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Autism, ADHD and the menopause

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ABSTRACT

There is increasing awareness that neurodivergent people, particularly those who are autistic or have ADHD (ADHDers), may have a particularly difficult time during menopause. The menopausal transition can amplify aspects of neurodivergence which make everyday life challenging, and can exacerbate co-occurring mental and physical health conditions which are highly likely in these populations. In this article, we provide practical guidance for healthcare professionals towards understanding: the key features of autism and ADHD, and their relevance to a menopause context; what difficulties autistic people and ADHDers might experience during menopause; optimal management of symptoms in these neurodivergent patients, and how best to support them; and how to recognise undiagnosed individuals, and what to do next.

KEYWORDS

Autism; ADHD; neurodiversity; neurodivergence; menopause; menopause symptom management

Introduction

Menopause is a time of hormone fluctuation and change. Menopause can be seen also as a *neurological* transition which affects cognition, emotion, and the regulation of brain and bodily processes (e.g. sleep, temperature, metabolism). The majority of women will experience symptoms with a varying degree of severity and impact – and for some, symptoms may continue for many years. Individuals with *pre-existing neurological differences* may experience menopause differently compared to others.

In the UK, estimates suggest that 3–4 of every hundred adults have ADHD, while 1 to 2 in every hundred are autistic – however, only a fraction of these are *diagnosed* [1–3]. Older women and people assigned female at birth are especially likely to have been missed for diagnosis [4], with more than nine out of ten autistic over-50 year olds, mostly women, undiagnosed [3]. As such, it's hard to know how many of the approximately 13 million people going through menopause in the UK [5] might be neurodivergent. Notably, since neurodivergent people are more likely to be trans or gender-divergent [6], many neurodivergent people going through menopause will not identify as women. As such, we'll use gender-neutral language throughout this piece unless specifying a particular gender group.

Research in autism [7–11] and ADHD [12–14] suggests that people with existing neurological differences might experience menopausal symptoms as more severe, intense and debilitating. This is especially true for psychological symptoms, such as changes in cognitive processes (memory and planning impairments) and mood (depression, anxiety), but might also be the case for somatic symptoms like headaches and joint pain [10,15]. Features of autism/ADHD may also be heightened during the menopausal transition. Because autistic and ADHD people ('ADHDers') communicate differently, it may be hard for healthcare professionals to understand and help [7,8,16].

In addition, clinicians are increasingly aware that amplification of autistic/ADHD features in the menopause transition can mean that more are coming forward to investigate diagnosis for the first time in the menopause transition.

Very little is known about the ways that autistic people and ADHDers experience and cope with the menopause. The likelihood of poorer outcomes may be greater in these groups than in neurotypical (i.e. non-autistic, non-ADHD) individuals, given the likelihood of pre-existing health difficulties combined with their difficulty accessing health care [17,18].

This paper therefore aims to

- increase understanding of the key features of autism and ADHD
- explain the challenges that menopausal autistic people and ADHDers might face
- give advice on managing menopausal symptoms in autistic people and ADHDers
- help recognition of possible undiagnosed autism/ADHD in menopausal patients
- advise on what to do if you suspect someone has undiagnosed autism or ADHD

What are the key features of autism and ADHD?

Autism and ADHD are both conditions that come under the umbrella of neurological diversity, and are heritable, brain-based and lifelong. They share many similarities (Table 1), co-occur with each other fairly frequently [49], and co-occur with other developmental conditions (e.g. learning disabilities, learning difficulties like dyslexia or dyspraxia [33,50]).

Experiences and challenges of autistic people and ADHDers in the menopausal transition

- *Menopausal symptoms may be more severe and longer-lasting.* Autistic people and ADHDers may experience menopausal symptoms that are more extreme and debilitating than those experienced by neurotypical people [10,14,15]. While it is not clear if autistic people and ADHDers have more numerous or problematic vasomotor symptoms, psychological (cognitive and emotional) symptoms and somatic symptoms (e.g. joint pains and headaches) stand out as particularly severe [10,14,15]. There is also some evidence that problematic symptoms may be slower to decline as autistic people progress through the post-menopausal years [15].
- *Challenging aspects of autism/ADHD may be worsened.* Autistic people and ADHDers may already struggle with cognitive processes like attention and executive function (planning, working memory), communication, overwhelming emotions and sensory sensitivities. Menopause affects these same domains and so can worsen existing difficulties. It can also affect the way that people experience neurodivergent strengths, such as hyperfocus, which might be lost or 'flipped' from enabling to disabling [13,51].
- *Physical health conditions may flare up.* Autistic people and ADHDers, given their increased burden of chronic, complex and/or serious physical

illnesses [37,38], are more likely to be among those whose health conditions interact with the symptoms of menopause in complex ways. Such effects may be particularly emphasised at midlife, the time when menopause typically occurs, due to ageing processes interacting with underlying health conditions. This can worsen the symptoms of menopause and pre-existing health conditions alike, and complicate help-seeking [51].

