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Underdiagnosis of ADHD in Women as a Hidden Hurdle and Its Consequences for Functioning in Adulthood— A Literature Review

Nikola Agnieszka Samp [NS]

ORCID: <https://orcid.org/0009-0003-3955-7535>

E-mail: nikolasamp21@gmail.com

Independent researcher, 03-982 Warszawa, Poland

Paweł Arkadiusz Trzepizur [PT]

ORCID: <https://orcid.org/0009-0008-1924-3869>

E-mail: patrzepizur@gmail.com

Independent researcher, 03-982 Warszawa, Poland

Kamila Zera [KZ]

ORCID: <https://orcid.org/0009-0006-8510-4803>

E-mail: kamilazera672@gmail.com

Independent researcher, 01-320 Warszawa, Poland

Beniamin Andrzej Bekrycht [BB]

ORCID: <https://orcid.org/0009-0004-7773-1597>

E-mail: beniaminbekrycht@gmail.com

Independent researcher, 95-002 Skotniki, Poland

Jędrzej Marek Foryński [JF]

ORCID: <https://orcid.org/0009-0007-5339-9149>

E-mail: jedrzej.forynski@gmail.com

Independent researcher, 62-081 Baranowo, Poland

Michelle Martina Stachurska [MS]

ORCID: <https://orcid.org/0009-0005-9445-7101>

E-mail: smichelle@interia.pl

Independent researcher, 11-500 Giżycko, Poland

Weronika Piekarska [WP]

ORCID: <https://orcid.org/0009-0004-1074-1811>

E-mail: weronikapiekarska15@gmail.com

Independent researcher, 05-825 Grodzisk Mazowiecki, Poland

Konstancja Radiczew [KR]

ORCID: <https://orcid.org/0009-0008-7114-8586>

E-mail: Kradiczew@gmail.com

Independent researcher, 00-430 Warszawa, Poland

Karolina Rogala [KR]

ORCID: <https://orcid.org/0009-0004-1942-4310>

E-mail: rogalakarolina99@gmail.com

Independent researcher, 05-830 Nadarzyn, Poland

Rafał Wilczyński [RF]

ORCID: <https://orcid.org/0009-0006-8459-4740>

E-mail: raf.wilczynski11@gmail.com

Independent researcher, 50-443 Wrocław, Poland

Corresponding Author

Nikola Agnieszka Samp

E-mail nikolasamp21@gmail.com

Abstract

Background: ADHD is characterized by inattention, hyperactivity, impulsivity, and affects 8.4% of children and 2.5% of adults. Lower diagnosis rates in females suggest a different clinical presentation, contributing to delayed diagnoses and negative outcomes across multiple domains of functioning.

Aim: This study examines underdiagnosed ADHD in women, assessing its impact on functioning in adulthood, including mental health, quality of life, and long-term impairments.

Material and methods: A literature review using PubMed/MEDLINE (2010–2025) included clinical, longitudinal cohort, and epidemiological research addressing sex differences in ADHD diagnosis, symptom presentation, and long-term functional outcomes, with a focus on the female population.

Results: Women with ADHD are significantly underdiagnosed in childhood, often receiving diagnosis only in adulthood after years of treatment for comorbidities such as anxiety, depression, or personality disorders. Internalized symptoms and emotional dysregulation frequently mask core ADHD features. Late diagnosis is associated with impaired educational and occupational achievement, relationship instability, low self-esteem, substance misuse, reduced quality of life, and increased risk of self-harm and suicide attempts. ADHD in women also increases risk of psychiatric and obstetric complications, including teenage pregnancy, smoking during pregnancy, substance misuse, and postpartum depression and anxiety.

Conclusions: Underdiagnosis of ADHD in women remains a significant clinical and public health issue. Greater awareness of sex-specific symptom presentation and improved diagnostic

strategies are essential to prevent long-term psychosocial consequences and improve quality of life in affected women.

