

ADHD in the Global West: How Gender Influences Diagnosis

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Abstract: A concerning phenomenon in the field of psychiatry has developed within the last 20 years: gender bias in diagnosis and treatment of neurodevelopmental disorders. Particularly, this trend can be seen in the diagnosis and treatment of attention deficit hyperactivity disorder—more commonly known as ADHD. Female patients are less likely to receive accurate and timely diagnosis and treatment of ADHD, which can present many obstacles and diminish quality of life. This paper examines the history of gender bias as it pertains to ADHD in the global West, how symptomology and presentation differ in male and female patients, and what the effects of delayed or inaccurate diagnoses can look like. This research also explores a solution as to how progress can be made to reduce gender bias and ensure that more female patients receive the diagnoses and treatments they need, while also looking into the challenges associated with implementing that solution.

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Introduction

The global West¹ has seen an alarming trend in the last two decades: female psychiatric patients are less likely to receive accurate and timely diagnoses of neurodevelopmental disorders than their male counterparts. There are several factors leading to this phenomenon, but gender biases are particularly prevalent. For instance, attention deficit hyperactivity disorder (ADHD) is one such condition whose rates of diagnosis are seeing significant effects due to these gender biases.

Guiding Questions and Methodology

This paper intends to explore differences in gender as they pertain to ADHD diagnosis and treatment, with the results of this literature review identifying gender bias as a core factor for those disparities. Another key

element of this research is the discussion of possible solutions while also acknowledging the obstacles and limitations associated with the implementation of those solutions. This review asks: (1) How does gender bias disproportionately impact female patients' access to accurate, timely, and effective ADHD diagnosis and treatment as opposed to male patients? (2) How does ADHD present differently in female and male patients? (3) What can be done to fix this issue?

This review utilized international studies based primarily in the global West from the last ten to fifteen years, guided by key words and phrases like “gender bias,” “ADHD in females,” “gender differences,” “ADHD symptoms,” and more. Databases used include (but were not limited to) PubMed and the National Library of Medicine.

Gender Bias and Its Consequences

What is gender bias? Gender bias can be defined as “favoritism toward one gender over another based on stereotyped beliefs about health, behavior, experiences, needs, and desires of men and women” (Barger et al., 2025). Gender bias in psychiatric diagnosis occurs when the gender of an individual skews their likelihood of receiving a particular diagnosis or the time at which they receive it. According to one study conducted in Wales, the ratio of male to female patients diagnosed with ADHD is 3.9 to 1 in clinical settings (Martin et al., 2024). In community or population-based samples, the ratio of males to females with ADHD is almost 2:1 (Martin, 2024). This indicates discrepancies between the clinical diagnosis rate and general likelihood of ADHD in men and women in everyday settings. Male patients have a higher likelihood of being diagnosed with ADHD in a clinical setting, so their presentation of symptoms and behavior is considered prototypical (the standard) for what the disorder looks like. “[B]oys are more likely to be referred, diagnosed, and treated for ADHD symptoms than girls” (Slobodin & Davidovitch, 2019).

The common misconception that ADHD is a “male” disorder often leads to less women and girls being diagnosed and treated. Findings by Platania et al. (2025) highlight that less than one-fourth of participants in the research that helped to define ADHD in the DSM-5 and ICD-11 were female. This lack of a diverse research sample reaffirms the damaging stereotype that ADHD does not affect females or affects them less. Furthermore, it reduces the body of research available to discern differences in presentation, which is imperative to accurately diagnose a disorder like ADHD. A 2013 study by Skogli et al. (2013) reveals that women and girls are also less likely to receive treatment for ADHD in comparison to men and boys with the same level of dysfunction. This creates a self-perpetuating cycle where ADHD is believed to impact the male demographic more, resulting in more diagnoses for men and boys. Female patients are diagnosed less, supporting the notion that ADHD more so affects male patients, causing the cycle to continue.

Gender bias in the field of psychiatry has caused many problems in a number of patients’ lives. Men and women have different symptoms of ADHD, including externalizing or internalizing behaviors and hyperactivity or inattention. Externalizing behaviors and hyperactivity tend to be more common in boys, while internalizing behaviors and inattention are more common in girls. As such, presentations of symptoms for ADHD and other neurodevelopmental disorders vary by gender among other factors. It is problematic to infer that the criteria for diagnosing one demographic of patients will yield accurate results for all patients. Furthermore, such biased practices can cause professionals to place more

weight on easily identifiable symptoms of ADHD in male patients and overlook important exclusionary factors that can prevent an unneeded diagnosis (Bruchmüller et al., 2012). They can also cause professionals to disregard symptoms that would encourage a specific ADHD diagnosis for female patients, rather than another disorder that may share some similar effects.

