NeuroFX
Changing Minds

CO-OCCURRING CONDITIONS · 5.14

Perimenopause, Menopause and ADHD: Why It Often Gets Worse

ADHD symptoms commonly intensify during perimenopause and menopause. The biology involves oestrogen and dopamine signalling, and for many women this stage of life is when ADHD becomes recognisable for the first time.

FOR
Women in midlife with ADHD and perimenopause or menopause

AUDIENCE AGE
18+

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PART OF
The NeuroFX resource library

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IN SUMMARY

Perimenopause, Menopause and ADHD: Why It Often Gets Worse

The link in plain terms

- **Oestrogen modulates dopamine signalling.** Dopamine signalling is one of the systems most directly affected in ADHD. As oestrogen declines through perimenopause and into menopause, dopamine signalling is less supported, and the underlying ADHD difficulties become harder to compensate for.
- **Workarounds that served for decades stop working.** Many women describe perimenopause as the point when the systems they had built to manage ADHD-type difficulties stop being sufficient. The biology has shifted; the demands have not.
- **This stage of life is one of the most common late-diagnosis triggers.** Many women reach an ADHD assessment for the first time in their forties or fifties, often after the menopausal 'brain fog' has been investigated and the underlying ADHD has emerged.

How it shows up

- **A clear worsening of attention, working memory and task initiation.** Often described as 'brain fog' that is more persistent and disabling than the cyclical fog of earlier years. The cognitive symptoms can be the most distressing feature for women whose self-image was built around competence.
- **Emotional regulation and irritability intensify.** Mood swings, irritability, reduced tolerance for stimulation. The combination of perimenopausal mood symptoms and worsening ADHD emotional regulation can be particularly difficult.
- **Sleep suffers from both directions.** Menopausal hot flushes and night sweats compound ADHD-related sleep difficulty. The combined impact on daytime function can be substantial.
- **Anxiety and depression are common at this stage.** Sometimes a primary condition; sometimes a downstream effect of the difficulty of the period. ADHD becoming visible is part of the picture for many women whose anxiety or depression has been treated without full resolution.
- **Existing ADHD medication may need adjustment.** Some women on stable ADHD medication find it becomes less effective in perimenopause. Dose adjustment, medication switch, or additional structural support are part of the conversation with the prescriber.

What helps and where to start

- **Address ADHD specifically.** For diagnosed women, a medication review is often appropriate. For undiagnosed women with childhood ADHD-type features, ADHD assessment is appropriate. The female ADHD presentation, often missed earlier in life, becomes more visible at this stage.
- **Consider HRT under NICE NG23 where appropriate.** HRT is not an ADHD treatment, but where menopausal symptoms are significant it can support overall function. The decision is individual and shaped by symptoms, medical history and preferences. The British Menopause Society has UK-specific resources.
- **Treat the strands together, not separately.** Sleep, mood, hormonal symptoms and ADHD all benefit from being addressed in parallel. The combination of perimenopausal change, midlife stress and previously hidden ADHD often produces a particularly difficult period that responds well to recognising the ADHD strand.

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WHEN TO SPEAK TO A PROFESSIONAL

Speak to your GP if perimenopausal symptoms (including cognitive and emotional symptoms) are significantly affecting daily function, particularly if ADHD-type difficulties have been present since childhood. NICE NG23 and the British Menopause Society guide the UK menopause pathway. Seek urgent help via 111, 999 or A&E for any acute mental health crisis.

SOURCES

NICE NG23; NICE NG87; British Menopause Society; Faraone et al. 2021 (Neurosci Biobehav Rev); Quinn & Madhoo 2014 (Prim Care Companion CNS Disord); Antoniou et al. 2021 (Mater Sociomed)

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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