NeuroFX
Changing Minds

LATER LIFE DIAGNOSIS GEN X · 13.3

Recognising Adult ADHD After Forty: The Telltale Pattern

Adult ADHD does not look like a child with ADHD in a forty-five-year-old body. The patterns that bring people to assessment in midlife are a specific cluster: scaffolding failure, time blindness, recurrent forgetting, emotional spikes and a long history of underperformance relative to ability.

FOR
Adults in their forties asking the question for the first time

AUDIENCE AGE
18+

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PART OF
The NeuroFX resource library

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IN SUMMARY

Recognising Adult ADHD After Forty: The Telltale Pattern

What it looks like in adults

- **The hyperactivity is usually internal by forty.** Outwardly people often look calm. Inwardly there is a sense of restless cycling, racing thoughts, trouble being still, fidgeting under the table.
- **Scaffolding starts to fail under load.** The lists, alarms, partner-takes-the-admin, particular job role that worked for twenty years buckle when aging parents, teenage children, career changes and perimenopause all hit at once.
- **Time blindness, persistently.** Not late occasionally; late persistently, with a long history of apologies and tactical workarounds (setting clocks forward, lying to yourself about appointment times).
- **Recurrent forgetting of the same things.** Renewals, bills, birthdays, the second appointment of the day. Consistent forgetting of the same kinds of obligations across years.
- **Emotional spikes, short-fuse, rejection sensitivity.** Outsized reactions to perceived criticism. Mood spikes that resolve in hours rather than the persistent low mood of depression. Emotion dysregulation is core to ADHD, not a separate condition.

What looks similar but is not

- **Anxiety, depression and sleep disorders.** All three produce attention difficulty. A competent assessment screens for them. The right answer is sometimes ADHD, sometimes something else, sometimes both.
- **Hormonal and thyroid shifts.** Particularly perimenopausal and menopausal change in women. Can amplify a long-standing ADHD picture or produce one that looks similar.
- **Substance use and trauma.** Heavy alcohol or cannabis use produces real cognitive difficulty that may resolve with abstinence. Trauma history can produce hypervigilance, dissociation and emotional dysregulation that resemble ADHD.

What to do with the recognition

- **Recognition is the starting point, not the end.** If the cluster fits, the next step is a structured adult ADHD assessment, not a self-diagnosis. The assessment screens both for ADHD and for the conditions that look similar.
- **Three UK routes.** GP referral on the NHS (often long waits). Right to Choose in England (legal route to a CQC-registered provider with shorter waits). Private self-referral to a CQC-registered clinic such as NeuroFX.
- **Start where you are.** If you are not sure whether to put yourself forward, the NeuroFX ADHD screening tool is an honest first step. The screening result is a basis for the conversation with your GP or assessor, not a diagnosis.

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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 work, your relationships, your finances or how you see yourself. Ask about referral for adult ADHD assessment; in England, ask specifically about Right to Choose if the local NHS wait is long. The private route via a CQC-registered clinic such as NeuroFX is the faster option where that is workable.

SOURCES

NICE NG87; Faraone consensus 2021; DSM-5-TR 2022; Kessler 2005 ASRS; Barkley 2012; Shaw 2014 Am J Psychiatry

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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