

NEURODIVERSITY > ADHD > ADHD IN GIRLS

ADHD in Girls

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1. ADHD in Girls - Harder to get a diagnosis

So why is it harder to seek a diagnosis for a girl? Yeah that's a great question. So ADHD has mainly been studied in boys and most of the research is in boys and people are used to ADHD in boys and they're not really used to it in girls. And so you know sometimes even if the signs are there people don't identify it or they don't recognize it. It's kind of not something they're thinking about. So that's probably the main thing just not being part of people's awareness although I think that's improving a bit you know more lately and people are starting to think about it quite a lot more and especially teenage girls thinking about it a lot.

I think TikTok and those sorts of things have really helped it take off and ADHD can present a bit differently in girls. So some girls have stuff as boys you know they have the whole thing and behaviour issues and everything else but often girls are kind of quiet and inattentive. They're more likely to have those sorts of things and so teachers you know they're not causing teachers any difficulty sitting somewhere in the classroom and just quietly getting lost. Whereas the boys are often much more active and impulsive and often a bit chatty. So that's a really big thing. And then I think sometimes girls you know apparently masking in girls is more common than it is in boys.

So that's you know where people try hard to hide or suppress their symptoms and so they kind of you know fit in or get by as best they can. And I think that can contribute a little bit too. So people don't identify but then girls are kind of getting by. Yeah so I think they're kind of the other main things that make it harder. And then you get to a referrer and GPs might be less you know they might be less

likely to refer a girl or a SENCO or somebody like that you know they might just think oh look it's not really that bad they're doing okay. Because potentially the person might be doing a lot better if they have it identified and can get support some of the things.

Yeah. Make sense? Your experience? Yeah. Yeah. What did you find when you were thinking about it? Um I was just confused because um when like yeah it's just like boys it's more like anger shifts happening and then girls it's like they can't focus. And they like they get really overwhelmed and have like tantrum type of things. Tantrum. Yeah. But be overwhelmed and overstimulated. More sort of internal distress rather than kind of getting out there. Yeah. And eventually it will just pulse. Yeah. Yeah. Considering the differences in the ADHD symptom is the criteria for seeking a diagnosis through the public.

Our experience was severe enough to be seen through the eye. Yeah. Through the public system. So we had to go private. Whereas our boys were different. And I just wonder whether the public system are catching up in terms of um what's happening for our girls. Yeah. Yeah. The criteria are the same but public systems are pretty overwhelmed. Yeah. You know kind of got about a nine month kind of comes and goes but it seems to be going in the wrong direction. At the moment and yeah the threshold for um for accepting people into service is quite high. So you need quite a lot of symptoms. You know you need six out of nine symptoms of inattention or hyperactivity and impulsivity and that needs to be across home and school and it's quite a it's quite a high bar.

And I wonder if But inattentive girls you know if they if they have that they would still they would still be accepted into service um for an assessment but yeah it is a high bar and so people with milder ADHD. Are kind of screened out but that would be the same for boys as well. Yeah. I do wonder whether that's why ADHD because the masking seems to be much higher um so schools don't necessarily see it as much as what parents do. Um I know in primary school like her primary school teachers would go ADHD. You know like they'd be so confused by it. Um even intermediate at high school it's like it's quite a bit more apparent.

And the impairment from ADHD might be very simple. It's very similar but often boys have impairment from oppositional defiant disorder or things which really demand somebody do something. Yes yeah. Teachers are pretty desperate and so they're a lot they can they can add to it you know so it's not just ADHD sometimes other conditions that for girls that might be anxiety or depression a lot of those things as well and that might be the thing that gets you into service and then when you're in service people can feel like.

2. ADHD in Girls - Ritalin, stimulants and other medications

Ritalin seems to be always the first point of call when somebody's diagnosed with ADHD. Is that because that's the most logical step or is that a funding thing or is that like what's the perspective there because obviously there's quite a lot of different medications and I mean we can go into the difference between stimulants and non-stimulants but yeah yeah like what's the thought process around that?

