Women's HEALTH

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Undiagnosed ADHD in Women

For many women, symptoms of attention-deficit/hyperactivity disorder (ADHD) go unnoticed for years — sometimes decades.

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While ADHD is often associated with young boys, research shows women are frequently underdiagnosed, misdiagnosed or not diagnosed at all until adulthood.

PREVALENCE AMONG WOMEN

Among adult women, around 4.4% have ADHD, according to the National Institute of Mental Health, compared to 5.4% of adult men. However, the organization Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD) reports girls are diagnosed with ADHD at just under half the rate at which boys are diagnosed. In adulthood, women and men are diagnosed at about the same rate.

ROADBLOCKS TO DIAGNOSIS

One of the biggest challenges is ADHD in women often presents differently than the typical hyperactive behavior associated with the disorder. Women may experience more internal symptoms such as disorganization, forgetfulness, emotional dysregulation and chronic overwhelm. These signs are sometimes mislabeled as anxiety, depression or simply being "scatterbrained."

As a result, many women struggle silently, blaming themselves for difficulties at work, in relationships or while parenting. They may feel ashamed about missing deadlines, zoning out in meetings or forgetting important appointments. Often, they have developed elaborate coping mechanisms that mask the root cause of their struggles.

ADHD is a neurodevelopmental condition that affects the brain's executive functioning — the ability to plan, focus, manage time and control impulses. In girls, it often shows up as inattentiveness, daydreaming or difficulty following through on instructions, rather than the more disruptive behavior seen in boys. Because these signs are less noticeable, many girls with ADHD never receive an early diagnosis.

The hormonal changes of adolescence, pregnancy and menopause can also impact ADHD symptoms. Estrogen plays a role in regulating neurotransmitters like dopamine, which are critical in managing attention and motivation. When estrogen fluctuates, symptoms can become more intense or harder to manage.

A growing number of adult women are now receiving diagnoses later in life, some after their children are diagnosed and they begin recognizing the same patterns in themselves. A proper diagnosis can be life-changing, offering new insight and strategies for managing challenges that previously felt like personal failings.

TREATMENT

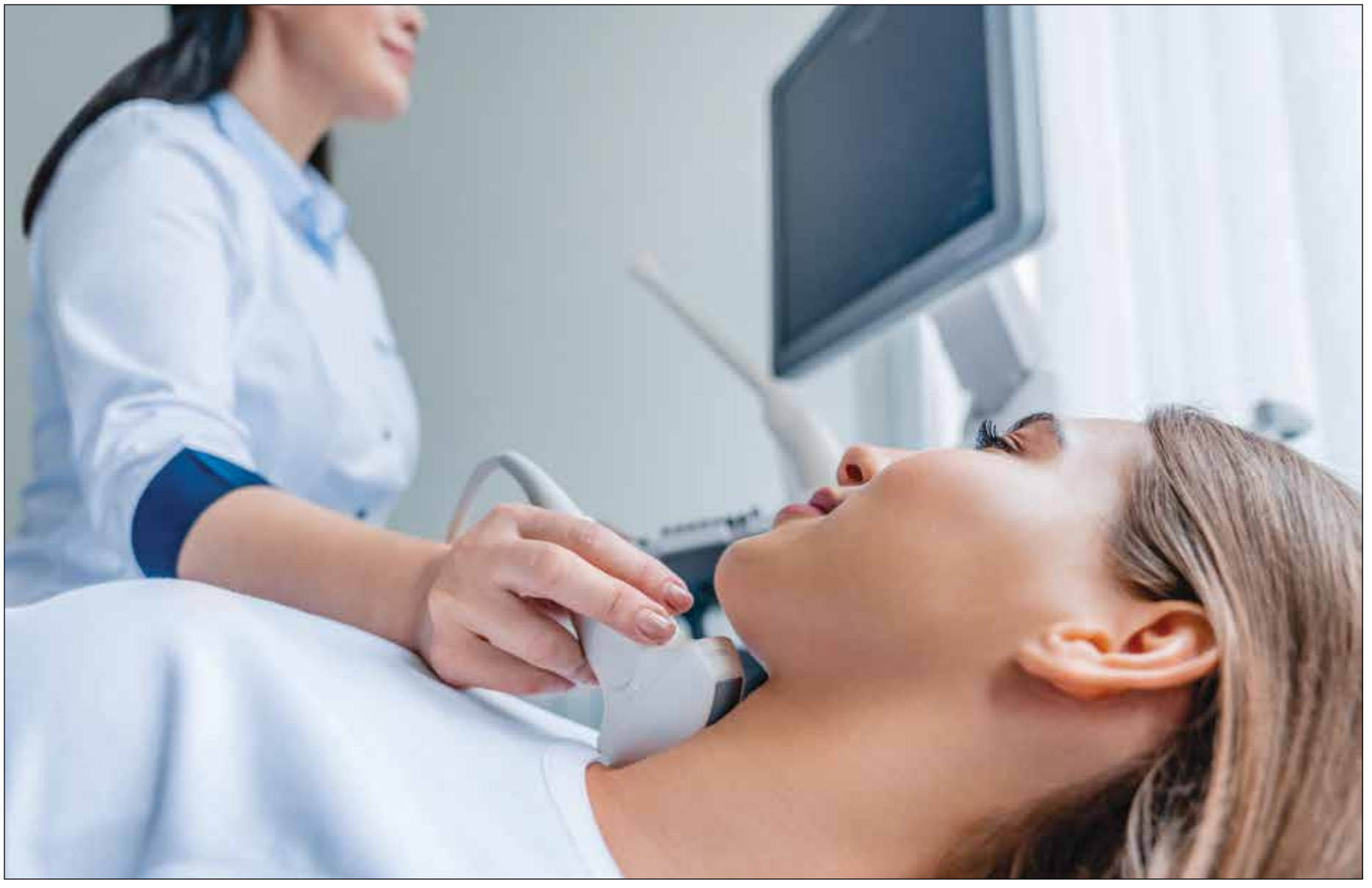
Treatment options often include a combination of medication, behavioral therapy and lifestyle changes. Women may also benefit from ADHD coaching, support groups and time management tools specifically designed for people with executive functioning difficulties.

