NeuroFX
Changing Minds

WOMEN, HORMONES AND NEURODIVERGENCE · 11.7

Perimenopause and ADHD: Why Symptoms Worsen and What Helps

Perimenopause is the largest single hormonal shift in adult women's lives. For many women with ADHD it is when symptoms worsen markedly, when previously workable strategies stop working, and when the diagnosis often gets made for the first time.

FOR
Women with ADHD in their forties, fifties and beyond

AUDIENCE AGE
18+

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PART OF
The NeuroFX resource library

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IN SUMMARY

Perimenopause and ADHD: Why Symptoms Worsen and What Helps

Why symptoms worsen

- **Oestrogen modulates dopamine signalling.** Declining oestrogen in perimenopause means declining dopamine signalling, on top of an ADHD system already running below the general-population baseline. The mechanism is the same as the late-luteal cycle picture, scaled up.
- **The clinical picture is consistent.** Sharp worsening of attention, working memory and executive function; emotional reactivity goes up; sleep fragments; previously effective strategies fail. Burnout patterns are common.
- **First-time diagnosis often happens here.** A meaningful proportion of women diagnosed with ADHD in midlife report that perimenopausal worsening is what made the underlying picture impossible to ignore.

What helps

- **HRT often helps the perimenopausal ADHD picture.** Restoring oestrogen restores some of the dopamine signalling that was lost. NICE NG23 and BMS guidance are the UK references. Transdermal oestrogen and micronised progesterone are the preferred formulations.
- **HRT is not a substitute for ADHD treatment.** Where ADHD treatment is indicated, HRT works alongside it, not instead of it. Cognitive benefit usually takes weeks, not days.
- **ADHD medication may need adjustment.** Many women find that their previously effective stimulant dose becomes less effective in perimenopause. The clinical practice of upward dose adjustment is described in the developing literature; a conversation for the prescribing clinician.
- **Treat both, not one.** Treating perimenopause without recognising the ADHD often produces partial improvement. Treating the ADHD without addressing the perimenopause produces the same. Recognition of both together usually goes better.
- **Perimenopause runs over years.** Sleep, exercise and stress management matter more in perimenopause because the underlying biology is offering less margin. Patience with the timeline; the right combination is usually iterative, not one-shot.

How we can help

- **GP for the HRT conversation.** Bring the cognitive and mood symptoms into the consultation explicitly, not just the hot flushes and sleep. Reference NICE NG23 if useful. Specialist menopause clinic referral where the picture is complex.
- **Prescribing clinician for the ADHD medication review.** If your previously effective dose is no longer landing, the conversation is the same as the cycle-specific one: tracking data, clinical judgement, careful adjustment.
- **First-time assessment where the picture has not been recognised.** NeuroFX offers adult ADHD assessment for women specifically; midlife diagnosis is common and the assessment is worth pursuing.

WHEN TO SPEAK TO A PROFESSIONAL

Speak to your GP if you are in perimenopause with worsening cognitive, mood or sleep symptoms; ask about HRT specifically and reference NICE NG23 if useful. Speak to your prescribing clinician about ADHD medication if your previously effective dose is no longer landing. For first-time ADHD assessment in midlife, NeuroFX offers adult ADHD assessment for women where the NHS wait is not workable. For acute mental health crisis at any point, Samaritans 116 123, NHS 111 mental health option, or 999 / A&E for immediate risk.

SOURCES

Camara 2022; de Jong 2024 Front Psychiatry; Roberts 2018; Young 2020 BMC Psychiatry; NICE NG23; British Menopause Society; Faraone consensus 2021

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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