

**STRATEGIES TO
ADDRESS...**

THE UNDERDIAGNOSIS OF ADHD IN GIRLS AND WOMEN

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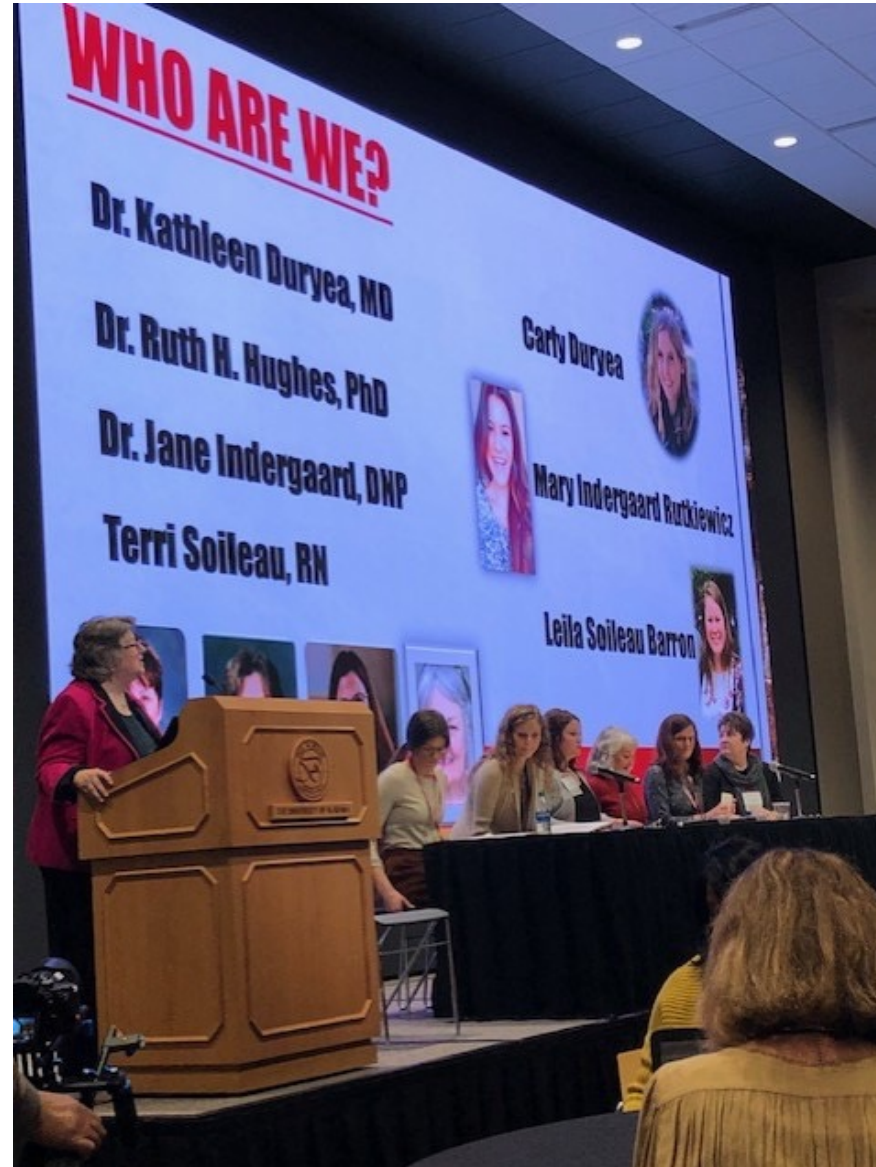
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**Get the
message
out!**

AGENDA...