If you suspect you may have ADHD, the first step is speaking with a health care provider. Many women find it helpful to track their symptoms over time or bring a list of concerns to their appointment. A formal evaluation by a psychologist, psychiatrist or neurologist can provide clarity and help create a personalized treatment plan.

Understanding how ADHD manifests in women contributes to breaking the cycle of missed diagnoses and silent struggle. With the right support, women with ADHD can thrive, using their creativity, sensitivity and adaptability as strengths — not shortcomings.

Thyroid Health

The thyroid may be small, but when it's not working properly, the effects on a woman's health can be far-reaching.



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The butterfly-shaped gland at the base of the neck plays a key role in regulating metabolism, energy levels, temperature, mood and even fertility.

Thyroid disorders are especially common in women. The American Thyroid Association reports that more than 12% of the U.S. population will develop a thyroid condition in their lifetime with women being five to eight times more likely than men to do so. The association says that one in eight women will develop a thyroid condition in their lifetime.

Hormonal fluctuations during puberty, pregnancy and menopause can trigger or worsen thyroid issues, making it important for women to pay attention to changes in their body. Up to 60% of people with thyroid conditions are unaware of their condition, says the American Thyroid Association.

ABOUT THYROID DYSFUNCTION

There are two main types of thyroid dysfunction: hypothyroidism, when the gland is underactive, and hyperthyroidism, when it is overactive. Both conditions can cause a range of symptoms that are often mistaken for other issues or dismissed as part of daily stress or aging.

Hypothyroidism can cause fatigue, weight gain, constipation, dry skin, depression and sensitivity to cold. It can also lead to irregular periods or fertility problems. Hyperthyroidism, on the other hand, may result in weight loss, anxiety, irritability, rapid heartbeat, sweating and trouble sleeping.

Because the symptoms can be subtle or overlap with other health concerns, thyroid conditions often go undiagnosed. Many women may not realize their thyroid is the cause until the symptoms become more severe or show up during a routine exam.

Simple blood tests can measure thyroid hormone levels and detect imbalances. If a problem is found, treatment options are usually effective and manageable. Hypothyroidism is typically treated with daily thyroid hormone replacement, while hyperthyroidism may require medication, radioactive iodine therapy or, in some cases, surgery.

