



he tip-off was the ADHD piles. I have one in every room. Piles of articles and magazines in my office. Stacks of clothes and receipts by my bed. Stray papers in the bathroom. I file, toss, hang things up, and donate to charities, but the piles creep back, as insistent as cats looking for a warm spot to spend the night.

When my teenage daughter was diagnosed with attentiondeficit hyperactivity disorder—more commonly known as ADHD—I began wondering if I was the source. It's an inherited condition in about 90 percent of cases (by one estimate), and my husband, a critical-care nurse, shows no signs of having it. The more I researched, the more the symptoms sounded familiar. Women with ADHD can be very creative, but their focus often jumps from one thing to another quickly. (I have never had a particular beat as a writer, because I always want to write about everything.) Women with ADHD can be daydreamy and forgetful. (I once took a bus home because I forgot I'd driven the car.) Anxiety and feelings of being overwhelmed are common traits of the ADHD woman. (Check, and check again.) And the mounds that surrounded me seemed to confirm it: "ADHD piles" is a nickname therapists use for the sundry accumulations of those with attention problems.

If I've had attention-deficit disorder all these years without realizing it, I've got plenty of company. "The largest group of people who don't get diagnosed is adult women," says psychiatrist Edward Hallowell, M.D., whose 1994 book with coauthor John Ratey, M.D., *Driven to Distraction*, first brought ADHD to popular attention. Hallowell estimates about 5 percent of American women have ADHD, and roughly 90 percent aren't diagnosed. Instead, they may be treated for offshoot conditions such as depression and anxiety. Or they may simply get labeled as undisciplined, stupid, and in a 1950s turn of phrase, *ditzy*—"basically," Hallowell says, "variations on being called a loser."

Are more women than ever succumbing to ADHD? Not as far as scientists know. But the rate of diagnosis is increasing. The number of U.S. women ages 20 to 44 using ADHD

medications skyrocketed 207 percent from 2001 to 2009, according to a recent survey. That statistic gives me pause when I hear it. Some experts believe ADHD drugs are being prescribed too frequently for children. Maybe for adults, too? Given how quick our culture is to medicate, and how eager we are for self-improvement, how many women actually aim to get an ADHD diagnosis for access to drugs that sharpen the mind?

Yet I realize the rise could be attributed to greater knowledge: A generation ago, mental-health professionals thought children and teens always outgrew ADHD. Clinicians have learned more about both ADHD brain chemistry and, in adult patients, symptoms. Even the nomenclature has changed. Technically, ADD no longer exists. It has turned into a type of ADHD that lacks the *H* of hyperactivity.

Whatever doctors want to call it, I admitted, by the time my daughter was being evaluated, the diagnosis might well describe both of us. I kept ruminating about a study I'd read in the *American Journal of Psychiatry*. Joseph Biederman, M.D., and colleagues at Harvard Medical School found that girls with ADHD are at high risk in young adulthood for complications including anxiety, eating disorders, and substance abuse. In the maelstrom of worries about my daughter, I put off thinking about myself. But once we'd settled her into a promising treatment protocol, including a tutor who understands ADHD, I finally booked an appointment with a psychotherapist whose specialities include adult ADHD.

The psychotherapist, Jan Thompson, wanted to speak to my husband and me together. After 20 years of experience diagnosing ADHD, she knew that adults with the condition can be bad at self-assessment. Calm and forthright, Thompson started by dispelling a few of our misconceptions. There is no one test that—bingo!—delivers the ADHD diagnosis. She would make her assessment based on a structured interview in two sessions—one with both of us, one with me alone—and several questionnaires about my behavior and emotions. My husband and I would complete those separately. All of it would focus on my "life patterns" back to kindergarten, including work and medical history. The idea, in part, was to rule out such conditions as sleep apnea and thyroid problems, whose effects can mimic ADHD.

Women end up in Thompson's office at several key points. ADHD begins in childhood and adolescence, but the symptoms don't necessarily cause problems or get recognized until adulthood. Some women with ADHD may keep themselves organized through college, career, and marriage, until having their own children pushes them past the breaking point. Or maybe they make it through child-rearing, at least the early years, but hormonal changes in their 40s worsen the symptoms. Whenever ADHD shows itself, the brain's frontal lobe, which manages the executive function we need to stay organized and control our impulses, just seems to go on vacation.

My mood brightened when Thompson launched into the positive aspects of ADHD. Not only are sufferers creative, she said, they are "usually pretty intuitive. They read people well. They are often very, very compassionate. If they have the hyperactive kind, they have a lot of energy." My husband smiled, and I did too. That sounded like me.

Thompson then posed some thought-provoking questions: *Am I fidgety?* Hmm. My mind can be restless, I told her, demurring. But my husband was sure: When I'm driving, on the phone, or watching TV, I'm either fidgeting with the radio knob or twirling my curly hair or both.