- **BASIC UPDATE ON WHAT WE NOW KNOW ABOUT ADHD**
- **THE PROBLEM OF DIAGNOSTIC BIAS FOR GIRLS AND WOMEN WITH ADHD**
- **THREE FACTORS CONTRIBUTING TO THE UNDERDIAGNOSIS OF FEMALES**
- **CONSEQUENCES & CHALLENGES OF LATE OR ABSENT DIAGNOSIS**
- **WHAT PARENTS, TEACHERS, PHYSICIANS AND TREATMENT PROVIDERS CAN DO**

ADHD: THE BASICS

**ADHD is a
Neurodevelopmental
disorder**

**ADHD impacts between
5-10% population**

Occurs across lifespan

**ADHD is *Predominantly*
genetic – highly
heritable**

**Three Subtypes/ High
variability of sx**

**Must show clinically
significant impairment
in 2 of 3 key areas:
school, home, work,
socially, etc.**

ADHD: THE BASICS

ADHD IS A BIOLOGICALLY-BASED DISORDER OF IMPAIRED SELF-REGULATION IN THE AREAS OF:

➤ ATTENTION

- FILTERING OR SUSTAINING

➤ IMPULSIVITY

- REGULATING IMPULSE INHIBITION

➤ HYPERACTIVITY

- EXCESSIVE DRIVE FOR ACTION
- INAPPROPRIATE TO THE SITUATION

ADHD: THE BASICS (CONTINUED)

ADHD is a biologically-based disorder of impaired self-regulation, also in the areas of:

- **EMOTIONAL REGULATION**
- **EXECUTIVE FUNCTION**
- **FREQUENTLY CO-EXISTS WITH OTHER LEARNING AND MENTAL HEALTH PROBLEMS (CO-MORBIDITY)**

ADHD, GIRLS & WOMEN: THE PROBLEM

“Recognition of ADHD in girls & women has fought an uphill battle.”

**ADHD in girls is clearly
& chronically under-
diagnosed**

ADHD: EVIDENCE OF THE BIAS

GENDER IMPACT: (IN BOTH CHILDHOOD AND ADULTS)

- **MAJORITY OF RESEARCH HISTORICALLY DONE IN BOYS**
- **2006: DISPARITY IN RESEARCH (SKOGLI ET AL. 2013)**
 - **5:1 UP TO 9:1 BOYS TO GIRLS DX**
 - **NO EVIDENCE TO SUPPORT GENDER DISPARITY IN POPULATION PREVALENCE**
- **2012: ADHD IN ADULTS (QUINN, 2014)**
 - **ALSO 1.6 : 1 MEN TO WOMEN**
 - **5.4% MALE TO 3.2% FEMALE**
 - **WOMEN DIAGNOSED LATER THAN MEN**

DIAGNOSTIC BIAS

Diagnostic Bias by Parents/Teachers/Doctors:

- **Pediatricians more likely to diagnose boys with ADHD than girls, even when problems described by parents were comparable.**
- **Teachers**
- **Parents**
- **Clinicians miss diagnosis of girls 50% of time.**



WHAT IT'S LIKE TO GET DIAGNOSED LATE....
THE GIRL'S SHARE THEIR JOURNEY



Why Are Girls Overlooked?



HIDING IN PLAIN SIGHT

Girls get missed because...

Girls are different than boys

- **Girls with ADHD have a distinct symptom presentation (Quinn)**
- **Girls (and women) often develop better coping strategies than men and are better able to mask or mitigate the impact of their symptoms**
- **Girls often present with symptoms of depression and anxiety – which often get diagnosed first (Quinn)**

1. The Basics: Girls with ADHD

Symptom Presentation

- **Hyperactive girls, easy to diagnose early**
- **ADHD Inattentive is often overlooked**
- **Not aggressive, follows rules, may be anxious**
- **Girls not behavior problems, less oppositional & aggressive...problems are just as severe as boys.**
- **Suffers in silence; hides academic problems**
- **Gifted girls hardest to DX; work hard, compensate**

Girls with ADHD (BGALS Hinshaw Study)

- 10-year follow-up; 140 girls; ages 6-12 to 17-24
- If Symptoms more severe, girls are diagnosed
- More likely “hyperverbal” vs “hyperactive”
- Verbal, empathic, compliant, social, internalizing
- If no DSM DX; problems are still serious

2. Hiding in Plain Sight:

Coping Strategies



Gifted at masking – don't look behind the curtain



Do most visible things well while other areas of life are in shambles



Drive to cultivate façade of competence

Girls with ADHD (Littman, 2019)

- **Data show girls are diagnosed later**
- **Diagnosed after significant comorbidity has been longstanding**



‘Good’ Qualities Work Against Them

Factors such:

- **A high IQ,**
- **Obsessive and perfectionistic symptoms,**
- **Good school performance,**
- **Absence of learning difficulties,**
- **A good temperament,**
- **A stable psychosocial environment**
- **Hard working habits,**
- **All great things!...but prevent the adults around them from recognizing the ADHD.**

**Hugely stressful
and shameful**

**Often present as
Anxious,
Depressed or OCD
(Nadeau, Littman)**

**...AND THE CONSTANT MASKING AND
COMPENSATING TAKES ITS TOLL!!**



More Evidence of the toll: BGALS Study

- **SUBSTANTIAL EDUCATIONAL IMPAIRMENT**
- **EATING DISORDERS (AN – PERFECTIONISM/ BN – IMPULSIVITY)**
- **1/2 ATTEMPT SELF-INJURY; 1/5 SUICIDE ATTEMPTS**
- **HIGH INCIDENCE INTERNALIZING PROBLEMS**
- **Higher incidence extreme PEER REJECTION & RELATIONAL AGGRESSION**

3. Furthermore ADHD in Females Chronically Misdiagnosed

- **Most common prior diagnosis is depression**
- **Treatment for depression didn't lessen disorganization and sense of overwhelm**

Consequences of Late Diagnosis...

**Anxiety and
Depression**

**Marked increase in
impulsive and self-
harming behavior**

**Increased risk in
suicide attempts and
in completion (71%)**

**Riskier Sexual
behaviors/unplanned
pregnancy/STD's**

**Academic
Underachievement**

**Increased BMI and
other Health Problems**

Challenges Facing Adult Women with Undiagnosed ADHD:



IT ALL WORKS....UNTIL IT DOESN'T!

- **“Many women may cruise along until, as in my case, things start to fall apart. The unraveling often coincides with marriage and having kids. Suddenly, you have to organize not just yourself, but the kids, too. These added responsibilities can push a mom’s ‘ADHD stress-o-meter’ over the top.” (Markel)**

The Basics: Women with ADHD

COMMON PROFILE OF ADULT WOMEN WITH ADHD ...

**Feel overwhelmed by
everyday activities**

**Chronically
disorganized, Late**

**Household
management feels
impossible**

**Meal-planning and
preparation a
challenge**

**Parenting problems –
children with and**

without ADHD

**Chronically late, poor
time management**

**Sense of shame,
inadequacy - can't live
up to typical societal
expectations**

EVERY DAY OF MY LIFE...

WHERE THE HELL



**DID I PARK THE
INVISIBLE JET?**

Consequences of Late Diagnosis...

Chronic stress

Chronic sense of shame, inadequacy & low self-esteem

Underperform at work or in school in relation to abilities

Challenges in parenting kids – who may also have ADHD

Higher rate of relational/marital challenges/divorce

UNTREATED ADHD IS A SIGNIFICANT HEALTH CONCERN

- **2ND MOST COMMON PSYCHOLOGICAL PROBLEM IN ADULTS**
- **AFFECTING 4 MILLION WOMEN – MOST UNDIAGNOSED**
- **DECREASED LIFE EXPECTANCY UP TO 13 YEARS (BARKLEY, 2019)**
- **POOR SELF-ESTEEM/DEPRESSION/ANXIETY**
- **CHRONIC STRESS DISORDERS/FIBROMYALGIA**
- **EATING DISORDERS; SLEEP DISORDERS**
- **MARITAL DIFFICULTIES/SEXUAL ISSUES**
- **RISKIER SEXUAL BEHAVIORS/UNPLANNED PREGNANCY/STI'S**
- **MARKED INCREASE IN IMPULSIVE AND SELF-HARMING BEHAVIOR**
- **INCREASED RISK IN SUICIDE ATTEMPTS AND IN COMPLETION**

WELL THAT STINKS...



IT'S GETTING BETTER!

Fastest growing group of people diagnosed with ADHD in the past five years: women ages 24-36.

Many adult women diagnosed when their ADHD child is diagnosed

Increase in research done specifically on girls/women with ADHD

Adult women have become the fastest growing users of ADHD medications (increased prescription rates/ increased dx and tx

**What Can You Do to
Correct Under-Diagnosis?**



Parents and Teachers Should Look for....