COMPLICATIONS

Untreated thyroid disorders can have serious consequences over time. They can increase the risk of heart disease, osteoporosis and pregnancy complications. That's why early detection and ongoing monitoring are key.

Women with a family history of thyroid disease, autoimmune disorders or previous thyroid issues should talk with their healthcare provider about regular screening. It's also important to speak up about any persistent symptoms, even if they seem unrelated or mild.

Paying attention to thyroid health is an essential part of whole-body wellness. With proper care, most women with thyroid conditions can lead full, healthy lives. Recognizing the signs and knowing when to seek help can make all the difference.

Incontinence Isn't Inevitable

For many women, especially as they age or after childbirth, bladder leaks become a part of everyday life. While incontinence is common, however, it isn't something women have to simply accept.

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With the right care, lifestyle changes and treatment options, it can be managed — and in many cases, improved significantly.

MORE COMMON THAN YOU THINK

Urinary incontinence affects millions of women of all ages. Experts differ on exactly how widespread it is. Michigan Medicine reports that 43% of women in their 50s and 60s experience urinary incontinence and that 51% of women aged 65 and over did. In a study reported by OB-gyn care, 25% of young women, 44-57% of middle-aged women and 75% of elderly women struggle with it. The National Institutes of Health report that 61.8% of all U.S adult women have urinary incontinence.

It's most often linked to childbirth, menopause or the natural aging process. There are different types of incontinence, including:

• Stress incontinence, where pressure from laughing, sneezing or exercise causes leakage.

• Urge incontinence, the sudden need to go that may not come with enough warning.

• Mixed incontinence, which is a combination of both.

Despite how widespread it is, many women don't talk about it, even with their doctors. Embarrassment, stigma or the belief that it's just a normal part of getting older can stop people from seeking help.

TREATMENT IS AVAILABLE

There are many effective ways to manage and treat incontinence, starting with conservative approaches like pelvic floor exercises. Kegel exercises strengthen the muscles that support the bladder and urethra and are often recommended as a first step.

Behavioral strategies, such as bladder training and scheduled voiding, can also help retrain the body. Lifestyle changes — like reducing caffeine, managing fluid intake and maintaining a healthy weight — can make a noticeable difference.

For some women, physical therapy with a pelvic health specialist is beneficial. These professionals can guide exercises and techniques tailored to individual needs.

When conservative methods aren't enough, other options include medications that calm overactive bladder muscles or medical devices that support the bladder. In more advanced cases, surgical procedures may be considered.

DON'T SUFFER IN SILENCE

The most important step is talking to a health care provider. A detailed history, physical exam and sometimes bladder testing can help identify the type of incontinence and the best path forward. Many women feel a huge sense of relief just having the conversation and learning that solutions are available.

Bladder health is a vital part of overall wellness. Incontinence may be common, but it doesn't have to control your life. By taking action early and exploring treatment options, women can regain confidence, comfort and quality of life.

Dealing with Pelvic Pain

For many women, chronic pelvic pain or heavy periods are more than just an inconvenience, they could be signs of a deeper medical issue.

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Three of the most common causes are fibroids, endometriosis and adenomyosis. These conditions can look similar on the surface but have different causes, symptoms and treatment options.

DEFINITIONS

Uterine fibroids are noncancerous growths that form in or on the uterus. They vary in size and may cause heavy menstrual bleeding, pelvic pressure, frequent urination or pain during sex. Some women have no symptoms at all, while others experience significant discomfort. Fibroids are especially common in women in their 30s and 40s and may shrink after menopause.

Endometriosis occurs when tissue similar to the lining of the uterus grows outside the uterus on the ovaries, fallopian tubes, bladder or other organs. This tissue responds to hormonal cycles, causing inflammation, pain and scarring. Symptoms often include severe cramps, pain during or after sex, digestive problems and infertility.

Endometriosis can be difficult to diagnose and is sometimes mistaken for other conditions.

Adenomyosis happens when the uterine lining grows into the muscular wall of the uterus. This can lead to heavy, painful periods, chronic pelvic pain and an enlarged uterus. Adenomyosis may be mistaken for fibroids, but the tissue growth pattern is different. The condition is most common in women over 35 and those who have had children.

