

BY EQUAL PSYCHOLOGY · ISSUE 6 · JULY 2026 · THEME: ADHD AND PERIMENOPAUSE

For patients who already have ADHD, perimenopause can change how symptoms present and how well treatment holds. A moment for review and shared care, not a fresh start.

The evidence cited studies women; trans men and non-binary people assigned female at birth go through this transition too.

THE CLINICAL REALITY

How perimenopause shifts established ADHD

Oestrogen supports dopamine signalling, which underpins attention, working memory and emotional regulation, the systems already affected in ADHD. Across perimenopause, oestrogen fluctuates and then declines, and patients with established ADHD may notice previously stable traits intensifying and the strategies that once held losing traction (Kooij et al., 2025). The same sensitivity is already seen across the menstrual cycle, where symptoms and medication response vary with oestrogen (Wynchank et al., 2025).

This is easily misread as treatment failure, a new depressive or anxiety disorder, or simply menopause. Women with ADHD report severe perimenopausal symptoms at almost twice the rate of women without (Jakobsdóttir Smári et al., 2025). Controlled trials of ADHD treatment across the menopause transition do not yet exist (Osianlis et al., 2025), so management is individualised and best shared across their team.

THIS MONTH'S FOCUS

A shared-care approach to medication

Whether or not a patient is currently treated with ADHD medication shapes the next step. In both cases the principle is open communication, not unilateral change.

TWO SITUATIONS, ONE PRINCIPLE: COMMUNICATE

On ADHD medication: if effectiveness changes through perimenopause, review with the prescribing psychiatrist rather than adjusting in isolation. Hormonal change, not treatment failure, may be driving the shift.

Not on ADHD medication: if hormonal change is worsening day-to-day function, a consultation or review with a psychiatrist may be worth considering.

Either way: GP, psychiatrist and psychologist working together keeps the patient at the centre and avoids fragmented care.

Coordinated review guards against two common errors: stepping away from treatment that is still appropriate, and putting a hormone-driven change down to mood or menopause alone.

FROM MATTHEW

Keep the conversation open, and shared

What I see in the room is someone who has managed their ADHD well for years and suddenly feels the ground has moved. Usually they are not doing anything wrong. Their hormones are changing, and an ADHD nervous system is sensitive to that shift. The worst outcome is when they quietly decide their treatment has stopped working and step away from it on their own. When their GP, their psychiatrist and I are genuinely talking to each other, the adjustments that need to happen can happen, and they do not have to carry it alone.

Matthew Hallam · Registered Psychologist, Equal Psychology

TO EXPLORE IN THE CONSULT

A few questions help locate the change and decide who else to involve.

QUESTIONS TO ASK

1. Has your ADHD medication felt different, less effective or less predictable, as other menopausal changes have appeared?
2. Which of your usual strategies have stopped holding, and when did that start?
3. Have you been able to raise these changes with the clinician who looks after your ADHD treatment?

Some people manage their ADHD well for years. It is often the mental health side that surfaces in this transition: anxiety, low mood, and questions of identity.

REFER FOR PSYCHOLOGICAL SUPPORT WHEN...

- Anxiety, low mood or irritability are surfacing as the transition arrives
- Identity or confidence has shifted, and they are asking who they are now
- Rebuilding the strategies that no longer hold is taking a toll
- This support would sit alongside their medical and hormonal care, not replace it

If your patients could benefit from additional psychological support, contact our admin team at admin@equalpsychology.com.au



Patient resource available

We have created a patient resource on ADHD and perimenopause to accompany this newsletter. Scan the QR code to download and share with your patients.

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