

## Treating Women with PMDD and ADHD: A Pilot Study

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### Introduction

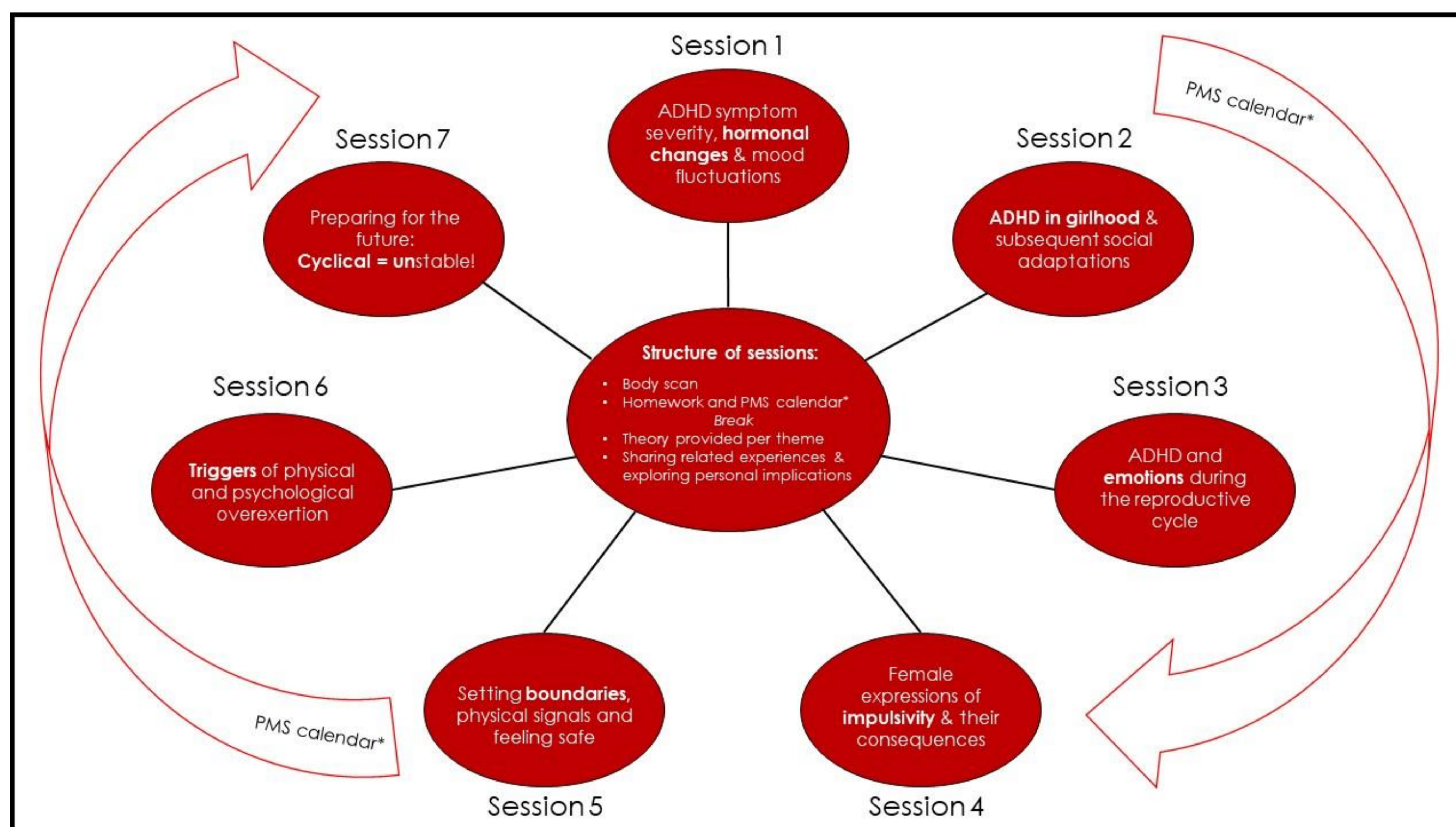
While psychostimulants are the mainstay of Attention-Deficit Hyperactivity Disorder (ADHD) treatment, multi-modal treatment improves treatment effect.<sup>1,2</sup> This includes psychoeducation, psychotherapy and skills training. We propose that the periods of reproductive hormone fluctuation (menstruation, pregnancy, menopause) are neglected in (treating) women with ADHD. We have previously shown that hormonal changes impact and exacerbate ADHD symptoms and associated mood disorder.<sup>3</sup> Implementing practical steps to accommodate these changes in daily life can improve the lived experience of many women with ADHD and hormonal-related cognitive and mood changes.

### Objective

We created a treatment group specifically for women with ADHD, premenstrual dysphoric disorder (PMDD) symptoms and self-reported, premenstrual worsening of ADHD symptoms. Here, we describe the group programme and assess the experiences of the first participants in order to further develop this group and help improve female ADHD care in general.

### Methods

In this qualitative descriptive study, we assess the experiences of participants of the first closed treatment group for women with ADHD and PMDD symptoms at PsyQ, The Hague.



**Figure 1: Overview of the themes per session and flow of the first treatment group for women with ADHD**

7 sessions – 2 hours – every other week

#### Sessions included

- Psychoeducation: ADHD throughout the women's lifecycle;
- Emotional regulation;
- Impulsivity;
- Boundaries;
- Triggers
- Relapse prevention programme

\*A PMS calendar was devised in collaboration with the women to monitor ADHD / mood symptoms during the menstrual cycle.

**Treating women with ADHD requires a consideration of the menstrual cycle.**

### Results

Six women participated (age 25-47, mean 36 yr).

#### Initially they described:

- difficulty relaxing;
- poor recognition of tiredness
- poor self-care
- (premenstrual) disordered eating in majority

⇒ intensified ADHD/emotional dysregulation symptoms

#### After group therapy, they reported:

- Insight into hormonal effects / their own menstrual cycle helped them **regulate their ADHD and mood symptoms**
- Altering self-expectations per menstrual phase **improved self-image and interpersonal communication.**

### Conclusion

- From this pilot study, we note an improvement in both ADHD and PMDD symptoms in women.
- Future content should include a pharmacotherapeutic approach and focus more on disordered eating during the menstrual cycle (prevalent within our group).
- We suggest developing similar groups for perimenopausal and postnatal women with ADHD.
- Greater understanding and developing coping tools appear to improve social-emotional wellbeing, and increase self-awareness and self-acceptance.

Explanation and discussion **provided feelings of relief**, reduced shame & **allowed for increased self-acceptance.**



#### References:

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2. Arnold LE et al. Effect of treatment modality on long-term outcomes in attention-deficit/hyperactivity disorder: A systematic review. *PLoS One.* 2015;10:1-19.
3. Dorani F et al. Prevalence of hormone-related mood disorder symptoms in women with ADHD. *J Psychiatr Res.* 2021 Jan;133:10-15.



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