DIAGNOSIS AND TREATMENT

Because these conditions share overlapping symptoms — pain, pressure, abnormal bleeding — it can be hard to tell them apart without medical imaging or surgical diagnosis. An ultrasound or MRI may help identify fibroids or signs of adenomyosis. Endometriosis is often diagnosed through laparoscopy, a minimally invasive surgical procedure.

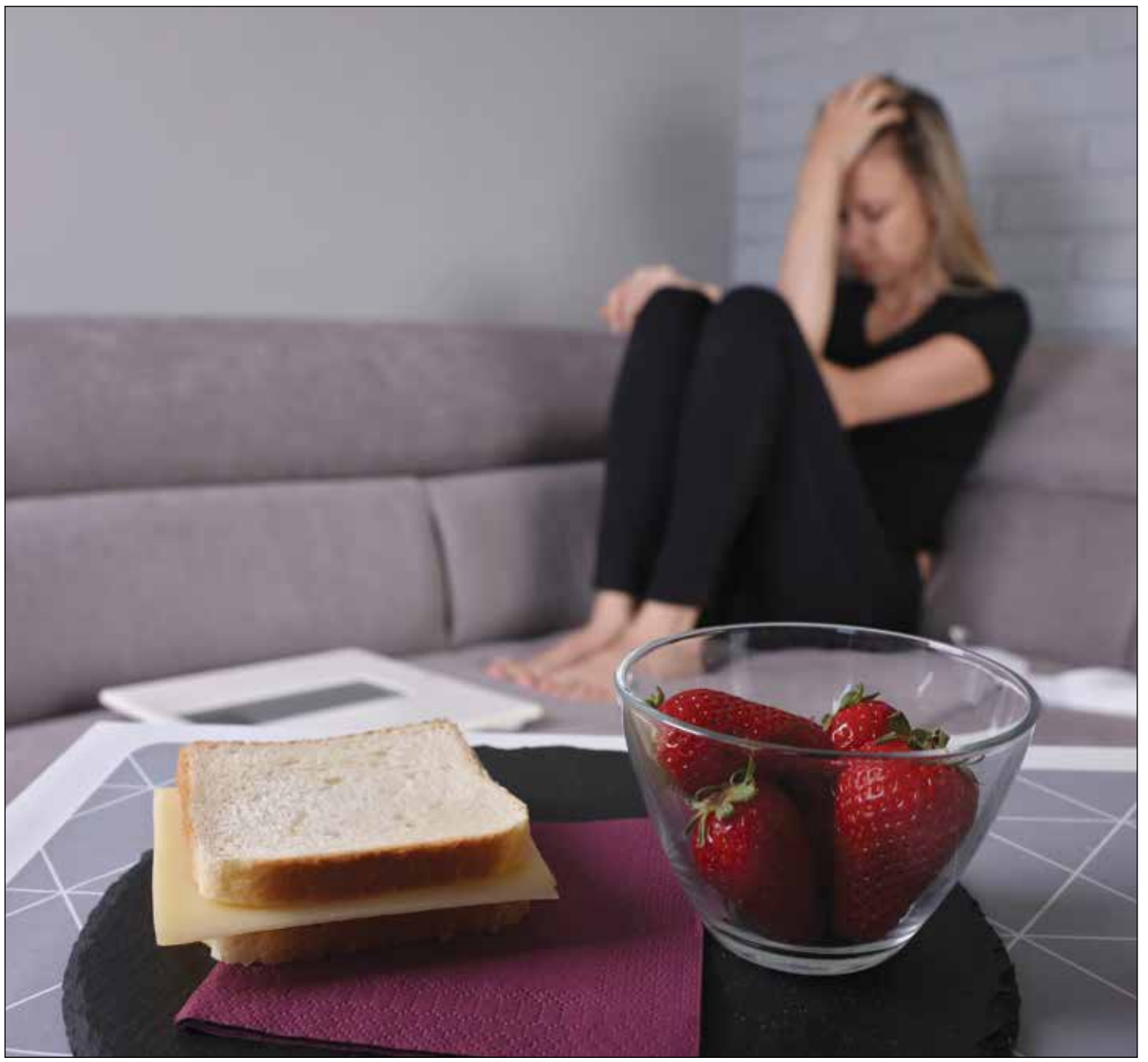
Treatment options vary based on the condition, severity and whether a woman is planning to become pregnant. For mild symptoms, hormonal birth control, anti-inflammatory medications or other hormone therapies may help manage pain and bleeding.

