Girls and ADHD

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In the past it was known that boys were more likely to be diagnosed with ADHD. But more recent research seems to be pointing to similar rates for girls as well. For example, a 2010 study of the neuropsychological profile of executive function in girls with attention-deficit/hyperactivity disorder (O'Brien, Dowel, Mostofsky et al.) showed that girls are often just as impaired as boys, and in some functional areas (eg, planning skills), more impaired than boys, and also that both boys and girls showed similar patterns of deficit on tasks involving response preparation and working memory; however, they manifested different patterns of executive dysfunction. On tasks related to response inhibition, boys were more impaired; on tasks related to strategic planning, girls were more impaired.

Reasons for why girls and women have not been identified diagnostically have been debated, including the wording of the DSM IV toward symptom manifestations for likely seen in boys (Waschbusch, & King, 2006). In 2011, the CDC estimated that nearly 9% of children in the US (1 of 11 children between the ages of 5 and 17) have ADHD; the diagnosis is made in approximately twice as many boys as girls (Akinbami., Liu, Pastor., Reuben, 2011). It is also important to know that at some point during their lifespan 75% to 80% of all those with an ADHD diagnosis will experience a second even third psychiatric disorder co-existent with that of ADHD (Larson, Russ, Kahn, Halfon, 2011).

It is interesting to note that the prevalence of ADHD is reportedly higher in women than in girls, which suggests that ADHD may be underdiagnosed in girls or, alternatively, that the developmental onset of impairing symptoms occurs later in girls than in boys (Pinkhardt, Kassubek, Brummer, et al., 2009). In a study that assessed basal ganglia volume and shape in

boys and girls with ADHD (aged 8 to 13 years) and age-matched controls, compared with controls, boys with ADHD showed compression in several regions, including the left anterior and right ventral putamen, the bilateral mid-body of the caudate, and the left dorsolateral and right ventromedial head of the caudate (Qiu, Crocetti, Adler, et al., 2009). However, no differences were observed in girls with ADHD compared with controls.

Given the proposed changes in the ADHD diagnostic criteria for DSM-5 (which will raise the required age of onset of symptoms from 7 to 12), it is likely that the rate of diagnosis among girls will continue to increase (Malone, 2012). With such recent research showing an increase in diagnoses, especially for girls and women, clinicians need to be alerted to potential primary or secondary ADHD.

References

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