A long grey line with white background

Description automatically generated with medium confidence

**ADHD in females Misunderstood Symptoms, Delayed Diagnosis**

**Guest: Erica S. Ramey, DNP, PMHNP-BC**

Dr. Ramey is a psychiatric nurse practitioner and an associate professor of nursing. She completed her Doctor of Nursing practice at Vanderbilt University and completed her psychiatric nurse practitioner preparation at the University of Alabama at Birmingham. She has been in the mental-health field for 18 years. Her research and experience focus on child and adolescent mental-health, deprescribing, pre/peri/post-natal mental healthcare, and drug-gene compatibility.

**Host: Candace Pierce DNP, MSN, RN, CNE**

Dr. Pierce is a nurse leader committed to ensuring nurses are well prepared and offered abundant opportunities and resources to enhance their skills acquisition and confidence at the bedside. With 15 years in nursing, she has worked at the bedside, in management, and in nursing education. She has demonstrated expertise and scholarship in innovation and design thinking in healthcare and education, and collaborative efforts within and outside of healthcare. Scholarship endeavors include funded grants, publications, and presentations. As a leader, Dr. Pierce strives to empower others to create and deploy ideas and embrace their professional roles as leaders, change agents, and problem solvers. In her position as the Sr. Course Development Manager for Elite, she works as a project engineer with subject matter experts to develop evidence-based best practices in continuing education for nurses and other healthcare professionals.

**Episode 1: ADHD in Females Misunderstood Symptoms, Delayed Diagnosis**

Candace Pierce: This is Dr. Candice Pierce with Elite Learning by Colibri Healthcare, and you are listening to our Elite Learning podcast, where we share the most up-to-date education for healthcare professionals. Welcome to our series where we'll be shining a spotlight on ADHD and females, a topic that has often been overlooked or misunderstood. And despite the myths that ADHD primarily affects males, research is showing this neurodevelopmental disorder actually impacts females in significant numbers. And unfortunately, there are some unique challenges and barriers that females face in obtaining an accurate diagnosis and appropriate support. Our guest, Dr. Erica Ramey, is going to help debunk some common misconceptions that lead to underdiagnosis and discuss how societal expectations and even gender norms may mask or minimize symptoms in females. You'll gain some insight into the specific challenges that females encounter at different life stages from navigating educational settings to juggling responsibilities at home and work. We're also going to explore the long-term consequences that can arise from untreated ADHD in females, including impacts on mental health. So, whether you're a healthcare provider, an educator, a parent, or someone who personally identifies with ADHD, this is a must-listen series full of invaluable perspectives on improving recognition and support. So, to get us started, Erica, can you tell us about yourself and how this became an area that interests you?

Erica Ramey: Sure, yes, absolutely. So one, I am a woman. So, it pertains to me. I'm also a mental health provider. I've been in the mental health field for about 17 years now. So, a long time as a psychiatric nurse and then as a psychiatric nurse practitioner. So, this is something I encounter pretty regularly in my practice. It started with a focus on child adolescent mental health, but then my practice has grown as my patients have grown. And now I'm treating a lot more women and women who either had ADHD in childhood or who are dealing with symptoms that they think might be ADHD as adults. I'm also a mom, balancing and juggling things like many other women are. So, I can empathize, and I certainly want my career to be focused on helping people who are dealing with these symptoms.

PIERCE: Absolutely. So, to really help us dive into this discussion, can you give us a quick overview of what is ADHD? Because you hear ADD, you hear ADHD. So, can you help us understand what it is that we're talking about?

RAMEY: Absolutely. So, ADD is actually a dated term. That's no longer a diagnostic term. Everything now is either ADHD inattentive type, ADHD hyperactive type, or ADHD combined type. And just to kind of get rid of the terminology there, what we're really looking at is attention deficit hyperactivity disorder. And then we're just specifying whether it's primarily an issue with attention and focus, or if it's primarily an issue with being more impulsive or hyperactive, or if the individual really has both and they're dealing with both. And that's which term we would use if we were making a diagnosis. But for the inattentive symptoms, we're really looking for things like trouble focusing, losing things, easily distracted, easily forgetful, trouble sitting down, completing tasks, that sort of thing. And then with the impulsive or hyperactivity part, we're looking for exactly what it sounds like. Are you behaving impulsively, maybe saying things impulsively? In younger children, we look for trouble staying in your seat, not raising your hand, things like that in the classroom, maybe kicking a ball without thinking about what direction it's going in, that sort of thing. So those are kind of the two components that can make up ADHD. But of course, for women, we usually see more of the inattentive symptoms and less of the hyperactivity symptoms. And then young boys, we see more of the hyperactivity symptoms, which usually is what brings them to get a diagnosis and get treatment, because it tends to be a lot more disruptive. But for a combined type of diagnosis, you'll have both, but you may be someone that is more inattentive as we see with women or someone who's more hyperactive as we tend to see more with boys.

PIERCE: Some of what you were describing, I feel like that's me after I had kids where I go into the kitchen, I'm like, what am I in here for? Or I start cleaning this and then I get called over here and then I do this and then… So, what are some of those common misconceptions about ADHD in women and how do they really impact the diagnosis, the treatment and support that they have?

