



# When ADHD Meets Menopause

*Perimenopause, menopause, and why your strategies stopped working*

Many women find their ADHD intensifying in their late 30s, 40s, and 50s — sometimes dramatically. For some, it's the first time the word "ADHD" enters the conversation at all. There's a reason. It's hormonal, it's documented, and you're not imagining it.

HORMONE

**Estrogen**

NEUROTRANSMITTER

**Dopamine**

BRAIN SYSTEM

**Executive Function**

*Estrogen helps regulate dopamine — the neurotransmitter ADHD brains already run short on. As estrogen fluctuates in perimenopause and falls in menopause, dopamine drops too. ADHD symptoms intensify.*

## What you might be experiencing

### Focus & memory worse than ever

Brain fog. Lost trains of thought. Working memory dropping out mid-sentence. Reading and retention often suffer.

### Emotional regulation harder

Shorter fuse, sharper rejection sensitivity, overwhelm sitting closer to the surface than it used to.

### Strategies stop working

Systems, calendars, and workarounds you've leant on for years quietly stop holding you up.

### Same medication, less effect

Stimulants that worked reliably can feel weaker. Sleep, anxiety, and sensory overwhelm often climb at the same time.

*If you're AuDHD, sensory load and overwhelm tend to climb sharpest of all — and the strategies that masked autistic traits often go first.*

ADDITUDE READER SURVEY

When ADDitude surveyed thousands of women, they rated this life stage as the **worst for ADHD impairment** — harder than postpartum, harder than their twenties, harder than diagnosis itself.



# What can help

*Hormones, meds, therapy – and taking weight off the system*

## Talk to your GP about HRT

HRT (also called MHT) can ease cognitive and emotional symptoms by stabilising estrogen. Worth a conversation.

## Review ADHD medication

Dosing often needs to shift through perimenopause and beyond. A prescriber familiar with adult ADHD is gold.

## Neuroaffirming therapy

ACT, schema therapy, motivational interviewing, and mindfulness – to reduce shame and rebuild scaffolding.

## Lighten the load

Sleep, stress, and sensory load amplify everything. Subtract before adding new strategies.

***"You haven't lost your edge. The terrain has changed – and your brain hasn't been given the briefing."***

## Talking to your GP

- **Name what's happening:** "My focus, memory, and emotional regulation have shifted, and I think hormones are part of it."
- **Ask about HRT** (hormone replacement therapy, sometimes called MHT) – whether it's appropriate for you and what's involved.
- **If you take ADHD medication**, request a dosing review. **If you've never been assessed**, ask for a referral.

**And if this is landing hard:** therapy with a clinician who knows ADHD, hormones, and women's lived experience can take the edge off the shame and rebuild what's wobbling. That's part of the work at ESC.

### FURTHER READING

**Dr Russell Barkley** – *ADHD and Hormones (YouTube)*

**Dr Louise Newson** – *Women, ADHD & Hormones (YouTube)*

**ADDitude** – *ADHD Impairment Peaks in Menopause*

**Healthline** – *Can ADHD Get Worse During Menopause?*

**My Menopause Centre** – *ADHD & the Menopause Transition*

**Australian Menopause Centre** – *Navigating ADHD Symptoms*

**WellFemme** – *Perimenopause and ADHD: Understanding the Overlap*