Gender bias might affect girls the most, but it can also affect boys seeking psychiatric help. A misdiagnosis or unnecessary diagnosis for disorders such as these can lead to a patient being prescribed medication they do not need, which may result in adverse effects on the individual’s behavior and experiences. On the other hand, not receiving a diagnosis for ADHD when one is needed can worsen a patient’s quality of life. Undiagnosed ADHD has been linked to higher rates of substance abuse, vehicular accidents, suicidal ideation, occupational struggles, unemployment, and divorce (French et al., 2023). More specifically, women whose ADHD goes untreated face higher risk of developing sleeping disorders and cardiovascular health issues, experiencing violence from an intimate partner, bullying, and are twice as likely to engage in self-harm (Murfit, 2025; Wilson, 2026). Almost 8 million people in the United States alone have ADHD, but only around 20 percent actually receive the care they need (Nobel, 2023). The remaining 80 percent are forced to reckon with the untreated effects of this condition, a struggle that is only further heightened in female patients. As such, it is necessary that gender biases are addressed and eliminated in the field of psychiatry.

Background

To improve the accuracy of diagnoses, reviewing the methodology by which they are assessed will be crucial. “Understanding the role of gender in ADHD care has been historically hindered by methodological issues, such as involving relatively low numbers of girls in research samples, failing to control for possible gender effects, and relying solely on subjective scales which are often subjected to reporter’s bias” (Slobodin & Davidovitch, 2019).

A major factor in the issue of gender bias in ADHD diagnosis is the lack of female representation in research on neurodevelopmental disorders.

Underrepresentation of Females in ADHD Research

A lack of representation and participation by female patients in research is one of the main factors that perpetuates misdiagnosis or lack of a diagnosis. As established earlier, male-centric criteria used to diagnose ADHD emerged due to a lack of female representation and the misguided assumption that male presentations of ADHD are “one-size fits all”. Misinformation or a lack of

information about female presentation of symptoms furthers the likelihood that professionals will rely on male centered research for diagnosis of the general population.

Gendered Symptom Presentation

Within the disparities of symptom presentation, much can be said about the specific differences that continue to feed into a lack of diagnosis for many female patients. For one, male and female patients have different phenotypes for behavior. “In children diagnosed with ADHD, males are more likely to express hyperactivity than females, and females are more likely to show inattention as the predominant presentation; similar patterns have also been observed in adults” (Bölte et al., 2023). Thus, it can be attributed to this fact that female patients are commonly underdiagnosed or misdiagnosed, since they do not fit the prototypical presentation of ADHD symptoms associated with male patients (Barclay, et al., 2024).

Internalizing behaviors, such as being inattentive, forgetful, disorganized, or anxious, all disrupt an individual’s ability to focus. In contrast, externalizing behaviors like hyperactivity, impulsivity, or aggression cause outward disruption to the environment around an individual. Internalizing behaviors are more common in girls and are not as likely to cause problems in a school setting (Attoe and Climie, 2023). Less outward disruption means that less attention will be given to symptoms even though they may still cause dysfunction. For example, being inattentive will still result in the individual with ADHD having trouble focusing or absorbing information, but it does not interrupt classroom function nearly as much. This leads to less concern being raised, meaning less girls get referrals, diagnoses, or treatment (Slobodin & Davidovitch, 2019).

A 2023 literature review by Attoe and Climie highlights that women and girls face higher risk of social judgement and repercussions when they exhibit symptoms consistent with ADHD. Perhaps because of this, female patients have an increased likelihood of cultivating better ways to cover up their ADHD than their male counterparts. This results in more female patients avoiding or hiding the struggles associated with ADHD (Slobodin & Davidovitch, 2019). Women are also more likely to experience ADHD and a condition with overlapping symptoms such as depression, anxiety, or an eating disorder simultaneously,

making the root cause of symptoms harder to identify (Attoe & Climie, 2023; Quinn & Madhoo, 2014).

