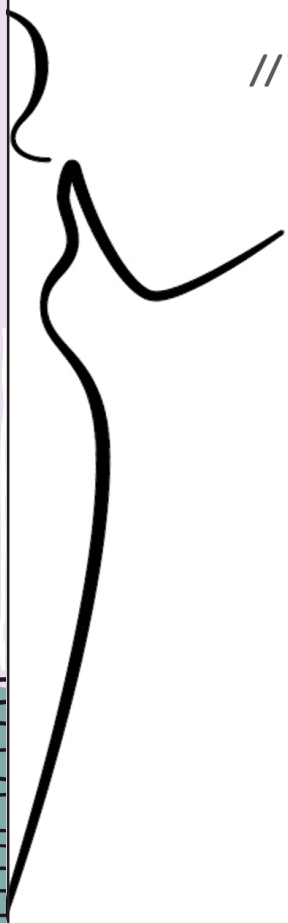
ADHD & "The Pause"



perimenopause.
menopause.
post menopause.

ADDiva

Linda Roggli, PCC

"That time of life"

As an ADDiva *par excellence*, I poke around into every possible corner of a new experience, event, possibility, until I am so full of information I am about to burst. It even borders on boredom, to be honest. I get sick of knowing so much about a particular topic.

But not menopause. Even as my cheeks turned pink with those first mini-flushes in my mid-40s, I resisted learning about it. Perhaps if I ignored it, menopause would skip past me. I would arrive on the other side with nary a bump nor bruise.

It didn't work. Perimenopause, menopause, post menopause. They all hit like asteroids in my life. I was not prepared. At all. Thank goodness I had learned how to pull all nighters and cram for exams at collee. It came in handy as I reluctantly devoured books and websites to catch up on current research. I was finally, although belatedly, in control. Or so I thought.

What I didn't realize is that every menopause -- like every individual with ADHD -- is different. Intellectual knowledge would never substitute for my personal experience of this dramatic transition. And it IS dramatic. Made even more so with the added dimension of ADHD layered under, over and around this hormonal hurricane.

Now that the beginning and middle parts are behind me and the aftermath of menopause is all I have left, I see the wisdom of a more thoughtful and well-informed journey. That's the purpose of this exploration we'll take together. An informed ADHD menopause might just lead to a less chaotic, more meaningful transition.

What ADHD women say about Menopause

"My ADHD symptoms have gotten way worse since menopause"

"Menopause sucked: everything got worse I didn't know what was going on, thought I was getting early dementia."

"I started experiencing perimenopause symptoms around age 40: irregular periods especially very heavy, exhaustion, aching, brain fog (doctors told me I was too young (!) and it was just my life stage).
I'm a recently separated single mum. But both factors - separation AND perimenopause - tipped the balance and led me to discover I'd had ADHD all my life."

"Had a hysterectomy at 35 but kept ovaries. I've had hot flushes for the last 15 years and am now on HRT meds."

"That was hell! I was very unstable for 2 years ... life was very difficult!"

The Standards of ADDiva Support

The foundation of the Standards of Support is compassion – for myself and for others in the room. I agree to co-create a safe, empowering space in which to explore, learn, communicate and thrive. To that end:

1. It is my intention to maintain confidentiality

2. It is my intention to have a "beginners" mind

3. It is my intention to speak for myself and only for myself (no advice)

4. It is my intention to listen deeply and with honor (no interrupting)

5. It is my intention to connect heart-to-heart

6. It is my intention to stay positive (acknowledging and receiving)

7. It is my intention to practice self care and self responsibility and allow others to do the same

8. It is my intention to be fully present

adapted from the Standards of Presence, 2002, Coach for Life

Part 1: The climacteric

The menopause transition is much more than just a change in menstrual cycles. It is a demarcation, a transition that shakes the very foundations of women's lives.

Yes there can be hot flashes and irritability and migraines and sexual discomfort, but equally important are the emotional and mental changes that accompany this change of life.

There can be grief over the end of fertility, of the closing door on missed opportunities. There can be bewilderment at the rapid changes in our bodies and fading memory in our brains. And there can be serious self-examination - a taking stock of who we are at this stage of life and who we want to be going forward.

Many women tell me they really don't know who they are. They have performed so many different roles that they have lost their sense of self.

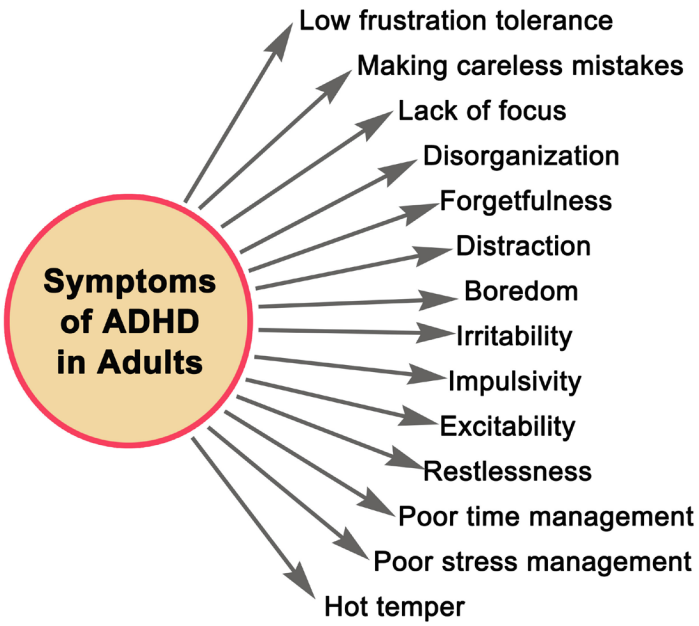
And women's brains (neurotypical and not) just don't work as efficiently during the climacteric and after menopause. We can't depend on those fast comebacks to jokes or even putting a name together with a face.

Is it A.G.E. or A.D.H.D.?

Some women are aware that these symptoms mimic ADHD and reach out to their doctors for a diagnosis of “late life onset” ADHD. (There is no such thing; there is only top tier, lifetime overcompensation.) Most of them — 96% to be exact — do not qualify for an ADHD diagnosis. Their symptoms will ebb and flow until post menopause and then may level off again at a “new normal.”

But other menopausal women are surprised to learn that they actually DO have ADHD brains, with a diagnosis based on longevity of symptoms, testing, and other clear signals. And they realize ADHD has been with them throughout their lives.

For ADHD women - newly diagnosed or those who have long suspected or been diagnosed — the cognitive changes are far more potent during this transition. ADHD symptoms intensify to the point of total frustration and even despair. Since the brain directs our physical bodies as well, ADHD women also suffer to a greater degree than other midlife women with physical changes, some of which actually influence cognitive performance - a 360-degree loop.



Today we’ll talk about both the physical aspects of menopause, perimenopause and post menopause and the brain-based results of this dramatic change. And when appropriate we’ll discuss the impact of ADHD on both sides of the menopause coin - the ADHD effect, if you will.

So let’s jump in — first things first — some basics about menopause, its transition, then a deep dive into the physical aspects of menopause and finally a look at the softer side of menopause - the psychological adjustments.


Basics

basics

What's menopause?

Well everybody knows menopause is when you stop having menstrual periods and you can no longer get pregnant naturally.

If they survive to midlife, all women with a uterus and ovaries (at some point) will experience menopause either through normal aging or by medical intervention.

The Menopause Society reports that the average age of menopause – total cessation of the menstrual cycle - is 52.5 years (some others report 51 years, but who are we to quibble?). Smokers actually enter menopause a bit earlier – average of 49 years.

pushing the PAUSE button
52.5 years average

In the United States and Canada, the life expectancy for all women is now about 80 years, a decline in the last few years due to COVID, drug overdoses and accidental fatalities.

What that means is that women will spend about 40% of their lives in the post menopause. That's a lot of years for most of us.

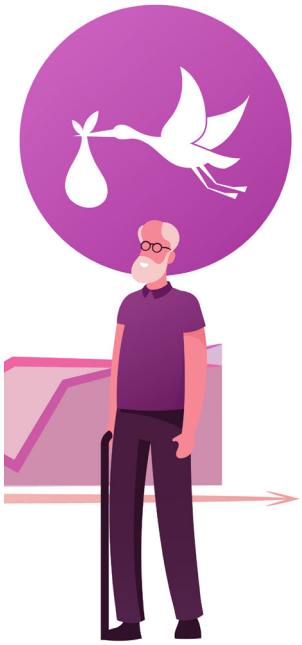
But fertility for women tends to decline many years before menopause, so what's up with that? (And, by the way, why does men's fertility stay relatively high longer than women?) It's an evolutionary puzzle that baffles researchers!

basics

Fewer ova, fewer babies

Historically, women have done the majority of child rearing. By the time a daughter is at an age to get pregnant, it may be that the preferred role for a grandmother is to support her newborn grandchild rather than tending for her own newborn.

Plus, human bodies are unwinding clocks; women are born with all the eggs they will have for the rest of their lives – about 1-2 million of them. Interestingly, we lose about 1000 eggs a month but ovulate only ONE of them during childbearing years. When we are in our 30s we have about 100,000 eggs left and by age 40 it's only 5,000-10,000. These are averages, of course, Over time, the quality of the ova goes down as well as the number, thus there is a higher chance of a risky pregnancy or fetal distress with advancing age. Which explains why it is more difficult to get pregnant in our 40s than in our 20s



Men, on the other hand, manufacture sperm on demand and maintain fertility well into their 50s and 60s when production and fertility slow down. From an evolutionary standpoint, this seems to encourage April-November relationships with more babies to sustain the human species.

