



ADHD hos PIGER & KVINDER En perfekt storm?

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ADHD VEM & VAD?

ALMINDELIGT?

2 - 9 % i normalbefolkningen

50 – 75 % i misbrugsplejen

ALTID?

50 – 75 % forblive i voksenalderen

ÆGTE?

80% arvelighed

ALVORLIG?

30-80% komorbiditet

30 % uden en gymnasial uddannelse

8 -13 år forkortet levetid



EMIL & ANJA

- En lille historie om ADHD



PIGER

med ADHD og autisme

IKKE PÅ RADAREN

2 drenge på hver diagnosticeret pige. Hyperaktive følelser, verbal impulsivitet.

Stress, social udmattelse, akademisk fiasko.

Lavt selvværd, mobning.

Overvægt, rygning og alkohol.



UNGE KVINDER

med ADHD og autisme

KOMORBIDITET OG RISICI

Depression, angst, spiseforstyrrelser.

Afhængighed og traumer.

Seksuel risikotagning, teenagefødsler.





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GODDESS ADHD

Gender-informed research to Overcome Diagnostic Delay, Empowering Self-awareness, & Self-efficacy in female ADHD

Multimorbiditet, sundhedspleje og polyfarmaci^{1,10}

Seksuel risikotagning, udfordringer i reproduktiv rådgivning²

5 gange risiko for depression fra hormonelle præventionsmidler³

6 gange risiko for teenagefødsler⁴

Risk graviditet m. rygning/alkohol, præmaturitet, fødselsdepression⁴⁻⁶

Misbrug⁷ & borderline^{8,9}

Diagnosticeres 4 år senere end drengene¹⁰

SAME SAME but different?

- Girls & women are more likely **UN- OR MISSDIAGNOSED**
- **BIOLOGICAL** differences AND **SOCIAL** expectations

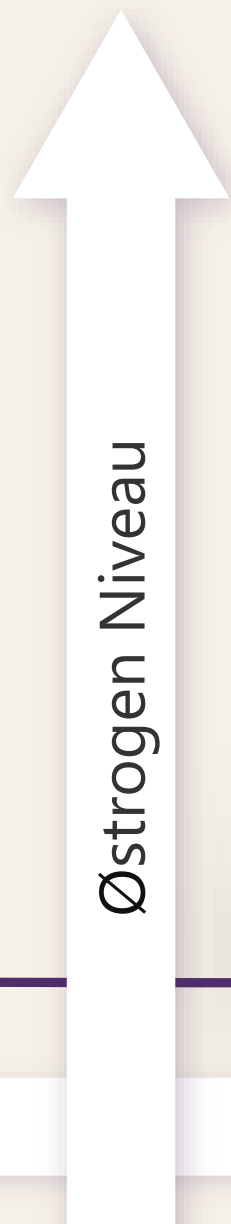
Same diagnosis, **DIFFERNT SYMPTOM DISPLAY**