Keywords: Underdiagnosed ADHD in women, adult women with late ADHD diagnosis, female ADHD underdiagnosis, underdiagnosed ADHD in women quality of life, women diagnosed with ADHD as adults

Introduction

Attention-Deficit/Hyperactivity Disorder (ADHD) is a chronic neurodevelopmental disorder and one of the most commonly diagnosed mental health conditions in children, typically identified in early life, that may persist into adolescence and adulthood. It affects approximately 8.4% of children and 2.5% of adults. [1] ADHD is diagnosed more frequently in males than in females, with reported male-to-female ratios ranging from about 1.8:1 to as high as 16:1. [2] It is characterized by a persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development. These symptoms are not only occasional behaviors but occur in a developmentally inappropriate and persistent manner, are consistent over time, and are sufficiently severe to significantly affect daily functioning. Individuals with ADHD frequently experience difficulties in sustaining attention on tasks, maintaining focus during activities, and organizing thoughts and actions. Additionally, symptoms of hyperactivity and impulsivity may manifest as excessive movement, difficulty remaining seated, interrupting others, or engaging in actions without adequate consideration of consequences. These behavioral characteristics can lead to impairments across multiple domains of functioning, including academic performance, occupational functioning, and social relationships. Consequently, ADHD should be understood not only as a childhood behavioral disorder but also as a condition with potential long-term implications across the lifespan. It is recognized across different populations and cultural contexts, which underscores its significance as a public health concern. Although the exact etiology of ADHD remains incompletely understood, it is widely accepted that the disorder has a neurobiological basis and results from a complex interaction of genetic, neurological, and environmental factors. Importantly, diagnosis is based

on comprehensive clinical assessment of behavioral symptoms rather than on a single laboratory or biological test. The impact of ADHD can vary significantly between individuals, depending on symptom severity as well as environmental demands. While some individuals may experience relatively mild impairments, others may face substantial and persistent difficulties in daily functioning. Without appropriate identification and support, ADHD may contribute to academic underachievement, reduced self-esteem, and difficulties in social integration. [1]

ADHD in women has historically been underrepresented in both research and diagnostic practice. Diagnostic criteria have primarily been based on the male presentation of symptoms. Girls meet ADHD criteria less frequently than boys during childhood; however, this disparity narrows considerably in adulthood. In women, inattentive symptoms and internalizing presentations are more common, along with higher rates of comorbid conditions such as anxiety, depression, bipolar disorder, and personality disorders, which may contribute to clinical underdiagnosis. [3–5]

Symptoms in females more often manifest as inattention, internalizing problems, and emotional dysregulation rather than overt hyperactivity, which can delay or complicate diagnosis. [3] Additionally, ADHD symptoms may be modulated by puberty and hormonal fluctuations across the menstrual cycle. [7,8] Mid-cycle may be associated with an increase in risky sexual behaviors, whereas the late phase of the cycle may be linked to avoidance and negative affect. [8]

Late-diagnosed ADHD has significant consequences across the lifespan, affecting childhood, adolescence, and adulthood, as well as self-esteem, psychological well-being, and romantic relationships, friendship, and family relationships. It also has a substantial impact on education, career development, and occupational functioning. [4,9]

Underdiagnosis of ADHD may particularly affect women who, over the years, have developed compensatory strategies based on higher cognitive abilities and a prosocial style of functioning. Higher social competencies and cognitive capacity, and fewer overt behavioral difficulties may increase the risk of delayed or missed diagnosis. [10] Additionally, women with undiagnosed ADHD often develop masking strategies to meet social norms and gender role expectations. [9,10]

Given the breadth of documented consequences and the persistent gap in clinical recognition, the present review examines the phenomenon of underdiagnosed ADHD in women and its

impact on psychosocial, occupational, and emotional functioning in adulthood, with the aim of identifying key mechanisms and informing future diagnostic practice.

Research materials and methods

A review of the literature was conducted using PubMed/MEDLINE, covering publications from 2010 to 2025. The analysis employed clinical studies, longitudinal cohort studies, and epidemiological research addressing sex differences in ADHD presentation, diagnostic disparities, comorbidities, and long-term functional outcomes in adult women.

The search strategy included combinations of the following search terms: "ADHD in women," "adult women ADHD diagnosis," "female ADHD underdiagnosis," "ADHD in women quality of life," "women ADHD diagnosed as adults," "ADHD in girls and adult outcomes," "ADHD comorbidities women," "ADHD postpartum outcomes," "ADHD suicidality women," "ADHD smoking behavior."

Eligible studies included empirical research such as cohort, registry-based, cross-sectional, case-control, and qualitative studies, provided they reported relevant data on the functioning of adult women or on mechanisms of delayed diagnosis leading to later clinical consequences. Studies were required to report at least one of the following domains: educational and occupational functioning, interpersonal relationships, mental health, self-harm or suicidality, substance use, quality of life, postpartum or reproductive burden, or patterns of late or missed ADHD diagnosis in women.

