

Stress and ADHD draw on the same prefrontal system. When life stress rises, executive function narrows, and a stable medication regimen can appear to stop working when nothing about the medication has changed.

THE CLINICAL REALITY

Why stress makes ADHD harder to manage

Stress and ADHD are rarely two separate problems in the consult. Both act on the prefrontal cortex, the seat of working memory, attention shifting, response inhibition, and emotion regulation, which are the same functions that are already variable in ADHD. Chronic stress measurably degrades these processes in the general population by altering prefrontal function (Girotti et al., 2024; Arnsten, 2015). In an adult with ADHD, rising stress reduces the regulatory headroom the person already relies on, so traits that were manageable can intensify.

Perceived stress and ADHD traits track together and the relationship appears bidirectional, with inattentive presentations most consistently linked to higher stress (Combs et al., 2015). Emotion regulation differences are present in a majority of adults with ADHD and are associated with symptom severity and comorbidity (Beheshti et al., 2020). Medication reliably supports attention and working memory (Isfandnia et al., 2024). On current evidence it does not normalise emotion regulation, and it does not lower the demands landing on these systems.

THIS MONTH'S RESOURCE

A quick read on stress load

The four-item Perceived Stress Scale (PSS-4) is a brief, validated way to gauge how much a patient currently feels stress is outrunning their capacity to manage it. It is not diagnostic, but it gives a fast, repeatable read.

PSS-4 · PERCEIVED STRESS (PAST MONTH)

Rated 0 (never) to 4 (very often): 1) felt unable to control the important things; 2) felt confident about handling personal problems; 3) felt things were going your way; 4) felt difficulties were piling up too high to overcome.

Scoring: reverse items 2 and 3, then sum. Range 0–16; higher scores indicate greater perceived stress.

In ADHD: a rising PSS-4 alongside a stable medication regimen is a useful prompt to review stress load before adjusting the dose.

Tracked over time, the measure flags when the environment, not the medication, is the moving part. Where stress load is central, cognitive behavioural therapy is associated with reduced ADHD symptoms in adults (Young et al., 2020), and Australian guidelines support psychological approaches alongside medication (AADPA, 2022).

FROM MATTHEW

The dose did not stop working

A pattern I see often is a patient who has been steady on medication for a year arriving convinced it has stopped working. Almost always, something in their life has ramped up: a new role, a house move, a stretch of broken sleep. The medication still supports attention and working memory, but it does not lower the demands now landing on those systems. When we map the stress load first, the picture usually makes sense, and the person stops reading it as a personal failure. That shift is often where the useful work begins.

Matthew Hallam · Registered Psychologist, Equal Psychology

TO SHARE WITH YOUR PATIENT

Separating a genuine change in medication response from a rise in stress load does not require extra appointment time. Three questions usually surface which one is in play.

THREE QUESTIONS TO OPEN THE CONVERSATION

1. What has changed in your life or workload since the medication felt like it was working?
2. Where in the day does everything feel like it is piling up at once?
3. What has had to give lately: sleep, movement, or downtime?

Goal: to tell apart a real change in medication response from a stress load that no dose can absorb.

CONSIDER A REFERRAL WHEN...

- A stable regimen appears less effective and rising stress or life load is a plausible contributor
- Emotion regulation, rather than attention, is the dominant presenting difficulty
- The patient wants skills for organisation, planning, or workload that medication does not address
- Stress, low mood, or anxiety is co-occurring with ADHD and shaping daily function
- The patient is newly diagnosed and adjusting to what ADHD means for them

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 stress and ADHD to accompany this newsletter. Scan the QR code to download and share with your patients.

Australian ADHD Professionals Association. (2022). Australian evidence-based clinical practice guideline for attention deficit hyperactivity disorder (ADHD). AADPA.

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