

When the systems that held your ADHD together start to slip in midlife, it is not failure. It is a change in conditions.

As you move through perimenopause, the transition leading up to menopause, shifting hormones can make focus, organisation and emotional regulation harder. This resource explains why that happens, and what can help, so you can meet it with understanding rather than self-blame.

WHY IT HAPPENS

Hormones and an ADHD brain

If you have ADHD, you have probably built a life full of systems: lists, alarms, routines, and the quiet workarounds that keep things on track. For years they may have held. Somewhere in your forties, you might notice them starting to slip, and wonder what you are doing wrong.

Often the answer is nothing. A hormone called oestrogen helps your brain use dopamine, the chemical that supports focus, motivation and managing emotions. An ADHD brain already runs on a smaller margin of dopamine, so it leans on that support more than most.

Across perimenopause, oestrogen does not simply fall. It swings up and down before settling lower. As it does, the support your attention has quietly relied on becomes less steady, and traits that felt manageable can feel louder.

RESEARCH CONTEXT

Research describes how hormonal shifts across a woman's life can change the way ADHD shows up, from the monthly cycle through to menopause (Kooij et al., 2025). Women with ADHD also report more difficult perimenopausal symptoms than women without (Jakobsdóttir Smári et al., 2025).

This can look like fading focus, more forgetfulness, a shorter fuse, or low mood and anxiety that seem to arrive from nowhere. It is easy to read these as personal failings. More often, it is a changing body meeting a brain that feels hormonal shifts early.

Research that looks at ADHD during menopause itself is still new, so there are not always clear answers yet. What is clear is that this experience is real, it is shared by many women, and you are not imagining it.

THIS IS NOT A STEP BACKWARDS

Noticing your ADHD more in midlife is not losing ground, and it is not a failure of effort or character. It is a shift in conditions, and conditions can be worked with, often with the right support.

WHAT CAN HELP

Working with it, not against it

There is no single fix, but small, deliberate adjustments can ease the load. A good place to begin is simply noticing what has changed.

Ask yourself:

- 1 What has felt harder lately, and when did you first notice it shifting?
- 2 Which of your **usual strategies** have stopped holding the way they used to?
- 3 Where are you **blaming yourself** for something that may be a change in your body?

THE GOAL

To meet this stage with **understanding rather than self-criticism**, and to reach for support early rather than carrying it alone.

Other things that may help:

- **Name it.** Putting words to what is happening, with people who understand, takes some of the weight off.
- **Talk to your GP.** Mood, focus and menopausal changes are worth raising together, not as separate problems.
- **Review medication with your prescriber.** If you take ADHD medication and it feels different, that is worth a conversation, not a quiet stop.
- **Protect sleep and movement.** Both help steady the nervous system that hormones are unsettling.
- **Redesign your supports.** The systems that worked at thirty may need rebuilding now, and that is allowed.
- **Consider psychological support.** Space to work through mood, identity and self-blame can help you adjust.

U Understand

What you are noticing has a real, hormonal basis. It is not a failure of effort or character, and naming it is often the first relief.

A Adjust

The strategies that once held may need redesigning for this stage. Changing them is not going backwards, it is meeting yourself where you are.

C Connect

You do not have to work this out alone. Your GP, your prescriber and a psychologist can share the load between them.

If you need support now

LIFELINE

13 11 14

24/7 crisis support and suicide prevention

If you are experiencing thoughts of suicide or self-harm, please contact Lifeline (13 11 14) or attend your nearest emergency department.

BEYOND BLUE

1300 22 4636

24/7 support for anxiety and low mood

ADHD FOUNDATION

1300 39 39 19

National ADHD support line, Mon to Fri

This resource is for general information only. It does not constitute clinical advice and is not a substitute for consultation with a registered health professional. Please speak with your GP or a registered psychologist about what is right for your situation.

References: Jakobsdóttir Smári, U., et al. (2025). Perimenopausal symptoms in women with and without ADHD: A population-based cohort study. *European Psychiatry*, 68(1), e133. · Kooij, J. J. S., et al. (2025). Research advances and future directions in female ADHD. *Frontiers in Global Women's Health*, 6, 1613628. · Osianlis, E., et al. (2025). ADHD and sex hormones in females: A systematic review. *Journal of Attention Disorders*, 29(9), 706–723.