Another factor is how much research is being done on the variety of neurodevelopmental disorders. As found in a systematic literature review conducted in the United Kingdom, “most research focuses on autism, and to a lesser extent on ADHD and tic disorders, whereas research for other diagnoses is selective or absent” (Bölte et al., 2023). Not all neurodevelopmental disorders are examined with the same research backing. Though ADHD is researched more than some other conditions, it still does not have a lengthy body of research behind it. That lack of information can further the difficulty in diagnosing male and female patients alike as promptly as possible. Furthermore, female patients being diagnosed with the criteria developed from the currently available ADHD research can cause many issues. This is due to the ADHD research being almost exclusively done on male patients, despite it being known that women and men can (and usually do) experience ADHD differently.

Conclusion

The solution to this ever-growing issue has two main aspects: raising awareness of differences in symptoms for male and female patients, and inclusion of female patients in research. These two steps will make a significant impact on the lives of patients with neurodevelopmental conditions. To aid in ensuring the timely and accurate diagnoses of individuals with neurodevelopmental disorders, especially ADHD, it is important to implement education efforts geared towards psychiatric professionals and prospective patients. To obtain the information needed to curb gender biases in the psychiatric field, more diverse demographics must be included in future research. Diverse research samples provide more data on how different demographics are impacted. If there are more samples of female participants, it becomes easier to understand how these biases impact their diagnoses, what their symptoms look like, and how they differ from male presentation. “Only by studying both males and females in both human studies as well as animal models and considering how sex interacts with gender norms and societal expectations to lead to diagnostic biases will we gain a complete picture of how neurodevelopmental disorders arise and grasp the full complexity of the etiology, symptomology and treatment strategies for these complex conditions” (Breach and Lenz, 2023).

This solution, while uncomplicated in concept, may be complicated to implement. As established by D’Mello et al. and Bolte et al. (2023), pleas made to integrate female subjects into neurodevelopmental research

have seldom been heard. The lack of inclusion stems from the historical myth that ADHD impacts men and boys much more than women and girls. Thus, it is imperative to first spread increased awareness on the issue. It is also imperative to display how impactful ADHD is on the greater population of not only neurodevelopmental patients, but also their families and the scientific community as a whole. In a 2023 US study, more than 15 percent of children and adolescents were found to have some form of a neurodevelopmental condition or developmental disability (Li et al., 2023). Furthering this assertion, according to the CDC, around 1 in 6 US children have a developmental disability (CDC, 2024). With this in mind, one can imagine the population of female patients in this group would be quite large. The likelihood of an adolescent having ADHD or a similar condition is fairly common, so it stands to reason that there are many prospective female patients who have not yet been able to obtain a diagnosis. Therefore, it is a disservice to the female youth population of not just the United States, but, as posited earlier, of the global West as a whole, to not take action on this issue.

Raising Awareness & Reducing Stigma

One step that can be taken to spread awareness is to publicize and make information more readily available to the public. Through engaging in discourse in public and clinical settings about the discrepancies in research and diagnosis, the field of psychiatry can begin to dismantle the inaccuracies and biases that have plagued and continue to plague it. Engaging in discourse can look like discussions in academic circles about how to improve the research and diagnostic process. Discourse can also include speaking freely and openly about the subject in non-academic spaces, including social media or everyday conversation. Conversations around the topic in very public, easily accessible settings can help spread awareness on the issue as well as bring the conversation closer to home for women and girls. This will help female youth identify symptoms within themselves, leading to their pursuit of a diagnosis. More than 95 percent of young people cite limited knowledge of mental health conditions as a key factor in the avoidance of seeking treatment, according to a systemic review done on more than 50 studies by the journal for European Child and Adolescent Psychiatry (Radez et al., 2020).

Not only this, but dissolving stigma around mental health and research on it can create a more encouraging and inviting environment for researchers and subjects to work together and further study this

topic. This will ultimately contribute greatly to the body of knowledge surrounding the issue and eliminate stigma or discomfort surrounding the discussion of mental health diagnosis/ treatment. In fact, 92 percent of children and adolescents cite this negative stigma as a reason they avoid seeking treatment (Radez et al., 2020). If female patients can feel more secure in their understanding of symptoms and more comfortable seeking treatment, then they can begin the process of receiving the help they need. Additionally, when more female patients seek treatment, professionals will have a larger set of data to better understand how these conditions develop in female patients and what treatments are most compatible with them.