All that aside let's clarify terms we'll be using all day:

basics

Three stages of menopause

Perimenopause

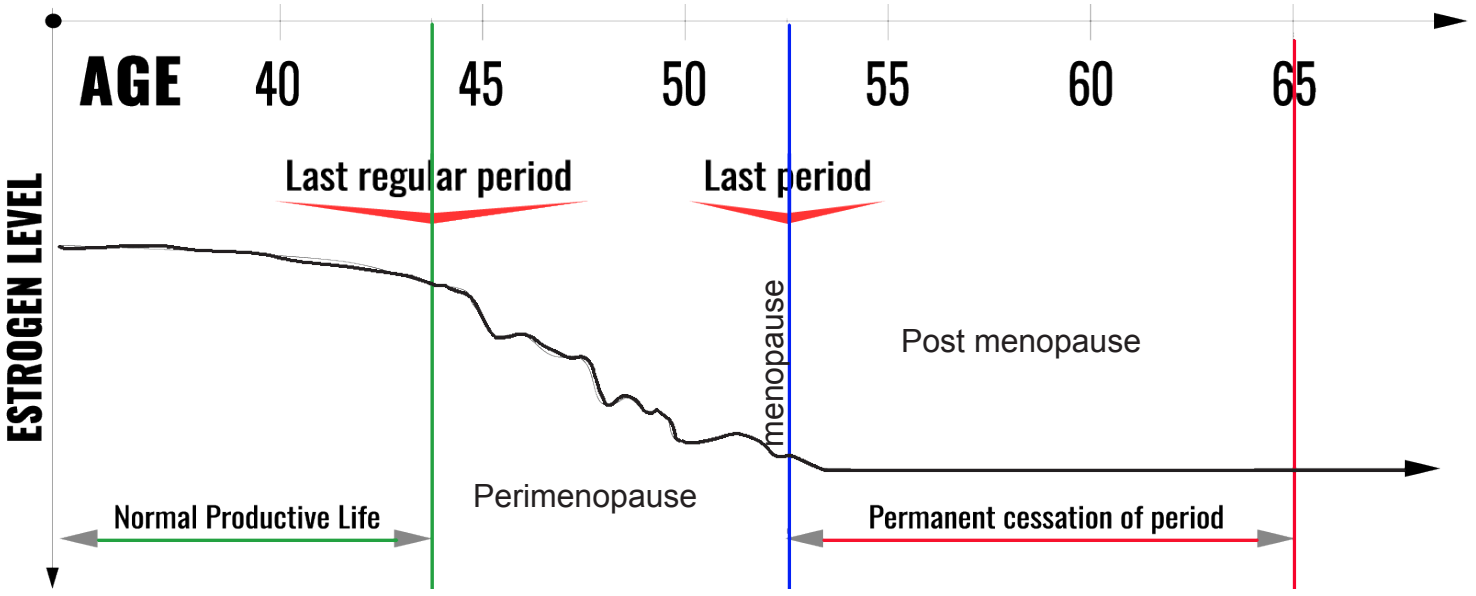
Perimenopause is the transition between having regular monthly periods and eventually having no periods at all. It can last as long as 10 years and can start as early as your mid-30s or as late as your mid-50s. Most women (AFAB) will notice irregular periods or especially light or heavy periods as their hormones begin to swing high and lower than usual.

Menopause

Your final menstrual period is actual marker for menopause. When you haven't had a period in the last 12 months, you have passed the menopause. You won't know exactly when that happens for a year or more, looking back at your menstrual history.

Post menopause

You are considered to be post menopausal after a year of no monthly periods. That does not mean you are completely clear of menopausal symptoms, however. More about that later re: Post Menopausal Syndrome. You are post menopausal for the rest of your life.



Menopause signals

Perimenopause

- Hot flashes (vasomotor symtoms)
- Irregular menstrual cycle
- Vaginal dryness
- Pain on intercourse
- More frequent urinary tract infections
- Sleep disturbances **
- Depression, anxiety, moodiness **
- Foggy brain **
- Memory issues**
- Irritability**
- Joint pain
- Dry eyes
- Change in weight distribution **
- Weight gain **
- Migraine headaches develop or worsen **
- Breast pain
- Fibroids more likely to grow
- Thinning scalp hair
- New hair growth on chin, upper lip, cheek
- Worse PMDD/PMS symptoms**

Post menopause

Often a continuation of perimenopause symptoms

- Hot flashes
- Sleep difficulties**
- Foggy brain **
- Memory issues**
- Depression, anxiety**
- Aches and pains
- Weight gain **
- Bone weakness (osteoporosis or osteopenia)
- Weaker muscle strength
- Absence of menses
- Urinary tract infections and difficulties
- Vaginal thinning
- Pelvic floor disorders
- Potentially other medical conditions: metabolic syndrome, heart disease, cancer (increasing with age)

** *Applicable to ADHD as well as menopause*

No two menopause transitions are the same; symptoms vary in severity and frequency.

Steroid (sex) hormones are the driving force of change

Estrogen, Progesterone, Follicle-stimulating, Luteinizing

Four hormones are responsible for preparing women's bodies for reproduction each month. They enter the pictures at perfectly timed intervals, fluctuating in harmony to ensure the softest landing for a fertilized egg.

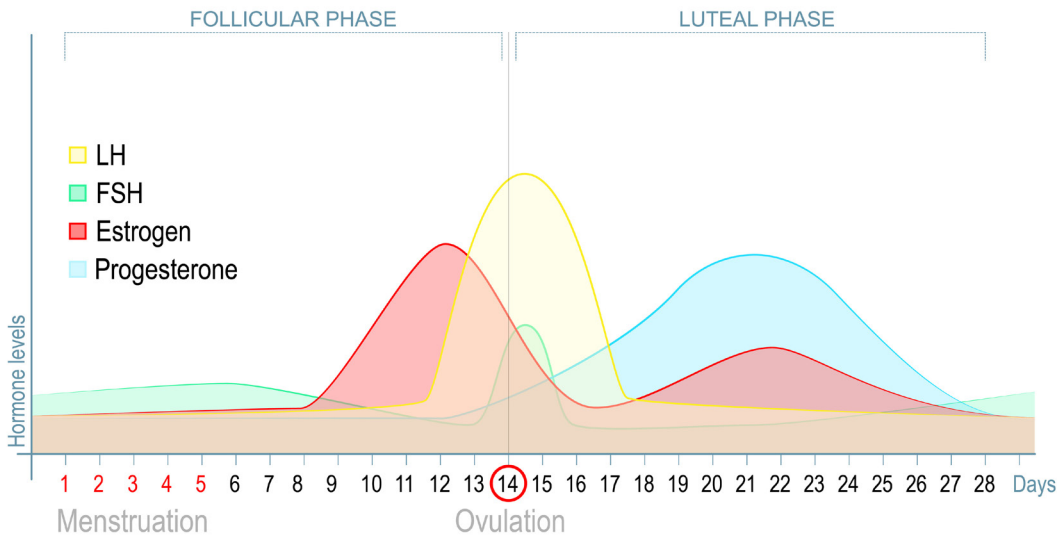
Of course, if the female egg is not fertlized (more about that later), it exits the body via the menstrual period. Then the process starts all over for the next 28 days give or take.

Where are they created?

The luteinizing and follicle-stimulating hormones are produced by the pituitary gland. Estrogen and progesterone are produced by the ovaries. During reproductive years, they are all at full strength. Beginning at peri-menopause, they diminish.

At perimenopause

Estrogen and progesterone go a little crazy at perimenopause. Rather than quietly retiring, they go on a spree of hormonal swings, wildly flaunting their power then dragging the bottom of their energy, then flaunting a little less and less. Eventually the ovaries stop producing these hormones and shrink to smaller size.



basics

Quick review: Estrogen, Dopamine & ADHD

ADHD brains are dopamine deficient

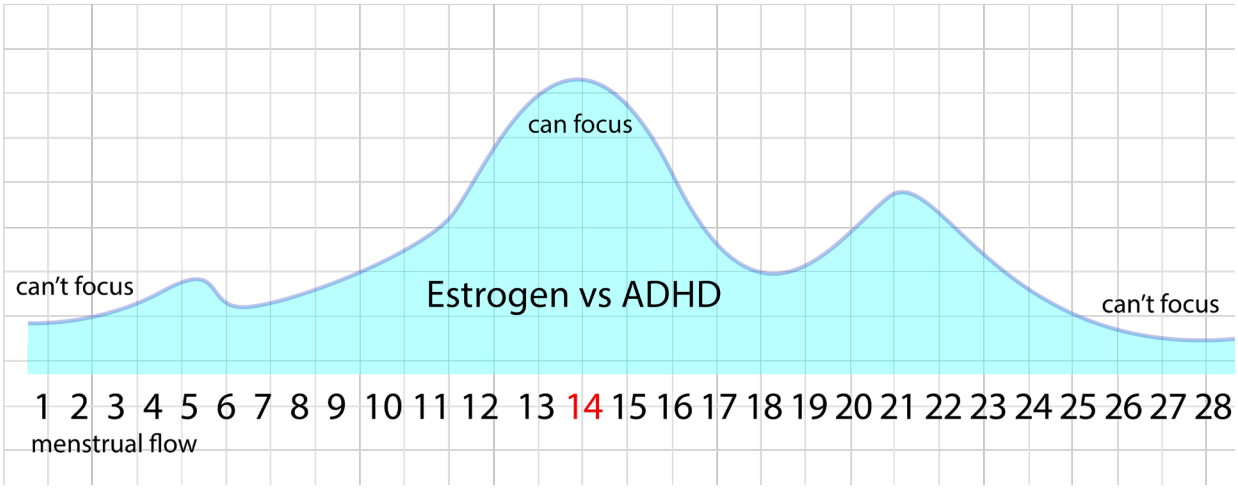
Dopamine - which is stimulated by interesting, dangerous or compelling actions or events - is one of the primary a neurotransmitter is in play for ADHD brains. Lots of dopamine means ADHD symptoms improve. Reduce the amount of dopamine and ADHD symptoms roar to life - brain fog, impulsivity, lack of concentration - you know the drill.

