

ADHD in Girls

Identification and diagnosis

Symptoms of ADHD manifest differently according to age, gender and development (Salari *et al.* 2023). Common symptoms in the female population are suggested as having

- poor attention span /easily distracted
- anxiety/separation anxiety
- low self esteem
- difficulty recognizing emotions
- issues with friendships and social situations
- Issues with working memory
- hyperactivity
- impulsiveness

(Skogli *et al.* 2013)

Overgaard (2014) and Bundgaard *et al.* (2018) suggest ADHD symptoms such as emotional dysregulation and impaired sleep patterns from 18 months old can predict an ADHD diagnosis later on.

NHS 111 Wales (2023) states referral to specialists is needed for formal assessments to ensure ADHD diagnosis requirements are met. NHS (2021) suggests parents can liaise with their Doctor (GP) or their child's school additional learning needs coordinator (ALNCo) who can arrange referral. A number of educational and training programs are available to support parents and carers in understanding and managing children with ADHD at home (NHS, 2021).

Assessment is usually undertaken via secondary care such as paediatrics or child and adolescent mental health services (CAMHS) (French *et al.* 2020).

Introduction

ADHD is one of the most common neurological disruptive behavior disorders effecting children with symptoms typically manifesting before the age of 7 (Dallos *et al.* 2017: Kumperscack, 2021). ADHD UK (2022) states that global statistics of ADHD affects between 2% and 7% of children . In the UK 3.62% of boys and 0.85% of girls have an ADHD diagnosis. As statistics show, there is a disparity between the number of boys and girls who have a diagnosis (ADHD Institute, 2022). General symptoms of ADHD are described as hyperactivity inattention, anxiety, impulsiveness and lack of understanding (Oerbeck *et al.* 2020; Murray *et al.* 2019; Roskam *et al.* 2014). There is a suggestion gender has an effect on manifestation of symptoms and identification in girls may be difficult to detect (Hasson and Fine, 2014). Where ADHD effects the female population is somewhat unclear and further research is needed in manifestation, identification which leads to diagnosis and support for children in the early years and their family (Driga and Drigas, 2019).

Barriers for identification and diagnosis

How gender differences contributes to symptoms of ADHD in children is not fully understood (Hasson and Fine, 2012). Misconceptions, Knowledge and understanding of ADHD amongst professionals show a lack of training in recognition of both externalizing and internalizing symptoms (Murray *et al.* 2017: French *et al.* 2020). Negative attitudes amongst practitioners in education implies a lack of understanding of ADHD as effected children are viewed as being challenging or difficult in the classroom environment (Dort *et al.* 2022)

Most studies surrounding ADHD have taken place with children from the age of six, most of whom are male (Du Paul, Stoner and Reid, 2014). Diagnosis is not a straightforward process (Stephens *et al.* 2021). Currently there is a lack of evidence fully supporting gender differences in symptoms of ADHD and further research is needed (Murray *et al.* 2019)

Referral bias contributes to the underdiagnosis of ADHD in females (Mowlem *et al.* 2019). As the majority of females display less external symptoms, girls are severely underdiagnosed (Mowlem, 2019). Because of this only girls who display severe symptoms are diagnosed early and supported with a clinical diagnosis (Hasson and Fine, 2012).

Another factor is ADHD usually co exist with other psychiatric disorders which manifest co existing symptoms making identification difficult (Skogli *et al.* 2013). GPs lack of recognition of less externalizing symptoms as ADHD is a key barrier to referral for diagnosis, moreover, Murray *et al.* (2019) suggests symptoms in girls do not manifest until adolescence. Girls are said to display subthreshold symptoms which make identification of ADHD difficult, more research is needed to ascertain how symptoms typically manifest according to gender (Skogli *et al.* 2013: Mowlem *et al.* 2019)

Strategy for support

The United Nations Convention on the Right of the Child (UNCRC) Article 23 states children with disabilities have the right to specialist support and intervention to ensure the best start to life (Welsh Government, no date). Early intervention is key to implementing supportive strategies for recognition and inclusion of girls with ADHD (Bilbow *et al.* 2021).

Mindfulness based intervention (MBI) is a form of training and has a positive effect on symptoms of ADHD and is a safe and effective treatment for children (Santonastaso *et al.* 2020: Leeth, Villarreal and Styck, 2019). Bazzano *et al.* (2023) believes MBI can decrease the symptoms of anxiety and develops self regulation skills and an ability to recognize feelings and emotions (Sanchez-Soto and Sanchez-Sucricalday, 2023).

Girls with ADHD typically manifest with symptoms of anxiety and emotional problems (Mowlem *et al.* 2019), MBI is being used frequently to support the wellbeing and positive mental health of children (Maynard *et al.* 2017)

Conclusion

ADHD is an additional learning need with symptoms of inattentiveness, impulsivity and hyperactivity. Studies suggest there is a variation of symptoms of ADHD according to gender, however, how this manifests is not yet fully understood. Issues with identifying ADHD in girls has a negative impact on identification and referral which delays the already complicated diagnosis process. Early identification is key to supporting children and implementing successful support strategies. Mindfulness practice is on the increase to support children to develop self regulating skills and improve on wellbeing and is suggested as being a valid treatment for children with ADHD. More research is needed into how gender differences manifest symptoms of ADHD to overcome barriers to identification leading on to diagnosis.

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