

**Keyword 2:** anxiety

**Keyword 3:** working memory

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## 2 Perimenopause, Menopause and ADHD

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**Objective:** We previously reported the impact of hormonal changes during menopause on ADHD and associated symptoms. Here we provide findings from an expanded sample limited to those 46 and older.

**Participants and Methods:** Information was obtained from a reader survey sponsored by ADDitude Magazine. Responses were received from 3117 women of whom 2653 were 46 or older. Analyses were limited to this older group, since mean age of perimenopause is around 47 in the general population. The final sample ranged in age from 46 to 94 (mean=53) and 85% had been diagnosed with diagnosed with ADHD. Respondents were asked to indicate their age at diagnosis and the impact of 11 different symptoms or associated problems of ADHD at each of 5-time intervals: 0-9 years, 10-19 years, 20-39 years, 40-59 years and 60+years. Co-morbidities were also considered.

**Results:** Changes in ADHD Symptoms: Sixty-one percent reported that ADHD had the greatest impact on their daily lives between 40 and 59 years of age. The largest group of respondents (43%) were first diagnosed between ages 41 and 50. The reported prevalence of inattention, disorganization, poor time-management, emotional dysregulation, procrastination, impulsivity and poor memory/brain fog increased over the life span. More than half indicated that a sense of overwhelm, brain fog & memory issues, procrastination, poor time-management, inattention/distractibility and disorganization had a 'life altering impact' during the critical menopausal/perimenopausal window. By contrast, complaints about significant hyperactivity, impulsivity, social struggles and perfectionism remained fairly constant over the

lifespan, and were not among the most common complaints (i.e., only endorsed by 25% to 35% of the sample). Interestingly, while 61% reported that ADHD had its greatest impact on daily life between 40-59, only 3% reported the same thing for age 60 and above.

Thus, in this expanded sample the first diagnosis of ADHD was most common in adulthood and peaked in the perimenopausal years. ADHD was also again most disruptive during the perimenopausal/menopausal window of time. This shift was most pronounced for symptoms of poor memory/brain fog and 'feeling overwhelmed.' Symptoms either diminished or they adjusted as they moved out of the transition years.

Comorbid Symptoms: Anxiety and depression were most common (73% and 63%, respectively) consistent with the literature. Also elevated, but much less frequent here, were learning, eating and sensory processing disorders (i.e., 10%-13% each). Thus, depression and anxiety may be the most frequent correlates of an ADHD diagnosis, irrespective of age of onset.

**Conclusions:** Hormonal change during the climacteric often is associated with worsening of cognitive complaints. Such increased complaints can lead to a first diagnosis of ADHD during this period, as well as a worsening of symptoms in those previously diagnosed. Moreover, this hormonal shift may underlie this diagnosis in a subset of the individuals currently characterized as having adult-onset ADHD. Lessening of complaints in those ages 60 and above raises questions regarding the underlying mechanisms for this change (e.g., physiologic adaptation, compensation or decreased life demands).

**Categories:** ADHD/Attentional Functions

**Keyword 1:** aging (normal)

**Keyword 2:** attention deficit hyperactivity disorder

**Keyword 3:** attention

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## 3 Quick-Reference Criteria for Identifying Clinically Significant Multivariate Change in Older Adult Cognition: A NACC Study