Exclusion criteria included purely narrative papers, consensus statements, study protocols, case reports, and pediatric studies without reference to the female ADHD phenotype or to later functional outcomes.

Research results

ADHD in women often remains undiagnosed or is recognized with a significant delay. This phenomenon results both from differences in symptom manifestation between women and men and from frequent masking among women, which substantially hinders the detection of symptoms in the diagnostic process. In contrast to the more commonly observed externalizing behaviors in boys, such as excessive impulsivity or hyperactivity, women tend to present with considerably more subtle symptoms, primarily involving attentional deficits, well-developed compensatory strategies, and a tendency toward internalizing problems. This less conspicuous

clinical picture means the disorder is often interpreted as a manifestation of personality traits, stress reactions, or emotional difficulties, which contributes to it being overlooked or misinterpreted. [2,3]

A late diagnosis is more common among women who present with less pronounced behavioral symptoms while demonstrating higher prosocial competence and relatively good cognitive functioning, which facilitates the masking of difficulties and compensation for deficits over many years. Women with ADHD remain underdiagnosed and untreated for approximately four years longer than men on average, despite using healthcare services more frequently and more often experiencing comorbid mental disorders. These findings suggest that many so-called “late diagnoses” in women do not reflect the true onset of the disorder in adulthood, but rather are a consequence of earlier underrecognition. [3,9,10,12]

A distinctive feature of the clinical presentation of ADHD in women is the high rate of psychiatric comorbidity, including anxiety disorders, depression, personality disorders, eating disorders, self-harm behaviors, low self-esteem, and pronounced self-criticism. In everyday functioning, these difficulties translate into challenges in interpersonal relationships, both intimate and social, as well as educational and occupational functioning, and problems related to reproductive health. Self-harm and suicidal behaviors are among the most frequently described consequences, with potential mediating mechanisms including deficits in response inhibition, lower social standing within peer groups, and increased exposure to violence and criminal behavior. [4-6,9-11,13,15]

In the clinical presentation of women with ADHD, somatic complaints are also common, such as chronic pain and persistent sleep disturbances, including insomnia, which further increase the functional burden and negatively affect quality of life. [15]

Reproductive health represents an important domain of ADHD-related impact in women. Teenage deliveries have been reported to occur at over six times higher odds among women and girls with ADHD than among those without. Women with ADHD also demonstrate markedly higher rates of smoking during pregnancy and are more likely to present with extreme underweight or obesity, as well as alcohol and substance use disorders at the time of their first birth. [16] Childhood ADHD, whether remitted or persistent in adulthood, has been associated with poorer adult outcomes, including lower educational attainment and higher rates of unplanned pregnancy, compared with matched controls without ADHD. Persistent ADHD is

additionally associated with impairments across externalizing, internalizing, self-injury, occupational, social, and overall functioning domains. [14]

Hormonal influences across the lifespan of women with ADHD appear to affect both symptom presentation and overall functioning, conferring a stage-dependent and variable character to the clinical picture. During adolescence, marked biological and neurodevelopmental changes occur, which may exacerbate ADHD symptoms in girls and increase their vulnerability to comorbid mental disorders. Symptom severity and emotional functioning may also fluctuate across the menstrual cycle phases, potentially related to decreases in estrogen levels during specific phases. Greater impulsivity and risk-taking tendencies may emerge in the first half of the cycle, whereas the late phase is more often associated with increased avoidance behaviors and worsening of negative mood. [7-9]

Studies also indicate an elevated risk of nicotine dependence and more frequent use of psychoactive substances, further increasing the health burden in this population. [17]

Women with ADHD tend to use healthcare services more frequently while often experiencing a lack of understanding from medical professionals and a superficial assessment of their reported symptoms. This frequently leads to misdiagnoses, most commonly of anxiety disorders, depression, or hormonal problems, rather than receiving an accurate diagnosis of ADHD. [9,12]

An important theme concerns how women with late-diagnosed ADHD perceived themselves prior to diagnosis. Their narratives clearly reflect a persistent sense of being different from their peers, a feeling present both before and after diagnosis. This experience often took the form of negative social comparisons, a sense of being “abnormal,” and the belief that “something is wrong with me,” particularly when they observed others coping with ease with tasks that were highly challenging for them. The lack of an explanation for their difficulties in both childhood and adulthood contributed to increased self-criticism, lowered self-esteem, a sense of failure, and confusion about their own behavior. Receiving a diagnosis often became a turning point, bringing relief, a greater understanding of their experiences, and growing self-acceptance. At the same time, it was frequently accompanied by grief and disappointment over the many years spent without adequate support. Although some women continued to face the consequences of long-term low self-esteem and the need to redefine their identity after diagnosis, the dominant experience was a gradual improvement in self-esteem and a reinterpretation of earlier difficulties in a more understanding and compassionate light. [9]