RAMEY: So I love that you just said that because I think, you know, I'm a mom, there's four kiddos in our house, I'm a working mom, and I think it's really easy for us to think we must have ADHD, because we're distracted or because we're forgetting things or because something is falling through the cracks. And while you certainly may, and I won't speak to your own mental health, that's also just a common experience. So, something I'm noticing a lot with things like TikTok, and social media is a lot of individuals who will describe a very common experience that nearly all of us have and then say, you have ADHD, or you have autism spectrum disorder. And while you might, you might also just be a very busy woman, a very busy mom. You may have more on your plate than is reasonable to expect someone to be able to balance.

PIERCE: Being pulled into so many different directions, especially when you have so, I have three kids, you have four kids, you know, trying to, and then of course you have your husband, at least I do, and I feel like I'm constantly being pulled in so many directions I can't keep up.

RAMEY: Yes. Right. So, something important that as a provider, I use to help me distinguish, is it ADHD? Is it that you're overwhelmed? Is it anxiety? When did the symptoms start? That's sort of our first place we can look here because even if you're, maybe you grew up in a household that didn't seek mental health treatment, so maybe you didn't get a diagnosis or treatment as a child, the symptoms still have to have been present in childhood.

PIERCE: Right.

RAMEY: So, if you did very well in school and you really didn't struggle paying attention in school, you didn't have issues in two or more settings. And then now it's quite difficult, then we have to look at, okay, there are other things going on here. Maybe you do have too much on your plate. Maybe we're expecting you to balance an unreasonable amount of things. But if you look back in childhood and you see, I really did struggle in school. Maybe I got by, maybe I made C’s, and I was doing my very best or maybe homework brought me to tears every night with my parents, or if we can look back and see these symptoms were definitely there in childhood, that leans more towards an actual ADHD diagnosis. So, if they've just showed up, I would say during the pandemic, it's important and we need to address it, and it tells us it could be a lot of other things, anxiety, depression, being overwhelmed, but it isn't ADHD if it just developed in adulthood in the past few years. So that's kind of an important distinguishing thing we look for when we're making a diagnosis there.

PIERCE: Okay, because that's good because I've also heard adult-induced or adult-onset.

RAMEY Adult Onset.

PIERCE: I feel like it's adult-induced ADHD. So that's one common misconception. Are there other misconceptions?

RAMEY: Sure, that women don't have it or that you only have it if you're hyperactive or impulsive. And certainly, if you're hyperactive and impulsive, you're more likely to get treatment and a diagnosis because it's more disruptive. And there is disruption with the inattentive type, but it's more insidious. So, we'll see like problems in relationships because maybe you're forgetting important things or you're not following through on things. And oftentimes we will attribute those inattentive symptoms more to your personality, like you're just not very conscientious, or perhaps you're lazy, or we make it a character flaw in the type that's more common in women, whereas we were more likely to give grace for it as a symptom of ADHD in the type that's more common for men. So, it's kind of an expectation there that women should be able to remember important dates and details and birthday parties and your mother-in-law's favorite flower. There's just an expectation that we would, but we all have a limited capacity for working memory there. And so, with ADHD, we'll see pretty severe impairment where a non-ADHD individual can't remember everything. So, I want to make that point. Even a non-ADHD individual has a tipping point, but someone with ADHD is really going to have more impairment in their working memory. So, what do they have kind of at the forefront of their mind that they can utilize to make sure that these tasks are getting completed. And there's noticeable impairment with ADHD in that case. So, you and I could each have five tasks that we need to manage today. And if I don't have ADHD, my ability to manage that is going to depend on the tasks and what else is on my plate. If you have ADHD, you're not going to be able to manage those tasks effectively, whether you have anything else on your plate or not. It's just going to be too much. It's going to tap your resources. So, I think something that we don't have as much grace for is our ability to manage these things. Again, we tend to blame the person rather than the illness for the inattentive symptoms a lot more than the hyperactive or impulsive symptoms. And if you have both, of course it's even more complicated.

PIERCE: Discuss some of the unique ways ADHD symptoms manifest in females compared to males.

RAMEY: Okay, as I've mentioned, you know, with women, we do tend to see more of the inattentive symptoms. So, the trouble focusing, staying organized, following through on tasks. And in general, with men, we tend to see a little bit more of the hyperactive or impulsive symptoms. And that's not to say the inattentive symptoms aren't there. It's just we tend to

notice the impulsive or hyperactive symptoms because they are more disruptive publicly, right? So, the inattentive symptoms are noticeable to the individual experiencing them and maybe their kind of close-knit circle, but the hyperactive and impulsive symptoms are going to be noticeable even to people that may not know that person as well. It's going to be a little bit more disruptive. And those symptoms do tend to be a little more common in men and the inattentive symptoms, a little more common in women. So that plays out a little differently because again, we can sometimes see the impulsive or inattentive symptoms and think, okay, there's something going on there and maybe we have more grace for that. But with the, just the things that are going on kind of in our mind that are harder to see, then maybe we tend to make judgments about that person's character or effort and that tends to affect women disproportionately.

