ATTENTION DEFICIT HYPERACTIVITY DISORDER IN FEMALES: UNDERDIAGNOSED AND MISUNDERSTOOD

Julie T. Steck, Ph.D., HSPP
CRG/Children’s Resource Group
www.childrensresourcegroup.com
Calli is an 8-year-old female, currently in grade 2

Initially seen for fears of getting sick and vomiting

Frequent headaches and stomachaches on school days

Has emotional meltdowns at home

Well-behaved at school but gets little work done

Homework time results in arguments
CALLI (CONT’D)

- Makes friends easily but does not sustain friendships
- Gravitates to playing with boys and/or girls who are active and impulsive
- Sucks her thumb when watching videos
- Has difficulty falling asleep at night
- Needs much prompting to get ready for school or bed
- “Lies” about little things
- Talks constantly
- Does not entertain herself well
38-year-old female whose son had been diagnosed with ADHD

Mother of two children, remains at home

Diagnosed and treated for anxiety and depression for years

Graduated from college but always thought of herself as “dumb”

Overweight and reported that she is always dieting

Struggles with completing daily tasks such as cleaning and shopping
Very social but has a hard time saying “no”

Procrastinates and then feels stressed

Stays up late at night and can get “lost” on the internet

Struggles with waking up in the morning

Feels that she is constantly disappointing others by not completing what she expects of herself
OR WHEN WORKING WITH FEMALE ADULTS WITH
THE FOLLOWING CONDITIONS, HELP PROVIDE A
FRAMEWORK FOR UNDERSTANDING THE PAST
AND A PATH FOR AN IMPROVED FUTURE

- Mood disorders
- Eating disorders (primarily bulimia)
- Anxiety disorders
- Substance abuse
- Cigarette smoking
- Academic underachievement
- Poor self-esteem
- Suicidal thinking and self-injurious behaviors
OBJECTIVES

- Recognize the symptoms of ADHD in females across the lifespan

- List four long-term consequences of untreated ADHD in females

- Identify the other mental health conditions which often co-exist with ADHD in females

- List four essential components of a treatment plan for females with ADHD
ADHD is underdiagnosed—estimates are that 9% of children and adolescents have ADHD

Only 50% of those with ADHD are diagnosed

ADHD is undertreated—only 40% of those with ADHD have been treated and treatment is often discontinued
WHAT IS AD/HD?

- A developmental disorder

- Diagnosed relative to an age group (more difficulty than 7-10% of peers)

- Results in 30% in acquisition of self-regulation and self-control

- Persists throughout lifespan in at least 60%--more likely up to 90%
ADHD IS . . .

- Not an input disorder
- A disorder of performance, not skill
- Not a matter of not knowing what to do
- But doing what you know when you need to do it
- Responding more to stimuli than others do
- Poor persistence of responding
- Impaired resistance to distraction
- Deficient task re-engagement following a disruption
- Impaired motor inhibition
- Poor sustained inhibition
- Excessive and often off-task motor and verbal behavior
- External restlessness becomes internal with age
**SYMPTOMS FOR ADULT AD/HD**

- I am often easily distracted by extraneous stimuli.

- I often make decisions impulsively.

- I often have difficulty stopping activities or behavior when I should do so.
ADULT AD/HD

- I often start a project or task without reading or listening to directions carefully.

- I often show poor follow through on promises or commitments I may make to others.

- I often have trouble doing things in their proper order or sequence.

- I am often more likely to drive a motor vehicle much faster than others.
ADULT AD/HD

- I often have difficulty sustaining attention in tasks or play/recreation activities.

- I often have difficulty organizing tasks and activities.

Cutoff=4 of first 7 or 6 of all 9 symptoms
From Barkley, Murphy and Fischer (2008)
“ADULT ADHD IS NOT A BENIGN DISORDER. IT CREATES IMPAIRMENTS IN EVERY DOMAIN THAT WE HAVE EXAMINED SO FAR IN THIS STUDY . . .”