Long-term data indicate that the persistence of ADHD symptoms in women is strongly associated with deterioration in multidomain functioning, including internalizing and externalizing psychopathology, self-injury, educational achievement, occupational attainment, health, social functioning, and overall impairment. [14] Ultimately, the underdetection of ADHD symptoms in women leads to delayed diagnosis, which is closely linked to greater comorbidity and worsening functioning in adulthood. The most well-documented pathways involve the internalization of difficulties, self-injurious behaviors, and impairments in social and reproductive functioning, underscoring the need to increase clinical awareness and promote early identification of ADHD symptoms in the female population. [4,10,11,14]

Discussion

This study aimed to analyze the phenomenon of underdiagnosed ADHD in women and its impact on functioning in adulthood. The review indicates that the key problem is not a lower prevalence of ADHD in women, but rather the misalignment of diagnostic models historically developed around male presentations and insufficiently adapted to female clinical profiles. Diagnostic frameworks have traditionally focused on impulsivity and hyperactivity, often manifested as disruptive behaviors, which contributes to the underrecognition of girls and women, in whom inattentive symptoms, emotional variability, compensatory strategies, and heightened anxiety levels are more prominent.

In clinical practice, the most relevant diagnostic indicator in women is therefore not the presence of a “classic” ADHD presentation, but rather a persistent pattern of dysregulation in attention, organization, and emotional functioning. This pattern often coexists with a history of treatment primarily focused on affective and anxiety disorders, sleep disturbances, and interpersonal difficulties.

Importantly, late diagnosis is more frequently observed in women who present with less overt behavioral symptoms, higher prosocial functioning, and relatively preserved executive functioning. These characteristics may facilitate long-term masking and compensation, thereby reducing the likelihood of early identification. As a result, women with ADHD often remain undiagnosed and untreated for longer periods compared to men, despite increased healthcare utilization and higher rates of comorbid mental disorders.

The most significant consequences of undiagnosed ADHD in women relate to mental health, including an increased risk of self-harm and suicide attempts. Reproductive health is also an

important concern, with higher rates of teenage pregnancy, smoking during pregnancy, substance use, and a markedly increased risk of postpartum depression and anxiety. Accordingly, ADHD in women should be considered a risk factor for both psychiatric and obstetric complications.

The absence of a diagnostic explanation during both childhood and adulthood appears to play a critical role in shaping self-perception. Without an explanatory framework, difficulties were frequently internalized, leading to heightened self-criticism, reduced self-esteem, and confusion regarding one's own behavior. Over time, this may contribute to a stable pattern of negative self-evaluation, further reinforcing functional impairment and emotional distress. These findings suggest that delayed recognition of ADHD has important implications not only for symptom persistence but also for identity development and psychological well-being.

Receiving a diagnosis was often described as a turning point in the lived experience of women with ADHD. For many, it provided cognitive and emotional relief by offering an explanatory framework for lifelong difficulties, facilitating improved self-understanding and greater self-acceptance. However, this process was often accompanied by grief and disappointment stemming from the prolonged period without adequate recognition or support. This ambivalence underscores the dual role of diagnosis as both a validating and emotionally complex event.

The limitations of this synthesis are primarily methodological. A substantial proportion of available empirical data originates from two dominant research streams: Scandinavian registry studies and U.S.-based longitudinal cohorts of girls diagnosed with ADHD in childhood. While this contributes to the consistency of findings, it limits the generalizability of findings across diverse cultural contexts. Moreover, registry data, by definition, do not include undiagnosed women, suggesting that the true burden of negative outcomes is likely underestimated. Some studies involving adult women rely on self-report measures or small sample sizes. *Additionally, research addressing midlife and menopausal transitions, occupational and economic burden, and ethnocultural diversity among women with ADHD remains limited.*

Conclusions

The underdiagnosis of ADHD in women represents a clinically significant phenomenon rather than merely a statistical artifact. Delayed or missed diagnosis is associated with reduced access to appropriate care, higher rates of affective and anxiety disorders, increased risk of self-harm

and suicidal behavior, greater susceptibility to nicotine dependence, and substantial consequences in reproductive and postpartum health.

