills (such as time management and planning). It often involves a combination of talking therapy and practical interventions such as journaling and thought recording.

Something else you may want to explore is incorporating active meditations into your daily routine. This is meditation in motion, such as when you are preparing food, taking a shower, or going for a walk. Focussing on the physical sensations around you and what your body is feeling in the moment seeks to calm the mind down and helps to avoid thinking about the future or unhelpful or intrusive thoughts.

Lifestyle Changes

Your lifestyle has a big impact on your wellbeing. Making small adjustments to your everyday habits can really help you improve or reduce the severity of certain symptoms you may be experiencing.

Things to think about:

Sleep

Good sleep is a crucial part of maintaining your physical and mental health and emotional wellbeing. When you sleep, your body works on repairing the daily 'wear and tear' it undergoes. Missing out on sleep can make your memory and concentration worse. Sleep problems are common among people with ADHD, but there are things you can do:

- Keep to a consistent bedtime and getting up time, these are like an anchor for good sleep
- Create a restful sleeping environment, this includes a dark, cool room and may mean avoiding screens for the hour before bed

- Cut down on the amount of caffeine and alcohol you drink
- Try to relax before you go to bed such as practicing some active meditations or breathing exercises
- If you have internal hyperactivity, listening to a podcast and diverting your attention might help you calm the thoughts so you can drift off
- You may find sensory aids such as a weighted blanket or eye masks with eye cushions (so it doesn't press on the eyes) helpful
- Melatonin is also sometimes used to aid sleep

Stress

Stress is very common for anyone but if you have ADHD, you may find that as well as the usual factors that most people struggle with, you may find yourself becoming stressed by your ADHD symptoms themselves. The relationship between ADHD and stress is quite complex and one can trigger the other and vice versa. Whilst you may not be able to get rid of the ADHD symptoms that cause you stress, you can try reducing the amount of stress you are under in other areas of your life. You might want to consider:

- Practice relaxation techniques when you start to feel overwhelmed, and try fidget toys or stress putty
- Reduce particular triggers that might cause you to feel stressed, for example if busy supermarkets stress you, go at quieter times or shop online, or if the choice on the shelves is overwhelming write a list that is ticked off as you go. Planning meals in advance to add to the list is helpful so you're not needing to make those decisions in the moment too.
- Practice asserting yourself if well-meaning friends/family/colleagues are inadvertently causing you stress
- Set yourself realistic goals and expectations and be kind to yourself when you feel you have 'failed'.

Movement and exercise

When you exercise, your brain releases dopamine which, as we looked at earlier, can help with sustaining your attention and clear thinking.

Movement and exercise has been found to have the following benefits for people with ADHD:

- eases stress and reduces anxiety making it easier to control your emotions and remain calm throughout the day
- improves impulse control and reduces compulsive behaviours that you may have as a consequence of your ADHD
- enhances your working memory and improves executive functioning

In day to day terms, this can be incorporated by planning regular movement breaks, setting reminders to get up from your desk and take 5 minutes to be active, run up and down stairs, use a standing desk at times, having a wobble cushion under your feet, and regular lunch break walks.

Beyond helping with your ADHD symptoms, exercise has several other benefits. Getting regular movement breaks and workouts can help you:

- Maintain a healthy weight – this is important as evidence suggests that people with ADHD can struggle with weight gain
- Reduce your risk of heart disease, certain types of cancer and diabetes
- Keep your cholesterol levels and blood pressure within the normal range
- Strengthen your bones and improve bone health
- Boost your mood and your self-esteem.

It is generally recommended that you try to exercise for around 30 minutes a day, five days a week. If you're doing more intense workouts (such as running, spinning or aerobics) this could be reduced to about 75 minutes per week. It's important to remember that there is no 'right' or 'wrong' type of exercise. It doesn't matter what type of exercise you do as long as you are attempting to elevate your heart rate and get your blood pumping. If you are having trouble staying motivated, think about exercising with a friend and plan when this will happen in advance. This can be a good way to keep you on track, and make sure that you exercise even when you may not feel like you want to.

People with ADHD report seeing a real and very positive effect of exercise on their symptoms of ADHD, so it's definitely worth making it a priority when planning your activities for the week.