PIERCE: Do you think that say girls and maybe women are able to maybe mask the symptoms a little bit more than the boys?

RAMEY: Mask and then also maybe just fly under the radar. So if you think about these symptoms starting in childhood and you have a little boy and a little girl in a classroom and the little boy's running around the classroom and the little girl sitting at her desk daydreaming, looking out the window, fidgeting with her pencil, thinking about what she's going to have at lunch, she may or may not get the teacher's attention. So, maybe she will finish the schoolwork on time or maybe she won't finish it, but you can take it home as homework. And so, it may never rise to the level that it gets anyone's attention. So that's one of the ways that it's easy to kind of miss a diagnosis in a young female because we're looking for different things. If you're managing a classroom as a teacher or you're managing a team as a coach, it's the squeaky wheel that gets the grease. So it's the child that's disruptive or causing problems or distracting other children that's going to get our attention and that we're going to say, maybe this child needs to see a mental health provider, maybe we need to talk about medication, but the daydreamer may get the C and that may just be considered good enough, or maybe that's the best that they can do, or maybe they're just maybe not that smart, which is not true. Not true at all, but sometimes that's what we accept because we see a lack of effort and we assume it's again, laziness or maybe a lower intelligence instead of inattention from ADHD.

PIERCE: Right. What about hyperfixation? Do they have, especially in school, like could they be hyperfixated in school? And I'm not sure where I'm going with that question. Hyperfixation.

RAMEY: Hyperfixation is interesting because sometimes I will hear, you know, a parent will tell me, well, they don't have ADHD because when they want to focus on something, they don't have any trouble. And so, I'll say, tell me more. What do you mean there? Well, when they're playing their video game, they don't have any trouble focusing. And so, I like to ask other questions like, okay, well, what if they, what if you ask them to stop or what if we need to pause from the video game and then pivot to a different activity? And gosh, well they'll just throw a fit or you know, they'll be these, okay, all right. And how long does it take them to come back to the activity after they've had to stop? Well, you know, it takes them a while to sit down and get started again. So hyperfixation is a symptom we see with ADHD. And ironically, it tends to be the symptom that makes some parents think that they don't have ADHD. But with ADHD, the brain just works a little bit differently. And so, when you're kind of honed in and plugged in and really trying to focus on one thing, if you are able to filter out other distractions, it can be like being in your own world. But when you're pulled out of that, either because you need to change to a different activity in school or you're an adult and you need to shift gears to a different task or meeting or an email, it can be very difficult to kind of

regroup and circle back to the activity that you were working on. It can take a considerable amount of time. Whereas with a neurotypical child or neurotypical adult, we can, not multitask, I'll say that's not true, no one multitasks well, but we can pivot from one activity to another a little bit more easily without, you know, disruption or an outburst or flipping a desk over at school. So it is the symptom and we kind of can judge the ability to transition as if they're just focusing because they love it or if they're hyperfocused as we might see with ADHD.

PIERCE: So, I know earlier you mentioned social media and how people are posting things on social media. So, before we met, I was kind of scrolling through some social media specific to ADHD. And there were two terms that I saw a lot of women talk about and one was neurodivergent and neurospicy. Can you give us some, what are those? Like what are they talking about?

RAMEY: Sure. Okay, so neurodivergent, I would compare that kind of juxtaposed to neurotypical. So neurotypical would be kind of just, I hate to say normal, because there really is no such thing as normal, but it would be what we think of when we think of normal, neurotypical, regular brain, so to speak. And so neurodivergent, it's where you kind of

veer off the path from that. So that could be ADHD, it could be autism spectrum disorder, it could be anything that just means that your brain is working a little bit differently. So that's not really a medical term, it's not a diagnostic term, it's more of kind of a cultural term that you see a lot more on social media, I would say. Neurospicy is just a fun way to say my brain's a little bit different or my temperament is a little bit different. I have a sister who loves to describe herself as neurospicy and you know, we just, we just go with it. So, it's just her way of saying I'm a little bit different, but I'm okay with it. It's not negative. It's just, I'm just spicy. You're neurotypical. I'm neurospicy. Again, kind of a social media, you know, common colloquial slang there. So, it doesn't have any diagnostic meaning. Neurospicy is not in our diagnostic manual, but it's just a fun way to say, it's fine. It's fine.

PIERCE: It's a fun word, it should be

RAMEY: It's just a fun way to say, my brain is a little spicy. It's a little different, but an individual could mean many different things when they use that term. They could mean ADHD. They could mean autism spectrum. They could mean, honestly, whatever they're choosing for it to mean for themselves, just that they're a little bit different from the norm.

PIERCE: Gotcha. So, what are some misconceptions and societal expectations that affect the experiences of females with ADHD in settings like educational or work or with their friends, with their family?

