

Women and ADHD It's More Common Than We Thought

Today we understand that an individual diagnosed with ADHD has as much hope as anyone else of living a vital, productive life.

Twenty-nine-year-old Sarah was in my office for what she thought was depression. After graduating from high school and working overseas eight years with a missionary organization, she came home to finish her education.

When she entered college, Sarah began to experience daily sadness, insomnia and appetite disturbances. She was also failing all of her classes except one. "I just can't pay attention in class!" She exclaimed. "My mind wanders, and one of my professors calls me 'the space cadet.' It just depresses me so badly!"

Sarah had gone through four roommates in four months, each complaining of her lack of neatness and organization. Although she was a social butterfly known for her creativity and energy, her study habits were atrocious. Feeling that she had made it through her high school years by talking her way through difficult academic situations and associating with supportive girlfriends, she had become a chronic complainer with "no friends left" to console her.

While telling me her story, Sarah began to weep. She had recently been sent home to the United States from the mission field for rehabilitation following an arrest for DUI and marijuana possession.

Although I sensed depression and rock-bottom self-esteem, I wondered if there wasn't something else going on with Sarah. Her physical exam and basic lab tests were normal, and her nutrition habits and physical activity routine superior.

Furthermore, her depression-screening questionnaire was normal.

In my spirit, a small, quiet voice whispered. I asked Sarah if she would complete one more questionnaire. She agreed.

The results confirmed my intuitions about Sarah—her Conner's Scale questionnaire indicated an extremely high likelihood of ADHD (attention deficit/hyperactivity disorder).

"ADHD," she exclaimed. "No way!"

"I think so," I responded.

"Are you saying I'm disordered...hyperactive?" She repeated, "No way!"

With a smile, I explained. "Sarah, the word 'disorder' in ADHD is misleading because the syndrome has so many positive features. Furthermore, most women with ADHD don't have the hyperactive form. That's why it is so frequently unnoticed in younger girls."

She wrinkled up her forehead and blurted out again, "No way!"

"Way!" I responded. We laughed. Then I explained, "People with ADHD are typically very smart and very gifted. They are creative and their impulsiveness can be viewed as spontaneity. Having enormous energy and drive, they constantly look for stimulation, even resorting to risky behavior, alcohol and drugs. And the 'space cadet' distractibility you experience in environments where you are not comfortable, such as the classroom, has the advantage of making you alert to small changes around you—in people or the environment."

Sarah looked down at her feet for a moment. Then, with tears in her eyes, she looked up and asked. "Is there any hope for me?"

"More than you can imagine!" I reassured her.

Managing the Symptoms The symptom complex once called ADD (attention deficit disorder) is now properly called ADHD (attention deficit/hyperactivity disorder). It comes in three shades: (1) the inattentive type that Sarah had (ADHD-I); (2) a hyperactive-impulsive type that most boys have (ADHD-HI); and (3) a combined type.

The inattentive type of ADHD—said to be more common in females—is characterized by dreaminess or detachment. Unfortunately, those affected are often called “airheads” or “space cadets.” They can look at a book for 30 minutes without reading a word.

The girl with this type of ADHD is far more troubling to me than the hyperactive boy. Why? She’s likely to be seen as a good little girl who just isn’t very bright, while the boy bouncing off the walls is more likely to get the help he needs because he’s too irritating to ignore. That’s one reason I believe so many young girls are never diagnosed. In fact, it’s estimated that 80 percent of the adults with ADHD are undiagnosed.

Furthermore, doctors now know there is a strong genetic component to ADHD—so strong that when a child or parent is diagnosed with ADHD, it is recommended that the family also be tested. The successful management of ADHD involves a range of options, the first and foremost (after proper diagnosis) being education.

People living with ADHD and their loved ones are relieved to learn this is an identifiable and treatable condition, and grateful to discover that they’ve done nothing wrong. This condition is not caused by things you do or don’t do, eat or don’t eat, think or don’t think. You are born with it. It’s part of your design and makeup. Best of all, God can and does use ADHD in His plan for your life.

Diagnosis and Treatment If you suspect that you or someone you

love may have ADHD, I believe it is unwise for you to attempt to make the diagnosis yourself—or, in the case of a child, to allow a teacher to do so—even though there are many self-test questionnaires available. Why? There are many other problems, both psychological and physical, that can cause similar symptoms. Thyroid disorders, for example, can make people hyperactive or sluggish; depression or anxiety can cause a form of distractibility identical to that seen with ADHD.

Additionally, up to three-quarters of people diagnosed with ADHD have other physical, mental or emotional conditions associated with it. Treating ADHD while overlooking these conditions can be dangerous—not to mention that recognizing the other problems may dramatically change the best treatment options for either. Obviously, sorting these out requires experienced professional help.

I recommend that you consult a family physician, pediatrician, mental-health specialist, psychologist, counselor or psychiatrist who specializes in ADHD. Find someone who is aware of the limitations and difficulties of diagnosing ADHD, who knows the criteria for defining the syndrome, who can rule out all other associated conditions, and who can do the appropriate testing and treatment. It may surprise you to learn that most primary care physicians (or even psychologists) are not as experienced diagnosing and treating ADHD as our colleagues who provide this care as part of their everyday practice.

Once the proper diagnosis is made, then treatment options need to be considered. Although there is not enough space to review them in this article, here are the steps I consider most important:

1. Seek a second or third opinion to reach peace about the accuracy of your diagnosis.
2. Become an ADHD expert. Learn everything you can about the diagnosis and all of the available treatment options. Explore

the risks, benefits and costs of each option.

3. Consider both behavioral and medication options.

4. Don't forget to ask your pastor(s), elders and close friends to pray for you. Sarah finished college despite having ADHD and recently wrote: "I'm settling down nicely into my new job. I love being back in the ministry and (believe it or not) having ADHD has actually been a blessing!

"My work requires me to keep a high level of energy for as long as 10 to 12 hours on some days a dozen things at one time. I have already received my first job evaluation and my boss praised me for being 'able to maintain a high level of energy while still remaining organized' and [for] my ability 'to solve problems in unique and different ways.' I'm thankful to the Lord that He has revealed to me [my] uniqueness. What others saw as my weakness was actually my strength."

No matter what "cross" (Luke 14:27, NIV) or "thorn" (2 Cor. 12:7) you've been given, the Word of God states, "'I know the plans I have for you,' declares the Lord, 'plans to prosper you and not to harm you, plans to give you hope and a future'" (Jer. 29:11). With proper diagnosis, appropriate treatment and the fullness of the Holy Spirit, people can see their ADHD become part of God's abundant life and prosperous plan for their lives.

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