HORMONES affect **MENTAL HEALTH & EVERYDAY FUNCTION**

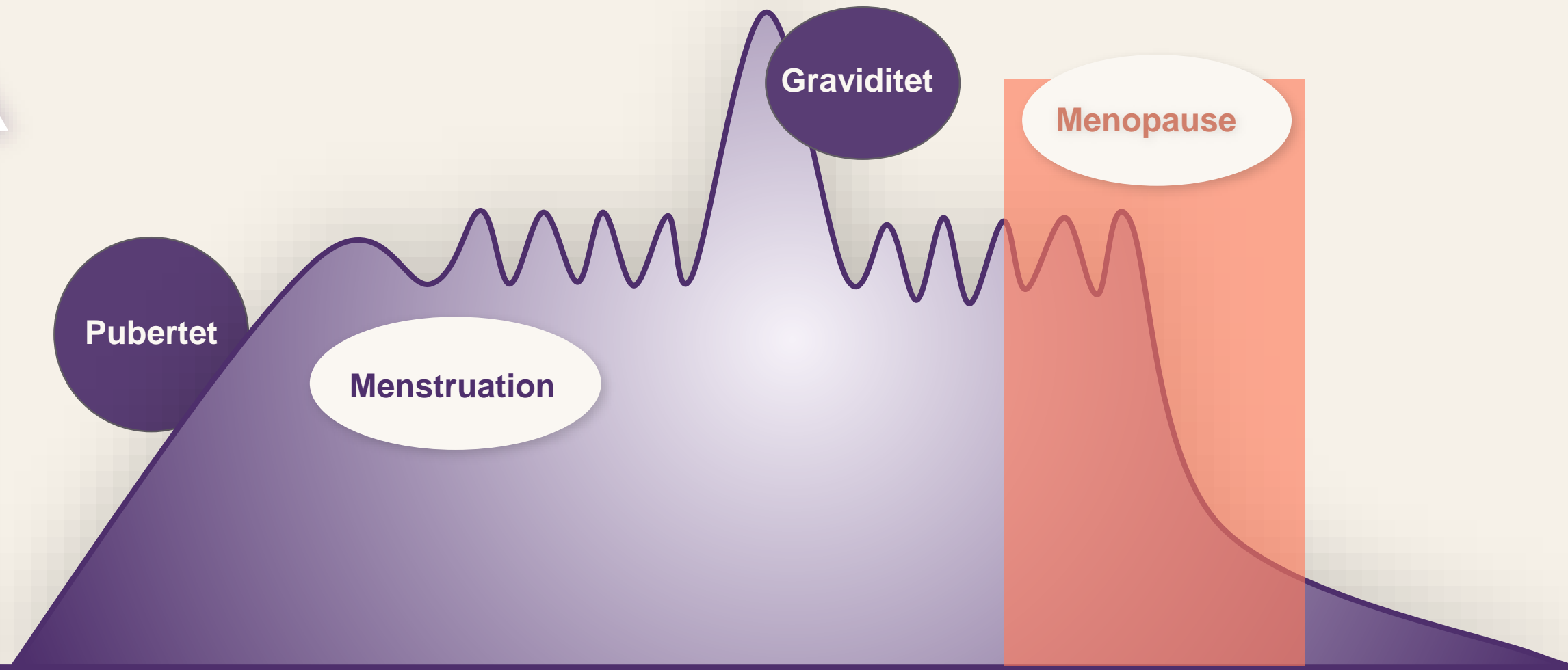
Finding & supporting females with ADHD may impact psychosocial outcomes in **GENERATIONS TO COME!**



EKSTRA MATERIALE



Oestrogen Niveau



Pubertet

Menstruation

Graviditet

Menopause

10

20

30

40

50

Alder



Psykisk sundhed & HORMONER

Kvinder har øget risiko for **STRESS & DEPRESSION/ANGST, MISBRUG, OVERSPISNING, PSYKOSE, MANI & SELVMORD** i luteal fase af deres menstruationscyklus...

Alligevel er der ingen, der spørger dem om deres **HORMONER**, når de kæmper med psykiske problemer!

OPEN

Psychiatric Symptoms Across the Menstrual Cycle in Adult Women: A Comprehensive Review

Ariel B. Handy, PhD, Shelly F. Greenfield, MD, MPH, Kimberly A. Yonkers, MD, and Laura A. Payne, PhD

Learning objective: After participating in this activity, learners should be better able to:

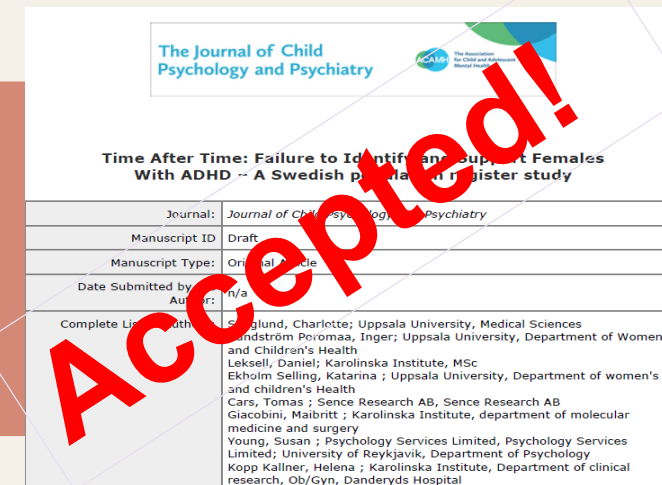
- Discuss and outline the general and overlapping effects of the menstrual cycle on women's mental health