Yeah so Ritalin type medicines so methylphenidate's usually number one yeah and reasons for that well it's been most studied so most of the studies around ADHD medicines involve methylphenidate type things and it tends to have the best balance of effect and adverse effects you know the balance of that is pretty good for methylphenidate and about 70 percent of people do well with that medicine you know straight up yeah so get a good response from from Ritalin whereas response rates from some of the other medicines are a bit lower yeah so that's the main reason I think in Australia they used to use dexamphetamine first in the day I think it was a funding type thing but yeah funding doesn't really have an impact on that initial choice it's really those other things.

So that leads into what's the difference between stimulants and non-stimulants treatment for ADHD? Yeah so stimulants are usually number one unless there's a reason not to do that and sometimes there is a reason someone might have you know very strong family history bipolar disorder and have some quite uneven mood or bipolar symptoms and that might make you think about something else so the stimulants include methylphenidate that's the Ritalin, ritalin, concerta now there's something called Teva extended release another medicine so they're all methylphenidate and then the other stimulants dexamphetamine and in New Zealand we can only get short-acting dexamphetamine and the stimulants work for a period of time when they're in your system so they're absorbed pretty quickly and then they work for a period of time.

Then they work for a duration of action and that's quite different for some of them some of them are short acting some intermediate and some long acting and they kind of have different profiles in your system so some work better early on and some work pretty well later in the day and they have the best effect for school or for people at work so you know may last for up to 10 hours or so and then they're out of your system and don't work so that's the stimulants and then the the third medicine we would usually use and meta in Eyesais would be Atomoxigen or Scretera and that kind of has the tick for ADHD and it's not a stimulant it's kind of chemically more related to an antidepressant and takes a little while to build up in the system you have to take it every day and when it does work it it works across the 24-hour periods so doesn't have that on or off effect.

But overall, it's kind of somewhat less helpful for school. So on average, it would have about two thirds of the effect of a stimulant. So less good for school, but sometimes better for out of school things. So sometimes if home is much more of an issue than school, Atomoxetine might be something we're thinking about, but often it's school issues which are causing the most difficulty. And then

there's some other medicines that have the tick for ADHD in the States. So there's some medicines called Alpha Agonists, and they started out being blood pressure medicines, a medicine called Clonidine. And then they've designed some longer-acting forms of that which have been evaluated pretty well and have about the same effect as Atomoxetine overall.

And in New Zealand, we have a short-acting form of Clonidine, which we can't really explain, but it's a long-acting form. We don't really use for, it's not indicated for ADHD, but we can use it what's called off-label. So that just means it hasn't got the tick, but we can still use it, but we have to tell everybody we're using it. And we use that medicine sometimes for things like Tourette's disorder. We used to use it for sleep. And it's sometimes used with ADHD by itself, but also occasionally used with a stimulant. And there's an application actually with Pharmac at the moment for a long-acting form of Clonidine.

And it's a long-acting form of Clonidine. And it's a long-acting form of Clonidine. And it's a long-acting form of Clonidine. And it's a long-acting form of Clonidine. And it's a long-acting form of Clonidine. And it's a long-acting form of Clonidine. And it's a long-acting form of Clonidine. And it's a long-acting form of Clonidine. And it's a long-acting form of Clonidine. And it's a long-acting form of Clonidine. And it's a long-acting form of Clonidine. And it's a long-acting form of Clonidine. And it's a long-acting form of Clonidine. And it's a long-acting form of Clonidine.

And it's a long-acting form of Clonidine. And it's a long-acting form of Clonidine. And it's a long-acting form of Clonidine. And it's a long-acting form of hopefully it gets funded because that's a very helpful medicine and would be a really good fourth choice for people that don't do well with the others yeah yeah but they're the main beds

3. ADHD in Girls - Other mental health issues

Why can ADHD in girls cause other mental health issues? Yeah, that's a complicated question actually. So ADHD is often present with other conditions, not always, but often, more often than not, somebody has ADHD and they have something else, and that differs for different people. So some people might have a learning problem like dyslexia or a maths problem or behavioural issues like oppositional defiant disorder, and other people have anxiety or depression. Quite often presents with other things, but as well as that, ADHD possibly contributes to a risk for other disorders, so people with ADHD, they're more likely to experience trauma, so they're more likely to get head injuries or they're more likely to get assaulted, those kind of things.

