

Siobhán's Holistic Therapies

ADHD in adult women

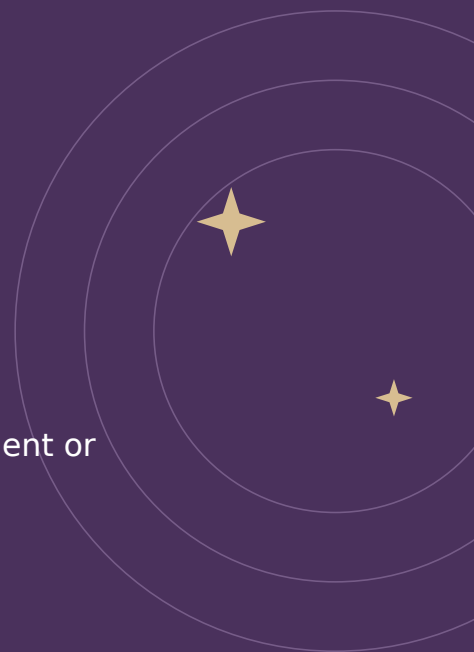
Understanding your patterns.
Finding support that fits your life.

Late recognition, the daily juggling act, hormones and practical ways to make things a little more manageable.

READ AT YOUR OWN PACE

Short sections.
Practical ideas.
Space to make your own notes.

For women who are curious about ADHD, awaiting an assessment or making sense of a diagnosis.



**START HERE**

A place to begin

There is no prize for finishing the whole thing in one sitting.

If you have spent years wondering why ordinary tasks can take so much effort, learning about ADHD may bring a mixture of relief, questions and frustration. This guide gives you a place to begin.

I have put this together as an accessible wellbeing resource. You can read the parts that interest you, try one practical idea and leave the rest for another day.

A useful starting point

Relating to a few examples does not establish that you have ADHD. A qualified clinician looks at the whole picture, including your history, daily difficulties and other possible explanations.

Find what you need

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The two worksheets can be printed or filled in using a PDF reader after downloading. Keep your notes somewhere private.



UNDERSTANDING ADHD

What does ADHD actually mean?

ADHD stands for attention deficit hyperactivity disorder.

ADHD is a neurodevelopmental condition. It involves persistent difficulties with attention and/or hyperactivity and impulsivity that affect daily life. The patterns begin in childhood, even when recognition comes much later. [1]

Clinicians describe three presentations. The balance of symptoms can change over time.

Predominantly inattentive

You may lose track of tasks, forget appointments, misplace things or struggle to organise and finish what you started.

Predominantly hyperactive-impulsive

You may feel restless, fidget, talk or interrupt more than you intend to, or act before considering the consequences.

Combined

You experience a mixture of inattentive and hyperactive-impulsive symptoms.

How is this different from an occasional distracted day?

For ADHD, the difficulties are ongoing, occur in more than one setting and cause meaningful problems. A busy week, a relatable video or a checklist alone cannot confirm a diagnosis. [1, 2]

If concentration or memory changes are new, discuss them with your GP. Sleep problems, anxiety, depression and other health conditions can cause similar difficulties or occur alongside ADHD. [2]

Reading: [1, 2] | Sources and links on page 12



LATE RECOGNITION

Why can women be overlooked?

Sometimes the effort of coping is easier to miss than the difficulty itself.

Girls and women can have any ADHD presentation. Quieter inattentive symptoms, expectations about how girls should behave and a focus on more disruptive behaviour can all affect recognition. Good grades or a successful career do not, on their own, rule ADHD out. [1, 3, 4]

What can masking or compensation look like?

Some women hide their difficulties or find ways to work around them. For example, they may over-prepare, repeatedly check work or spend extra time keeping up. These efforts can make life look much more manageable than it feels. [4]

The hidden work might look like this

Arriving on time, after spending the whole morning worrying about being late.

Looking organised, while spending hours checking everything.

Why might it become more obvious later?

A demanding job, parenthood, caring responsibilities or a loss of routine can place more demands on coping systems. A person may seek help when those systems become harder to maintain. [1, 4]

Perfectionism, people-pleasing and exhaustion have many possible explanations. They are useful experiences to discuss, but they are not diagnostic signs on their own.

A question to sit with: what does it cost me to keep everything looking as though it is under control?



EVERYDAY PATTERNS

How might it show up day to day?

These are examples to reflect on, rather than a self-diagnosis checklist.