Russell Barkley, Ph.D.
CHADD Conference 2006
DOMAINS OF IMPAIRMENT

- Education
- Occupation
- Social
- Community/legal
- Dating/marital
DOMAINS OF IMPAIRMENT

- Driving
- Leisure
- Daily Responsibilities
- Financial
EDUCATIONAL IMPACT

- Reduced productivity is biggest problem
- High school drop out rate 30-40% higher
- Grade retentions increase 35-45%
- Suspensions increase 40-60%
- Expulsions increase 10-18%
EDUCATIONAL IMPACT

- Fewer enter college (22% vs. 77%)
- Lower college graduation (5-10% vs. 35%)
- Lower GPA (1.8 vs. 2.4)

Taken from Barkley & Gordon, 2002
OCCUPATIONAL IMPACT

- Enter workforce at unskilled/semi-skilled level
- Unemployment (22% vs. 7%)
- More likely to be fired (55% vs. 23%)
- Change jobs more often
- Lower work performance ratings
OCCUPATIONAL IMPACT

- Greater use of sick days
- Greater use of health insurance claims
- By 30’s 35% are self-employed
SOCIAL/FAMILY IMPACT

- Fewer close friends
- Shorter duration of relationships
- Spend more time watching TV, talking on phone, socializing
- Spend less time reading, studying, and exercising
- Greater parenting stress and maternal depression
SOCIAL/FAMILY IMPACT

- Less sharing, turn-taking, and cooperation in children
- More conflict with siblings
- Increased emotional responses
- Can be intrusive with others
HEALTH IMPACT

- 2.5 times as likely to die by accident or suicide
- Increased rate of cigarette smoking and earlier age of starting
- Significantly higher rate of Substance Use Disorder
IMPACT ON DRIVING

- Poorer steering and slower braking reaction time
- More likely to drive before licensed
- More accidents (2-3 x increase)
- 4 times the number of speeding tickets
- Worse accidents (cost 2 ½ x more)
- Impact on alcohol on driving is worse
DATING/MARITAL IMPACT

- Begin sexual activity earlier (15 vs. 16)
- More lifetime sexual partners (13.6 vs. 5.4)
- More partners in prior year (2.4 vs 1.6)
- Less time with each partner
- Less likely to use contraception
Higher rate of teen pregnancy (38% v. 4%)

Higher risk for STD’s (17% vs. 4%)

No higher risk of sexual disorders

Higher rate of divorce and marital discord
ADHD IS

- The most researched childhood condition with studies looking at the implications on adult psychopathology
- Not well studied in females
- Linked to long-term negative outcomes in males
- Linked to significant deficits in executive function
THOSE WITH ADHD OFTEN FEEL LIKE . . .
WHY IS THERE MORE AD/HD?

- Highly genetic
- More premature babies survive
- More recognized
- Increased demands of education and society cause increased “functional impairment”
Multiple genes are involved

If one parent has AD/HD, each child has 30% risk of having AD/HD

If both parents have AD/HD, each child has more than 50% risk

If one child has AD/HD, 30% chance that each sibling has it
Baseline study involved 140 females age 6-17 years of age and 122 girls without ADHD

Exclusionary factors: adoption, sensorimotor impairments, psychosis, autism, limited English language proficiency, IQ below 80

11-year follow-up included 96 females with ADHD and 91 without ADHD
Follow-up procedures included:

- Structured Clinical Interview for DSM-IV (SCID)
- When appropriate Schedule for Affective Disorders and Schizophrenia for School-Age Children-Epidemiological Version (K-SADS-E)

At follow-up the group analyzed:

- Had a mean age at follow-up of 22
- Was primarily Caucasian
- Had primarily intact families
MAJOR FINDINGS AT FOLLOW-UP

- 62% still had impairing symptoms of ADHD
- Significantly greater risks of antisocial, mood and anxiety disorders
- Lower risk of antisocial personality disorders compared to males with ADHD
- Higher rates of major depressive and anxiety disorders compared to males with ADHD
- High rate of agoraphobia (25%) and social phobia (20%)
Baseline study included 140 females with a combination of ADHD-Combined (93) and Inattentive (47) and 88 in comparison group

Common comorbidities were not excluded

Sample was ethnically diverse and there was a range of income levels

Follow-up study included 105 with ADHD and 86 in comparison group

Follow-up measures included DISC-IV, SNAP-IV, ABCL, ASR, BDI, SUQ, EDI, WIAT-2, and others
Those with childhood-onset ADHD showed greater symptoms of psychopathology and had larger functional impairments.