Estrogen boosts dopamine in the ADHD brain

With plenty of estrogen, the brain makes strong connections, acting on dopamine receptors and increasing the amount of dopamine available in the all important prefrontal cortex (can focus).

Estrogen waxes and wanes each month for women

Monthly cycles are determined by the presence or absence of estrogen, progesterone and other sex hormones. When estrogen is depleted, right before menses begins (bleeding or your period), ADHD gets worse (can't focus).



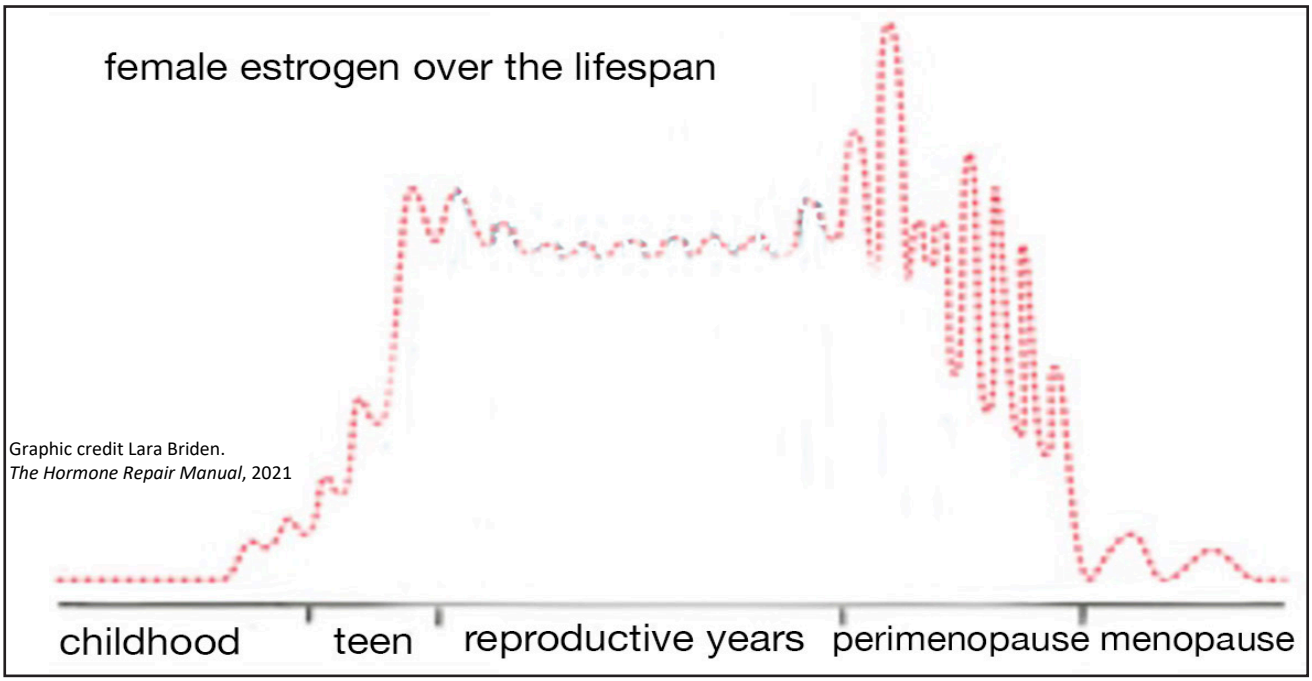
Hang on for the hormone roller coaster

At perimenopause, estrogen (and progesterone) get wonky

It would be nice if estrogen gradually disappeared as our ovaries gradually shrank to ease us through menopause. No such luck. Those failing ovaries send mixed messages to their hormones: MORE, No less. Even less. No, EVEN MORE!

It puts us at the mercy of a wild roller coaster ride as you can see from the graphic below. It is the swings of hormones that most disrupts our lives and our ADHD. Imagine having a surplus of estrogen sparking dopamine in your brain for a few weeks, then a drastic withdrawal for the next few weeks or months.

The trend is downward, of course and eventually, we suffer from menopausal estrogen deficit which causes dopamine deficit which produces attention deficit, among many other delights.



Graphic credit Lara Briden.
The Hormone Repair Manual, 2021

basics

Does ADHD Get Worse at Menopause?

60% of ADHD women 40+ say YES

In an online survey via the ADDiva Network, 60% of the 2500 women respondents agreed that their ADHD was more difficult to handle as they aged.

Not only do ADHD women have to maintain their ADHD regimen - medication, CBT, hyper-planning, alarm reminders, etc., there are often additional medications, doctors' appointments, and physical adjustments during menopause.

Sidecar challenges are also increased

Even small fluctuations in estrogen and progesterone levels wreak havoc on women's bodies. The swings of estrogen and progesterone at the lowest point of the monthly cycle is minuscule compared to the steep drop at menopause, which exacerbates co-existing conditions.

For instance, hormonally based migraines get triggered with a small drop in estrogen. No wonder migraines are an added bonus of menopause especially for women who have suffered with migraines in the past.

More about the physical and psychological aspects of menopause in Part 2. In the meantime, take a few minutes to answer the questions about YOUR journey into, through and around menopause.

My estrogen/ADHD story

Age at my first period:_____

My monthly cycle is/was:_____

_____

My pregnancy(ies) was/were: _____

_____

Perimenopause is/was: _____

_____

_____

Menopause is/was: _____

_____

Post-menopause is/was: _____

_____

_____

As I look back, I can see that estrogen impacted my ADHD life by:

_____

_____

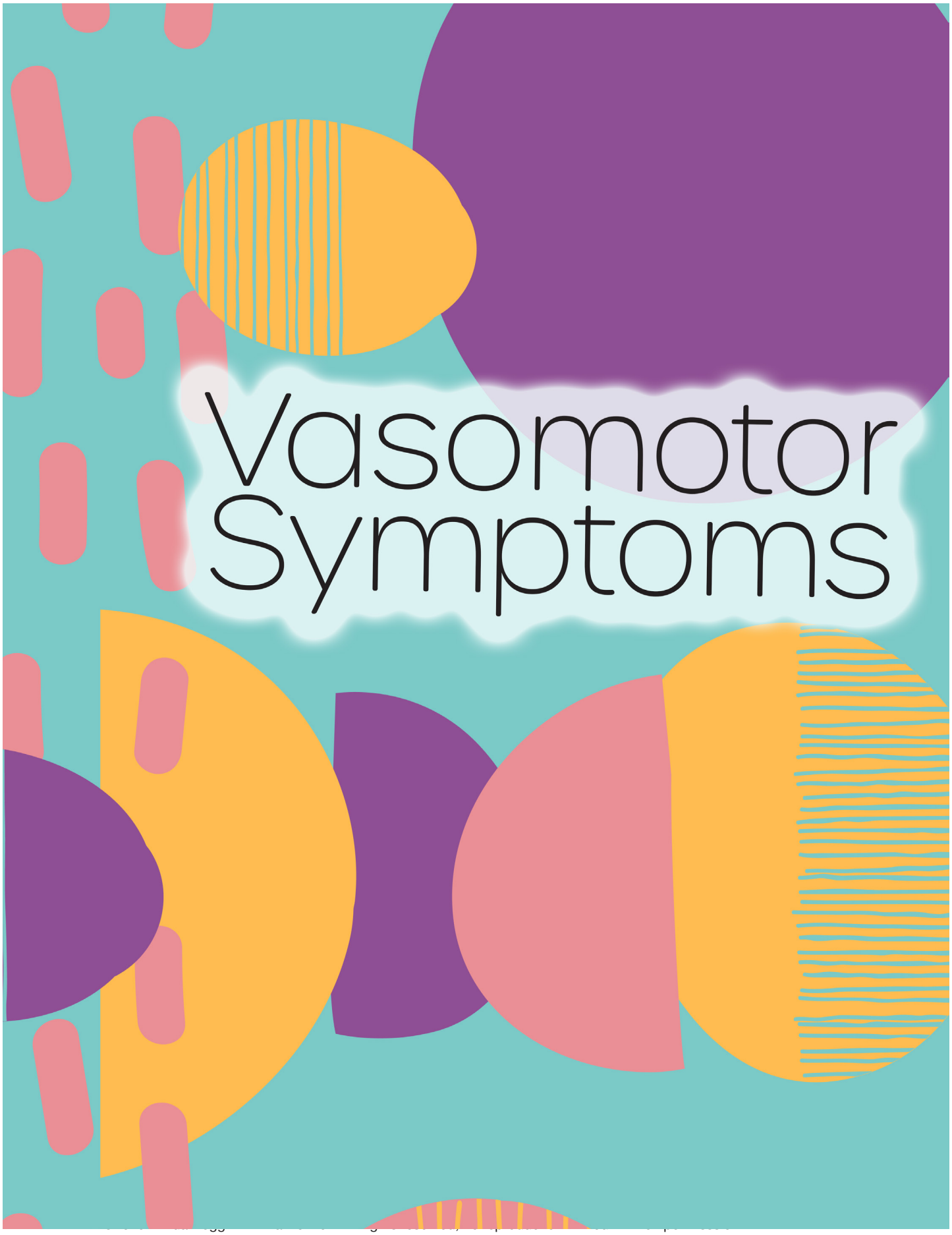
_____

_____

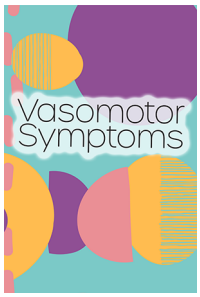
Part 2: Let's Get Physical

Menopause is a whole body, whole life experience
Although our focus (ahem) is on the ADHD brain and its response to the shifting hormones of menopause, the climacteric has a bouquet of physical symptoms that impact our ADHD lives.