RAMEY: So, I would speak to that from both angles. And actually, I was talking with my very close group of girlfriends about that this morning. So, remember, for something to be a disorder, it has to be outside of the normal experience, right? If we're all experiencing it, it's not a disorder. It's the human experience. And then whatever the symptoms are having to cause severe impairment. So, if your experience is that you're, let's say, you said you have three kids, I've got four, and I don't know about you, but it's the end of the school year. So just yesterday, just one of the four children had two activities within three hours at the school. I also work full time. We have a baby that just turned six months.

PIERCE: Congrats!

RAMEY: So, you know, sleep's not great. But if you think about, you know, and again, I'm speaking as an individual who does not personally have ADHD. But if you think about the demands of the four children and the two jobs and the husband who is busy with things as well, and the fact that most women are still expected to kind of balance what's going on in the home on top of the full -time job if they're working, I think we have to take a step back and recognize no one is supposed to be able to do all of that easily. So, I want to start with that.

PIERCE: Can you say that again for the men, for the husbands in the back?

RAMEY: So, I just, I want to start with that. So, if you're someone who is feeling like, man, I just, I can't keep everything organized. I can't remember all the things that we've got going on. I can't, I can't, I can't. I don't, I think we do a disservice to women when we tell them you probably have ADHD when what's going on is we're asking them to do more than one person should have to do. You shouldn't have to remember and hold all of these things in the forefront of your brain. You can't. And we wouldn't necessarily expect that from our male partners. We just have different expectations for what women, especially working women and especially moms, should be able to do. So, I want to start by adjusting our expectations there. That said, if you do have ADHD, you will notice that it causes even more severe impairment. So again, that's what we look at when we're making a diagnosis is the degree of impairment. So where, I may feel overwhelmed, someone in the same position with ADHD may have noticeable issues from it. So, they may be getting some warnings on the job because the things that are falling through are more serious, or they may perhaps have forgotten to pick up one of those children from school because they were hyperfocused on something. So, if you're struggling, it doesn't necessarily mean you have ADHD if you have too much on your plate. But we're looking at how severe the impairment from the struggling is that kind of tells us, okay, well, this is outside of norm because typically we don't forget to pick up our children. We might be late because we're doing three errands that we need to do before, but typically we don't forget. So, I want to kind of consider that when we think about the symptoms we're experiencing, because again, TikTok will make you think all of us have ADHD or all of us have autism spectrum or all of us have a tick disorder. And if we all have it again, none of us have it. So, we're looking at outside of the norm and degree of impairment. So, I want you to consider that. And I also would like for women to consider hormonal changes that happen over our lifespan that affect our ability to focus and can cause some, you know, some kind of like a cognitive fogginess that can feel like ADHD and it can feel like inattentiveness, but it can also be related to hormonal changes and things just happening in our body as we age, as we get a little bit older there. My biggest concern for women though is if we miss the ADHD diagnosis.

it can cause or contribute to other problems like anxiety or depression. Because a woman feeling like, man, I'm dropping the ball. I'm really failing as a mom or I'm not doing well in my job because of the ADHD symptoms, then we can see some secondary depression or anxiety about, well, if I forget one more thing or if I'm late one more time or if I lose one more important document, I'm going to lose my job, I'm failing. Then we see on top of the ADHD that was untreated or undertreated, depression and anxiety and feelings of low self-worth and like, we're just not good enough. And that can complicate the attention and the focus when we're anxious and depressed. It can kind of be a cycle that each feeds the other.

PIERCE: So, some of the other things like depression, fatigue, like I know as a new mom with multiple kids, like the fatigue, some of these things can kind of mimic and make us think maybe I do have ADHD.

RAMEY: Absolutely, absolutely. And that's, I was going to add, that's the tricky part is if you're coming, like if you were coming to see me in the clinic and your concern is trouble concentrating, before we can go to ADHD, I have to know, are you sleeping? Because if you're not sleeping well, of course, you're not concentrating well. If you're tired, you're not going to focus well. And then it's, well, how's your mood? Because depression affects our ability to focus and our motivation and our energy levels. And then are you anxious? Because if you're worried about how you're going to make ends meet, or you're worried about one of your kids who's really struggling in school, and you have these concerns, then you're not going to be able to focus. You're not going to be able to give what you're working on your attention. So, we have to kind of rule that out. And that is, that's one of the key things when we make a diagnosis is we have to be sure that your symptoms aren't being caused by another mental health issue, like depression or like anxiety, because all of those things can cause trouble with sleep and focus and energy and attention.

PIERCE: Absolutely. So, if I can't come see you, what are some primary challenges that females face in obtaining an accurate diagnosis of ADHD or depression or anxiety or just too much on our plate?

RAMEY: Yes, well first would be maybe lack of time to take care of yourself and get to a therapy appointment or a mental health appointment. Lack of acceptance maybe, although I would say sometimes there's a little more acceptance for maybe I have ADHD than maybe I have depression or anxiety. But we tend to maybe not do a good job of carving out time for our own health.

PIERCE: You're not wrong. Yes, we don't have enough time.