And that raises the rates of other things like PTSD to itself, as you kinda know, it's pretty stressful when you've got ADHD and things aren't going well at school and your stress levels are building up and that can contribute to feeling low and potentially getting depressed, or some people get very anxious about how they're doing at school and can develop anxiety in relation to school and their performance. And ADHD can have effects on self-esteem sometimes for some people, feeling like it's the biggest part of them especially, which isn't usually the case, but often it can affect self-esteem and that can be a risk that you differ.

And then people with ADHD are probably a bit more likely to have substance use problems later in life, maybe stress, maybe because they're a bit more impulsive sometimes, maybe other things that we don't really know too much about. But, yeah, that's a big part of it. Yeah, that's a big part of it. So, it's often associated, but it possibly does contribute to some other things as well. What do you think? What do you think about that? I don't know. It's like ADHD's own thing, but it also causes some. They add to the ADHD and it's just a whole big mess. Yeah. But, yeah. Yeah, often it feels like a big mess, doesn't it?

Sort of not quite sure where it starts and stops and what's contributing, but it can be very stressful, can't it?

4. ADHD in Girls - Confidence in the diagnosis

How can individuals be confident that the diagnosis is correct, considering the overlapping of many mental health issues? Yeah, so there's some subjectivity about psychiatry in general. ADHD stacks up pretty well as a disorder. Strong family influence, genetics and things, and especially having a good treatment response to various medicines and things. But it is often entangled, like you were saying before. Lots and lots of things going on. It's really important to get a careful and comprehensive assessment with somebody, and to feel heard and understood that people kind of get you. And that the explanation kind of makes sense.

Sometimes you get an explanation and you think, you know, that's not right. But sometimes it kind of fits, and good clinicians will check that out with you. But some clinicians will vary. So if I think something's going on and then I get another opinion from somebody, often it's the same opinion. People will say, yeah, that was pretty accurate. But occasionally you'll get someone saying, look, I see that quite differently, I think. Autism is much more important. I really think that depression came first. And ADHD is only, you know, it's only a sort of additional factor with the depression rather than being a disorder itself or something else.

But, yeah, I think starting with a careful assessment that kind of weighs everything up and looks at the timing of things, like what happened first and what led to what. And then hopefully the clinician can put it in a nice package that kind of makes it less tangled or tangled up and makes some sense of it. I think that's kind of, that's the ideal. But there is a little bit of subjectivity with these. There's a strong genetic link, though, isn't there, with ADHD? There is, yeah, very strong. So it's in the family. Yeah, it's not always in families. But we think genetics, you know, explain about three-quarters of your chances of having ADHD in general.

The other things that are involved in ADHD, are often early life experiences like being born premature or needing a lot of resuscitation at birth or early things. Sometimes, though, somebody might have a combination of things going on and I might not be that sure about what I think the main thing is. And sometimes we will treat what we think is the most significant issue first and then see, well, treating the ADHD, does that improve the depression? Or treating the depression, did that improve the ADHD? And then have another look down the track. So sometimes you've just got to take a little bit of a wait and see approach.

Yeah. Yeah. And that was your journey, wasn't it? Yeah. Yeah? Yeah. Yeah. Initially, we tried treating the ADHD with stimulants and that made the depression worse. Yeah. So the stimulants were stopped and then SSRI, antidepressant. And that helped, to be honest, about a year later. And that helped, she's taking dexamphetamine. Yeah. And just very low dose. And that just, yeah. So that's all too, but yeah, I'm with an ADHD family and everyone in my family that has ADHD, it's four out of seven of us, Yeah. take a different form of medication. Really? Yeah. Sounds complicated. Yeah, it is, yeah. So yeah, it is, it's very individual on what works.

Yeah. Yeah. And sometimes it's trial and error. Yes, yes, definitely. It just takes a wee while to work through things. Yeah, yeah. So she had tried a few things and yeah, but that seems to be what works. Yeah. And that can be frustrating too, trying something and then. And it may change as she gets older and that's okay too. Yeah, there's an application to Pharmac also for Liz's dexamphetamine. Yeah. Which is a long acting form of dexamphetamine. Right. So we're kind of hoping it gets approved. Yeah. Yeah. We're probably going to hear about that fairly soon. Cool. I think it comes off patent maybe next year.