From hot flashes to migraine headaches to vaginal changes, it makes sense to dive into the physical aspects of the change of life, then discuss cognitive aging.


Vasomotor
Symptoms

note to self...play hot flash song



Hot flashes & cold sweats

Those quick little face flushes may be the first clue that perimenopause is heading your way. By the way, during the day they are called hot flashes and at night, they are called night sweats.

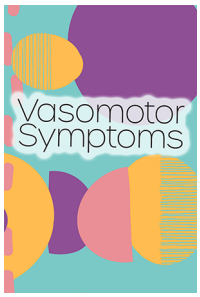
Even after all these years, no one knows precisely what causes hot flashes, They are getting closer, though. Body temperature is controlled in the hypothalamus. Apparently sex hormones like estrogen negatively impact receptors in the hypothalamus (at least that's what the mouse study found). If the receptors aren't sustained by those hormones, the system breaks down, starting a chain of events to cool off your body.

Your face gets flushed as blood vessels expand to release heat, then sweating follows to help cool down the body. The opposite can happen, too – you get chilled for no good reason except that your hormones are out of whack.

They're not much fun. Hot flashes or flushes are completely unpredictable. And they are worse in perimenopause, especially in the first couples of years. About 40% of pre-menopausal women reported having hot flashes and that number goes up to 80% with perimenopause.

Some women never have a single hot flash. Some have too many to count. And their duration varies just as much. There are women who suffer through them for just a year or two. Others continue to endure them for decades, even post menopause!

FYI- if you had surgical menopause, you are likely to have more severe hot flashes. And fat around your abdomen increases the risk of hot flashes as does smoking.



The ADHD angle

As if we don't have enough distractions, this is one that cannot be ignored. When you suddenly want to shed your clothes, it's a pretty urgent event.

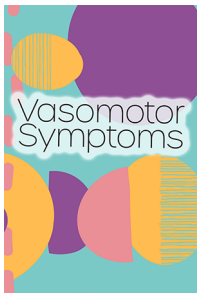
The bad news is that hot flashes a.k.a. vasomotor symptoms are associates with some familiar ADHD symptoms. **Sleep disturbance is an obvious intersection.** ADHD folks are more likely to have trouble with insomnia and getting to bed on time.

Even after you get to bed and sleep, to be awakened multiple times by night sweats is untenable. As you know too little sleep can actually produce ADHD symptoms even in non-ADHD folks. The layered challenges of ADHD sleep delay, multiple awakenings and too little sleep will make for a groggy and foggy next day. Accumulated **lack of sleep will accentuate not only ADHD symptoms but menopausal symptoms, too.**

Kathy's hot flashes were becoming severe.

Hot flashes are **also associated with a degree of cognitive impairment and poor verbal memory function.** Women who were studied had an average of 20 hot flashes a day (although they thought it was fewer). But the verbal memory performance was related to the actual number vs the number they reported so the results were truly physiological instead of psychological. It's NOT all in our heads!

Not surprisingly, hot flashes were also connected to depression, a familiar refrain in the ADHD world. For those of us already diagnosed with depression, this added burden can be paralyzing. It is important to talk to your doctor if you notice worsening depression (of course!).



What do to about it?

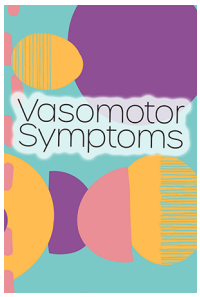
There are several things you can add to your ADHD regimen that may help calm the heat or reduce the number of hot flashes per day. This applies to both perimenopause and post menopause.

First and foremost, **hormone supplementation** either through low dose birth control pills or hormone therapy (which has a lower dose of hormones that any birth control pill) is the gold standard treatment for hot flashes. We'll talk more about the pros an cons of hormone treatment later but just know that it's on the list.

The good news is that the FDA approved a **brand new medication to treat hot flashes** in May 2023: Veozah, a non-hormonal treatment. The pill is taken daily with regular checks of liver function since it can cause liver damage as a side effect. Other side effects include abdominal pain, insomnia, and gastric upset. The reduction in the number of hot flashes was small, but it's worth a try if hot flashes still bother you, even after menopause! It's expensive though.

Hot flashes may be influenced by serotonin, norepinephrine, and epinephrine – our friends from the ADHD world. So it makes sense that **antidepressants may help soothe the hot flash circus. Consider our good friends, Effexor, Paxil, Lexapro and/or Celexa.** Added bonus if menopause also caused depression or increased the severity of depression since these anti depressants are standard of care from most doctors.

Clonidine, anther familiar ADHD medication is also on the back burner to treat hot flashes, as is Gabapentin, Oxytrol and Lyrica.



Nonpharmaceutical treatments

Your brainstem runs through the back of your neck with a direct path to the heat-regulating hypothalamus (yay) When you press something **cool on your neck, your body cools down faster** and the hot flash less bothersome.

I like these strips that you soak in water, the beads expand and as the water evaporates, it cools your neck. I used to keep one in my purse all the time during perimenopause. Search for **"cooling neck wrap"** online – Koolgater is one brand, there is also a website that sells only cooling stuff. https://www.mycoolingstore.com/neck-coolers.html

Those little **handheld fans** are also good…there are versions that hang from a cord around your neck so they are handsfree.

The **Embr Wave Wristband** is supposed to cool you down or warm you up. But it gets mixed reviews online. It was supposedly designed for hot flashes but at $300 it's a big investment. At least they let you try it out free for 60 days. https://embrlabs.com/

Cycle, sex & pee

"Monthly" cycles go haywire

Midlife women may notice that their monthly cycle is a bit off schedule, another early signal of impending perimenopause. Periods get a little off kilter, hormones get a bit off kilter and many of us begin to endure the funhouse of additional physical symptoms of perimenopause.

During our reproductive years, our faithful follicle stimulating hormone (FSH) stimulates the ovary to prep for ovulation where our luteinizing hormone (LH) sends the lucky surviving egg down the fallopian tube. The ovary releases a cascade of additional hormones, specifically estrogen (estradiol) and progesterone.

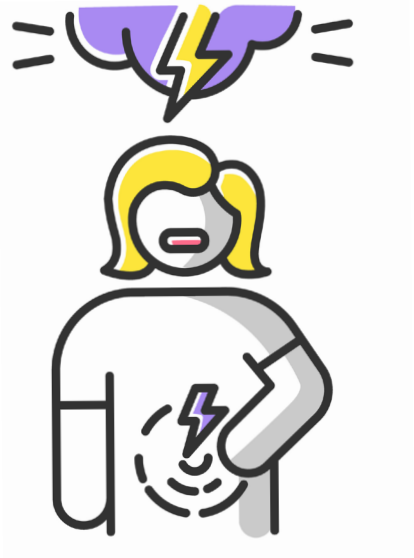
When our supply of eggs drops, our various hormones struggle to prep for pregnancy but their timing is off. There can be a delayed or extended phase for the luteinizing hormone which can cause more extreme menstrual side effects.

ADHD & PMDD

ADHD women are known to have more severe issues with monthly symptoms e.g. PMS (Premenstrual Syndrome) or PMDD (Premenstrual Dysphoric Disorder). With the added joy of irregular hormonal influences, ADHD women may suffer disabling effects during the last few years of the menstrual cycle.

Some symptoms of PMDD mirror PMS: abdominal cramps, bloating, headache, backache, moodiness. But there are dozens of additional characteristics that can occur with PMDD:

- **Anxiety**
- **Depression**
- **Agitation**
- **Anger**
- **Severe fatigue**
- **Confusion**
- **Forgetfulness**
- **Poor self-image**
- **Crying spells**
- **Moodiness**
- **Difficulty concentrating**
- **Heart palpitations**
- **Fainting**
- **Appetite changes**
- **Food cravings**
- **Allergies**
- **Eye infections**
- **Constipation**
- **Acne**
- **Fluid retention**
- **Hot flashes (!)**



Premenstrual Dysphoric Disorder

If you have suffered with PMDD prior to perimenopause, know that this stage of life can exacerbate those symptoms and add more to the deck.

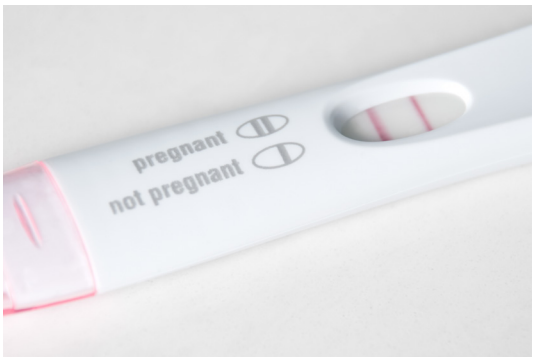
What to do about it

1. Since ADHD stimulant medications do not work as effectively without estrogen in the brain, some doctors suggest **taking a higher dose of the current medication.** Sometimes it helps, sometimes not.

2. Clinical evidence shows that a **short course of antidepressants, specifically SSRI antidepressants** (Selective Serotonin Reuptake Inhibitor) such as Prozac, (fluoxetine) Paxil (paroxetine), Zoloft (sertraline) and Celexa (citalopram). Usually, antidepressants take up to two weeks to provide effective treatment but in this case the medication seems to help when taken only in the critical 4-6 days right before and at the onset of menses. Doctors often prescript SSRIs to help break the grip of PMDD, too.

3. If medically advisable, **low dose birth control pills can be taken continuously (without a break for a simulated period)** to smooth out hormonal swings. Many women use this as a dual-purpose opportunity – both as contraceptive and mood stabilizer.

