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ADDRESSING GENDER DISPARITIES IN ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD) DIAGNOSIS

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Attention Deficit Hyperactivity Disorder (ADHD) is a common neurodevelopmental condition that remains frequently underdiagnosed or misdiagnosed due to its overlapping symptomatology with depression, anxiety disorders, bipolar disorder, and autism spectrum conditions. Characterized by persistent inattention, hyperactivity, or impulsivity, ADHD often remains undetected until increasing academic, social, or occupational demands intensify symptoms. Family history, environmental exposures, and traumatic brain injury are among the contributing risk factors. In children, ADHD is sometimes mistaken for behavioral or emotional issues, delaying appropriate evaluation. Accurate diagnosis, although challenging, is possible through a comprehensive approach involving medical history, physical examination, behavioral and observational assessments, psychological testing, and screening questionnaires.

Despite well-established diagnostic methods, significant gender disparities persist. Globally, ADHD prevalence ranges from 5%–7.2% in youth and 2.5%–6.7% in adults (1). Women and girls are disproportionately underdiagnosed or misdiagnosed. The childhood male-to-female diagnostic ratio is estimated at 4:1, likely due to gender-specific symptom presentation—boys typically exhibit externalizing behaviors such as hyperactivity and impulsivity, whereas girls often present with internalizing symptoms like inattention (2). These subtler manifestations may be misinterpreted as personality traits such as introversion or attributed to typical adolescent challenges. Historical diagnostic criteria, including those outlined in the DSM-IV, were largely based on male symptom patterns, introducing systemic bias. Research has also shown that girls with ADHD are less frequently referred for assessment because disruptive behaviors are more commonly associated with boys, making their symptoms more readily identifiable (3, 4).

Additional factors contribute to diagnostic discrepancies. Studies suggest a link between ADHD and behavioral addictions, such as problematic gaming, which is more commonly observed in boys. This visibility may prompt caregivers to seek clinical evaluation (5). In contrast, females may engage in escapist activities like excessive social media use or binge-watching—behaviors that are less often recognized as potential coping mechanisms for ADHD. Moreover, girls and women often mask symptoms through compensation strategies or dismiss them as hormonal fluctuations, further complicating accurate detection.

The long-term consequences of undiagnosed or misdiagnosed ADHD in females are profound, including diminished self-esteem, interpersonal difficulties, sleep disturbances, reduced academic performance, poor health management, and chronic stress. Gendered stereotypes that label boys as “disruptive” and girls as “sluggish” reinforce stigma and contribute to delayed recognition, as supported by surveys indicating greater feelings of shame among girls diagnosed with ADHD (6).

To address these disparities, targeted awareness initiatives and specialized training for healthcare professionals, parents, and educators are essential to improve recognition of gender-specific symptom patterns. Further research is needed to explore diagnostic variability, comorbidities, and developmental trajectories across genders. Updated diagnostic criteria that better capture internalizing symptoms in females are critical. Additionally, women who have successfully managed their ADHD should be encouraged to share their experiences within supportive online communities to foster empowerment and connection. Workshops,



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seminars, and access to trained therapists or ADHD coaches can further enhance the quality of life for affected females. Tackling these gender discrepancies is vital to ensuring equitable diagnosis, support, and treatment for all individuals living with ADHD.

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