

## 360 Treatment Tools & Tips

An ADHD 360 3T's paper

### ADHD & The Menstrual Cycle

Getting medicine right for our patients is one of our goals at ADHD 360. We pride ourselves on the time, care and professionalism we bring to our treatment plans to ensure that we do the very best for our patients. 'Our best' includes ensuring that treatment goals are being met and that symptoms are reduced to a level that would not ordinarily be considered diagnostically significant. As we say, *'It is more than your diagnosis'*.

This got us looking into a few things in greater depth, especially women and the menstrual cycle. Maybe years ago, this was a subject that was taboo, not spoken of, not discussed. But this is 2020, the 21<sup>st</sup> Century, and we know that the build-up, having and the exit from a period leaves a woman in a different emotional position to the other 2-3 weeks of her month. We are realising that ADHD symptoms for many women change throughout the month. That poses the question: *If women have a 'moving platform' of impairment, should we not seek to provide situational responses for a woman with ADHD to ensure her treatment stays as optimal as possible?*

We call this 'situational optimisation' and it is something we spend research time on, building our knowledge to a point where we hopefully impart that knowledge onto others. It is an area where there is not too much research and there is certainly a gap in clinical knowledge when it comes to translating research into the treatment pathway of menstrual women.



## Some of the research

Experience tells us that women, once in puberty, can have differing levels of ADHD symptoms as their menstrual cycle progresses through the month. In simple terms we know that ADHD symptoms may change across the menstrual cycle in response to natural hormone changes, those hormones being mainly oestradiol, progesterone, and testosterone. When oestradiol levels decrease alongside an increase of progesterone and testosterone, women with ADHD, especially those with impulsivity, demonstrated higher ADHD impairment the next day. Also, we know that the cycle of those changing hormones is a major component of the menstrual cycle.



Additionally, we know that the context of being a woman with ADHD is perhaps harder than for others, "Women, on the other hand, are more likely to see conflicts at home". Kathleen Nadeau, PhD, a clinical psychologist and director of the Chesapeake ADHD Centre of Maryland in Silver Spring USA, says her female ADHD patients, especially mothers, come to her in a "constant state of overwhelm". She goes on to say that "Society has a certain set of expectations we place on women and ADHD often makes them harder to accomplish". She points to women's traditional societal roles. "They are supposed to be the organizer, planner, and primary parent at home. Women are expected to remember birthdays and anniversaries and do laundry and keep track of events. That is all hard for someone with ADHD".

All of which serves to reinforce the need for clinicians to pay special attention to the physical matters for a woman that can disrupt what are already terrifically challenging requirements in lifestyle. Compulsive overeating, alcohol abuse and chronic sleep deprivation may be present in women with ADHD and more so than in men with the same ADHD characteristics. Medication and treatment may be further complicated by hormone fluctuations across the menstrual cycle and across the lifespan (e.g. puberty, perimenopause and menopause) with an increase in ADHD symptoms whenever oestrogen levels fall.