School
Performance

Overall Well
Being of the
Child

Overall Well
Being of
Family



Uh, Duh!!

Physicians and Treatment Providers

(Teachers and Parents too!)

**IF A GIRL PRESENTS WITH THE
FOLLOWING CHARACTERISTICS OR
PROFILE....**

CONSIDER ADHD IN YOUR DIFFERENTIAL!

PHYSICIANS AND PROVIDERS SHOULD LOOK FOR...

- **ANXIETY**
- **DEPRESSION**
- **ONGOING SOMATIC COMPLAINTS**
- **DROP IN GRADES (ESPECIALLY IN MIDDLE SCHOOL WHEN EF DEMANDS INCREASE)**
- **HOMEWORK THAT TAKES MORE THAN 1-2 HOURS TO COMPLETE**

PHYSICIANS AND PROVIDERS SHOULD LOOK FOR... (CONT.)

- **PARENT/TEACHER REPORTS OF
DAYDREAMING, ZONING OUT, SPACE
CADET**
- **EF ISSUES, GETTING STARTED,
FINISHING, MEMORY, TIME
AWARENESS**
- **SCHOOL CHALLENGES & WISC INDICES
FOR LOW WM & PROCESSING SPEED**
- **A LACK OF SELF-CONFIDENCE**
- **UNDERACHIEVEMENT**

OTHER POSSIBLE INDICATORS...

- **OVER-PLANNING, EXCESSIVE OR COMPULSIVE LIST-MAKING, OCD TRAITS**
- **PERFECTIONISM (WORKING HARDER TO OVERCOMPENSATE FOR DISORGANIZATION & INATTENTION)**
- **EATING DISORDERS**
- **SLEEP DISORDERS OR SLEEP ISSUES**
- **BEHAVIORAL AND CONDUCT ISSUES (TO DEFLECT SENSE OF FEELING “STUPID”)**
- **IRRITABILITY AND AGGRESSION (MASKING DEPRESSION)**

ADHD Rating Scale-IV: Home Version

Child's Name: _____ Sex: ☐ M ☐ F Age: _____ Grade: _____

Completed by: ☐ Mother ☐ Father ☐ Guardian ☐ Grandparent

Circle the number that *best describes* your child's home behavior over the past 6 months.

	Never or Rarely	Sometimes	Often	Very Often
1. Fails to give close attention to details or makes careless mistakes in schoolwork.	0	1	2	3
2. Fidgets with hands or feet or squirms in seat.	0	1	2	3
3. Has difficulty sustaining attention in tasks or play activities.	0	1	2	3
4. Leaves seat in classroom or in other situations in which remaining seated is expected.	0	1	2	3
5. Does not seem to listen when spoken to directly.	0	1	2	3
6. Runs about or climbs excessively in situations in which it is inappropriate.	0	1	2	3
7. Does not follow through on instructions and fails to finish work.	0	1	2	3
8. Has difficulty playing or engaging in leisure activities quietly.	0	1	2	3
9. Has difficulty organizing tasks and activities.	0	1	2	3
10. Is "on the go" or acts as if "driven by a motor."	0	1	2	3
11. Avoids tasks (eg, schoolwork, homework) that require sustained mental effort.	0	1	2	3
12. Talks excessively.	0	1	2	3
13. Loses things necessary for tasks or activities.	0	1	2	3
14. Blurts out answers before questions have been completed.	0	1	2	3
15. Is easily distracted.	0	1	2	3
16. Has difficulty awaiting turn.	0	1	2	3
17. Is forgetful in daily activities.	0	1	2	3
18. Interrupts or intrudes on others.	0	1	2	3

From *ADHD Rating Scale-IV: Checklists, Norms, and Clinical Interpretation*. ©1998, George J. DuPaul, Thomas J. Power, Arthur D. Anastopoulos, and Robert Reid. Reprinted with permission from The Guilford Press, New York.

Child ADHD Rating Scale-IV: Home Version

FAMILY INDICATORS

- **PARENTS STRESSED BY NEED TO PROVIDE EXTRA OR EXTRAORDINARY SUPPORTS TO HELP CHILD SUCCEED IN SCHOOL**
- **PARENTS GIVE UP JOB, FEEL NEED TO STAY HOME**

What about Adult Women?