RAMEY: Yes. And the downside to that is delaying treatment could actually just cost you more time in the long run, right? If you do have ADHD and you don't receive care, then it may be taking you three times as long to finish a task or a project that you're working on. So, it may actually be doing you more harm to delay that care than just carving out that one-hour appointment for the intake that you might need. But, you know, a mental health provider is not your only option. There's online therapy these days. There are books and resources and podcasts that can be helpful. Yes, absolutely. Organizational tools that can help you kind of keep up with things so that you don't have to carry it all at the forefront of your mind all the time. There are a lot of tools out there if we're looking for those things to kind of help us stay organized and on top of things.

PIERCE: Absolutely. We are at the end of our time for episode one. Thank you, Erica, for shedding light on this often-overlooked yet incredibly important topic of ADHD in females. As we head into the next episode, we're going to go a little deeper into effective interventions and therapies and resources tailored specifically for females with ADHD. I hope you'll join

Dr. Ramey and I for the continuation of this conversation aimed at empowering women with ADHD to get their healthcare needs met and find success despite the obstacles they face.

**Episode 2: ADHD in Females Misunderstood Symptoms, Delayed Diagnosis**

Candace Pierce: Welcome back to our series exploring the unique challenges, misconceptions, and lack of awareness surrounding ADHD in females. In our previous episode, we examined how ADHD often presents differently in females versus males, the specific barriers to accurate diagnoses these females encounter, and the way societal expectations can mask symptoms.

Dr. Erica Ramey is continuing this important conversation with me by discussing effective interventions and resources tailored specifically for females with ADHD. You'll also hear recommendations on therapy, support structures, and coping strategies that can create better outcomes in terms of managing symptoms. Erica, thank you for continuing this discussion with me.

RAMEY: Yes, yes, I'm excited too. Love this topic.

PIERCE: So, I want to start out with the environment, such as the school setting, a home, work. How does that environment impact the success of females with ADHD?

RAMEY: That is a really great question, and it brings up a good point that a good well- structured environment can make the difference in whether someone is successful with ADHD or not and whether they maybe need medication or not. So, I love that you brought that up. There are a few things that I've noticed about our school systems that maybe are working against our young girls with ADHD. One, we start preschool and kindergarten at a very early age. So, we start at age five. And there was a big study done in the past few years that showed that the younger a child was when they started kindergarten, the more likely they were to receive an ADHD diagnosis. So what I want to point out is that doesn't mean that more children had ADHD. It just meant they were more likely to get a diagnosis because their symptoms were disruptive. But if we think about it, they're just younger. They're younger. They don't know how to sit still for as long as to sustain attention for as long. And in our traditional school system here, we do have high expectations for how long a child should be able to sit in their seat or sit on a square.

PIERCE: Are they high? Are they high expectations or are they really honestly unrealistic expectations for their age?

RAMEY: Unrealistic. Unrealistic would be a better way to describe that, right? So, a newly five -year-old child who has spent the past several years playing and socializing and learning through play may not understand or even tolerate, well, now you need to sit in this small desk or in this colorful square on the carpet for six, seven, eight hours a day. And there are other ways to do this, right? We see education handled very differently in other countries that frankly outperform us in educational attainment and achievement where the focus is different. There's more play, there's shorter class days, and we have more tolerance for neurodivergence. So, the environment can really kind of make it or break it for a child. So, breaks and recess and arts and tolerance for taking a little bit longer to transition from one task to another can make a big difference in success for young girls with ADHD and also for their mood. So if this child is in the classroom and is constantly seeing Cs and low performance and then getting in trouble at home for their grades and then getting the impression, I must not be very smart or I'm not a good student or school is not for me, then we see again, some of those other mental health concerns that can develop from that. So, a supportive environment that allows for some flexibility can really make a difference in their success in school, but also their mental health later on.

PIERCE: Absolutely. So, what are some specific interventions, therapies, and resources particularly effective for females with ADHD?

RAMEY: Right, so the more we can do to decrease the mental burden or the mental tax on women and young girls with ADHD, the better. And what that's going to look like could be as simple as a key bowl by the front door where your keys go. So, we don't lose our key, we're not looking for it the night before. Backpack organization for kiddos. So, here's where your backpack goes. Here's where the folder with the homework goes. So, and we have a routine in place. We come home from school, we sit in this seat, we have our snack, we play for a little bit, we do our homework, it goes back in the folder and the folder goes back in the backpack. And this sounds silly, this sounds so simplistic, but having a routine takes care of some of the trying to remember where did I put my backpack? Where is my homework? Did I do my homework? So, if we have a routine, it just takes out some of the guesswork because yes, I know I did my homework, it's in the folder, folders in the backpack, the backpack is by the back door. So routine, structure, a place where things go that's consistent. That helps all of us, but especially someone with ADHD who may struggle losing things or being organized. There are of course tools depending on if you're in the workplace, there's tools within our calendar systems, organizational tools that can help us pin tasks and stay scheduled. Reminders can be helpful on our phone. We just have to, I would encourage you to kind of pick what works for you and maybe pick one that works for you. Otherwise, we can become overwhelmed by just the reminders and the tasks, and the emails and we start to ignore them because we get so many of them.

PIERCE: It's kind of like alarm fatigue, like alarm fatigue for.