Particular attention should be given to the persistence of negative outcomes across multiple domains of functioning, as well as to the prolonged periods during which ADHD in women often remains unrecognized. Future approaches to the care of women with ADHD may benefit from incorporating hormonal and perinatal contexts, as symptom severity may vary significantly across these phases; however, this area requires further research.

Key directions for future research include:

Prospective studies of women first diagnosed with ADHD in adulthood. Such studies would enable a more precise characterization of developmental trajectories, symptom progression, and the long-term impact of delayed diagnosis on psychosocial, occupational, and mental health outcomes. In particular, longitudinal designs may help determine whether late-onset ADHD represents a valid clinical phenomenon or is more accurately accounted for by previously unrecognized childhood ADHD. They may also clarify the role of compensatory strategies and masking in shaping the clinical presentation across the lifespan.

The development and standardization of diagnostic methods tailored to female symptom presentation. This includes refining existing diagnostic criteria to better capture inattentive symptoms, emotional dysregulation, and internalizing tendencies, which are more common in women, as well as systematically incorporating the assessment of masking and compensatory strategies.

The development and validation of screening tools and structured clinical interviews sensitive to sex differences, with the aim of facilitating earlier diagnosis and reducing diagnostic errors. Standardization of such tools across research and clinical practice would improve the comparability of findings and enable more accurate identification of ADHD in women across the lifespan.

The development of improved methods for measuring masking and compensatory mechanisms. This includes the creation of psychometrically sound tools capable of capturing the extent, variability, and context-dependent nature of these strategies, as well as their impact on symptom presentation and diagnostic accuracy.

In-depth investigation of the impact of the menstrual cycle and menopause on the severity and variability of ADHD symptoms. In particular, it is essential to account for the role of

hormonal fluctuations in modulating emotional and behavioral symptoms, as well as their effects on psychosocial functioning and treatment effectiveness. Longitudinal studies may contribute to a better understanding of symptom dynamics across the female lifespan and support the development of more personalized diagnostic and therapeutic strategies.

Analyses of the economic and occupational costs associated with underdiagnosed ADHD, including the impact of delayed diagnosis on employment stability, career development, productivity, and absenteeism, as well as the risk of occupational mismatch or job loss. Research should also consider the broader economic burden, including increased healthcare utilization, indirect costs related to comorbidities, and reduced quality of life.

The development of effective strategies for the early identification of ADHD in girls during childhood. Particular attention should be given to more subtle, less externalizing symptom presentations, including inattention, social withdrawal, and difficulties in emotional regulation, which are more common in girls and may be easily overlooked.

Cross-cultural and cross-national studies examining the prevalence, symptom presentation, and diagnostic rates of ADHD in women across diverse ethnic, socioeconomic, and cultural contexts. The majority of existing research has been conducted in high-income countries, which substantially limits the generalizability of current findings. Future studies should investigate how cultural norms, gender role expectations, and healthcare system characteristics influence the recognition and diagnosis of ADHD in women, as well as access to appropriate treatment and support.

Investigation of the impact of ADHD on parenting and family functioning, including the bidirectional relationship between maternal ADHD and child developmental outcomes. Mothers with undiagnosed or late-diagnosed ADHD may face particular challenges in areas such as emotional regulation, organizational demands of caregiving, and consistent parenting. Research should examine how these difficulties affect family dynamics, parent-child relationships, and the developmental trajectories of children, as well as the potential benefits of targeted interventions for mothers with ADHD.

Examination of the quality of the diagnostic and therapeutic relationship between women with ADHD and healthcare professionals. Existing evidence suggests that women frequently report feeling dismissed, misunderstood, or inadequately assessed during clinical encounters. Future research should investigate the role of clinical awareness, gender bias, and communication patterns in shaping diagnostic pathways and treatment adherence, as

well as the effectiveness of training interventions aimed at improving clinician competence in recognizing ADHD in female patients.

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Author's contribution

Conceptualization: NS, PT

Formal analysis: PT, KR_a, MS, KR_o

Investigation: NS, JF, WP, RF, BB

Resources: BB, JF, KZ, KR_o, RF,

Writing –original draft: NS, PT, BB, WP, KR_o,

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The preparation of this work involved the use of AI, including ChatGPT and Claude, to support the quality of academic writing through improvements in language, readability, and text organization. After using these tools, the authors reviewed and edited the content as needed and take full responsibility for the content of the publication.

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