**Treatment
Professionals
Should
Automatically
Screen Women
for ADHD When....**

✧ **Struggling female with child
who has ADHD**

✧ **Diagnosed with Anxiety or
Depression, not responding to
treatment, still struggling to
juggle family, home, & job**

Treatment Professionals Should Look for....

Adult Women - Common Characteristics:

- **High stress, sense of being overwhelmed**
- **Compulsive over-planning, list making, perfectionism**
- **Overly sensitive, internalize, dwell on criticism**
- **Often blame, shame themselves, are demoralized**
- **Resorting to self-destructive behaviors (alcohol, drugs, overeating)**
- **Underperformance in academic, occupational and social goals**

ADULT ADHD SELF-REPORT SCREENING SCALE FOR DSM-5 (ASRS-5)

Are you living with Adult ADHD?

The questions below can help you find out.

Many adults have been living with Adult Attention-Deficit/Hyperactivity Disorder (Adult ADHD) and don't recognize it. Why? Because its symptoms are often mistaken for a stressful life. If you've felt this type of frustration most of your life, you may have Adult ADHD – a condition your doctor can help diagnose and treat.

The following questionnaire can be used as a starting point to help you recognize the signs/symptoms of Adult ADHD but is not meant to replace consultation with a trained healthcare professional. **An accurate diagnosis can only be made through a clinical evaluation.** Regardless of the questionnaire results, if you have concerns about diagnosis and treatment of Adult ADHD, please discuss your concerns with your physician.

This Adult ADHD Self-Report Screening Scale for DSM-5 (ASRS-5) is intended for people aged 18 years or older.

Adult ADHD Self-Report Screening Scale for DSM-5 (ASRS-5)

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from Composite International Diagnostic Interview for DSM-5 (CIDI-5.0)

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Date

Check the box that best describes how you have felt and conducted yourself over the past 6 months. Please give the completed questionnaire to your healthcare professional during your next appointment to discuss the results.

1. How often do you have difficulty concentrating on what people are saying to you even when they are speaking to you directly?
2. How often do you leave your seat in meetings or other situations in which you are expected to remain seated?
3. How often do you have difficulty unwinding and relaxing when you have time to yourself?
4. When you're in a conversation, how often do you find yourself finishing the sentences of the people you are talking to before they can finish them themselves?
5. How often do you put things off until the last minute?
6. How often do you depend on others to keep your life in order and attend to details?

Never	Rarely	Sometimes	Often	Very Often

https://www.hcp.med.harvard.edu/ncs/ftpd/ahhd/ASRS-5_English.pdf

So What Can You Do...?

If you suspect you or your daughter has ADHD:

- Get diagnosed – It's Never too late!
- Get treatment –have an ADHD management program
- Multi-modal treatment is effective

If you are a caring friend, teacher, parent or provider:

- Increase awareness for the girls/women hiding in plain site!
- Educate & Advocate!

Women and ADHD

Success Stories...the journey continues!



- because the stories are still being written.....



RESOURCES FOR GIRLS & WOMEN

- **UNDERSTANDING GIRLS & WOMEN WITH ADHD – PATRICIA QUINN & KATHLEEN NADEAU**
- **[HTTP://WWW.ADDVANCE.COM/INDEX.HTML](http://www.addvance.com/index.html)**
- **CHADD.ORG**
- **HOW TO ADHD – JESSICA MCCABE**
- **ADDY TEEN: [HTTP://WWW.ADDYTEEN.COM/ADHD/](http://www.addyteen.com/adhd/)**
- **WRONG PLANET: [HTTP://WRONGPLANET.NET](http://wrongplanet.net)**
- **ADHD WOMEN'S PALOOZA: [HTTP://WWW.IMPACTADHD/PALOOZA/JD](http://www.impactadhd/palooza/jd)**
- **KATE KELLY – “YOU MEAN I’M NOT LAZY, STUPID OR CRAZY” (SELF-HELP BOOK)**

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Hope, Healing and Help for ADHD

THANK YOU!



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