Forgetfulness can wreak havoc: forgetting the tasks your boss assigned, forgetting to meet someone for a date, forgetting, even, that it's your turn to pick up your child from kindergarten

Do I get easily bored and distracted? Yes, I confessed, but this time my husband contradicted me, pointing out how effectively I stick to and complete projects.

If I'm reading something I'm not highly interested in, do I have to read it several times because my mind is wandering? Definitely.

Any difficulty waiting my turn in lines, traffic, or conversation? Does that mean envisioning strangling the elderly mother and daughter ahead of me at the grocery store as they argue about whether to buy or put back every expensive item in their cart? Um, yes.

Through the rest of the session, I admitted to an awful lot of classic traits: I often underestimate how long things will take, I'm late because I like to squeeze in one more task before leaving home or work, and I regularly misplace my car keys, my purse, or the last draft of that story I was working on. But other descriptors didn't resemble me at all. I'm a good listener. I don't engage in physically daring or dangerous activities. I don't have a revving internal motor that I can never shut off. By the end, Thompson declared me a puzzle. She can spot ADHD in some people quickly, but as for me, she wasn't sure.

At home, the self-rating questionnaires were nothing if not thorough, covering distractibility, impulsivity, activity-level problems (either too much or too little), relationships with peers and family, emotional difficulties, and disorganization or underachievement. Did I have anxiety, depression, disturbing thoughts, sleep problems, fatigue, fears, issues with violence, legal or financial problems, or physical symptoms ranging from rapid heartbeat to poor appetite? Mostly the answer was no, though the sleep problems and occasional nervousness fit my profile.

The expert who designed several of the questionnaires, Russell Barkley, Ph.D., whose books include *Taking Charge of Adult ADHD*, emphasizes that it is a disorder of memory as much as attention. "People with ADHD have massive working memory deficits," he told me when I called. "They can't hold their goals in mind." And forgetfulness can wreak havoc: forgetting the tasks your boss assigned, forgetting to meet someone for a date, forgetting, even, that it's your turn to pick up your child from kindergarten.

Barkley describes the various sections of the brain involved in ADHD as the What Network, the When Network, and the Why Network. The What Network connects working memory to performance, in the sense that what you think controls what you do. The When Network is critical for coordinating behavior over time—"ADHD is *the* disorder of time management," Barkley said. The Why Network is where emotions originate. With this network you evaluate what you might choose to do and the possible consequences. Is it worth it or not? Are you likely to succeed? Get in trouble? The Why Network is, in other words, the source of motivation.

ADHD medications work in different ways, but they all are designed to improve performance of the three networks by boosting the neurotransmitters dopamine and norepinephrine. The brain's alpha-2 receptors, which help speed

up or slow down signals to the nerve cells, are also thought to play a role.

The good news is how effective treatment is. "There is no diagnosis in all of mental health that can change a person's life for the better more dramatically," Hallowell says. From your career to your marriage to your relationship with your kids, "everything gets better when you can focus. Everything." As for the Biederman study and others that show women with ADHD are prone to other psychological problems, that's more often the case if the ADHD is untreated.

Medication is the foundation of treatment, but for many patients it's not the only recourse—and for 10 to 20 percent, it doesn't work. Life coaching or counseling can help patients develop new behaviors and mental patterns to keep their lives on track. Some ADHD centers, such as the one at Mount Sinai Medical School in New York City, use cognitive behavioral therapy and training to help people cultivate improved executive function, which in turn helps them think and act more productively. Exercise, mindfulness meditation, and positive connections—whether to your sailboat, your bearded collie, or your dinner club—can also be key.

ecause the American Psychiatric Association still has no diagnostic criteria for adult ADHD, therapists are left to apply the children's criteria to adults. But grown-ups may soon get their own tools. And research continues into the causes. ADHD has been linked to head injury and such toxins as lead. Diet may be a factor, too; one recent study found the symptoms of ADHD subsided considerably in some children on a diet restricted primarily to rice, meat, vegetables, and pears.

But mostly, the scientific consensus is it's genetic. "It's very much in the American gene pool," Hallowell says. "People who colonized this country were full of ADD. They were pioneers and visionaries and dreamers and risk takers. That's the ADD gene pool."

In a second session with Thompson, we discussed my school and work history along with the answers to the questionnaires. After reviewing everything, she determined I don't have ADHD. The patterns aren't pervasive or impairing enough. I'm organized in some ways and disorganized in others but overall, a pretty good manager. The traits that bother me might be attributed to my level of responsibility, lack of good sleep (lots of snoring in my bedroom), or perimenopause. I must confess I was slightly disappointed that I couldn't attribute my household piles to a medical condition.

So where did our daughter get it? Researchers suspect that, rather than a single gene producing ADHD, multiple genes make a small contribution. I mull it over and realize that my husband, I, and even our ancestors probably gave it to our daughter. We also gave her intelligence, beauty, writing skill, and a sense of humor. I'm OK with all of that.