Don't forget that just because you are in perimenopause it does not mean you can't get pregnant. Lots of late term babies are born to surprised moms who thought they had experienced that final menses but still had viable eggs on board. Unless you want another child, **continue with contraception until you have a full 12 months without a period.**



Hormonal contraception does not have to include estrogen, by the way. There are effective progestin contraceptives on the market that are either subdermal pellets or IUDs.

A lot happens "down there," too

Without the support of ovarian estradiol, vaginal tissues undergo a change before and after menopause. The vaginal "vault" gets shorter and has less elasticity. Vaginal tissue gets thinner and blood flow is somewhat diminished. Vaginal tears are not unheard of.

What does that mean in real life? It means the vagina may no longer be the juicy place we have come to expect. Mucous is reduced and dryness sets in. There can be burning and irritation in the vaginal area and intercourse can be painful. Unfortunately, that can have a direct effect on sexual relationships, but there are options for treatment.

The **obvious solution is to use lubricants** (Slippery Stuff is the one my pelvic floor therapist recommended). She also recommended using **vaginal dilators** with regular manipulation in increasing sizes. Her suggestion is Pure Romance, but it is hard to find. The Mayo Clinic sells the set for $115. Another brand highly rated is Intimate Rose which has a full kit for $170 available online.

For **superficial treatment of pain, use lidocaine cream** in and around the vagina. Administering estrogen vaginally is also a possibility. Apparently vaginally applied estrogen does not have the same whole-body effect as oral or transdermal estrogen. Vaginal estrogen is available in a cream, a ring, and a tablet.

More re your genitourinary tract

In other near-vaginal news, the urinary tract is also impacted by the massive change in hormones for women. Officially known as the genito-urinary syndrome of menopause (GSM – they love those acronyms!) doctors recognize it affects up to 85% of menopausal and post-menopausal women. **Urinary Tract Infections (UTIs) are more frequent** after menopause.

There is a **higher chance of pelvic prolapse,** when one or more of the pelvic organs slips down creating a bulge in the vagina. It could be the uterus, bladder, bowel or top of the vagina and is caused by weakened pelvic floor muscles. See your doctor if you feel a bulge or bump in that area.

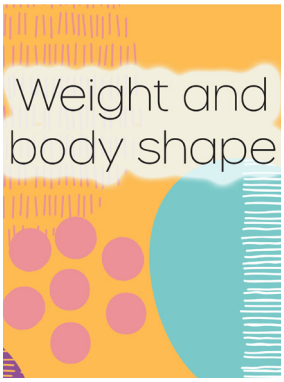
More common than prolapse is **urinary incontinence** in women often due to the same weakened pelvic muscles. **Stress incontinence** happens when you pee a bit when you cough or laugh. **Urgency incontinence** is when you realize you have to GO and might not make it to the bathroom in time. It is also called overactive bladder and there is medication that can help. **Stress incontinence** happens more often at **perimenopause; urgency incontinence is more likely at post menopause**. Pelvic floor exercises and weight loss can positively impact incontinence. See your doctor for a referral.

The number one reason women end up in nursing homes is incontinence! Take this seriously.

My pelvic floor therapist advises against stopping the urine flow in midstream. She says it is better to isolate the sphincter muscles that control urine (not bowel) and close them 20% almost all the time, especially when you gather yourself to stand up or sit down. Whenever you think about it, try the 20% rule, knowing you are following the most current treatment recommendations for incontinence prevention.

YES to Kegels. Any strenghtening of your pelvic floor muscles will help with incontinence and flow. Squeeze away!

Weight and body shape



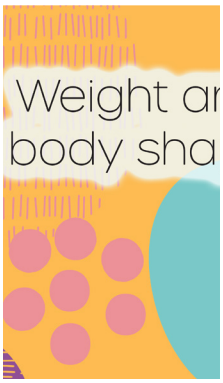
Shape shifting at menopause

It's hard to believe that your once svelte body has taken on a decidedly "looser" look at menopause and it's all about those hormones again, particularly estrogen.

When the ovaries stop producing estrogen, circulating estrogen levels drop but our bodies still needs some trace of estrogen to function. Guess what comes to the rescue? FAT! Particular in the abdomen of women! **Belly fat acts like an organ to create hormones in fatty tissues** (via aromatization). But not only does estrogen increase, so does testosterone – creating a chemical imbalance and a tummy that struggles to fit into skinny jeans.

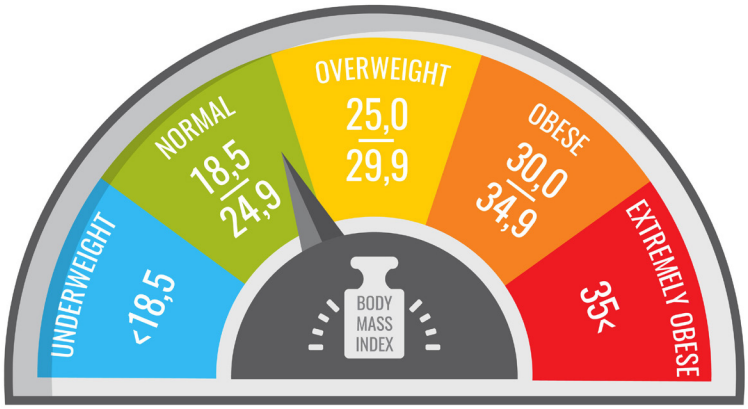
OK, you might not have worn skinny jeans even before menopause because study after study shows that **ADHD is a risk factor for overweight and obesity.** It's not really a surprise: ADHD folks eat impulsively, they eat during stress, they have trouble paying attention to satiety and eating is a pleasurable experience, which boosts dopamine.

Time blindness can mean fast food on the run instead of veggies and fruits at home. ADHD folks are more likely to be sedentary, starting in childhood. Plus **there is a strong genetic influence toward obesity as there is with ADHD.**



Check that BMI

A meta-analysis published in 2019 showed that **ADHD females with inattentive presentation had a higher Body Mass Index (BMI) than non-ADHD females**. BMI was also found to be higher in both ADHD men and women with combined presentation. It also found that **10-32% of all ADHD patients are considered to be obese (a BMI of more than 30). Among ADHD women, the percentage climbs to 42%.** (Note: BMI is not a completely accurate picture of your body - it is just a ballpark.)

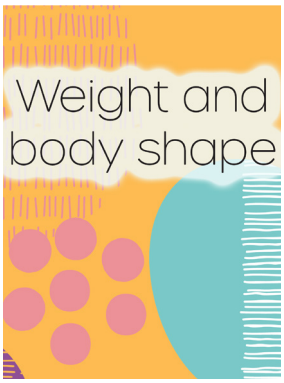


Even more pertinent to our menopause discussion, the prevalence of **abdominal obesity for all women aged 40-59 is about 65%**. Older women **over 60 are even more likely to have abdominal obesity – 74%.** It's hard to fight.

Additional abdominal fat is pretty standard for menopause. Although the level of estrogen drops at menopause, the level of progesterone is even lower, creating an imbalance in circulating hormones. A combination of progesterone and higher levels of testosterone are thought to be responsible for reshaping the menopausal female body, adding more adipose tissue in the abdomen.

The newly created i**mbalance between estrogen and testosterone is the culprit behind those aggravating chin hairs!** About half of women at menopause and post menopause complain of facial hair, mostly attributable to excess androgens (testosterone) in serum levels.

Leptin (the hormone that tells you that you are full and to stop eating) is also involved in reshaping the body so that it is even more difficult to feel satisfied with food.



Belly fat: not good

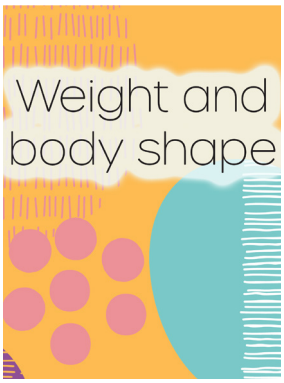
Abdominal fat is considered a serious health risk for breast cancer, fatty liver, diabetes, sleep apnea, heart disease, stroke, and metabolic syndrome.

Metabolic Syndrome is a collection of measures that include high blood pressure (higher than 130/85), impaired fasting glucose (higher than 110), high triglycerides (more than 150 mg), low HDL cholesterol levels (less than 50 mg) and our favorite: abdominal fat. Half to 85% of all post menopausal women have at least one measure of Metabolic Syndrome.

In addition, you can accurately connect a **line between ADHD, obesity and diabetes.** ADHD folks have more trouble managing their diabetes (refer to impulsive eating) than their non-ADHD counterparts. And it turns out that T**ype 2 diabetes can make the symptoms of menopause worse and vice versa**.

So let's go back to that jiggly belly (apologies to those of you who managed to skip this part of menopause). No matter how much you weigh, you can still have excess belly fat. Here's a **guide to figure out whether you have excess belly fat** (from Mayo Clinic website):

1. Stand and place a tape measure around your bare stomach, just above your hipbone.
2. Pull the tape measure until it fits snugly, but it doesn't push into the skin. Make sure the tape measure is level all the way around.
3. Relax, exhale, and measure your waist. Don't suck in your stomach as you measure.
4. A measurement of 35" or more (89 cm) or 31.5" for women of South Asian descent is an unhealthy belly fat level. The higher the waist measurement, the higher the health risks



The cardiac factor

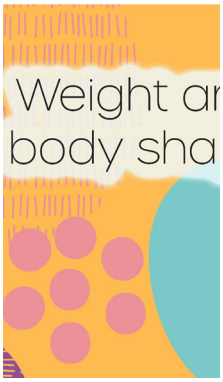
Did you know that **ADHD adults are more likely to develop cardiovascular disease?** In a well researched study that spanned 12 years with 37,000 ADHD adults, 38% developed cardiovascular disease vs less than 25% of those without ADHD. The risks were higher for cardiac arrest, stroke and narrowing of arteries in the legs and extremities

ADHD men have a higher risk of cardiac disease than ADHD women, but that should not reassure us in the slightest. **One out of three women die of cardiac-related disease and most of those are post menopause.**

Even worse, high blood pressure (hypertension) is more likely to strike women after age 60. In face t**hree quarters of women 60+ have high blood pressure**. Apparently there is a bump in blood pressure right around menopause, pushing the systolic reading up by 4-5 mm. Systolic is the "top" number, e.g. 120/73. The reasons include estrogen withdrawal, weight gain and even salt sensitivity.