RAMEY: Exactly, that's exactly what I was thinking. For like nurses and healthcare workers who hear it beeping all the time, eventually, you hear nothing. So, it needs to not be one more overwhelming thing, but rather one thing that helps you kind of stay organized and on top of things there. I do think.

PIERCE: Some of the things that you're listing, and I know this sounds so minute, but I hear a lot of parents who will complain because their child who has ADHD, has been diagnosed ADHD, forgets to turn the light off in their bedroom, or in the hallway. Like that's a constant battle they fight. And so as I've just been kind of listening to you and listening to some of the interventions and ideas, my thought went, is that really a battle that is necessary to fight or would it be just something like, I'm just going to get one of those light switch thingies that senses when you're in the room and then just shuts off when you're not in the room, you know.

RAMEY: Right. I like that. So, pick your battles, right? So, at the end of the day, what's more important, is that they turned off their light or that they did their homework, or they turned off their light, is it worth a meltdown, right? Or is it worth disrupting what they are trying to focus on to say, go back and go turn off your light and then, you know, do X, Y, Z. And it's not, it's not just lights, right? Did you close the door? So that's a bigger deal when it's an external door. Like, did you close the front door? That matters, right? That's a safety thing. But if it's not affecting their safety or someone else's safety, not everything is worth making a battle out of it. We do want to pick our battles. Or make it a routine again. Can we brush our teeth? We turn off the light kind of thing.

PIERCE: Right. You. Yes. And you want to to teach them, you know, purposefully how to be responsible so that when they go to college or when they move out. So, with someone with ADHD, when you're talking about interventions, my brain immediately went to do I teach them and get on to them for not doing something or do I teach them how to remember how to do something, how to manage their time, how to make a schedule, how to, how to.

RAMEY: Right, right. It's going to be a lot more beneficial to teach them the tools for managing those things than to just teach them what has to be done in your house. So, you know, by the time they're in their own home, they may just use an app that turns off their lights. Let's be honest, right? There’re switches for that. You know, Alexa can turn off the light and lock the front door if we need her to. They make things to help us with that. So, what you're really teaching your child is, a light being off is really important to me. It's so important that I'm going to ruin both our days and start a fight over turning off the light. But that doesn't necessarily teach them when you're in your own home, you need to turn off the light. So, giving systems and tools is going to be more helpful as they transition into adulthood than just being really rigid about things that aren't going to make sense to most children.

PIERCE: Right. Therapies and resources, besides interventions.

RAMEY: Yes, absolutely. So, the therapy of choice, sort of the gold standard is CBT, is cognitive behavioral therapy. And that is available through, you know, most licensed therapists and clinical psychologists. And with CBT, it can focus on some of the things that you need as far as organization and tasks, but it can also help prevent some of the other things we've talked about, secondary depression or anxiety or if those, if you have both, right? You could certainly have ADHD and anxiety and CBT can kind of help make sure that we're addressing both because both can cause that inattentiveness there. So, CBT would be kind of your gold standard there. There are different kinds of therapeutic modalities coming out these days. There's a video game for children with ADHD that's kind of interesting. I've tested it out a little bit. It's interesting. It's new. It's kind of a novel therapy that we're looking at. A lot of the focus with ADHD that's not medication is going to be on behavioral modifications. So some of the things we've talked about to help reduce mental workload and help reduce distractions and keep you organized. There's a lot of emphasis on what you can change about your environment or your day -to -day activities to help you be more successful.

PIERCE: Interesting a video game.

RAMEY It is interesting, yes.

PIERCE: I will say with cognitive behavioral therapy, I have found that it is actually hard to get in to see a therapist in some and in a lot of different states and areas. So, I mean if this is something you're looking at, do get on the list.

RAMEY: That's great advice. And I like to tell people, even if you don't need it today, go ahead and get on somebody's list because three months from now, that appointment may be open and get established so that when you need it, you have access. Absolutely. We definitely have a shortage of all mental health providers.

PIERCE: Yes. What are some long-term consequences of undiagnosed or untreated ADHD in females, particularly like mental health, their work and academic performance, and even comorbidities like depression, anxiety?

RAMEY: Absolutely, absolutely. So we hinted towards some of that. If a young female in the classroom is struggling, but maybe not disruptive enough to get treatment or a diagnosis, then it starts to become more about how they view themselves as not being very smart. If the child has a lot of impulsivity and hyperactivity, it can also hinder their ability to make friends. So other children may not want to be friends with somebody who's getting in trouble a lot or whose hands are always kind of accidentally hitting them or knocking them or someone who maybe they don't view as smart as them because their grades aren't as good. So, it can cause issues with developing friendships. It can cause issues with self-esteem. And then that's when we start to see more depression as a result of that. In the teen years, we start to see more substance use for individuals with ADHD. And there's a lot of theories about why that is. For some, some theories are, well, if you're more impulsive or hyper in general, maybe you're more drawn to that. There's also self-medicating theories, like maybe trying to slow the brain down a little bit or slow the body down a little bit. But regardless, we do see more risky substance use and then just more risky behavior in general for those with untreated ADHD.