Nutrition

As we discussed earlier, there is no evidence to suggest that diet or nutrition causes ADHD. There are certain foods however, that researchers think may play a role in affecting your symptoms with certain foods potentially easing symptoms of your ADHD and others exacerbating them.

Some diet plans may cost money or charge you a subscription fee. It's important to be wary of such charges and do your own research. You will want to ensure that the plan is from a registered nutritionist or dietician.

You can create your own ADHD diet by paying attention to the foods that your body and your ADHD best responds to.

This could include focussing on:

A high-protein diet: beans/pulses, cheese, eggs, seafood, meat, and nuts can be good sources of protein. Protein has been linked to improving concentration and in turn, possibly helping to encourage ADHD medication to work for longer.

Complex carbohydrates: ensure you are eating a wide variety of vegetables and some fruits – the more variety the better.

Gut-friendly bacteria: beneficial bacteria from fermented foods will help keep your gut's microbiota in balance, improving physical, cognitive and mental health. These are foods such as yoghurt, kefir, sauerkraut, or kimchi.

Omega-3 fatty acids. You can find these in oily fish such as salmon, sardines, mackerel and other cold-water white fish. Walnuts, Brazil nuts, and olive and flax oils are other foods with these in them. You could take an omega-3 fatty acid supplement or look at algae-based sources if you are vegan/vegetarian.

Vitamin D: this vitamin is good for your bone health, your immunity and for your mood, so an important one to think about during perimenopause and menopause. It has also been implicated with brain functioning (in both neurodevelopmental and neuropsychiatric conditions) although more research is needed to confirm the link.

Possible foods to avoid

Some foods you may want to think about cutting down include:

- Refined sugars (such as those found in sweets and chocolate)
- Foods with corn/maize syrup in them
- Products made from white flour such as white bread, white flour pastries
- White rice (brown rice is a better choice)

Additional Resources

Menopause Symptoms Exacerbate ADHD in Women: ADDitude Survey (additudemag.com)

ADHD Symptoms in Girls: Less Hyperactivity, Fewer Inhibition Problems (additudemag.com)

ADHD in adults | Royal College of Psychiatrists (rcpsych.ac.uk)

Scottish ADHD Coalition - The Scottish ADHD Coalition

Adults with ADHD Self Help Resource Pack June 2017 (nhslothian.scot)

<https://www.sarisolden.com/post/how-estrogen-and-brain-shame-affect-women-with-adhd-with-sari-solden>

<https://www.distractionpodcast.com/2020/10/08/adhd-in-women-and-girls-is-often-overlooked/>

<https://www.distractionpodcast.com/2020/11/24/how-estrogen-and-brain-shame-affect-women-with-adhd/>

<https://www.additudemag.com/symptoms-of-add-hyperarousal-rejection-sensitivity/>

<https://www.adhdfoundation.org.uk/resources/>

Seeking a diagnosis

<https://adhduk.co.uk/right-to-choose/>

Females with ADHD: An expert consensus statement taking a lifespan approach providing guidance for the identification and treatment of attention-deficit/ hyperactivity disorder in girls and women. Young et al 2020. BMC Psychiatry 20:404 <https://doi.org/10.1186/s12888-020-02707-9>

There is some research looking at ADHD and histamine:

Carthy E, Ellender T. Histamine, Neuroinflammation and Neurodevelopment: A Review. Front Neurosci. 2021;15:680214. Published 2021 Jul 14.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8317266/>

Kim YJ, Goto Y, Lee YA. Histamine H3 receptor antagonists ameliorate attention deficit/hyperactivity disorder-like behavioral changes caused by neonatal habenula lesion. Behav Pharmacol. 2018 Feb;29(1):71-78. <https://pubmed.ncbi.nlm.nih.gov/28863002/>

You can read our booklet on histamine intolerance here:

<https://balance-menopause.com/uploads/2021/09/Histamine-Intolerance-balance.pdf>

**This booklet has been written by
GP and menopause specialist, Dr Louise Newson,
with valued contributions from Dr Ruth Gibson.
Ruth is a GP, menopause specialist and has ADHD.**

**It has been reviewed by a group of healthcare professionals with a
special interest in ADHD and clinical nutritionist, Emma Ellice Flint.**

**With special thanks to those living with ADHD, who also provided
invaluable feedback.**