There is good news on the research front about ADHD stimulant medications. A late 2022 meta showed "**no statistically significant association between ADHD medications and the risk of cardiovascular events among children, adolescents, young and middle-aged adults or older adults."** This finding is in direct opposition to the "black box" warning on ADHD stimulants that warns of possible cardiac difficulties.

The study did hedge on whether ADHD women might have different response to medications since there is no gender difference research since 2007 and it was not specific to ADHD drugs. There was some discussion of whether ADHD medications were appropriate for those patients with existing cardiovascular conditions. **This finding is in direct opposition to the "black box" warning on ADHD stimulants that warns of possible cardiac difficulties.**



What to do about it?

There is no question that is it more difficult to lose weight at and after menopause. But even if you can lose a small amoiunt of weight - 3% - 10% of your current body weight, you will improve the markers for glucose, cholesterol, blood pressure and fatty liver.

How to improve your physical health? It's the same old song and dance

- **Cut down on sugar (especially in sugary drinks)**
- **Make portion sizes smaller**
- **Healthy diet (**fruit, veggies, whole grains, lean protein, not so much dairy, cheese, etc.)
- **Get active – 150 minutes a week** of brisk walking each week OR 75 minutes of vigorous aerobic activity like jogging.
- **Strength training at least 2x a week.** High intensity interval training has been shown to reduce belly fat.
- **No smoking**

The numbers you are shooting for:

- **Total cholesterol <200 mg/dL**
- **BP <120/80 mm Hg**
- **Fasting blood glucose <100 mg/dL**
- **BMI <25 kg/m2**

Remember that ADHD folks know WHAT to do; we just have trouble DOING it so you might need some outside accountability to jump into a healthier life-style.


Sleep

Sleep

Zzzzzz?? ADHD + menopause?

Sleep is an ever-present topic in the ADHD world. Almost all of us have sleep issues and more 25% of us have **Delayed Sleep Phase Syndrome** – a hard-wired preference for a disrupted circadian rhythm that propels us to stay up later than we should.

By comparison, only about 3% of the rest of the world has Delayed Sleep Phase Syndrome. The average delay in sleep time for ADHD is 90-minutes but it can range from 15 minutes to many hours.

Sleep is also a Big Deal for menopausal women. In the SWAN survey (Study of Women Across the Nation) more than a **third of all women ages 40-55 – prime peri- and post-menopausal years – reported trouble sleeping**. The worst years were in perimenopause – 45% reported insomnia and the percentage was slightly higher for women who experienced the extreme drop in hormones due to surgical menopause.

Why is menopause such a difficult time for a good night's sleep? **Night sweats interrupt sleep often**, even if a women doesn't sense them in a wakened state. There are a dozen psychological reasons for poor sleep at this time, but **depression and high stress** stand out as particularly potent influences.

In tandem with ADHD symptoms, menopausal women report **restless leg syndrome and sleep apnea** more often. And sleep apnea is exacerbated by obesity which is overrepresented in the ADHD community. Add insomnia to the list and it affects more than half of menopausal women.

Sleep

How to get a better night's sleep

•**Treatment for night sweats** tops the list, followed by **depression treatment.**

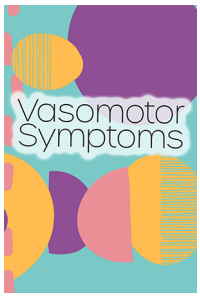
- **Testing for sleep apnea i**s a reasonable request of your doctor or dentist, especially if your partner insists that yes, you do snore!

- **Good sleep hygiene** is especially important during the transition years – dimming lights to amber vs blue, taking a warm bath or shower, reading. In other words, calming down before you hop into bed.

- The most effective treatment is supposed to be **CBT-I (Cognitive Beahvioral Therapy- Insomnia).**

- **Exercise during the day** makes muscles tired and more amenable to rest.

- Sometimes, the **addition of a stimulant medication 30 minutes before bedtime** can slow down the ADHD brain to a trot so it can focus on sleep instead of the other five streams of thought.



My physical menopause story

I noticed hot flashes/night sweats:

_____

They bother me : a lot not much not at all

I handle them by: _____

_____

I've noticed these genitourinary changes: _____

_____

_____

My sleep during the climacteric is/was worse? better? the same?

_____ _____

_____

My body is/has changing/changed during menopause in these ways:
_____

_____

_____

My BMI is _____ Cholesterol_____ Blood pressure _____

I know I need to do this to get/stay healthy:

_____

_____

What's normal aging? What's not?

When we try to sort out the ADHD symptoms from the menopause symptoms from the aging symptoms, it's a train wreck of intersecting issues. Foggy brain: ADHD? Check. Menopause? Check. Aging? Maybe a check because aging for women MEANS post menopause. So what's the answer? It depends.

About **two-thirds of all women experience some kind of menopause-related cognitive impact**, whether they have an ADHD brain or not. The big guns on the cognitive impairment front include:

1. **Brain fog**
2. **Decision-making**
3. **Learning and retaining new information**
4. **Concentration**
5. **Forgetfulness.**

Classic ADHD, right? Well, the SWAN study (Study of Women's Health Across the Nation with 2000+ women) tested women who were mostly post menopausal (average age was 54 and two years post menopause). They administered four cognitive tests and found decline in two of those four: verbal episodic memory which is remembering something auditory, such as someone telling you a story about the play they saw Saturday night, and cognitive speed – how fast we process information.

The numbers were small on a yearly basis but **over 10 years, cognitive speed slowed down by almost 5%. Verbal memory declined about 2% over 10 years.** BUT the researchers made it clear that there were outliers who showed even more difficulty in both areas. Undoubtedly the ADHD women were among them. Why? Because we start from a place of decline in the first place!

Cognitive Aging

Gray matter & memory

Even ADHD college students were found to have slower response times to verbal memory in something called the "2 back" test. And they had more errors than the control group, too. So our ADHD brains are already at a disadvantage for cognitive problems even before menpause piles on more.

So why is it so hard to remember people's names? Well, that is actually a function of an aging brain. It sucks but our brains shrink as we get older. Specifically "gray matter" tends to shrink which can cause – you guessed it – cognitive impairment in language, reasoning and judgment, attention and complex decision making according to the Cleveland Clinic. It also affects fine motor control, like having more trouble buttoning your shirt.

The bad news is that **gray matter never regenerates**. When it's gone it's gone. Even worse, continued stress also kills off gray matter neurons. The good news is that you can preserve the gray matter you have left by doing the healthy living thing and keeping a good blood supply to your brain. See page 35 for a list of healthy living suggestions and add to them:

1. **Manage stress (that one always tickles me – if I could, I would)**
2. **Keep learning – new information challenges your brain**

None of these things grow new neurons but they do increase the number of connections between and among the neurons you have (and you still have tons of them). That includes boosting dopamine in the brain, which is always good for ADHD.

Your brain should recover a bit from cognitive fog at the post menopause.

Is it serious?

If you have experienced cognitive decline, you might have wondered if dementia was on the horizon for you. The answer is probably not. Yet. The chance of developing dementia increases as you get older.

Mild Cognitive Impairment (MCI)

Mild Cognitive Impairment is a condition that often is a precursor to dementia but not always. Women make up about 15% of the diagnosed cases. By age 60% of the population (men and women) have MCI. By age 80 37% have MCI. There are two types of MCI: Amnestic which is losing track of items; and Non-amnestic which is related more to language memory.
The Mayo Clinic reports these symptoms:

- You forget things more often.
- You miss appointments or social events.
- You lose your train of thought. Or you can't follow the plot of a book or movie.
- You have trouble following a conversation.
- You find it hard to make decisions, finish a task or follow instructions.
- You start to have trouble finding your way around places you know well.
- You begin to have poor judgment.
- Your family and friends notice any of these changes.

Many of these symptoms mirror ADHD symptoms as well as menopausal symptoms. (I told you it is tricky to tease these apart.)

Is it Alzheimer's Disease?

Mild Cognitive Impairment can be an early sign of Alzheimers Disease but the symptoms get progressively worse. The National Institute on Aging reports that Alzheimer's patients in the early stages of the disease have these symptoms:

- **Memory loss that disrupts daily life**
- **Poor judgment, leading to bad decisions**
- **Loss of spontaneity and sense of initiative**
- **Losing track of dates or knowing current location**
- **Taking longer to complete normal daily tasks**
- **Repeating questions or forgetting recently learned information**
- **Trouble handling money and paying bills**
- **Challenges in planning or solving problems**
- **Wandering and getting lost**
- **Losing things or misplacing them in odd places**
- **Difficulty completing tasks such as bathing**
- **Mood and personality changes**
- **Increased anxiety and/or aggression**

Early onset Alzheimers happens in your 30s. Late onset Alzheimers happens for people over 60 years old. People with the APOE-e4 gene are at higher risk for developing Alzheimers but simply having the gene does not predict that you will get the disease. Online gene testing can easily reveal whether this gene is in your genetic makeup.

Unfortunately the **lifetime risk of women for Alzheimer's Disease is about 20% - twice that of men**. One reason is that we live longer and age is the highest risk for Alzheimer's and other forms of dementia

Lewy Body Disease

We cannot leave this discussion without a cursory mention of **Lewy Body Disease (LBD) or Dementia with Lewy Bodies**. Eight published studies have shown that there is an association between ADHD and Lewy Body diseases. One meta study reviewed this research and found some of it to be lacking in scientific methodology and all of it incomplete e.g. more study is needed.

