

Women and girls with ADHD- An undiagnosed condition



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Between 5 – 8% of children suffer from ADHD - yet it is under-recognised and under-treated in girls. The reality that girls display different, non-stereo-typical symptoms and tend to be more compliant, less aggressive and less active than boys may lead to ADHD not being picked up in the classroom or at home.

ADHD Inattentive-Type is more common in girls and as it gets identified less often females are over-represented in the late-diagnosed or undiagnosed group of patients. It has been found that ADHD has been linked to fibromyalgia in sleep and eating disorders. Eating disorders are 3.5 times more likely in females with ADHD by adolescence. Bulimia is a most likely subtype, being 5.6 times more likely by age of 16.

In identifying ADHD, teachers and parents look for motor hyperactivity, aggression and behavioural deviance as warning signs. Girls' hyperactivity presents as hyper-verbalisation and emotional excitability. They tend to withdraw in the classroom, have low self-esteem and have low academic performance - rather than display the overt symptoms of ADHD as boys do (Arnold et al, 1996). As a result, school-going females with ADHD are less likely to be correctly diagnosed

and consequently they receive inadequate or no treatment in a classroom setting. In addition girls who display poor social skills, withdraw in a classroom, lose things frequently, give blunt answers and who look dishevelled should be tested for ADHD.

Underachievement at school should be identified immediately in girls and lead to referral for early identification and treatment of ADHD.

Oppositional Defiant Disorder, Conduct Disorder and Substance Abuse, all reported in males with ADHD, are seen far less in female ADHD patients (Wilens et al, 2003). However, Turgay et al (2006) reported that over 50% of females with ADHD suffer comorbid Major Depression, Dysthymic Disorder and/or Anxiety Disorders. This means that female ADHD patients should also often be treated for more than one condition and may need more than one therapy or medication like an added anti-depressant in addition to a psychostimulant.

Treatment at Different Ages	
Age	Treatment
1 – 5	Watch & Observe/Resperidone
6 – 12	Stimulants/Non-Stimulants
13 – 17	Stimulants/Non-Stimulants/ ± Antidepressants
18 +	Stimulants/Non-Stimulants/ ± Antidepressants

It is well documented that lack of adequate treatment for ADHD can affect the patient's functioning and it is therefore vital to look at successful treatment options for girls with ADHD. Wilens et al (2003) found that stimulant pharmacotherapy may reduce the risk of drug and alcohol abuse in

girls. In addition, pharmacotherapy combined with behavioural therapy has been found to be highly effective in treating girls with ADHD. Strattera can be considered for patients with ADHD and Anxiety Disorders, while Welbutrin and Imipramine can be considered in cases of comorbid Major Depression.

It is important to recognise that left untreated, ADHD can have lasting detrimental life effects and can impair the patient's quality of life. It is also important to debunk the myth that ADHD is a disorder of childhood - 60% of children carry their symptoms into adulthood. Girls whose ADHD was not diagnosed or treated in childhood are at increased risk of unwanted pregnancy, job failure, hopelessness, frustration and depression in their adult life.

Furthermore, if ADHD is undiagnosed later in life, further depressive symptoms such as stress, severe anxiety and low self esteem will prevail. It is therefore critical that teachers and parents be educated about ADHD in girls and that the clinician broaden the scope of diagnosis when it comes to female patients.

References on request.



Associated Symptoms in Adults with ADHD

	% present		
	Male	Female	Total
• A sense of underachievement	92.1	92.6	92.3
• An intolerance of boredom	77.6	100.0	88.8
• Many projects going simultaneously	88.5	88.9	87.2
• Inability to reach potential	85.5	81.5	83.5
• Problems with time management	77.6	88.9	83.3
• Impatience	85.5	77.8	83.3
• Chronic procrastination	84.2	77.8	81.0
• Frequent search for high stimulation	76.3	85.2	80.8
• Sense of insecurity	75.0	81.5	78.2
• Feeling disappointed and discouraged	73.7	74.1	73.9
• Forgetfulness	76.3	70.4	73.3
• Poor self-esteem	75.0	70.4	72.7
• Hot temper	63.2	48.2	55.7
• Depression	53.9	48.2	51.0
• Frequent job changes	44.7	55.6	50.1
• Verbal aggression	53.4	33.3	43.6
• Self-destructive behaviour	34.2	33.3	33.8
• Alcohol abuse	19.7	11.1	15.4*
• Physical aggression	18.4	11.1	14.8
• Drug abuse	19.7	3.7	11.7*
• Difficulty with the law	10.5	3.7	7.1*
• Tendency to say what comes to mind	73.7	70.4	72.0
• Trouble in following "proper" procedure	65.8	77.8	71.8
• Nervousness	72.4	62.9	67.7
• Stress Intolerance	71.1	62.9	67.0
• Difficulty enjoying work	63.2	62.9	63.1
• Frequent mood swings	64.5	59.3	61.9
• Long standing unhappiness	65.8	55.6	60.7
• Impulsivity	52.6	66.7	59.6

Turgay et al (2006)

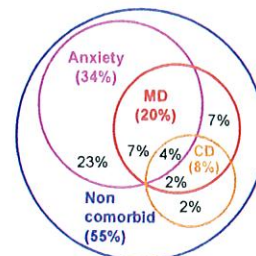
DSM-IV Inattention Symptoms in Adults with ADHD

	% present	Male	Female	Total
• Easy distractibility	85	89	87.0	
• Difficulty sustaining attention	88	85	86.5	
• Difficulty organising tasks	76	85	80.5	
• Difficulty listening	76	74	75.0	
• Difficulty following instructions	71	78	74.5	
• Lack of sustained mental effort	68	74	71.0	
• Inattention to details	73	67	70.0	
• Forgetfulness	71	70	70.5	

DSM-IV Hyperactivity-Impulsivity Symptoms in Adults with ADHD

	% present	Male	Female	Total
• Running about	67.1	63.0	65.05	
• Being on the go	64.5	63.0	63.75	
• Talking too much	55.3	70.0	62.65	
• Fidgeting	48.7	67.0	57.85	
• Difficulty engaging in leisure	46.1	44.0	45.05	
• Leaving seat impulsivity	34.2	22.0	28.10	
• Difficulty awaiting turn	57.9	70.0	63.95	
• Interrupting or intruding	50.0	74.0	62.00	

Psychiatric Comorbidities in Girls with ADHD



Biederman et al. J Am Acad Child Adolesc Psychiatry. 1999; 38:966.

Comorbidity in Adult ADHD

	% present		
	Male	Female	Total
Major Depression	35.71	54.02	41.08
Anxiety Disorder	14.76	27.59	18.52
Dysthymic Disorder	12.86	16.09	13.80
Oppositional Defiant Disorder	52.44	34.5	47.1
Conduct Disorder	48.0	34.5	13.5
ADHD	36.19	22.99	32.32
TOTAL 19+	210	87	297

Inattention: Symptom migration

CHILDHOOD DSM-IV SYMPTOMS	COMMON ADULT SYMPTOMS
• Difficulty sustaining attention	• Difficulty sustaining attention/reading paperwork
• Does not listen	• Poor concentration
• Does not follow through	• Difficulty finishing tasks
• Cannot organise	• Poor time management
• Loses things	• Misplaces things
• Easily distracted/forgetful	• Easily distracted/forgetful