NeuroFX
Changing Minds

LATER LIFE DIAGNOSIS GEN X · 13.5

ADHD in Your Sixties and Beyond: Retirement, Hobbies and the Unmasked Self

ADHD does not stop at sixty. Prevalence rates in older adults are very close to rates in younger adults. What changes at sixty is the context the brain is working in, rather than the underlying picture. Retirement reshapes everything, and the unmasked self often emerges.

FOR
Adults in their sixties and beyond asking the question for the first time

AUDIENCE AGE
18+

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IN SUMMARY

ADHD in Your Sixties and Beyond: Retirement, Hobbies and the Unmasked Self

What retirement changes

- **The external structure disappears.** For many adults the job had been the structure: deadlines, meetings, colleagues to chase missed bits. When the job stops, the unstructured day exposes whatever the executive function picture actually is.
- **Hobbies and the unmasked self expand.** What had been casual interest was often hyperfocus all along; the workshop, the garden, the volunteering becomes immersive. Forty years of professional masking quietly relaxes.
- **Admin moves to the foreground.** Pension paperwork, medical appointments, elder care of parents in their late eighties. The administrative load reshapes around the home rather than the office.
- **Partners adjust to each other again.** Two retired adults at home together face a different daily structure than they did when one or both were working. Tensions that had been buffered by absence sometimes surface.

The age-gate problem

- **NICE NG87 has no upper age limit.** The clinical pathway is the same in your thirties, fifties and seventies. In practice, many older adults report being turned away from NHS ADHD assessment on age grounds; that position is not supported by guidance.
- **Older adult services have not historically covered ADHD.** UK older adult mental health services have been organised around dementia, late-life depression and psychosis. ADHD has fallen between the gaps; that is changing, slowly.
- **Right to Choose or a private route are alternatives.** If you are turned away on age grounds, NICE NG87 is the right document to point to. The Right to Choose route in England or a private route via a CQC-registered clinic such as NeuroFX are available at any age.

What helps and why it still matters

- **Cognitive change is the most important differential.** ADHD presents with lifelong pattern; dementia presents with recent decline from a different baseline. A good assessor distinguishes between them. Mistaking one for the other misses the right intervention.
- **Medical care often changes after diagnosis.** Sleep, blood pressure, anxiety, falls risk, medication adherence are all read differently once ADHD is part of the picture. The Equality Act 2010 reasonable-adjustments duty is also relevant.
- **Treatment is still on the table.** Medication can be offered where the cardiovascular picture allows, with extra pre-screening. Non-pharmacological adjustments (structuring the day, scaffolding tools, sleep work, exercise) are equally part of the toolkit.

WHEN TO SPEAK TO A PROFESSIONAL

Speak to your GP if the pattern in this piece is recognisable and the difficulty is genuinely affecting your day-to-day function or how you see yourself. Ask about referral for adult ADHD assessment; in England, ask about Right to Choose if the local NHS wait is long or if you are turned away on age grounds. NICE NG87 does not place an upper age limit on assessment. The private route via a CQC-registered clinic such as NeuroFX is available at any age.

SOURCES

NICE NG87; Michielsen 2012 BJP; Faraone consensus 2021; Semeijn 2015; Zhang 2022 JAMA Netw Open