- *Mental health may deteriorate and suicide risk increase.* Autistic people and ADHDers, given their higher rates of mental illnesses and elevated risk of suicidality throughout their lives [33–36], are vulnerable during menopause given its propensity to worsen existing mental illnesses and increase risk of new ones [52].
- *Effects of lifetime stress and trauma might be unmasked.* Autistic people and ADHDers may be less likely to seek help due to previous negative or traumatic healthcare encounters [8,16,42–44], but their increased exposure to chronic interpersonal stress and trauma [25–28] may also increase their risk of having more severe symptoms during menopause [51]. Chronic stress ages the body and brain, and this impact becomes more marked at menopause given the declining neuroprotective effects of oestrogen and progesterone. This is why people with chronic stress typically enter menopause earlier and have more severe symptoms [51].
- *They may lack social support, or be losing their support networks.* Autistic people and ADHDers often lack meaningful and supportive relationships, and get more isolated as they age [53,54]. Many remain highly dependent on their parents for emotional and practical support, with some still living at home [55], and menopause may coincide with the weakening or loss of these supportive relationships. Menopause-related changes to sensory, emotional and cognitive processes might also make communication more difficult, impacting existing relationships. They may lack someone to talk to, who can help them cope with social interactions.
- *They may be unable to access information about and resources for menopause.* Autistic people and ADHDers may struggle to comprehend information about menopause which is written for general, neurotypical audiences [51]. They may struggle to understand options for treatment, or to use symptom-tracking apps which depend on awareness of emotions and internal signals (interoception) [51].

Table 1. Unique and shared features of autism and ADHD.

Key features of autism	Key features of ADHD
• <i>Differences in communication and social interaction</i> • Might be very direct; struggle with small talk or maintaining a conversation; respond to social cues in unexpected ways • Might show unusual non-verbal behaviour, like avoiding eye contact; appearing to show little facial emotion; or having facial expressions/gestures that appear exaggerated • Might use and understand language in unusual ways. Might struggle with sarcasm, jokes, non-literal language, and understanding abstract concepts in an applied way (e.g. what does x mean in real terms – how will it affect me?). Some may be non-speaking or communicate in alternative ways (e.g. writing) • Difficulty interpreting people's thoughts, feelings and intentions. • May struggle to imagine the possible consequences (social or otherwise) of their own actions • <i>Differences in interests and behaviour</i> • Tendency to be detail-focused with unusually intense interests • Prefers routine and sameness; may get noticeably upset and/or inwardly stressed by change, uncertainty and unpredictability • May self-regulate with repetitive movements (e.g. twirling hair)	• <i>Inattention: difficulty controlling their attention</i> • May struggle to keep on task or follow through on instructions. • May be highly distractible, attention snagged by competing sounds, movements, or internal thoughts. May miss important information when others speak • May frequently misplace, lose and forget their possessions • May struggle to organise themselves (and others), keep to time, sequence plans of action • May have periods of intense concentration ('hyperfocus'): periods during which they are highly productive but lost to the world, unaware of bodily needs and competing demands • <i>Hyperactivity/impulsivity (H/I)</i> • May appear highly energetic and exuberant, curious and talkative. • Might struggle to sit still (e.g. fiddling or fidgeting) or, alternatively, be working very hard to suppress the urge to move. For some, fidgeting helps them focus • May unintentionally interrupt or talk over others, because they struggle to hold back their thoughts and not speak on impulse • Might struggle to fully think things through before acting, leading to unintended consequences or detrimental outcomes • Might be thrill-seekers, adventurous and novelty-seeking • <i>May be predominantly inattentive, predominantly H/I, or both</i>