Right. Yeah. So that will make it more attractive to Pharmac. Yeah. Yeah. Because there's a lot of negative side effects obviously with the stimulants. Yeah. And that's, and that's probably, you know, as a parent and from what I know with other parents, that's always the first concern, you know, they don't eat, they don't sleep, you know. Yeah. And all of those things seem to be quite massive. Yeah. And that's, and that's probably, you know, as a parent and from what I know with other parents, that's always the first concern, you know, they don't eat, they don't sleep, you know. Yeah. And all of those things seem to be quite massive.

And it seems to increase anxiety in my children. You can do. Yeah. So. Yeah. Not always. Yeah. And yeah. So I think it's good that there's other options and we can try different things. Yeah.

5. ADHD in Girls – Accessing support and help

How do people access support or help around ADHD when they can't afford private assessments or therapy? Well there is a public system, but there's problems with that that we talked a wee bit about before. Long wait lists and fairly high threshold. The NGO sector have some quite useful things, not usually around ADHD itself, but usually around associated conditions. So in Christchurch there's Empowering Youth which helps people with emotional regulation and anger management things and they're really helpful. But some of the NGOs have mentors or other people that can be helpful, sometimes some counselling.

So I don't know how it is in other parts of New Zealand, but we have Right Service Right Time where you can refer to a group of NGOs and then they can decide which NGO might be a good fit for you. But sometimes it can take a couple of tries to be able to find someone who might. Support groups? I don't know if you are involved in any support groups? Many years ago, yeah, through Whakatata House and then of course things like that for ADHD parents. Informal online sort of. Yeah. Are they helpful? I guess they can be but they can't be because a lot of the focus sometimes parents are really a valid thing for them to be wanting to do, but it's to vent into and feel quite overwhelmed with the behaviour that comes with ADHD.

And it's really hard to seek that information and that help. I guess some parents go into that with that. It's, there is no solution. I have tried everything. I don't know where to next. And it is, and when you're at that point, which I think all us parents that are in this situation have been at once or twice or many more times, it's, yeah, you do, you feel lost, you feel lost in the system because there's not really anywhere you can turn to and other parents are just going to probably tell you what you already know or you've already tried, so it can be really tough, yeah, in terms of support, one of those things that's part of the journey.

Is the cross-age ADHD neurodiversity thing, sometimes they have clinicians coming on ADHD and said they do, they've got some not bad resources online, but it doesn't help you in the day-to-day sort of? No, no, and I think it does stem down to that, I mean, of course, we didn't necessarily have the behavioural stuff with Lydia, but with our boys, it's, yeah, some of the behavioural stuff, that's the overwhelming bit, particularly when they're having problems at school and there's nothing stood down or suspended, you know, and

the school treat it as a behavioural issue when actually there's underlying stuff with ADHD, so, yeah, it can be really difficult for parents to know how to advocate for their child, knowing that it's this disorder that's creating these behaviours and the school's behaviours are hurting other children, so this is the line we've got to take.

So you can see the double-bind, but eventually it will be really nice. Yeah, and the, like our services aren't particularly good with long-standing issues because they have, you know, you have an episode of care and then you're kind of discharged and then it's quite hard to get back in and all those things, which isn't particularly helpful. Yeah, yeah, and the criteria for support through the Ministry of Ed and that's, you know, like, it's, it is, it's really high, we would, yeah, we would be kidding ourselves if we would, it's, obviously, it's a bigger, you know, battling the public system is always going to be difficult.

Online, sort of, information and stuff, I mean, has that been useful for you guys? It's, it's really useful for me personally and I do a lot of, yeah, myself, I guess, yeah, there's a lot of parents that probably get bogged down with the information and not knowing, you know, where to turn and what information is right and, and I think a lot of people rely, rely on the social media aspect of it, yeah, and social, social media. Online stuff have you found most useful? Probably, when I go, you know, Attitude, ADHD, you know, or the ADD, Attitude website, that's, because it's all research-based, yeah, and, yeah, and that sort of thing, definitely more aiming towards, you know, research-based website.