In most domains, those with ADHD Combined and Inattentive showed little difference.

Those with ADHD-Combined showed higher rates of suicide attempts (22.4%) and self-injury (50.6%).

Most consistent findings were from parent-report and objective measures—not self-report.

Academic impairment in math.
“Understanding of outcomes of girls with ADHD in adulthood has clinical and public health implications. Clinically, such information would help in prognosis and would alert clinicians to the importance of recognizing ADHD and associated comorbid disorders in girls for treatment planning and early intervention strategies.
From a public health perspective, the ability to predict the outcome of ADHD in girls would help focus limited resources on those individuals who are at higher risk for persistent illness with complicated outcomes.”

TO DATE THERE IS NOT EVIDENCE-BASED TREATMENT FOR FEMALES WITH ADHD . . . BUT THE FOLLOWING IS RECOMMENDED
I often want to cry. (yes/no)

I get a lot of stomachaches or headaches. (yes/no)

I worry a lot. (yes/no)

I feel sad, and sometimes I don’t even know why. (yes/no)

I dread being called on by the teacher because, often, I haven’t been listening carefully. (frequently/rarely)

I feel embarrassed in class when I don’t know what the teacher told us to do. (frequently/rarely)

Even when I have something to say, I don’t raise my hand and volunteer in class. (yes/no)
Sometimes, other girls don't like me, and I don't know why. (yes/no)

I have arguments with my friends. (often/rarely)

When I want to join a group of girls, I don't know how to approach them, or what to say. (frequently/rarely)

I often feel left out. (yes/no)

I get my feelings hurt more than most girls do. (yes/no)

My feelings change a lot. (yes/no)

I get upset and angry more than other girls. (yes/no)
TREATMENT OF ADHD STARTS WITH DIAGNOSIS

- **Diagnosis of ADHD should not be a “yes-no” questions**

- **Diagnosis should start with the question of what is the nature of the person’s difficulties**

- **Diagnosis should include consideration of the comorbid conditions**
ADHD is not an excuse—it is an explanation

ADHD helps explain why behaviors are repetitive and do not quickly change

A diagnosis of ADHD helps those who are close to the individual recognize that the behaviors are not personalized

A diagnosis of ADHD helps those close to individuals with ADHD know how to support them
TREATMENT OF ADHD

- Diagnosis

- Parent and patient education regarding ADHD

- Consideration of medication

- External supports, psychotherapy, and ADHD coaching to address ADHD and related issues
SO WHERE IS THE HOPE?

- Diagnosis and treatment helps “level the playing field”
- Parental and educator understanding helps know how to intervene
- Parental understanding helps to anticipate needs for changes in parenting with each developmental level
- Awareness of the hereditary nature helps to identify others in the family who may need support
- Recognizing each individual’s strengths and assets allows us to focus on those as we support their needs
Poor impulse control is usually recognized before attention problems.

ADHD is not just an academic problem and many students with ADHD can do well in school until the need for organization and time management outstrip their cognitive capabilities.

Those with ADHD typically have about a 30% delay in the acquisition of independent skills and social-emotional development. Thus, a 12-year-old may only be as responsible as a typical 9 year old.
For individuals with ADHD, time is the enemy. If they are doing something they enjoy, there is not enough time. If they are to do something they don't enjoy, they will procrastinate or just not do it.

Individuals with ADHD have difficulty sustaining mental effort.

They also have trouble remembering to do what they need to do when they need to do it.
TOP 10 THINGS TO KEEP IN MIND

- Those with ADHD live in the moment—they don’t reflect on the past to remember what happened last time or look to the future to think of the consequences of their behavior.

- ADHD causes individuals to have trouble stopping a behavior in the middle of a behavior.

- Most of what we know about ADHD is based on research on males but females with ADHD are just as much at risk for problems in all areas of functioning.
Hope starts with diagnosis. Without diagnosis, much time, energy and money is spent on ineffective treatment. When treatments don't work, the blame begins.
BIBLIOGRAPHY


www.addvance.com


www.chadd.org