In more severe cases, surgery may be needed. Fibroids can often be removed through myomectomy, preserving the uterus. Endometriosis lesions may be surgically removed to relieve pain and improve fertility. For adenomyosis, options are more limited. Some women find relief with hormone therapy, while others may eventually consider a hysterectomy.

If you're experiencing ongoing pelvic pain, heavy periods or other concerning symptoms, talk to your doctor. These conditions are treatable, and early diagnosis can prevent complications and improve quality of life.

Eating Disorders

While eating disorders are often associated with teenagers and young adults, many women experience disordered eating well into their 40s, 50s and beyond.



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In fact, midlife can be a vulnerable time for body image challenges, especially as hormonal changes, life transitions and social pressure collide.

A 2019 study found that by age 40, one in five women had dealt with an eating disorder —twice the number identified in women at age 21, according to JAMA Network Open. In a Harvard Medical School article, Dr. Holly Peek, an associate medical director of the Klarman Eating Disorders Center at McLean Hospital, said many women have had disorders for a long time, but they have gone undiagnosed or ignored.

"Many women with eating disorders in midlife have had the problem for most of their lives," Dr. Peek says. "And a lot are going through major life transitions starting around age 40 that are all different from those of a teenage or young woman."

A SILENT STRUGGLE

Disordered eating in midlife doesn't always look the way people expect. It might not involve extreme weight loss or obvious signs. Instead, it can appear as chronic dieting, food guilt, compulsive exercise or rigid eating rules that disrupt daily life. Some women may experience a resurgence of disordered behaviors they thought they had outgrown.

Triggers can include perimenopause and menopause, changes in metabolism or weight, health concerns, divorce, caregiving stress or children leaving home. The emotional weight of aging in a culture that prizes youth and thinness can be heavy and isolating.

Many women also grew up during peak diet culture eras and may find old habits and harmful messages resurfacing. The pressure to stay in shape, look toned or appear ageless can fuel unhealthy relationships with food and body image.

RECOGNIZING THE SIGNS

Disordered eating isn't defined by weight or appearance. It's about how food and body image affect a person's emotional well-being and daily function. Warning signs may include:

- Constant preoccupation with food, weight or appearance.
- Feeling guilty after eating certain foods.
- Skipping meals or engaging in secretive eating.
- Avoiding social events due to food or body anxiety.
- Exercising to earn or burn off food.
- Using restrictive diets or detoxes without medical guidance.

Left unaddressed, disordered eating can take a toll on physical and mental health. It can lead to nutrient deficiencies, bone loss, gastrointestinal issues, depression and anxiety.

COMPASSION, NOT CONTROL

Treatment and recovery are possible at any age. Support may include working with a therapist, dietitian or support group experienced in eating disorders and midlife wellness.

Intuitive eating approaches, body-neutral movement and mindfulness-based therapies can help rebuild trust in the body and foster a healthier mindset.

It's also important to shift the conversation from weight to well-being. A focus on energy, strength, sleep and mood can help women reconnect with their bodies in a more compassionate way.

Disordered eating in midlife is more common than many people realize, and it's nothing to be ashamed of. By speaking openly, seeking support and challenging harmful messages, women can reclaim their health and reshape how they view themselves in every stage of life.

Disparities Persist

Despite medical advances, women of color continue to face significant disparities in health care.

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From maternal mortality to chronic illness to access and treatment, these inequities are rooted in a complex combination of systemic racism, socioeconomic barriers and implicit bias within the health care system.

MATERNAL HEALTH AT A CRISIS POINT

Black women in the United States are three to four times more likely to die from pregnancy-related causes than white women, according to data from the Centers for Disease Control and Prevention. This alarming disparity persists regardless of income or education level. The National Center for Health Statistics reports that the maternal mortality rate for Black women was 50.3 deaths per 100,000 live births, 49.2 for American Indian and Alaska native women, 14.5 for white women, 12.4 for Hispanic women and 10.7 for Asian women.