When you're going online and media, sometimes it's, it's, it's, it's, it's, it's, it's, it's, it's, it's, it's, it's, it's, it's, it can be really nice to feel validated, but some of the information, yeah, you've got to be able to look at it through the right lens and know, is this going to be, yeah, is this the right thing for me to do and is this going to work for my child, and I think a lot of parents jump into that thought process that, to do, because that's what this parent did or, yeah, yeah, particularly when you're looking at medication, all the debates about natural things that you can try.

Yeah, there's pretty strong views out there, aren't there? Very strong views, you know, even the vaccinations and all of those things, you know, like that. Yeah, some of it's a battle for us, too. Yeah, yeah, you know? Yeah. And I think, yeah. People are getting quite suspicious of, you know, kind of mainstream thought. Absolutely, and I think if you can't, yeah, separate yourself and go, actually, I just need to do my own research, and, and I think a lot of parents probably don't know how to make sure that it's backed up as research. Yeah. And understand. It's hard to weigh the research, too.

Oh, it is, yeah, yeah, and I, I'm sure I could Google anything I liked. Yeah. And think that it's researched because Google's telling me it is, you know? Yeah. Yeah, so, yeah, but I think, yeah, information like this is really helpful. Yeah.

6. ADHD in Girls - Education for teachers

What education was there for teachers around ADHD, particularly in girls and boys? I'm an expert in that, but... What's the difference between girls and boys? Yeah, I've got a niece who did teacher training and she said that they had a day on additional need things, which I found kind of depressing. So I think, you know, within the sort of fairly crammed teacher training, if you've got a degree and then you do the one-year course, it's pretty modest. So yeah, I don't think there'd be any training on girl-boy differences in that at all, I think. It's been good that SENCOs are at every school now, and they, you know, most certainly SENCOs are pretty reasonable.

They've been around and, you know, I've seen quite a few kids with different things. But again, I don't think it's a systematic training. For them in relation to people with neurodivergent conditions, yeah, RTLBs are pretty useful. Yeah, the Ministry are interesting. They, you know, diagnosis doesn't lead to anything. They kind of almost at times, I think, deny that anything exists, apparently on a needs-based service. But yeah, at times that seems pretty hit and miss. But some of their resources, the Ministry's resources on ADHD are pretty good. They've got something on their TKI site, which is a good booklet, but, you know, whether that translates.

So, you know, if teachers are struggling with it, I often ask them to have a look at that, because it's education, and they're not getting a health professional, telling them what to do is an education resource, and so that's sometimes a good way in. But yeah, it's pretty, it's pretty patchy. So what do parents do, like, when they're faced with a teacher that, you know, particularly, I think, because it seems to be more commonly talked about, probably not more common now, but more commonly talked about, you know, ADHD and neurodiverse and all of those sorts of things. So some of our newer teachers and younger teachers are probably taking it on board and doing some extra training and workshops and things like that.

But when we are faced with some of those older generations of teachers, that just, view it as a behavioural problem, what do parents, how do parents deal with that? How do they approach that? I think a diagnosis, it's relatively easy because you've got a case manager or someone like me that, you know, some correspondence with them or meet with them and sort through that. I think things are gradually, I mean, they're improving overall, it's just that there's some way to go still. But yeah, it is hard for oldies like me and others to change your view, you know, and people do have strong opinions, you know, sometimes it's accurate and sometimes it's inaccurate and it can be really hard to change people's minds.

Yeah. So yeah, you can get tough times, can't you? Whether fit between your kid and a particular teacher is difficult or even fit between a clinician and you is difficult, challenging. Yeah.

7. ADHD in Girls - Why is coffee so calming

Why is coffee so calming for people with ADHD? I was dying to ask, is it calming for you? Yes. Is it? It's why she put the question on the acushic. What do you find? I almost fall asleep when I have it. Really? It's like crazy. So yeah, I just calm down a lot. Yeah, because I get reports, not often, but I do get reports from people who say, look, they were on the wait list and they've been giving their kids some espresso, going better. And I had to look up the more recent research before today just to make sure I was on the right, but it is actually under-researched because there's no money in coffee for ADHD.

