

WOMEN, HORMONES AND NEURODIVERGENCE · 11.10

Hormonal Contraception and ADHD: What the Evidence Does and Does Not Say

The relationship between hormonal contraception and ADHD is one where lived experience is far ahead of formal evidence. There is no specific RCT in women with ADHD; there is a clear biological mechanism and consistent patient-reported experience that the two interact.

FOR

Women with ADHD considering contraceptive choice

AUDIENCE AGE

18+

REVIEWED

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PART OF

The NeuroFX resource library

IN SUMMARY

Hormonal Contraception and ADHD: What the Evidence Does and Does Not Say

What we actually know

- **The oestrogen-dopamine mechanism is real.** Oestrogen modulates dopamine signalling in brain regions involved in ADHD. Anything that changes the cycle pattern is likely to affect ADHD symptoms.
- **The Skovlund 2016 mood signal is real.** A large Danish registry study showed a small but statistically significant association between starting hormonal contraception and new antidepressant prescriptions, most pronounced in adolescents and non-oral methods.
- **What is not established.** No RCT of any contraceptive method in women with ADHD. No clear consensus on best method. Most of what is said in patient-facing media is extrapolation from general literature plus clinical observation.

How each option interacts

- **Combined hormonal contraception often flattens the cycle.** The pill, patch and vaginal ring suppress ovulation and produce a relatively flat hormonal profile. The late-luteal hard week often disappears; some women find this a substantial improvement, others find their baseline less clear.
- **Drospirenone-containing combined pills have specific evidence in PMDD.** Yasmin and equivalents. A particularly useful option where premenstrual symptoms have been part of the picture.
- **Progestogen-only methods do not flatten the cycle.** POP, implant, injectable, hormonal IUD do not contain oestrogen; the underlying cycle continues. Lived-experience reports vary substantially.
- **Copper IUD is the main non-hormonal long-acting option.** Does not affect the cycle pattern; does not alter the ADHD picture. Trade-off is heavier and sometimes more painful periods.
- **Working-memory load matters.** For some women with ADHD, the daily-use methods (the POP requires a strict same-time-each-day window) are themselves a reason to prefer a long-acting method.

How we can help

- **GP or sexual and reproductive health clinic first.** SRH clinics specialise in contraception and often have more time and complex-picture experience than a standard GP appointment. The FSRH website lists clinics and patient-facing information.
- **Bring a specific question, ask for a three-month review.** "I have ADHD and I notice my symptoms vary across the cycle; I want a method that is more likely to even out the pattern" is a different conversation to "I want contraception". A three-month review on a new method is reasonable.
- **NeuroFX does not prescribe contraception.** Our ADHD clinicians can think about ADHD medication alongside any contraceptive decision your other clinicians make.

WHEN TO SPEAK TO A PROFESSIONAL

For contraceptive choice, your GP or a sexual and reproductive health (SRH) clinic is the right first call. SRH clinics specialise in contraception and often have more time and more experience with complex pictures than a standard GP appointment. The FSRH website lists clinics and provides patient-facing information. Where there is co-occurring PMDD or significant mood symptoms, the GP can decide whether a referral to a specialist menopause clinic, gynaecology team or psychiatry is appropriate. NeuroFX is not a sexual health or contraception service and does not prescribe contraception, but our ADHD clinicians can think about ADHD medication alongside any contraceptive decision your other clinicians make.

SOURCES

FSRH; NICE CKS Contraception; Skovlund 2016 JAMA Psychiatry; Roberts 2018; Camara 2022; Young 2020 BMC Psychiatry

NEXT STEPS**Speak to NeuroFX**

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