The reasons are multifaceted. Some stem from inadequate access to prenatal care, delayed diagnoses and a lack of culturally competent care. Others relate to how providers respond to pain, concerns or symptoms raised by Black and brown patients. Studies show that women of color are less likely to be taken seriously when they report complications during pregnancy or after childbirth.

American Indian and Alaska Native women also face significantly higher maternal mortality rates than their white counterparts, often exacerbated by limited access to local maternity care in rural or tribal communities.

PAIN AND BIAS IN CLINICAL CARE

Women of color report more frequent experiences of being dismissed or not believed by their health care providers. In emergency rooms, clinics and doctor's offices, this can lead to delayed care, misdiagnosis or undertreatment, particularly in areas like pain management and chronic illness.

Research has shown that implicit bias can influence how pain is assessed and treated. Black and Latina women, for example, are less likely to receive appropriate pain medication following surgery or childbirth. Black patients are 22% less likely than white patients to receive pain medication in emergency rooms for the same conditions, according to the Journal of the American Medical Association.

In addition, women of color are at higher risk for conditions like hypertension, diabetes and autoimmune disorders, yet are often diagnosed later and with more severe symptoms.

The Kaiser Family Foundation in 2022 found that Black and Latina women are more likely to experience delays in care or not receive needed medical care due to cost, transportation or lack of provider trust.

TOWARD EQUITY AND ACCOUNTABILITY

Closing the gap requires systemic change, from medical education to policy reform. Cultural competency training, improved data collection and increased diversity among healthcare providers are all important steps. So is listening to and centering the experiences of women of color when shaping health policies and practices.

At the individual level, building trust between providers and patients is essential. Women of color are encouraged to advocate for themselves, seek second opinions and find care teams that respect and understand their unique needs, but the burden of change should not rest on patients alone.

Addressing racial and ethnic disparities in healthcare is not just a public health issue; it's a matter of justice. Every woman deserves safe, respectful and effective care, regardless of her race or background.

Health Care Off the Beaten Path

For women living in rural communities, accessing basic health care can be a complex and costly challenge.

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From long travel times to limited availability of specialists, rural women often face barriers that urban residents rarely encounter and the effect on health outcomes can be significant.

FEWER CLINICS, FEWER CHOICES

More than 46 million people in the United States live in rural areas, according to the Census Bureau. But while these communities are widespread, health care resources are often scarce. Many rural counties lack even one practicing obstetrician or gynecologist, and hospitals with maternity wards are closing at an alarming rate. According to the American Hospital Association, more than 180 rural hospitals have closed since 2005.

This shortage affects more than reproductive care. Rural areas are less likely to have specialists in cardiology, endocrinology or mental health. Even primary care providers are stretched thin, and long wait times for appointments are common.

Women in rural communities are more likely to be uninsured, face higher poverty rates and struggle with transportation. When the nearest clinic or hospital is 50 or more miles away, routine care can become a logistical burden. This leads to fewer preventive screenings, delayed diagnoses and worse outcomes for conditions like breast cancer, diabetes and heart disease.

PREGNANCY AND POSTPARTUM RISKS

Maternity care deserts — counties with no hospital offering obstetric care and no OB-GYNs or certified nurse midwives — have increased in recent years. This leaves many women driving hours just to attend prenatal checkups or give birth.

The consequences can be serious. Rural women are more likely to experience pregnancy complications, postpartum depression and maternal mortality. When time-sensitive care is needed, distance can make all the difference.

Lack of mental health services also affects rural women at higher rates. Issues like postpartum depression, anxiety, trauma and substance use often go untreated due to stigma, privacy concerns or simply not having a provider nearby.

INNOVATIVE APPROACHES AND HOPE

Despite these challenges, communities and health care organizations are developing creative solutions.

Mobile clinics, telemedicine and community health workers are helping bridge the gap, especially for preventive services and mental health support. Local partnerships and policy efforts aim to expand broadband access and bring more providers into rural regions through incentives and loan forgiveness programs.

For rural women, access to care shouldn't depend on a ZIP code. By recognizing the unique barriers these communities face and investing in sustainable, local solutions, we can ensure that women everywhere receive the care they need, no matter how far off the beaten path they may live.