It's not like it's a new medicine or anything that's going to get funded or whatever. But the studies are a bit patchy, the research, but it hasn't been studied that well systematically. But coffee works through blocking adenosine receptors, so it's not the usual dopamine or adrenaline, which are the other neurochemicals that stimulants work on. So it kind of works through a different mechanism, but I have heard that from, you know, you're not the only one, there's a few parents and a few teenagers that say that for them coffee is really helpful, but not for everybody. Yeah. How many do you have?

I'll occasionally have one, but since I take medication I don't drink it as much as I used to. But I used to have it like every day. So do you have it at night? I did. Yeah. Like I just didn't, I had it all the time. That would be a good thing to study systematically. Yeah, it would. Decaf versus espresso, you know, and have a look and see, yeah, it would be very interesting. A lot of parents, yeah, it's very common. I'd have one more batch and it'd be pretty good. Yeah. Yeah. Yeah. Yeah, no, no less. All right. That's about it. Have a good one. All right. Have a good one. Bye. . Bye. Bye. . .

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8. ADHD in Girls - Self harm and suicide risk

And self-harm and suicide risk among girls with ADHD, why do you think that is and what can we do to support our ADHD girls? Yeah, it's quite a big question, but ADHD seems to contribute a bit to suicide risk and it might be through impulsivity or it might be that some people with ADHD have depression and conduct problems like breaking rules of society. Those people with depression and conduct disorder have a higher risk of suicide and suicidal behaviours as well. So there may be a couple of different mechanisms or there may be some other things that contribute. You know, kind of like less support.

Sometimes people with ADHD have a higher risk of suicide. Sometimes people with ADHD have more difficulties making and sustaining friendships. Social support and support for families is a really good buffering thing in terms of those risks. In terms of what you can do about it, I think it is those things we talked a bit about before. Having a good assessment at the start and identifying other things that are going on that can be addressed or at least understood. And then I think kind of building up strengths, things you're interested in. Friendships, positive friendships and trying to maintain good relationships and things which we know are helpful.

And then I think it's kind of increasing awareness. So people are aware of some risks and kind of know what to do if they're identifying some signs that things aren't heading in the right direction. Health services are usually fairly good at responding to acute need. So if risk is getting quite high, there's usually an evaluation. There's having to be done by GP or then mental health care. So I think kind of looking at getting help early on if things are heading in the wrong direction. Yeah, it's quite a tough one. New Zealand doesn't do well from the suicide perspective. You know, rates are still pretty high.

They fluctuate a wee bit. And rates of self-harm are massive. And we had this survey in 2019 which looked at New Zealand. New Zealand rates in a year, about 6% of teenagers take an overdose or do something to try and commit suicide or similar. Wow. It's really, it's massive. It's an epidemic right now. Yeah. Yeah, self-harm. We had personal experience within our family with that stuff. One thing I did personally, which, you know, as a parent, I found really helpful. Was the Ministry do an online course called Life Keepers. And that is really helpful. Because I think as a parent sometimes you thought process that you have to be quite harsh about it.

Don't talk about it. Don't talk about suicide. Because I don't want to put an idea in their head, you know. Yeah. Whereas I learned through that journey that actually just asking a direct question, you know, is actually really important. Yeah. Yeah. So, yeah. And I do wonder if, yeah, part of the problem that New Zealand society has is the fact that we don't talk about it. And we do keep hush-hush and we feel shame or embarrassment that we've had mental health issues or we've had these thoughts. Yeah, still some stigma and such over there. Yeah. Yeah, there is. So, I think, yeah, more of that sort of thing.

the period where symptoms are more apparent, and usually in the premenstrual kind of period. I had to look it up, but estrogen is dopaminergic, which means that it kind of increases dopamine tone, which theoretically could be helpful.

So times during your cycle where your estrogen is higher, it would make sense that things could be somewhat better during that period of time, but kind of worse at other times when estrogen is low. And progesterone may also have a bit of an impact, but it's early days in terms of disentangling some of these things. And it looked like, from the literature, that people with ADHD have higher rates of, you know, premenstrual syndrome or premenstrual dysphoria, which again is pretty interesting. Yeah. Yeah.