Increasing Female Participation in Research

With awareness being spread, the focus shifts to how female patients can be integrated into more research. Methods like publicization of findings and knowledge on the issue can promote other studies, as well as inspire people to participate and engage in them. This publicization can be brought about in a number of ways, such as publishing findings in more general venues, such as news outlets or journalism articles. They can also be distributed in pamphlets in doctors' offices to encourage patient interaction with the information. This way, the research can be readily available to the general public, and anyone can spread awareness to female adolescents. The patients themselves will also be able to access the information independently. When academics and the general public engage in a mutual exchange of information, gaps in the collective understanding of the topic can begin to be filled.

While expanding the conversation is beneficial, it is not sufficient alone. There have been attempts made by female patients and their families to advocate for a better understanding of and more research on gender as it relates not only to ADHD diagnosis, but its treatment as well. However, not many studies have explored differences in access to and impact of intervention on women and men with neurodevelopmental conditions (Bölte et al., 2023). The scientific community must be willing to seek out female participants and conduct research on their presentations of symptoms. In order for this to happen, it is important to continue campaigning for more female patients to be included in research, putting pressure on professionals in the field to ensure equality and equity. One case of a successful campaign for the inclusion of female patients in ADHD research can be found in

the United States through the Duke Center for Girls & Women with ADHD. The initiative was founded in 2021 and remains one of the only specialized programs dedicated to furthering understanding of female ADHD manifestations. The center was established following a donation from an anonymous donor family. The project functions as a dedicated sector of Duke's ADHD program, with 30 years of research on the disorder (Hart, 2025).

The Center for ADHD in Girls & Women with ADHD is focused on putting women and girls at the forefront of ADHD research as well as providing educational resources and community for professionals and the public alike about ADHD in females. It also places an emphasis on supporting and uplifting current or prospective female patients with ADHD, including curating materials dedicated to navigating pregnancy with ADHD or information on how to initiate conversations with primary care providers about ADHD (Duke Center for Girls & Women with ADHD, 2024).

Efforts like this are vital and should be replicated. Furthermore, psychiatric professionals must be prepared to face biases and misinformation in the field head-on and make an active effort to amend them. Professionals can also be incentivized to partake in this research through the means of grants from large organizations like the NIH, WHO, and CDC. These organizations all emphasize the importance of research in fields that impact the well-being of the greater global population; a topic whose sentiment this issue embodies.

In a several year time frame, the goal is to have fully integrated female patients into research on ADHD. Another aim is to have significant increases in studies and bodies of work published on their presentations of symptoms and the methods of intervention most compatible with the female manifestation. Mental health impacts everyone, and all people should be entitled to timely and accurate aid and support. Furthermore, when more is known about female presentations of mental health symptoms (what they are and what they are not), the collective understanding of male mental health is deepened as well. It makes the similarities and differences between male and female patients clearer, along with what methods of treatment help which demographic.

Limitations

A solution to this issue cannot be discussed without also considering the limitations that may arise. For one, accessibility to information on this issue can pose difficulties in the pursuit of a remedy. Even if information is publicized

and readily available, it may not be accessible to certain demographics, such as those living in more rural areas. Moreover, it is not just the information that may present accessibility issues. The ability to participate in research may also be limited by distrust in the research setting and lack of time (Bixo et al., 2019).

Additionally, access to mental health intervention services may be restricted by these factors as well. Lower socio-economic status can also be tied to less insurance coverage as well as less quality in care and intervention (Gornik and Salgado, 2022). According to the Access Psychology Foundation, the high cost of treatment and limited options can impact the likelihood of seeking help. Moreover, “[o]verly narrow provider networks and high out-of-pocket costs are substantial barriers to individuals accessing mental health treatment” (National Alliance of Mental Illness, 2025). One barrier that must be broken to make mental health care accessible is making it more affordable. Providing prospective patients with services that are accessible, more varied to suit individual needs, and inexpensive is imperative to helping get more female patients involved and treated effectively.

In conclusion, while underrepresentation and bias play significant roles in diminished rates of diagnosis and treatment, a solution is possible. Despite barriers that may obstruct the implementation of solutions, it is not only possible to overcome them, but is also imperative. In short, solving the issue of gaps in ADHD research is beneficial not just to the underrepresented group, but to all parties involved. Neurodevelopmental conditions, including ADHD, are neither male nor female issues; they are human issues.

¹The global West can be defined as the United States, Canada, the United Kingdom, and other regions of North America and Western Europe.

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