

WOMEN, HORMONES AND NEURODIVERGENCE · 11.4

ADHD and the Menstrual Cycle: What Changes and Why

Many women with ADHD describe symptoms varying noticeably across the menstrual cycle, with the late luteal phase (the week before a period) typically the harder week. The variation is real and the mechanism is well-described.

FOR

Women with ADHD across the cycle years

AUDIENCE AGE

18+

REVIEWED

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PART OF

The NeuroFX resource library

IN SUMMARY

ADHD and the Menstrual Cycle: What Changes and Why

What is going on biologically

- **Oestrogen and dopamine interact directly.** Oestrogen modulates dopamine availability and receptor sensitivity in attention, working memory and emotional regulation regions. When oestrogen drops in the late luteal phase, dopamine signalling drops with it.
- **ADHD already involves under-functioning dopamine systems.** The late-luteal hormonal drop sits on top of an existing baseline difficulty. The combination is what produces the within-month variation many women describe.
- **This is well-described, not exotic.** Roberts 2018 (Psychoneuroendocrinology) and Haimov-Kochman 2014 (Front Hum Neurosci) review the mechanism in detail. The randomised-trial base for specific interventions is still developing.

What it looks like across the cycle

- **Follicular phase (days 6 to 13): usually the best week.** Rising oestrogen, focus and motivation at their highest. Many women describe this as "the week I get things done".
- **Ovulation (around day 14): typically fine.** Peak oestrogen. Some women notice a mid-cycle dip in motivation; many do not.
- **Early luteal (days 17 to 23): drift back to baseline.** Things gradually start feeling harder. The strategies that worked in the follicular week start to feel like more effort.
- **Late luteal (days 24 to 28): the hard week.** Increased distractibility, working-memory difficulty, emotional reactivity, RSD-style sensitivity, low mood. Sleep often disrupted. Patience low. The week the usual strategies stop working as well.
- **Severity varies; severe forms are PMDD.** For some women the pattern is mild. Where late-luteal symptoms include marked low mood, suicidal thinking or significant functional impairment, the picture may meet criteria for PMDD and benefits from specific assessment.

How we can help

- **Track the pattern for two or three cycles.** A simple cycle log (day, symptom severity, sleep, medication, triggers) tells you whether your pattern fits the typical shape. Apps, spreadsheets or notebooks all work.
- **Design around the cycle, not against it.** Schedule cognitively demanding work into the follicular phase where possible. Use the late-luteal week for routine, lower-load tasks. Sleep and exercise discipline tightens in the late-luteal week.
- **Talk to a clinician about premenstrual dose adjustment.** Small upward adjustment of stimulant dose in the late-luteal week, agreed with the prescribing clinician, is a clinical practice with growing but still limited evidence. Not to attempt independently. NeuroFX offers prescribing with clinicians experienced in the women's-ADHD picture.

WHEN TO SPEAK TO A PROFESSIONAL

Speak to your prescribing clinician if you are noticing a clear cycle pattern in your ADHD symptoms and want to discuss whether premenstrual dose adjustment is appropriate. Speak to your GP if late-luteal symptoms are severe enough that they include marked low mood, suicidal thinking or significant functional impairment; this may be PMDD rather than ordinary cycle variation and benefits from specific assessment. NeuroFX offers adult ADHD assessment for women and prescribing with clinicians experienced in the women's-ADHD picture. For acute mental health crisis at any point in the cycle, Samaritans 116 123, NHS 111 mental health option, or 999 / A&E for immediate risk.

SOURCES

Quinn & Madhoo 2014; Young 2020 BMC Psychiatry; Roberts 2018; de Jong 2023 Front Psychiatry; Haimov-Kochman 2014; Faraone consensus 2021

NEXT STEPS**Speak to NeuroFX**

Private ADHD and autism assessment for adults and children aged 6 and upwards.
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