The primary study was done in Argentina as a retrospective study. In other words, people diagnosed with LBD were studied to see if symptoms of ADHD were present in their pre-diagnosis lives. It found that a history of ADHD might increase the risk for a neurodegenerative disease (especially LBD) by as much as five fold.

Lewy Body Dementia presents with sleep disturbances, hallucinations, and Parkinson's-like motor symptoms. This is not surprising considering that Parkinson's and LBD arise from a hypodopaminergic state in the brain (low levels of dopamine).

A 2022 meta study of the other papers showed some flaws in research methodology although the cohort sizes were large and follow up was appropriate.

However, the review states that "**previously reported risk associations may have been underestimated due to the high likelihood of potentially missed ADHD cases in groups used as controls."** Conversely, previous estimates may be inflated "due to the inclusion of confounding comorbidities or non-ADHD cases that might have better accounted for dementia risk."

So it sounds like there may be a higher risk for Lewy Body diseases if we have an ADHD brain but having ADHD does not sentence you to this type of dementia.

Cognitive Aging

Live Long and Strong

Let's talk about provisional life expectancy for ADHD women. According to the Vital Statistic Rapid Release Report from 2021 for Caucasian women living in the **United States, the current life expectancy is 79.1 years In Canada, life expectancy for Caucasian women is higher at 81.7 in 2021. Both declined following COVID-19 but are rebounding a bit.**

Back in the US, Asian women have the longest expected life span of 83.5 years and Hispanic Americans have an average life span of 77.7 years.

Of course, these are just averages and subject to change. But when you add the ADHD dimension, the picture gets a little more alarming. Research released by Dr. Russell Barkley in 2018 that shows adult ADHD white men have an 8-year shorter lifespan than non-ADHD white men. The bias against female research is clear in this study. However, the discovery sent ripples through the ADHD community.

For ADHD that persisted past childhood, there was an additional loss of 5 years of life expectancy for a total of up to 13 years. Barkley and his team attributed inhibition deficits in behavior to the majority of lost lifetime years.

The ADHD influence on men's life expectancy may be quite different from that of women, but that study has yet to be conducted.

At menopause, we tend to look ahead at a future that may well include illness and eventually death. Knowing ADHD is a risk factor for so many health issues may prompt a change toward better self care and health awareness.

My cognitive functioning story

I've noticed changes in my:

memory? executive function? foggy brain? remember names?
what else? (write it down):

_____

_____

_____

One of the things I worry about is: _____

_____

_____

_____

I am relieved that: _____

_____

_____

As I get older, I need to do these things to preserve my cognitive skills:

_____ _____

_____

_____

Memory memories

My biggest memory challenges are: _____

_____

_____

It frustrates me when I can't remember: _____

_____

_____

My memory fails me most often when:_____ _____

_____

_____

These are my best memory tricks:_____

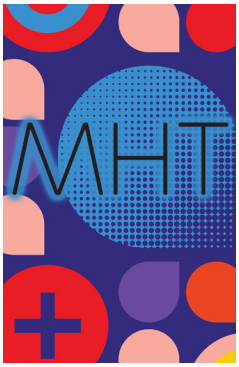
_____

_____

_____

_____


МНТ

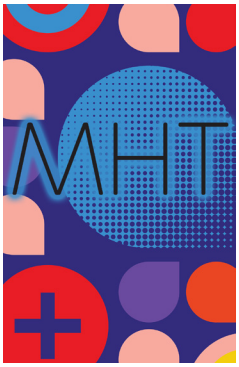


Hormone Therapy MHT/HRT/HT

The Elephant in the room when we discuss menopause is the role (or lack of) of hormone supplementation or Menopause Hormone Therapy (MHT) as it is now known. Hormone Replacement Therapy (HRT) was inaugurated in the 1960s with great enthusiasm.

In the 1990s, however, the first clinical trials examined HRT and post menopausal conditions via the Women's Health Initiative. (WHI). When the WHI released findings that women treated with a combination of conjugated equine estrogen (CEE) and medroxyprogesterone acetate (a progestin) had an increased risk of breast cancer, they stopped the study prematurely.

It was the shot heard around the world. Women instantly dropped their HRT by the thousands. Even today (2025), with 82% of women over the age of 45 who reported at least one menopausal symptom only 10% have used HT.

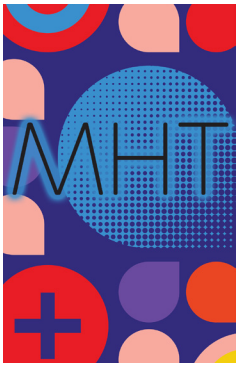


Backlash against WHI data

Almost immediately there **was criticism of the WHI results** and decision to cut the study short. The statistical method used to report the prevalence of breast cancer was flawed. Adjustments for other breast cancer risk factors were not included; when they were, the link between HRT and breast cancer was not statistically significant.

It takes 9-16 years before breast cancer is detectable so even if women in the WHI study had mammograms (one of the criteria for inclusion) they may have already had cancer that was undiagnosed. Mammography has come a long way since 2002, so some cancers may have been missed.

Now, the **WHI says that it was mistaken in 2002** and that CEE is the most effective treatment for managing menopausal vasomotor symptoms (hot flashes). And that **CEE alone reduces the risk of breast cancer by 23% and reduces the risk of breast cancer death by 40% even for women with a family history of breast cancer.**

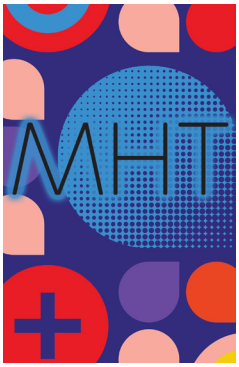


More research

The sad fact is that **since the cancellation of the study breast cancer rates have increase by about half a percentage point every year since 2002 despite extremely low rates of HT use.** Dr. Avrum Bluming, et al, write that "A generation of women has been deprived of HT largely as a result of this widely publicized misinterpretation of the data."

Fear was instilled more than 20 years ago and changing minds is not easy. There was no major press conference by the WHI to retract its earlier statements and even now there are still researchers valiantly trying to muddy the water by

The Cache County Study showed that women who used any type of HT within five years of menopause had 30% less risk of developing Alzheimer's, especially if it was **used for 10 years or more.** However, **Alzheimer's risk was not reduced by those who had started on HT five or more years AFTER menopause**, especially if it was a combination of estrogen and a progestin.



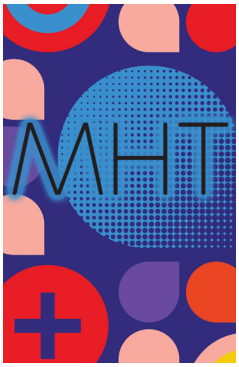
Additional studies

A 2019 study showed that d**ifferent types of estrogen or progesterone, different doses, and duration "may play a role in HT's effect on breast tissue."** Chronic unopposed estrogen increased the risk of endometrial cancer, but when progestins are added the risk is reduced. Unopposed estrogen treatment requires annual ultrasound exams to catch potential endometrial cancers early. Unopposed estrogen is approved for women who do not have a uterus, i.e. via hysterectomy.

The authors went on to say "HRT was also associated with a protective effect on colon cancer risk." There has also been evidence that estrogen therapy reduced the risk of liver and esophageal cancer but increase the risk of glioma (a particularly vicious type of brain cancer).

Yet another meta study compiled studies that concluded that estrogen plus progestin HT would increase breast cancer risk to 1 in 50, estrogen plus intermittent progestin risk would be 1 in 70 and estrogen only 1 in 200.

Clearly the final chapter has yet to be written about HT, but researchers are doing their best to ferret out the answers we need to make informed decisions about whether to begin or end hormone therapy.



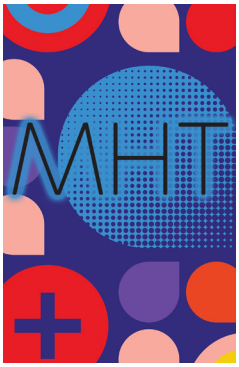
What does it mean for ME?

There is no question **HT impacts cognitive performance.** In a 2021 paper titled “Cognitive Health after menopause: Doe menopausal hormone therapy affect it?” The meta study focused mostly on dementia and reported there was good evidence to support that **Menopausal Hormonal Therapy reducing the risk of dementia by 11-33%**. But as in studies cited above, if **HT (combination estrogen/progesterone) is started after age 65, there is a 2-fold INCREASED risk of dementia.**

The type of HT, age at initiation and delivery system seem to be important factors in risk and effectiveness. Humana conducted a study based on insurance claims from women 45+ for Alzheimer’s Disease, Parkinson’s Disease, dementia, Multiple Sclerosis and ALS (Lou Gehrig’s Disease).

They found that **transdermal HT (skin patch, creams, spray, vaginal insert) significantly decreased risk for all causes of dementia, especially for patients 65+ the risk for Alzheimer’s was reduced.** They said the protective factor was higher with long term use vs short term therapy (less than one year).

Taking HT by mouth is the most widely used delivery system in North America. Because the pill is metabolized in the stomach, intestines, and liver, it tends to increase cholesterol, especially HDL-C. It is associated with a 25% increase in triglycerides.



Delivery, timing & duration

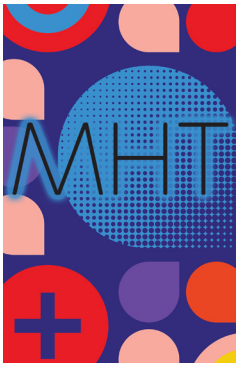
Transdermal estrogen is associated with more stable serum (blood) levels and has less effect on sexual functioning. However it **is more likely to cause gallstones** due to estrogen receptors in the liver. Oral estrogen has a greater risk than transdermal, but women with a history of gallbladder disease should use caution.