Abstract: A growing body of research demonstrates menstrual cycle-dependent fluctuations in psychiatric symptoms; these fluctuations can therefore be considered as prevalent phenomena. Possible mechanisms underlying these fluctuations posit behavioral, psychological, and neuroendocrine influences. Recent reviews document cyclic exacerbation of symptoms and explore these mechanisms in the context of specific and often single disorders. The question remains, however, as to whether there are general and overlapping effects of the menstrual cycle on women's mental health. To address this gap, we synthesized the literature examining the exacerbation of a variety of psychiatric symptoms across the menstrual cycle in adult women. Results show that the premenstrual and menstrual phases are most consistently implicated in transdiagnostic symptom exacerbation. Specifically, strong evidence indicates increases in psychosis, mania, depression, suicide/suicide attempts, and alcohol use during these phases. Anxiety, stress, and binge eating appear to be elevated more generally throughout the luteal phase. The subjective effects of smoking and cocaine use are reduced during the luteal phase, but fewer data are available for other substances. Less consistent patterns are demonstrated for panic disorder, symptoms of posttraumatic stress disorder, and borderline personality disorder, and it is difficult to draw conclusions for symptoms of generalized anxiety disorder, social anxiety disorder, obsessive-compulsive disorder, and trichotillomania because of the limited data. Future research should focus on developing standardized approaches to identifying menstrual cycle phases and adapting pharmacological and behavioral interventions for managing fluctuations in psychiatric symptoms across the menstrual cycle.

Keywords: estrogen, progesterone, menstrual cycle, mental health, women's health

TIME after TIME

Diagnostic delay in female ADHD



- Kvinder dobbelt så stor sandsynlighed for at blive diagnosticeret med ADD¹
- Mindre forstyrrende og sværere at opdage?²

MÅL: Alder ved ADHD-indeks & sundhedspleje hos mænd og kvinder.

DESIGN: Befolkningsbaseret kohorteundersøgelse af indbyggere i Stockholms län 2011 - 2021.

HOVEDRESULTAT: Alder ved ADHD-indeks.

SEKUNDÆRE RESULTATER: Komorbiditet, behandling og brug af sundhedspleje ved ADHD-indeks.



