NeuroFX
Changing Minds

WOMEN, HORMONES AND NEURODIVERGENCE · 11.2

Girls With ADHD: Why It Gets Missed and What Changes at Adolescence

ADHD in girls often runs quietly through primary school and announces itself at adolescence. Many parents recognise their daughter in this picture because what they are seeing now did not look like ADHD when she was eight.

FOR
Parents and carers of teenage girls

AUDIENCE AGE
12-17

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PART OF
The NeuroFX resource library

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IN SUMMARY

Girls With ADHD: Why It Gets Missed and What Changes at Adolescence

Why it is missed in primary school

- **The boy-template misses the quieter girl-version.** Most older research and clinical templates were built around the externalising childhood picture. The girl who daydreams in the back, loses things, works twice as hard for the same grade, and reads as anxious or perfectionist does not trigger the boy-template referral.
- **The data shows the gap is structural.** For the same level of symptoms and impairment, girls are significantly less likely than boys to be clinically diagnosed and prescribed (Mowlem 2019). The gap is in the recognition, not the underlying rate.
- **Schools often see the parts, not the pattern.** Quiet daydreaming, lost homework, perfectionism, intense friendships, disproportionate tears: each gets noticed separately, often as character or temperament rather than as a coherent picture.

What changes at adolescence

- **Academic load goes up.** Secondary school demands much more independent organisation. Executive function difficulty that was masked by primary-school structure and parental scaffolding becomes harder to hide.
- **Hormones come in.** Oestrogen interacts with dopamine; the menstrual cycle introduces real, biologically-driven variation in ADHD symptom intensity, with the late luteal phase typically the harder week. Starts at menarche.
- **Mental health pattern often shows first.** Anxiety, depression, disordered eating and self-harm frequently sit on top of unrecognised ADHD. The Young 2020 BMC Psychiatry consensus is unambiguous: this co-occurring pattern should prompt an ADHD conversation, not be treated in isolation.
- **Self-esteem often drops sharply.** Girls with ADHD often describe a sharp drop in self-esteem around 12 to 14, particularly when the compensatory strategies that worked at primary school break under load.
- **The serious downstream is documented.** Hinshaw 2022 shows materially elevated rates of self-harm in adolescent girls with ADHD compared with peers. The recognition is worth pursuing.

How we can help

- **GP first; raise the ADHD question in CAMHS.** If your daughter is in CAMHS for anxiety, low mood or an eating disorder, raise the ADHD question explicitly. NHS NG87 covers the pathway.
- **School recognition does useful work.** Once she is on SEN Support or an EHCP, the academic adjustments (extra time, structured planning, reduced cognitive load on non-essential tasks) can change the working week.
- **Private assessment where the NHS wait is not workable.** NeuroFX offers private paediatric ADHD assessment as a parallel option. Medication, where indicated, is one of the cleanest interventions for adolescent ADHD.

WHEN TO SPEAK TO A PROFESSIONAL

Speak to your GP if you recognise your daughter in this picture and want to start the NHS pathway. Where she is already in CAMHS for anxiety, low mood or an eating disorder, raise the ADHD question explicitly. For self-harm or suicidal thinking, NHS 111 (mental health option), CAMHS crisis team via your GP, or 999 / A&E for immediate risk; Samaritans 116 123. NeuroFX offers private paediatric ADHD assessment where the NHS wait is not workable.

SOURCES

Hinshaw 2022; Mowlem 2019; Quinn & Madhoo 2014; Young 2020 BMC Psychiatry; NICE NG87; ADHD UK

NEXT STEPS

Speak to NeuroFX

Private ADHD and autism assessment for adults and children aged 6 and upwards. CQC-registered. Bedford Consulting Rooms, 4 Goldington Road, Bedford MK40 3NF.

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