NeuroFX
Changing Minds

CO-OCCURRING CONDITIONS · 5.13

ADHD and PMDD: Premenstrual Worsening of Symptoms

ADHD symptoms worsen premenstrually for most women with ADHD. For a substantial subgroup the worsening meets criteria for PMDD. The underlying biology involves oestrogen and its effect on dopamine signalling.

FOR
Women with ADHD managing cyclical symptom variation

AUDIENCE AGE
18+

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PART OF
The NeuroFX resource library

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IN SUMMARY

ADHD and PMDD: Premenstrual Worsening of Symptoms

The link in plain terms

- **Oestrogen modulates dopamine signalling.** Dopamine signalling is one of the systems most directly affected in ADHD. As oestrogen drops in the late luteal phase, dopamine signalling drops with it, and ADHD symptoms intensify.
- **Most women with ADHD describe cyclical worsening.** Estimates in clinical samples are typically 50 percent or higher reporting clear premenstrual symptom amplification. A substantial subgroup meets full PMDD criteria, with rates two to three times the general population baseline.
- **PMDD is recognised in DSM-5-TR as a depressive disorder.** Cyclical pattern tied to the menstrual cycle. Symptoms appear in the week or two before menstruation, improve within a few days of menstruation starting, remit until the next cycle. The Royal College of Obstetricians and Gynaecologists Green-top 48 sets out UK treatment.

How it shows up

- **Worsened focus and task initiation in the week before menstruation.** Distractibility increases, task initiation gets harder, and the cognitive 'fog' of ADHD feels worse. The pattern often repeats across most cycles.
- **Emotional regulation and irritability intensify.** Emotional reactivity, mood swings, irritability. For women whose baseline ADHD emotional regulation is already demanding, the luteal phase pushes it past threshold.
- **ADHD medication can feel less effective in specific weeks.** Stimulants and non-stimulants can feel less effective in the late luteal phase. This is part of why women sometimes feel 'the medication has stopped working' in specific weeks of the cycle.
- **Sleep and impulsivity worsen.** Worsened sleep, increased impulsivity including risk of binge eating or impulsive spending. The premenstrual phase compounds existing ADHD-related daily-life difficulty.
- **Cyclical suicidal thinking is a recognised feature of severe PMDD.** Premenstrual suicidality is a same-day clinical issue regardless of cycle phase. The cyclical pattern does not make the risk less real.

What helps and where to start

- **Prospective tracking across at least two cycles.** Required to formally diagnose PMDD. Apps and paper trackers both work. Naming the pattern is the first step regardless of whether full PMDD criteria are met.
- **PMDD treatment under RCOG Green-top 48.** Lifestyle, CBT, combined hormonal contraceptives, and SSRIs (continuous or luteal-phase) as first-line. More specialist options where first-line is inadequate. ADHD treatment continues alongside.
- **NeuroFX considers the cycle in the women's ADHD pathway.** Our private adult ADHD assessment for women explicitly considers cyclical symptom variation, hormonal context and the PMDD picture from the start. Prescribing decisions take this into account.

WHEN TO SPEAK TO A PROFESSIONAL

Speak to your GP if you suspect cyclical worsening that meets PMDD criteria, particularly if it has been treated as anxiety or depression without full resolution. Prospective symptom tracking across two cycles is the first practical step. Seek urgent help via 111, 999 or A&E for any acute mental health crisis, including suicidal thinking that follows a cyclical pattern.

SOURCES

DSM-5-TR; RCOG Green-top 48; NICE NG87; Eisenlohr-Moul et al. 2019 (Psychol Med); Quinn & Madhoo 2014 (Prim Care Companion CNS Disord)