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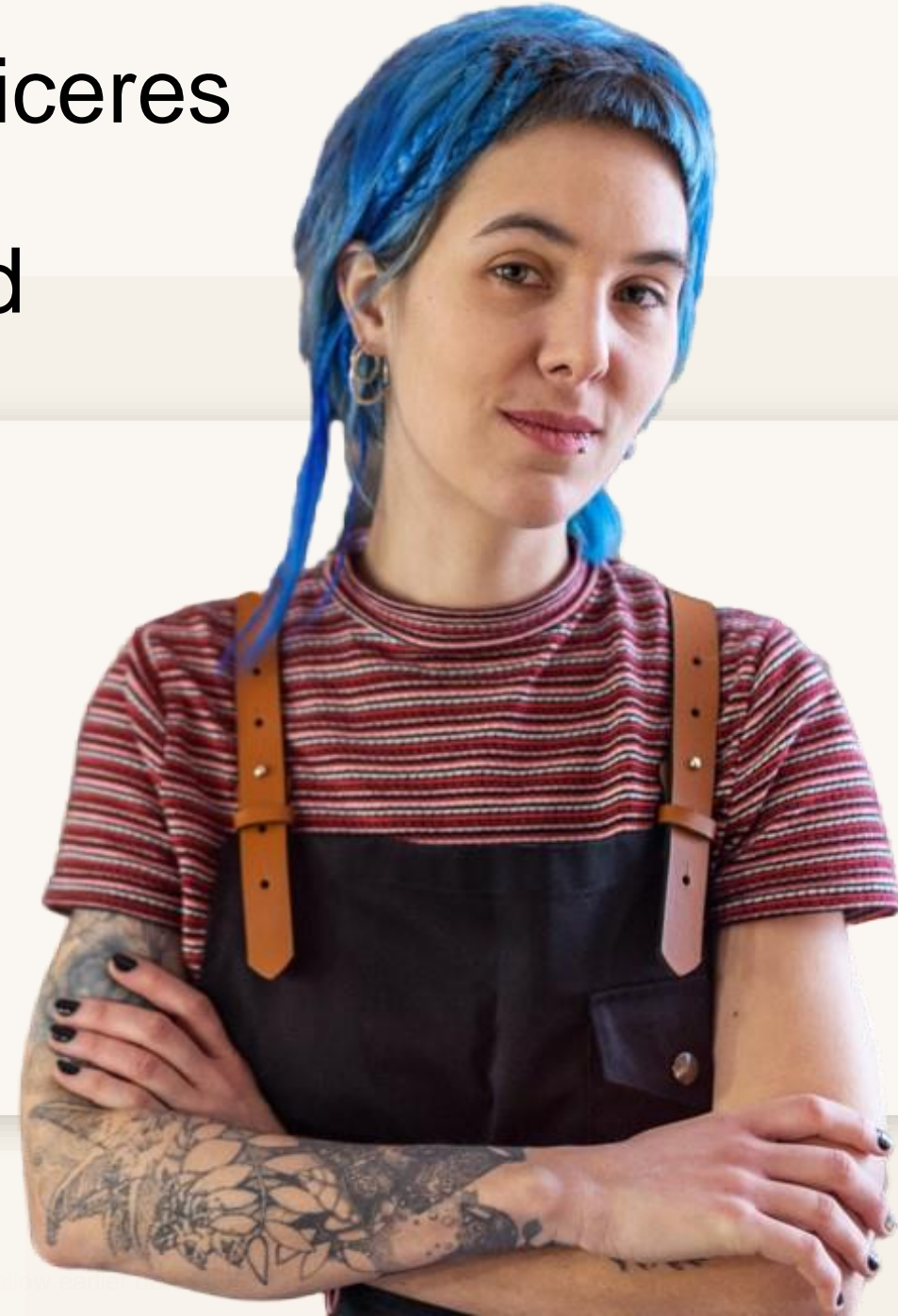
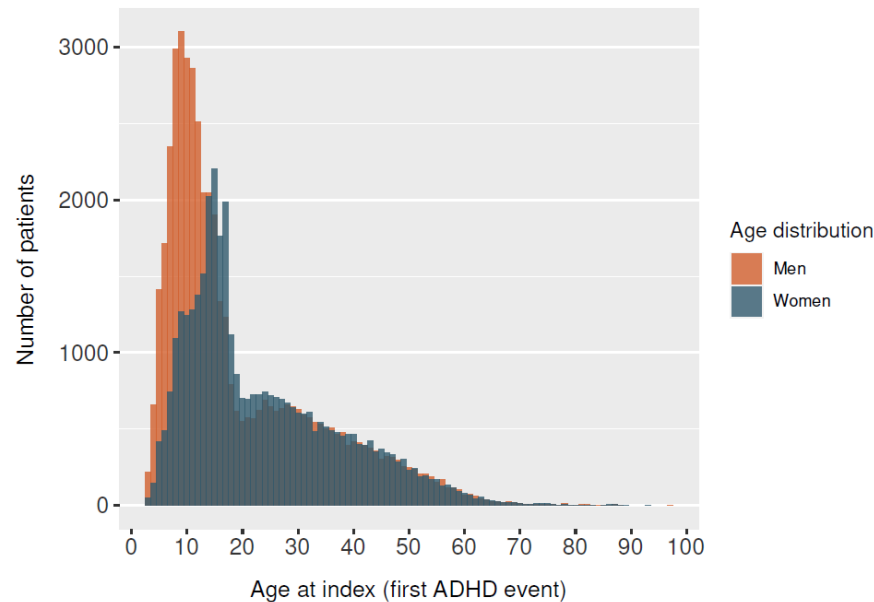
Kvinder diagnosticeres 4 ÅR senere end mænd

