Hormones & the ND Brain

Why focus, mood, sensory load and even medication can shift across the month and across a lifetime. What the research says so far, and what it doesn't yet.

THE ESTROGEN–DOPAMINE LINK

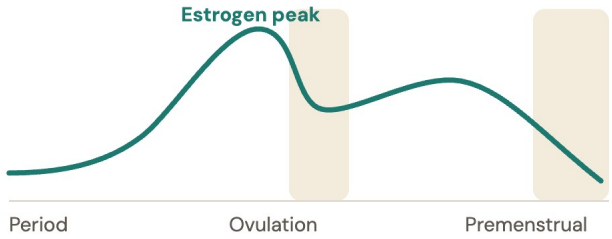
E → D → Focus, drive & mood

Estrogen → **Dopamine** → **Focus, drive & mood**

Estrogen helps the brain make dopamine and keep it around longer. ADHD brains already run on less steady dopamine, so **when estrogen drops, that extra support drops too**, and traits can feel louder.

Strong support from animal and cell studies. Direct studies in ND women are still few.

ACROSS ONE MONTH



- **Dip after ovulation:** more impulsivity and risk-taking for some.
- **Premenstrual drop:** lower mood, avoidance, more overwhelm, and meds may feel weaker.

ACROSS A LIFETIME

1 Puberty & cycles

ADHD symptoms shift with sex hormones, especially in puberty and across the cycle.

~45%

of women in one ADHD clinic reported PMDD-type symptoms. Autistic women also screen higher than controls.

2 After birth

Hormones drop sharply after childbirth, and postpartum risk is higher with ADHD.

25% vs 4.6%

postpartum anxiety diagnoses, with vs without ADHD (2023).

3 Perimenopause

Estrogen swings wider. Many first seek an ADHD or autism assessment here.

54% vs 33%

severe symptoms, with vs without ADHD. Peak at 35–39 vs 45–49 (2025).

4 Menopause

Autistic women report more severe symptoms than non-autistic peers.

Sensory · focus · masking

all reported to shift. Some recognize their autism for the first time.

WHAT CAN HELP

- **Track 2–3 cycles** (or months, if cycles are irregular). Patterns are easier to see on paper than in the moment.
- **Bring the data to your prescriber.** Small studies have tried raising stimulant doses in the premenstrual week only. A conversation, not a DIY change.
- **Plan softer weeks.** Lighter schedules, fewer decisions and more recovery time where you can.

WHAT WE DON'T KNOW YET

- Most studies are small, and many rely on self-report.
- PMDD rates swing widely (14% to over 90%) depending on who was studied.
- Autism research is mostly about menopause, not the monthly cycle.
- Very little covers trans and nonbinary people or hormonal birth control.

You're not imagining the pattern. It's just under-studied.

Sources: hormone-related mood symptoms in ADHD, *J Psychiatr Res* 2021; ADHD & sex hormones systematic review, *J Atten Disord* 2025; perimenopause & ADHD cohort, *Eur Psychiatry* 2025; Groenman et al., *Autism* 2022 & 2026 PMDD study; de Jong et al., *Front Psychiatry* 2023; autism & menopause systematic review. Educational only, not medical advice.

My Hormone & Brain Map

Curiosity, not judgment. You're collecting clues about your own brain, and there's no wrong answer.

MY MONTH AT A GLANCE

Fill one circle per box: low · medium · high. Week 1 starts on day 1 of your period.

	Week 1 period	Week 2 rising	Week 3 after ovulation	Week 4 premenstrual
Focus	○ ○ ○	○ ○ ○	○ ○ ○	○ ○ ○
Mood	○ ○ ○	○ ○ ○	○ ○ ○	○ ○ ○
Energy	○ ○ ○	○ ○ ○	○ ○ ○	○ ○ ○
Sensory load	○ ○ ○	○ ○ ○	○ ○ ○	○ ○ ○
Meds feel effective	○ ○ ○	○ ○ ○	○ ○ ○	○ ○ ○

No regular cycle, on birth control, or in perimenopause? Use four weeks of any month and note what's going on in your body alongside.

REFLECT

When in my month, or my life, does my brain feel loudest?

What have I blamed myself for that might follow a pattern?

What do I notice in my body before a harder stretch begins?

What would I want the people around me to understand?

QUESTIONS FOR MY PROVIDER

- ☐ Could my ADHD or autistic traits be shifting with my cycle or perimenopause?
- ☐ Can we look at my tracking before changing anything?
- ☐ Could my medication timing or dose be adjusted for my hardest week?
- ☐ Should I be screened for PMDD, postpartum mood changes or perimenopause?
- ☐ Who else should be part of my care, like a gynecologist or endocrinologist?

MY SOFTER-WEEK PLAN

For the week that's hardest for me, I can...

Lighten _____

Ask for _____

Comfort _____

Remind myself _____