Starting and finishing

You know the task matters, yet getting started feels difficult. You open the email, switch to another job and later discover the email is still sitting there.

Keeping track of time

You underestimate how long getting ready will take, or lose track of the time while doing something else.

Holding the next step in mind

You walk into a room and forget why, lose the thread of instructions or forget an appointment unless it is written down.

Restlessness and impulses

You feel a need to keep moving, interrupt before you mean to, or make a quick decision you later wish you had paused over.

What about strong emotions or rejection sensitivity?

Some people with ADHD describe intense frustration or painful reactions to criticism. You may hear the term “rejection sensitive dysphoria” (RSD). It is not a formal ADHD diagnostic criterion or a separate recognised diagnosis, and research on it is limited. These feelings can also have other explanations. [9]

If emotional reactions or low mood are affecting you, bring them into the conversation with your GP or mental health professional. They deserve attention in their own right.



WOMEN'S HEALTH

Hormones, periods and midlife

Your experience is worth noticing. The science is still developing.

Some women report changes in focus, energy, mood or how well they feel their ADHD medication works across the menstrual cycle, particularly before a period. Experiences vary, and a pattern is not present for everyone. [5]

What does the research say?

A 2025 systematic review found suggestive links between sex hormones and ADHD symptoms, but the evidence was limited. It included 11 studies, many with small samples and different methods. There is still too little evidence for firm conclusions about menopause or a standard hormone-based ADHD treatment. [5]

Perimenopause can add another layer

Perimenopause can bring sleep disruption, mood changes and problems with memory or concentration. These can overlap with existing ADHD difficulties. Your GP can help consider both, rather than assuming every change has one explanation. [6]

Notice a pattern without making it another job

Jot down a few words about sleep, focus, mood, daily demands and, if relevant, your period. Start with the worksheet on page 10. If it feels useful, continue across a couple of cycles and bring your notes to an appointment.

A diary cannot diagnose ADHD or a hormone condition, but it can help you describe what has changed.

Discuss changes in prescribed medication with your prescriber. Any dose changes or decisions about hormonal treatment need an individual clinical review.

Reading: [5, 6] | Sources and links on page 12



SMALL PRACTICAL STEPS

Make one thing a little easier

Choose one idea to try. You do not need six new systems by Monday.

1

Put the next step where you can see it

Use one place for reminders. Replace “sort the paperwork” with something concrete, such as “open the bill and check the due date”.

2

Give time a visible shape

Try a short timer and a clear stopping point. For appointments, set a reminder for when you need to leave, as well as when the appointment starts.

3

Reduce the number of things competing

Silence unnecessary notifications, put other tabs aside and try a quieter workspace. Notice what actually helps you concentrate.

4

Break the task into a smaller start

Try five minutes, one drawer or one paragraph. Write down the next action before taking a break so you have a place to restart.

5

Ask for something specific

“Could you send that in writing?” or “Can we agree which job comes first?” is often easier to act on than a general request for help.

6

Make the basics easier to remember

Keep a simple lunch option ready, leave walking shoes in sight or connect bedtime preparation with an existing routine. Take movement breaks when useful.

Treat these as experiments. Keep what helps, adjust what nearly helps and drop what only creates more work.



BUILDING SUPPORT

You can build support around you

Practical changes and professional care can work alongside each other.

ADHD care is individual. Depending on your needs and preferences, it may include medication, ADHD-focused psychological support such as cognitive behavioural therapy (CBT), and changes to your environment or routines. Decisions are made with an appropriately qualified clinician. [1, 3]

Everyday wellbeing still counts

Regular meals, movement you enjoy and a manageable sleep routine support general health. If sleep or eating is difficult, that is something to ask for help with too. Your routine can be simple and flexible. [10]

Help from other people

Consider telling one trusted person which practical help you would value. Peer support can also be a place to share experiences. ADHD Ireland provides information and details of support options.

A note from Siobhán

If you come to me for a wellbeing treatment, you are welcome to ask for a clear explanation of what will happen, less conversation, or a change to the music or lighting where possible.

My role is to offer a considerate treatment space. Reflexology, massage and Reiki do not diagnose ADHD or replace ADHD treatment. You can choose a session for your own wellbeing alongside any clinical care.

You are welcome to tell me what helps you feel comfortable. You do not need a diagnosis to ask.