23.5
years

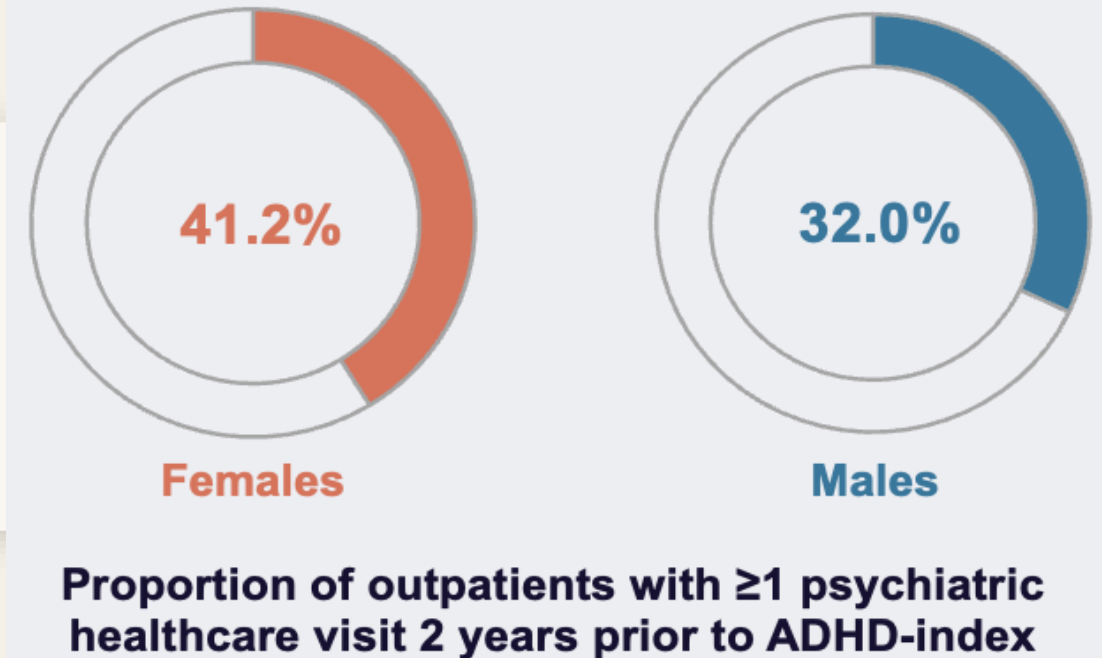
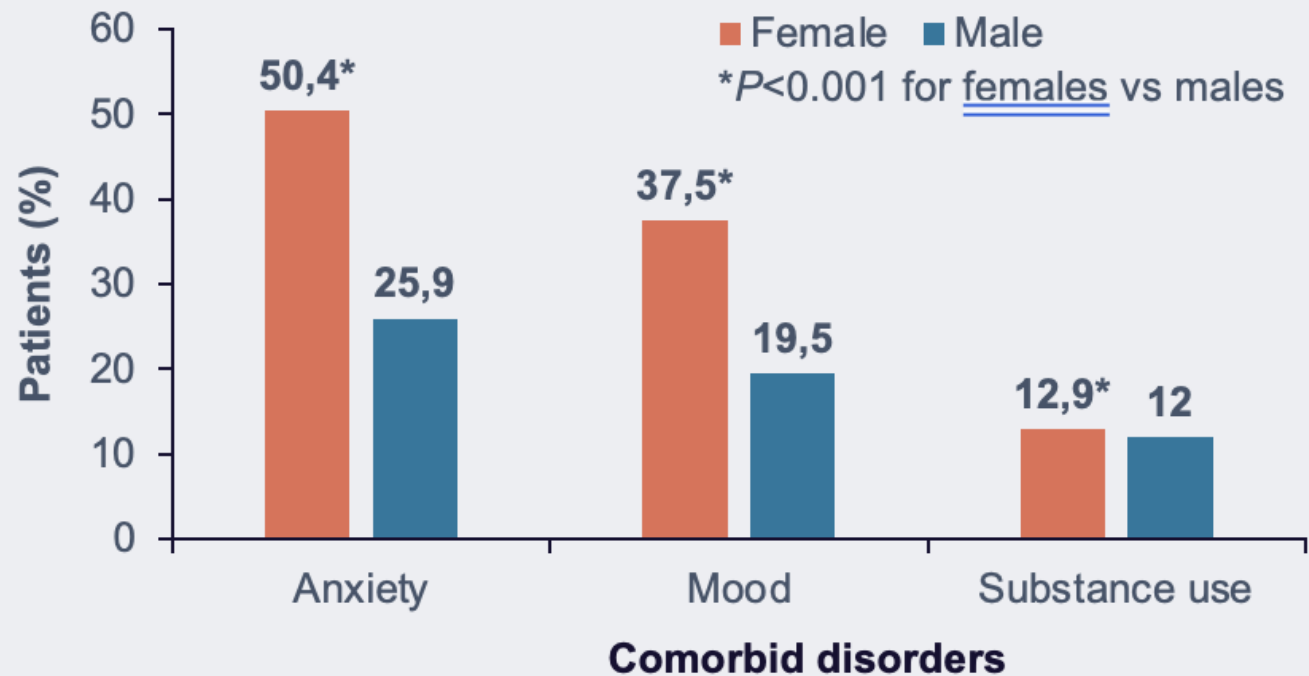