At this point, CEE (conjugated equine estrogen) is approved for prevention of osteoporosis.

Estrogen therapy can have **serious side effects** including uterine bleeding (starting or returning) breast tenderness (sometimes enlargement), nausea, abdominal bloating, fluid retention in extremities changes to the shape of the cornea (sometimes leading to contact lens intolerance), headache (sometimes migraine), dizziness, mood changes with EPT, particularly with progestin, angioedema, pancreatitis, and gallstones.

Estrogen is darned important for our ADHD brains. T**he more estrogen we have and the longer we have it, the better our brains work.** There was better cognition for post menopausal women who started the menstrual cycle early, went through menopause later and had their first child when they were at least 20 years old.

There are **absolute boundaries where HT is medically inappropriate:** cancers that are hormone dependent such as breast cancer or some types of uterine cancer. But there is new research that may even pave the road to HT after a cancer diagnosis. Don't hold your breath, though!



It's all up to you (and your doctor, of course)

As with any medical treatment, we women have the right to request or refuse a particular medication or delivery system.

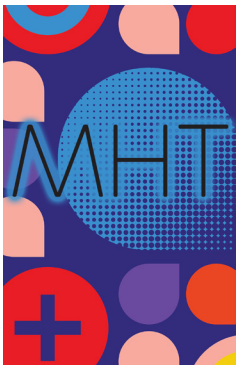
The bad press received by hormone therapy more than 20 years ago has permanently dissuaded hundreds of thousands of women from using HT, even in the face of admissions of errors in research.

It's a very hot topic, that stirs strong opinions among women, their families and even their doctors.

The bottom line is for ADHD women: do your research. Don't rely on heresay or watered down Healthline articles written by non-medical journalists.

Use that brilliant brain of yours to make sure you are treating your menopause and post menopause with the care it deserves. This is a bumpy road for our bodies, our brains and our emotions. Make careful decisions that reflect your beliefs.

There are so many options for help out there. Use them!



Questions to ask your doctor re: HT at menopause

1. Do you have any experience treating cognitive symptoms of menopause with estrogen?

2. Knowing my medical history, what are my risks if I elect to start HT?

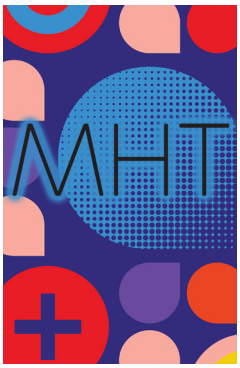
3. Do you prescribe HT only for vasomotor symptoms? (hot flashes)

4. How long do you allow your patients to stay on HT?

5. What delivery system do you prefer - estrogen patch, combination patch, oral estrogen, oral progestin, or something else?

6. I have ADHD and my cognitive symptoms are much worse at menopause. Can we include that factor in the decision about whether to start or continue HT?

7. What red flags do you look for when prescribing HT?



My story about hormones

I definitely believe hormone therapy for women is:

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I'm pretty sure that hormones: _____

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I'd be afraid to: _____

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I feel comfortable treating my peri-postmenopause symptoms by:

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SOFTER SIDE OF MENOPAUSE

ADHD emotions at menopause & beyond

ADHD brains tend toward emotional dysregulation - it's now part of the ADHD diagnosistic profile in Europe, even though it is not yet included in the US Diagnostic Statistical Manual version.

Monthly hormonal swings elicit tears, anger, frustration and other strong reactions. Immediately after delivery when estrogen and progesterone levels drop like a weight, the "baby blues" often visit new moms. So at menopause, when hormones are fluctuating at lifetime highs and lows, would it not make sense that our entire array of ADHD emotions would be in full bloom? You bet.

Because there is so much going on with our bodies, we can't always separate feelings from the physical aspects of perimenopause and menopause. It's handy to take your emotional temperature periodically so you don't feel like you are losing your mind. You aren't. It's just menopause. But wow, it seems like it will go on forever. It won't. But some of its aftermath will stick around for the rest of your life.

Don't be surprised if your emotions swing high and low right along with the estrogen and progesterone surges. It's probably a good idea to let your family know that you might be a little more irritable and snappy than before. Or, wait, they probably already figured that out!

Around the mid cenury mark, women begin to wonder “What’s it all about?” “Why am I here taking up space on this planet?” “Am I really living my purpose or just putting one foot in front of another?”

This existential inquiry is especially poignant for ADHD women who may acutely feel the pain of unfulfilled dreams or missed opportuities. “If only I had known about my ADHD back then, I could have....”

The hard truth is that at age 50 or so, we don’t have an unlimited supply of “do overs.” We want to make good use of the time we have left, leaving a legacy, making a difference in the world, taking pride in a life well lived.

So not only are our bodies in upheaval, our minds are, too. We are reconfiguring what it means to be “me.” And perhaps for the first time we are beginning to create that “me” on purpose instead of by default.

There is also the gnawing knowledge that we are getting old(er). Our own mortality may come more sharply into focus and we may feel the urgency to change our lives, quit our jobs, get into better shape. All of which add to the transition complexities

Depression, Anxiety & Aging

More often than not, depression descends with menopause
There is a 45% - 70% risk of serious depression during the menopause transition vs 25% for younger women. The Harvard Study of Moods and Cycles found that even with no previous diagnoses of depression menopausal women were twice as likely to experience depression. However, a prior diagnosis of depression was a leading factor in menopausal depression.

Depression tends to be exhibited more often in the early and late stages of perimenopause instead of post menopause. It is thought that low estrogen triggers endocrine reactions that cause depression.

Vasomotor symptoms (hot flashes) are highly correlated with depression but it is difficult to know which came first.

A history of premenstrual complaints, worry over aging and daily stressors were also linked to depression during menopause.

Anxiety usually hits in perimenopause
Studies show that women in late perimenopause can have extremely high anxiety, irritability, fear for no obvious reason and nervousness. Even women already diagnosed with anxiety have worsening symptoms at this later perimenopausal stage.

Neither of these significant issues can be wished away; they need help (and possibly prescription medication) from a competent doctor who understands the menopausal transition. You can find menopause specialists at http://menopause.org.

Fatigue

What women say repeatedly is that the climacteric wears them out! They aren't getting enough sleep. Their bodies are betraying them in a million different ways. For ADHD women the energy expended by dealing with all these new symptoms depletes the energy we have been reserving just to deal with our ADHD!

It takes a huge amount of focus and attention to stay alive (driving a car, navigating stairs, not burning the house down when we forget there are vegetables overcooking on the now-forgotten stove).

We are already trying to take care of ourselves – perhaps with medication, perhaps with strategies that may or may not still work for our ADHD or our co-existing conditions such as depression. So maintaining a medication regimen and/or an exercise routine is important – perhaps more important – than before our hormones went wild.

At this stage of life, we might have developed a few more ailments - high blood pressure, diabetes, osteoporosis, arthritis. Now we have to adjust our lives to include therapy or medications or treatments for those health issues IN ADDITION TO OUR ADHD.

Then add on care for aging parents which can demand hours of time each week, if not each day. There may still be children living at home (or who have returned to the nest!), responsibilities at work, perhaps maintaining and enriching an intimate relationship, spending time with friends, church or volunteer commitments. When you list them, it's not a surprise that menopausal women are overwhelmed and ADHD menopausal women are doubly impacted.

Grief

The menopause transition also carries a wistful aura of grief. Our reproductive years are ending. Even if you don't want more (or any) children, there is something sad about the door closing on that option forever and ever.

We mourn the loss of our youth. The evidence is right there in the mirror each day: the crow's feet are deepening. The gray roots are showing. We realize it's not just babies that will never be birthed by us, we also realize that some of those fantasies are now out of reach. We probably won't be a rock star or climb Mt. Everest or play Carnegie Hall (if those are things that you have set aside in exchange for living the life you now have).

Midlife can create a crisis of faith in ourselves. But it also provides an exciting change to rethink, rebuild and reshape the life we will live in the next 30 or 40 years.

Imagine if you had no constraints. What would you do or be given your new understanding and with the body you now inhabit? Retire from your job? Launch a new business? Plant a community garden? Read all the books you've saved on the bookcase for "a rainy day?"

Your menopause transition can be a dreary ache with an absurd amount of emotion and grief. And then it can transition to something different. It's up to you.

If that sounds too open ended, work with a coach or a therapist who can listen and reflect back your own good ideas.

You have a shot at a new life. Make it one you love.

Resources for a new life

There are people and places out there who understand your need to change, to do something different.

If you want your space reorganized, reach out to ICD - the Institute for Challenging Organization who trains organizers to work with ADHD, senior downsizing and hoarding clients http://challegingdisorganization.org

If you need support for menopause, contact the North American Menopause Society (NAMS) at http://menopause.org
For $10 they will send you a marvelous Menopause Guidebook.

Another great site for menopause help is Stella which is an online menopause cliniv http://us.onstella.com there is also a uk version http://uk.onstella.com

For brain stimulation geared toward executive function, memory and concentation, try Dakim.com right now it's $79 a year but will soon become a subscription service at a higher price. Fun games but challening.

If you need help with ADHD and there are no local providers you trust, consider reaching out to an online service such as adhdonline.com - you can get diagnoses and medication management at reasonable prices.

For night sweats you could try cooljams - pajamas made with cool, wicking fabrics especially for menopausal women http:cooljams.com

Supplements might help but please make sure that black cohosh or St. John's Wort does not interfer with your other meds.

My brain and it's idiosyncrasies

My ADHD brain manifests itself with _____

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How did menopause impact my thinking or mood(If at all)"?

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How is my ADHD better or worse during the menopause transition?

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