

Attention Deficit/Hyperactivity Disorder (ADHD) is a neurodevelopmental condition typically identified in childhood. Historically, research has centered around male presentations, leaving a substantial number of females undiagnosed or misdiagnosed. In recent years, increased recognition of ADHD in adult women has highlighted the long-term consequences of this diagnostic bias. Many women who grew up without proper identification or support now experience issues with emotional regulation, and academic and occupational functioning. The male-centered diagnostic criteria created decades of underrepresentation in girls, leading to a pattern of delayed diagnosis in women and compounding risks of comorbid psychological conditions in adulthood.

Worldwide prevalence estimates for childhood ADHD range between 3% and 7%, with a male-to-female ratio of 3:1 in population based studies (Skogli et al., 2013). Most of the underdiagnosis and misdiagnosis of ADHD in girls and women can be attributed to the differences of expression of the disorder. While males present with more physical hyperactivity, girls present with more inattentive symptoms. There is also a wide range of comorbidities associated with ADHD, including depression and anxiety. The presence of these conditions can cloud the diagnosis field, making it more difficult to obtain a true diagnosis (Skogli et al., 2013).

The CDC suggests that boys are more likely to be diagnosed compared to girls, with 12.9% compared to 5.6% (Huynh et al., 2024). Multiple studies have confirmed this. The disparity persists in educational and clinical settings, where inattentive and internalized symptoms in girls are less likely to prompt evaluation. Girls present internally, which can lead to confusion in adults trying to get them help (Huynh et al., 2024). Another study found that the lack of support from society and medical professionals impact negative consequences of ADHD

in women (Holden & Kobayashi-Wood, 2025). This study found that participants reported internalizing criticism and described low self-esteem. Further, participants found diagnosis to be revelatory, citing healing, improved self-esteem, and life feeling more worth living (Holden & Kobayashi-Wood, 2025).

For women living with undiagnosed ADHD, the challenges are spread far and wide across their lives. Research has indicated undiagnosed ADHD can contribute to negative effects on work and academic performance, leading to burnout earlier in life and misconceptions that something is inherently wrong with them: women with ADHD report feeling different, stupid, or lazy (Attoe & Climie, 2023). They often blame themselves for their underachievement. Internalization of symptoms often leads to higher rates of depression and anxiety, which serves to mask the presence of ADHD. In patients with inattentive type ADHD, the symptoms are more related to organizational tasks, such as disorganization, forgetfulness, and difficulty with concentration (Huynh et al., 2024). It is easy to see why these symptoms might be internalized as failures on behalf of the patient. These internal symptoms mean the girl is less likely to ask for intervention, and teachers and parents are less likely to understand their needs.

Teachers are a key component in catching symptoms of ADHD. In boys, this can be easier, as they present with physical tells. The internalization of symptoms in girls makes them a ghost population, with many getting diagnosed in their college years or beyond. The participants in a study reported their teachers attributed their academic difficulties to a lack of effort (Huynh et al., 2024). This can lead to low self-esteem and low confidence, resulting in more challenges. Adult women experience the challenges of navigating a life with ADHD without understanding

why they have a neurological difference. This can lead to depression and anxiety that could reduce their quality of life.

Additionally, women with ADHD are more likely to utilize substances to cope with their perceived deficiencies and social rejection (Huynh et al., 2024). Girls with ADHD suffer from deficits in peer-functioning, which can lead to bullying and difficulties maintaining friendships. They may also engage in unsafe sexual activity, leading to more unplanned pregnancies. Per Huynh, a possible explanation is that low achieving girls believe they have less to lose. These behaviors reflect a broad pattern of impulsivity and poor self-regulation. Without a proper diagnosis, many women will not know what is driving their addictions.

Another study found that a prominent point in impairment may come when women take on the role of a parent. An ADHD woman's behavior can affect fetal development, and can also impact a mother's capability of providing warm, flexible, emotionally regulated care for the infant. This is particularly true of difficult infants (Chronis-Tuscano, 2022). Also, women with ADHD who remain undiagnosed may perceive their own child's symptoms as failings. Having a child with ADHD demands better scaffolding and organization than the mother can offer.

Parenting is not the only issue when someone is living with undiagnosed ADHD, and the comorbidities related to sleep functioning can have extremely detrimental impacts on someone with ADHD in their daily functions. One study reports that sleep disorders, such as narcolepsy, sleep-disordered breathing, circadian rhythm issues, and insomnia, are present in the range of 25% - 50% of patients with ADHD (Wajszibler et al., 2018). Furthermore, these difficulties can lead to problems with excessive daytime fatigue or chronic exhaustion. These issues can contribute to mood difficulties, as well as executive functioning problems, which are critical for

school and work performance, and a good quality of life. The study found that although there is prevalence in sleep disorders among people with ADHD, they are often overlooked and left untreated.

These overlooked diagnostic patterns have broader physiological implications. Research finds that insomnia and sleep disturbances affect up to 80% of adults with ADHD, and up to 82% of children with it. Delayed sleep-wake timing affects up to 78%, and dim-light melatonin onset is delayed by about 45 minutes in children and 90 minutes in adults (Luu & Fabiano, 2025). Reports also show that sleep onset latency and sleep efficiency problems remain significantly associated with ADHD, even after controlling for depression and anxiety (Luu & Fabiano, 2025). This study further correlates ADHD with seasonal depression symptoms, and states that bright light therapy has been clinically proven to help. Some 27% of adults with ADHD report seasonal affective disorder. Additionally, restless leg syndrome (RLS) is reported in about 10% of adults in the US, but evidence suggests that ADHD individuals are 44% more likely to have RLS, and up to 26% of RLS patients have ADHD or symptoms (Wajszibler et al., 2018). Interestingly, iron deficiency has also been reported more among patients with ADHD. Deficits in impulsivity control associated with ADHD may affect the ability of a patient to settle down, which could lead to bedtime resistance and result in delayed sleep onset (Wajszibler et al., 2018). These issues can lead to even worse executive functioning and poor control of the symptoms of ADHD.

The increasing recognition of ADHD in girls and women reflects progress, but also underscores decades of systemic missed recognition, rooted in male-centered diagnostic models. Addressing these disparities will lead to increased rates of diagnosis earlier in life, as well as greater recognition of gender related differences. Further research is needed, and is coming down the pipeline. The real women who have ADHD are speaking out more, and researchers are taking

notice. These future studies will lead to an expanded understanding of ADHD in women, and hopefully will curb the rates of underdiagnosis and misdiagnosis.

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