19.6
years

Mean age at diagnosis



Higher burden of COMORBIDITY & HEALTH CARE UTILIZATION than same aged males & non-ADHD females



HVORFOR SER DU MIG IKKE?

- Livet er en kamp op ad bakke – jeg forsøger at 'finde mig selv, blive accepteret og passe ind'.
- Jeg camouflerer & dækker op med 'bravado'.
- Jeg har brug for livsfærdigheder, kritiske-ræsonnement-problemløsningsevner og mestringsstrategier.

Du kan ikke lade mig hænge!

Du ved allerede, hvordan det ender!



“De fleste mennesker forstår ikke, at nogle mennesker bruger enorme mængder energi bare for at være normale”

Albert Camus



MULTIMORBIDITET, POLYPHARMACI & omfattende **SUNDHEDSUDNYTTELSE** før diagnose.

TIDLIG DETEKTION & diagnose vigtige prognostiske faktorer!

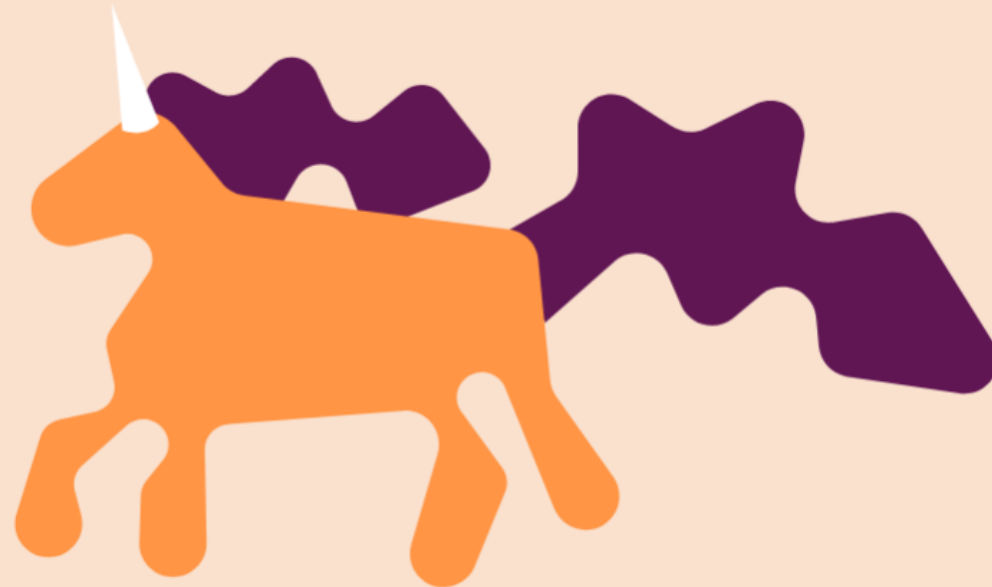
MEN...

STANDARDISEREDE metoder til **FORUDSIGLIGE** hormonsvingninger på tværs hos kvinder & **PRÆCISION MEDICIN** til at skræddersy kønsinformerende interventioner virker langt væk!





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www.goddessadhd.com

TAK!

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