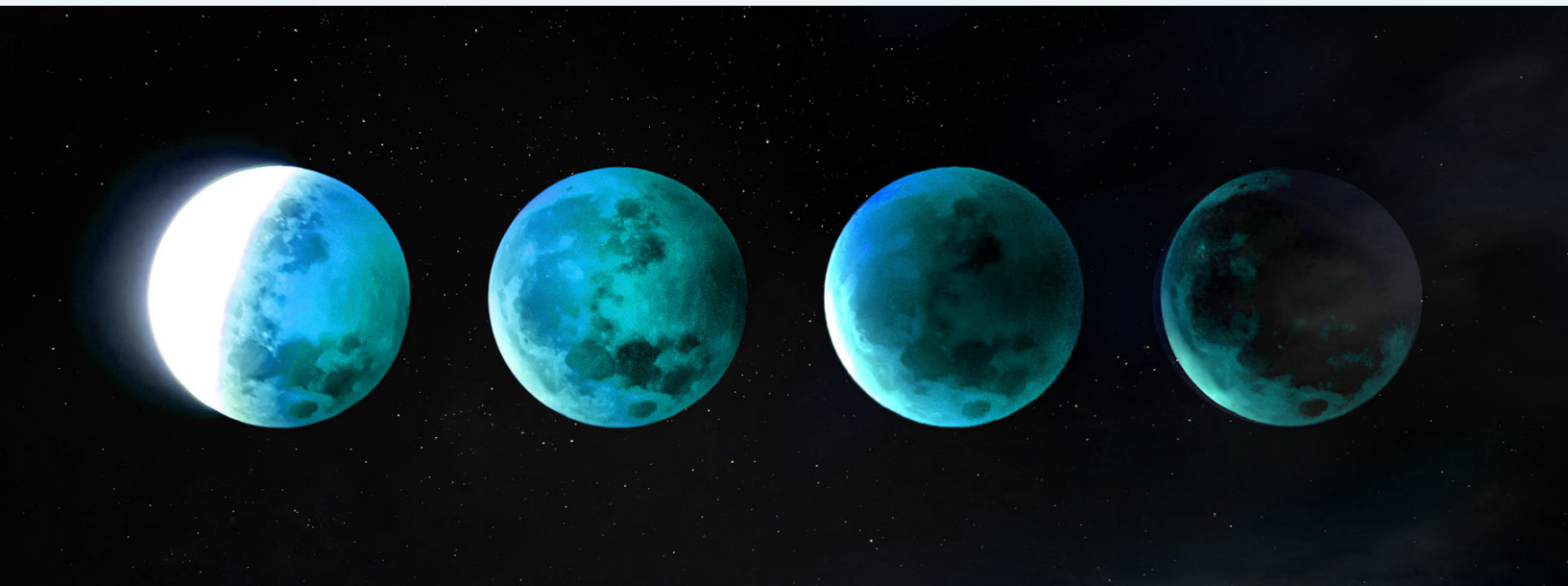


We know therefore that effectively treating women can present challenges that are different from those treating children and men. Given that for many years ADHD was thought to be a 'thing for naughty boys', we can perhaps begin to understand the complexities of what we seek to achieve with situational optimisation.

These complexities are perhaps summed up by a colleague of ours Professor Suzy Young who in her consensus statement published in 2020 states *"It is essential to adopt a lifespan model of care to support the complex transitions experienced by females that occur in parallel to change in clinical presentation and social circumstances"*.

**A woman's menstrual cycle consists of two main phases, the Luteal phase and the Follicular phase:**

- **Luteal phase** – after an egg is released until start of period – typically 14 /16 days long
- **Follicular phase** - this starts on the first day of your menstrual period and ends when you start to ovulate – typically this takes up half of the menstrual cycle



Research tells us that the effects of medicines such as those based on Amphetamine, (Elvanse, Amfexa) have a far greater effect during the follicular phase, which automatically leads us to presume that a change of medication levels may be required between the two phases.

Further research by Sara Binder in Canada confirms these theories about medication through 'the cycle' and also suggests that different forms of the contraceptive pill may assist or detract from the effect of ADHD medication.



## Where is this leading?

As part of our commitment to improving lifestyle and outcomes for our patients, ADHD 360 have commenced a detailed review of our treatment for women with a focus, for those that are willing, to begin adjusting medications through the menstrual cycle in line with the research. All of our work will continue to be in full accordance with national and international guidelines for treating ADHD.

If you are, or someone close to you is, a woman with ADHD and you think you may benefit from further and closer attention to medication at the differing times of the menstrual cycle, please get in touch by emailing [enquiries@adhd-360.com](mailto:enquiries@adhd-360.com) where we will happily discuss how we can help.

In the words of Sara Binder, *'Coping is not living'*, and we want to improve the outcomes and the ease of living for our female patients.

Once again, that's why our strapline is: *'More than your diagnosis'*.



### ADHD 360 Mobile & Desktop App

The ADHD 360 app is designed to help you keep yourself and your clinical team up to date with your ADHD symptoms and includes many useful tools.

It's free on the Apple App Store for mobile and desktop.



[www.adhd-360.com](http://www.adhd-360.com) | 01507 534 181 | [enquiries@adhd-360.com](mailto:enquiries@adhd-360.com)