11. ADHD in Girls - Resources that are useful

In terms of resources to help families in their journeys with girls particularly with ADHD, what are your thoughts there? Yeah so online resources like we were saying before you know they can be pretty variable and I think you talked about a resource that you'd found helpful for yourself? Ah yes around the suicide prevention life keepers yeah I'm through the Ministry of Health and in relation to ADHD within New Zealand we've got ADHDNZ which have some good information I think internationally the CHADD, North American kind of group have some reading on people brain disease that they have but yeah in terms of health care love got a leave and see how that goes us around suicide prevention which have some good information.

I think internationally the CHADD, North America kind of group has some ready to take good information, particularly for adults with ADHD, but also just generally good information. I really like the NIMH, ADHD. I've got a little booklet that, the newer booklet's not quite as good as the old booklet, but it's still pretty good. Just good evidence-based things. There are some guidelines, like the NICE guidelines from the UK, evidence-based and kept up to date, and are very good for kind of more technical knowledge around ADHD and treatments and things. Really pretty helpful. And within New Zealand ADHD NZ, the TKI ministry site has a good booklet for ADHD for adults with ADHD.

I think it's really good. I think it's really good. I think it's really good. I think it's really good. I think it's really good. I think it's really good. I think it's really fine for teachers, which I find pretty useful for giving to teachers that are needing a bit more information. It's just great, good evidence-based stuff. Cool. Yeah.

12. ADHD in Girls - Key messages

I've been talking about ADHD in girls, young people, and I think the key messages are, although it's becoming increasingly known as something that does happen and awareness is improving, that there's still quite a lot of way to go. And that, yeah, it's good for people to be aware that ADHD in girls does exist, and there are some differences in presentation, so more likely to be inattentive, less likely to be hyperactive and impulsive, and they have behavioural issues which can make it difficult to actually identify what's going on, and that girls with ADHD frequently have other things going on at the same times, and for the most part that may be anxiety, mood, and learning issues.

Yeah. It's important to get an assessment from somebody who kind of knows what they're doing to hopefully make sense of what can look like quite a confusing situation, and to think about how to prioritise supports and things. But that needs to be done in a way that kind of makes sense to the young person and the family, and if it doesn't make sense, it's good to ask some questions about that. And there's some trial and error with... There's some trial and error with treatment you were talking about, Lydia, that first treatment isn't always the right thing, and sometimes you can even go back to something that wasn't very good at the start, and second time around, after something else has happened, it can be helpful.

And that in addition to medicines, there are some other strategies and lifestyle changes and sources of information that can be really helpful that we've talked about, but medication does seem to be an important part of that. For many people, particularly if they have moderate to severe symptoms, and can be very effective. Yeah. So, yeah, I hope the video's been helpful for people, and no doubt we'll get people posting some comments, and we might have to reconvene if there are some additional questions that we haven't done very well, or that need a bit more work, or that we haven't thought of yet.

Yeah. Yeah. Any thoughts? I think, as a parent, the takeaway for me is... that it is a journey, and, yeah, something might work for now, doesn't mean it's going to work forever, and, yeah, it's a real holistic journey in terms of treatment and management. Just medicating isn't going to solve everything, it's not a magic pill, and, yeah, there's got to be a lot of extra sort of thought process and work behind it, probably, and I think that's going to help. I think that's going to be a key part of it. Yeah. Yeah, for groomsman, I think, too, for sure. Lydia, any kind of last thoughts? Well, the teacher thing is really big, because most teachers don't really understand, and I think that it's really good for them, more about ADHD, and anything neurodiverse.

Just, they need to pick up this when they don't. Young people spend 15,000 hours in school. Yeah. It's a lot of time over their school career, so teachers have a massive impact, don't they? Yeah. It can make a real difference, you know, life being good or life being not so good. So you'd be advocating for some more education for teachers from good sources? Yeah, definitely. Yeah. I think that should be part of a teacher, and they should actually know what they're doing. And with this, we have got a little segment on the Listening Department. We've got a family's website around information for teachers on ADHD, although there's probably some other things that need to be covered off with it.

But, yeah, that might be a good place to start as well. Yeah. Yeah. Yeah, definitely.