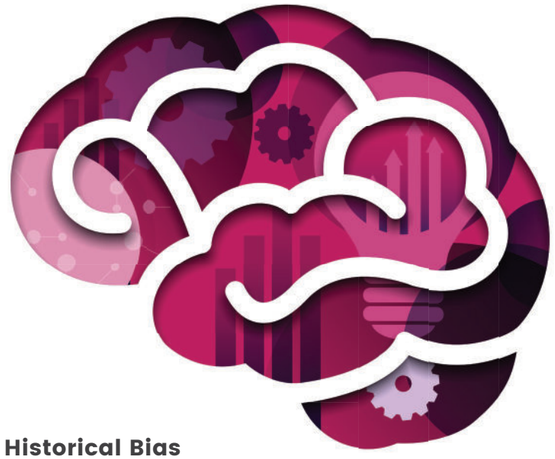
Beyond the Male Paradigm

Addressing the underdiagnosis of ADHD in Women

The recognition, diagnosis and treatment of Attention Deficit Hyperactive Disorder (ADHD) has seen many improvements in recent years. Increasing societal acceptance and improved health practitioner awareness and training have been pivotal in contributing to early interventions and support.

This has led to improved mental health, educational and occupational outcomes and reduced societal costs associated with untreated ADHD. Despite these advances, women continue to be bound by historically-male centric ADHD research, resulting in persistent underdiagnosis and misdiagnosis in women. There are growing calls for increased awareness and understanding of the impact of ADHD across genders. This article explores why these calls are growing louder and specifically looks at the issues of historical biases, the unique ways ADHD presents in and affects women, as well as the need for reform in diagnostic criteria.



Historical Bias

Much of the early research into ADHD has been unfairly skewed towards understanding how ADHD presents in and impacts males. This is partly a product of early clinical studies into ADHD disproportionally focusing on hyperactivity (which we now know predominately impacts males) and these studies having disproportionally large male populations. These deficits in gender-balanced samples and misconceptions around gender differences have shaped the diagnostic criteria and tools for ADHD historically, further contributing to the underdiagnosis of females. Comorbidity confusion has emerged as one of the consequences of these historical biases. Many females with ADHD, have comorbid presentations such as anxiety and depression. Sadly, these comorbidities are often given clinical preference over ADHD markers, further contributing to the underdiagnosis and misdiagnosis of females.

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Impact of Academic and Professional Demands

According to the Australian ADHD Professionals Association (AADPA), inattentive symptoms may not surface until secondary school or later due to increased demands for organisation and independent study (AADPA, 2017). This is especially applicable to women, whose symptoms are relatively better masked and therefore more difficult to attribute to ADHD. Research indicates that generally, women with ADHD struggle with academic and professional achievements. In some women, this directly correlates to a decreased quality of life.

Limitations of Current Diagnostic Tools

Despite updates to the DSM-5 and ADHD screeners and assessment tools, less 'traditional' ADHD symptoms, such as those often displayed by women, are not adequately detected and prioritised. Symptoms that are less externalised and often masked are still either missed entirely or misunderstood during the assessment process resulting in misdiagnosis. The existing model is also insensitive to age-related changes and hormonal fluctuations - especially when women have developed coping strategies over time, therefore contributing to the masking of symptoms. Established coping strategies and other factors, such as perceived societal stigma, may also contribute to a bias in self-reporting questionnaires, which are currently a feature of the existing diagnostic framework.

Social Perception and Emotional Regulation

While the societal stigma around mental health, and ADHD in particular, has positively shifted in recent years, many women do not present with symptoms in line with the existing societal perception of what ADHD may look like. Women with ADHD may more commonly present with less hyperactive symptoms than males and often have a strong ability to conform to social expectations of behaviour and conduct (masking). Being talkative and chatty or in other cases distractable or shy are less likely to be recognised as symptoms of ADHD than more overt presentations of those often seen in males with the hyperactive/impulsive type. Sadly, this further contributes to the masking and lower recognition rates of ADHD of symptoms in women *(Rucklidge, 2010)*.

Hormonal Aspects

The detection of ADHD symptoms in women may be compounded by hormonal factors such as fluctuating estrogen levels - particularly during puberty, pregnancy, and menopause. This may increase the difficulty in accurately identifying ADHD symptoms *(Nussbaum, 2012)*, and even potentially impact the efficiency of some stimulant medications *(Wigal et al., 2002)*.

> This underscores the importance of better accounting for hormonal fluctuations in the existing diagnostic framework and establishing better guard rails around ensuring that Australian medical practitioners appropriately share medical histories with treating practitioners.

The Way Forward

Common sense indicates that ADHD is not an exclusively male disorder. Lived and clinical experience indicates that ADHD presents differently between genders and that as a result, there is a systemic issue around the underdiagnosis and misdiagnosis in women. Properly recognising this gender bias is critically important.
Australia has an opportunity to lead the world in improving the quality of life and outcomes for women with ADHD. The existing diagnostic tools and framework while improved in recent years, need to be further updated to adequately account for the distinct symptoms of ADHD in women.

A comprehensive review should be undertaken with input from leading ADHD experts and professional bodies. A similar review should be undertaken around the current training available to Australian health practitioners. Gender-sensitive ADHD training should be mandated across some professionals, including but not limited to psychologists, psychiatrists and general practitioners.

Lastly, professional bodies such as the AAPI and APS as well the relevant government bodies should engage in societal awareness campaigns as part of this approach. Much of the masking that occurs in females with ADHD can be attributed to societal expectations and stigmas, which are at least in part, born out of a misunderstanding of how ADHD presents in women. In 2023, we must do better.