And then, as you've kind of mentioned, and we sort of talked about, if you have severe ADHD symptoms and you're lucky enough to even secure a job, you're going to be at risk for losing that job when things fall through the cracks or things get missed or thinking about healthcare if mistakes get made, right, or patients get harmed, or the wrong medication gets administered. It can cause really significant issues and make it difficult to keep a job. So, the consequences really can be as mild as you just forgot to do something small all the way to loss of relationships, loss of jobs, and then significant other mental health problems.

PIERCE: So, raising awareness, I mean, we're seeing it more of a discussion of females with ADHD in social media. But like we were talking about earlier in our first episode, a lot of those stories are really just describing a plate that is just so full that you can't keep up with everything. So yes, awareness is coming up, but is it really rising in the healthcare realm? Is it really rising with those that treat ADHD? Is there more research going on? How can we raise more awareness for the differences between males and females with ADHD?

RAMEY: Right, so podcasts like this, right? Where we kind of shed some light on this experience. And as providers, it is remembering that it's not just the squeaky wheel that has ADHD, right? It's the maybe underperforming but intelligent young lady or girl in the classroom that may be not rising to the level of attention. So, we want to, and that's on us, of course, that's on providers to be looking, you know. And sometimes it starts with, they're coming into my clinic because of behavioral issues, but the behavioral issues came after being made fun of for not being able to stay in their seat or getting in trouble a lot. So, part of that's on us as providers to pay attention and to look for that. But then whether it's ADHD or other things like we've talked about, I still want to encourage people to go see a provider if they're concerned about any symptoms that they have. So maybe it's ADHD, maybe it's not. But if you're having significant symptoms and it's impairing your functioning and starting to cause problems in your mood, it's worth an evaluation. It's worth saying, okay, here's what's going on. Is it depression? Is it anxiety? Is it ADHD? If it's severely impairing you, it's worth taking the time to kind of walk that out a little bit and see what's going on there. So still access treatment, still whatever is available in your area. It's still worth seeking that out.

PIERCE: So I know we're talking about females and kind of the differences between males and females, but I wanted to ask while you were talking about screening, you know, and going to see a provider, can a male also have those same types of symptoms as a female where maybe they fly under the radar like the female does?

RAMEY: Sure. Yes, absolutely. So, as we kind of mentioned at the top of the last podcast, we have the three different types. You can be inattentive, you can be hyperactive primarily, or you can have both pretty equally. And while the hyperactive is more common in men, anybody can have both or one or the other. So, there can be men who are inattentive, and we see something similar sort of underperforming or seeming to be lazy or kind of, we see it more as their personality than as a mental health issue. Absolutely, yes.

PIERCE: What tools do we use to screen for ADHD?

RAMEY: Great question. So, there are simple screening tools, questionnaire type things like the Vanderbilt are one of the more commonly used ones. And those are just looking for the diagnostic criteria, the symptoms of inattentiveness, the symptoms of hyperactivity. So, we use those, but there's also testing, where you're sitting down in front of a computer or device, and you're told to perform a task each time you see or hear something. And so, it's checking kind of your reaction time. So, we do have much more detailed testing along those lines. Usually, that's done with a psychologist or certainly an experienced mental health professional. So, we have screening tools and then we have different diagnostic tests that can be used.

PIERCE: And then as far as the treatments, how do you determine the best way to go when you decide that this person does have ADHD?

RAMEY: So, we're looking at impairment at that point as well. So, as we've mentioned, CBT or cognitive behavioral therapy is kind of gold standard. But most individuals, when they seek treatment, what they're looking for at that point in time is a medication option. So typically, that'll be kind of the next step. And then we have stimulants, which are what most people are more accustomed to things like Adderall, Vyvanse, Focalin, things like that. And then we have non-stimulant options, which there are only a few, but there are some non-stimulant options available. So, which one you go with is going to depend on the individual. So, stimulants can be really great for attention and focus, but for some people they can be really problematic for mood and anxiety. So sometimes a stimulant is a great choice, and sometimes it's not going to be the best choice for that person.

PIERCE: Family members and some support networks, how do they really, what role do they play with helping somebody cope with ADHD?

RAMEY: Well, oftentimes ADHD is inherited. So, some of the role, let's think about that. So, some of it is role modeling. If a child has ADHD, there's a good chance one or sometimes both of the parents may have ADHD. So, we're role-modeling that, right? What does it look like to manage ADHD? So, trying to set a good example for these are the symptoms that are experienced and this is how I manage them, you know, and for the adult in that case. So, if you have it yourself, setting a good example for managing it, admitting how frustrating it can be, but how you're dealing with that, watching for your own negative self-talk so that your children don't talk down to themselves when they make mistakes.

PIERCE: Right, that's a good one yes.