Reading: [1, 3, 10] | Sources and links on page 12



TAKING THE NEXT STEP

Seeking an assessment in Ireland

Start with the difficulties you are having and the support you need.

1 Make a GP appointment

Describe your difficulties, how long they have been present and their impact at home or work. Your GP can consider other explanations and discuss referral options. [2, 8]

2 Ask about your local pathway

Under the HSE adult ADHD programme, the public route generally begins with a GP referral to the local adult mental health team, with onward referral where appropriate. Availability, eligibility and waiting times vary by area. Ask what applies locally. [7]

3 Prepare examples from different stages of life

An assessment looks at childhood patterns and current daily impact. School reports or information from someone who knew you when younger may help. If these are unavailable, tell the assessor so you can discuss what information can be used. [1, 8]

4 If considering a private assessment, ask first

Check the clinician's qualifications, experience assessing adult women, total costs and follow-up arrangements. If you want to explore medication, clarify who can prescribe and whether another assessment would be required. [8]

A way to begin the conversation

"I have had ongoing problems with attention, organisation and getting tasks finished. They are affecting my daily life, and I think some patterns go back to childhood. Could we look at possible causes and whether an ADHD assessment is appropriate?"

You can use page 11 to prepare. You do not have to wait for a diagnosis to ask for help with sleep, mood or the parts of daily life that are difficult.

Reading: [1, 2, 7, 8] | Sources and links on page 12



YOUR OWN NOTES

A week of noticing

A few words are enough. Blank days are allowed.

Use a few words to note sleep, focus, mood and daily impact. Add cycle or other health changes if relevant. This reflection sheet has no diagnostic score.

Date	Sleep / energy	Focus, mood and daily impact	Cycle / other notes

What seemed to help, even a little?

One thing I would like help with

Type in a PDF reader or print. Keep your notes private and share only what you choose.

**PREPARE FOR A CONVERSATION**

Notes for your GP

Bring what you have. Your examples matter more than perfect wording.

Use short examples and include the effect on daily life. If a question does not fit, leave it blank. This worksheet does not assess or diagnose ADHD.

1. What feels hardest at the moment, and how does it affect me?

2. What similar patterns do I remember from childhood or school?

3. Where does it show up: home, work, study or relationships?

4. What am I doing to cope, and what effort does that take?

5. What should I mention about sleep, mood, cycles or medicines?

6. What would I like to ask about assessment or support?

A small preparation list

Bring your medicine and supplement list, any notes about patterns over time, and questions about next steps. If you have relevant earlier records, you can bring those too.

Reading: [1, 2, 8] | Sources and links on page 12

**KEEP LEARNING**

Sources and useful links

The numbers throughout the guide refer to the reading below. Titles are clickable.

- [1]** National Institute of Mental Health (2024). ADHD in Adults: 4 Things to Know.
- [2]** National Institute of Mental Health. Attention-Deficit/Hyperactivity Disorder: What You Need to Know.
- [3]** NICE. Attention deficit hyperactivity disorder: diagnosis and management (NG87), recommendations.
- [4]** Young, S. et al. (2020). Females with ADHD: an expert consensus statement. BMC Psychiatry, 20, 404. DOI: 10.1186/s12888-020-02707-9.
- [5]** Osianlis, E. et al. (2025). ADHD and Sex Hormones in Females: A Systematic Review. Journal of Attention Disorders, 29(9), 706-723. DOI: 10.1177/10870547251332319.
- [6]** HSE. Menopause: symptoms. Information about perimenopause, concentration, mood and sleep.
- [7]** HSE National Clinical Programme for ADHD in Adults. Programme and service access information.
- [8]** ADHD Ireland. Diagnosis. For Irish information, resources and support, also visit adhdireland.ie.
- [9]** Cleveland Clinic. Rejection Sensitive Dysphoria (RSD). Read with the limitations of the evidence in mind.
- [10]** NHS. ADHD in adults. Symptoms, care options and everyday wellbeing information.

Background reading

Harmonise You, Understanding ADHD in Adult Women, Lesson 1 (undated, reader-supplied handout). Used as a starting topic reference. This guide's wording, layout, examples and worksheets were created separately.

About this guide

Prepared for Siobhán's Holistic Therapies as general educational information. It does not provide a diagnosis or individual treatment advice. For persistent or worsening difficulties, speak with your GP or a qualified ADHD specialist.

Information checked: 15 October 2026. Research and services can change. Practical examples and worksheets are suggestions, not validated assessment tools.

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