RAMEY: So, I would start with that. I would start with that. So being an example there and then trying to create space for the difference in how an individual with ADHD might function without just making excuses. So, there's a difference between letting a child, you know, quote, get away with things and then recognizing that their brain works differently from their sibling. So, expectations may need to be adjusted. Again, we're not enabling or allowing a child to kind of not do their best effort, we're just recognizing their best effort might look a little bit different than another child who doesn't have ADHD. So, we're making space for how their brain might work differently. And that may mean they have more time to transition between activities. It may mean they need more structure, and it certainly means they need an earlier bedtime. So, we're kind of thinking about what we need to do to help each child be successful and understanding it looks a little bit different if they do have ADHD.

PIERCE: So, we love success stories. Do you have any success stories that you can share about how ADHD was diagnosed in a female and they were able to overcome it?

RAMEY: There's tons of success stories, right? So, one of the things I like to do is catch it early. So, I would say in children and adolescent girls especially, being able to help them see, okay, well, it's not just you, there's nothing wrong with you, but your brain does work a little bit differently. And then giving them access to treatment and then seeing them be successful is what's been very rewarding. So, seeing maybe, I know grades are a terrible kind of marker for success, but it is something we use. So, seeing grades improve, but then also seeing her be able to kind of keep those friendships, maybe reconnect with that old best friend that had grown apart, maybe because of some behavioral issues related to ADHD, to seeing the friendships reconnect and then realizing she doesn't hate school. She was just frustrated that year. So that's probably the most rewarding. In adult women, it usually comes out, I'll see more of an improvement in that negative self-talk. So, less feeling like she's a failure or she's not a good mom. Or yes, exactly, not a good spouse, not a good mom. I will say for most adult women, one of the first steps in treatment is making sure they're getting enough sleep. So even if we're using medication and we're trying to improve symptoms from that direction, which can be incredibly helpful, I need to make sure she also has a realistic time period where she can get some sleep and let her brain rest and then make sure she's getting enough to eat and getting enough to drink. It's the basic things, but they really make a difference in our ability to focus and pay attention. And then we've added in the things we've talked about for time management and organization. And then maybe we've added in some medication to be helpful.

PIERCE: So, it's steps. Okay.

RAMEY: It steps, it steps sometimes. So, if the ADHD symptoms are very severe, probably going to start with a medication option. If it's more moderate, maybe we try these other things first and you may or may not need medication to manage your symptoms. So, it's individualized. But what I'm looking for after successful treatment is not just that, the woman is more organized. I'm looking at she is feeling like, okay, I can do this. I'm not, I've still got a lot going on, but I'm not feeling as overwhelmed. I'm not dropping the ball as much. So, I'm not feeling as bad about myself as I was before. So, I'm really kind of looking for how it's affecting her mental health and her mood outside of the attention and focus piece.

PIERCE: Absolutely. So, as we come to the end of our series, what are some of the most important takeaways that you want the listeners to walk away with? What do you want them to remember?

RAMEY: Okay, yes. So, I want you to access treatment if you have concerns just across the board. If you think something might be going on or you're really struggling in any of these areas, access treatment. You've got nothing to lose except maybe an hour by talking to a mental health provider and just seeing what's going on, right? I also want to encourage everyone to access therapy that feels like they're not coping with life well. Therapy is a great option for that. I want to remind all the women out there who are maybe overwhelmed and overextended that you cannot be perfect all the time. And it doesn't necessarily mean you have ADHD, but if you think you have ADHD, and you're experiencing these symptoms we've talked about, make an appointment with your mental health provider. Those would be my big takeaways, I think.

PIERCE: Absolutely. Well, what really stood out to me is support and advocacy, especially for females. When you said, you know, a lot of females will fly under the radar and you see so many now they're women, but you see in teenagers, negative self-talk. When you were talking about negative self-talk, you see that so much with females. So, support advocacy, strong networks, family, friends, community groups, and obviously the need to increase advocacy to challenge societal expectations. When we're talking about societal expectations, they most of the time are very unrealistic for females. Equitable care experiences. We're seeing some equitable care issues for females with not just, you know, things like ADHD and the diagnoses, but also look at gynecological care you know, especially pain ignored in gynecological care, symptoms ignored for, heart symptoms. And so, it's not just ADHD that we're seeing where, where females are really not being advocated for and the differences are not being looked at. So, thank you so much for bringing attention to ADHD and females and the differences and highlighting those issues so that we can see hopefully more people get help, reach out in that negative self -talk. I have three girls, so it makes me a little teary to think about. For anyone in healthcare or as a patient whose life intersects with females dealing with ADHD, I really hope that this two-part series provided a significant awareness-building opportunity and that the key takeaway is that this disorder impacts all genders. It simply may manifest differently based on societal influences and societal expectations that are placed on females when they're children when they're teens, and when they're adults. So, by remaining open-minded, avoiding assumptions, and proactively learning about unique gender-based needs, we can all play a huge role in dismantling barriers and empowering the overlooked ADHD female population to get proper diagnosis, interventions, and the chance to truly thrive. A huge thank you to Dr. Ramey for being an advocate and an educator. Thank you for being here today.

RAMEY: Yes, thank you for having me. It was an honor.

PIERCE: Absolutely. And to our listeners, I encourage you to explore many of the courses that we have available on EliteLearning .com to help you grow in your careers and earn CEs.