Shared features of autism and ADHD relevant in a menopause context

- *Sensory differences*, including hyper- and hyposensitivity
- *Emotion differences*, including having emotions that are intense, overwhelming and hard to regulate/cope with, and having reduced awareness and ability to identify and communicate emotions (alexithymia) [19,20]. Some are hyper-empathetic and sensitive to other people's emotions, even if they struggle to identify them [21,22], making it difficult to regulate or dissipate other-oriented emotions (e.g. concern, care). This means they may be easily overwhelmed.
- *Difficulties 'reading' other people*: Although a diagnostic feature of autism, ADHDeers also struggle to interpret other people's thoughts and feelings from their voices, expressions and behaviour, and may respond in unexpected ways
- *Differences in interoception*, i.e. awareness of what's 'going on' with their body (e.g. hunger, thirst, pain, nausea, tiredness)
- *Difficulties with executive function and daily living*: Both struggle with starting, stopping and swapping between tasks, sequencing actions, prioritising and organising things. Both can struggle with independence and self-care.
- *Rigid thinkers with strong moral codes*: Both tend to think in absolutes (i.e. all or nothing, right or wrong, black or white), and can struggle to see nuance or the bigger picture. Tendency to have very strong moral values and be sensitive to rules and injustice.
- *Adverse childhood experiences, lifetime adversity and marginalisation*: Both at higher risk of adverse childhood experiences [23,24] (e.g. parental abuse); childhood and adulthood ostracism and/or victimisation [25,26]; and emotional, sexual and/or physical abuse by intimate partners [27,28]. Both have greater likelihood of difficulties at school, including academic under-achieving or not finishing school. Both struggle in employment, and may be unemployed, underemployed, or switch jobs frequently. Both are socially marginalised; strong emotional responses to perceived and/or actual rejection can emerge as rejection sensitive dysphoria [29].
- *Masking*: Some autistic people and ADHDeers effortfully hide and compensate for their difficulties and differences. This might include conscious, overt mimicking of the way others speak/behave, or more deferential, people-pleasing strategies [30].
- *Meltdowns, shutdowns and burnout*: Both can be overwhelmed with or by sensory sensitivities, emotions, information, social interaction and the weight of masking. This can result in involuntary 'outbursts' (meltdowns: e.g. crying, shouting), temporary unresponsiveness and withdrawal (shutdowns), and prolonged periods of exhaustion and reduced functioning (burnout) [31,32].
- *Poorer mental health*: Both have poorer self-worth, higher rates of mental illnesses like depression, anxiety, substance use and eating disorders, higher rates of self-harm, attempted suicide and deaths by suicide [33–36]
- *Poorer physical health*: Both have poorer overall health, higher rates of serious and chronic illnesses in adulthood and midlife, including neurological and multisystemic conditions [37,38]
- *Higher likelihood of historic hormonal/menstrual conditions, difficulties with previous reproductive transitions* [12,39–41]
- *Greater likelihood of difficulties accessing healthcare, and traumatic or negative encounters with medical professionals* [8,16, 42–44]
- *Greater likelihood of being transgender or gender-divergent* [6]
- *Historically undiagnosed in older women and people assigned female at birth* [45]: Women and AFAB people born in the 1940s–1990s were unlikely to be diagnosed autistic/ADHD as children, after which likelihood of accurate detection is reduced [45–47]. Undiagnosed neurodivergent people tend to have greater lifetime adversity, poorer self-worth and mental health, and higher suicide rates [48].

Note. Autism and ADHD both have very variable presentations: not all points will apply to each individual.

- *They might face internal and external barriers to accessing help*. Autistic people and ADHDeers face multiple barriers to successfully accessing healthcare [56,57]. Some of these are internal: alexithymia (difficulty identifying and communicating emotions) and interoceptive difficulties may make it difficult to communicate what they are experiencing. Some barriers to understanding and being understood come from the different socio-communicative styles of neurotypical and neurodivergent people: this

means that autistic people and ADHDeers might struggle to communicate what they are experiencing, and healthcare practitioners might find it difficult to accurately gauge what is happening and the level of distress. Some barriers are external or environmental, such as difficulties managing phone calls and tolerating waiting rooms.

- *They might feel less in control and more overwhelmed by everything that is happening to them*. Perhaps because of some or all of the

above factors, our data shows that autistic people often feel less in control of their menopause symptoms, and have a less coherent sense of what is happening to them. These feelings, of being less in control and having a less coherent sense of what is happening, are consistently associated with more severe menopause symptoms, greater anxiety and depression, and poorer quality of life in autistic people (Kim et al., in preparation).

Managing menopause in autistic people and ADHDers

Note that at present, **there is no empirical evidence for best practice in pharmaceutical or psychological management of menopausal difficulties in autistic people and ADHDers. There is also no evidence related to the efficacy and acceptability of existing medical protocols, including hormone replacement therapy (HRT), in these patients.**

The advice in this section is based on our experience as practitioners and academics familiar with the experiences described by menopausal neurodivergent people in research and grey literature. In places we extrapolate from related literature, marking these with citations. **These recommendations must not be viewed as evidence-based.**

Working with autistic/ADHD patients who are menopausal

- Management of menopause symptoms in autistic/ADHD women should follow the same principles as managing all individuals in the menopause transition. After taking a careful history, the most appropriate management plan should be discussed, taking into account the risks and benefits of different approaches to menopause care – including hormone replacement therapy where appropriate.
- Understanding the additional challenges for autistic and/or ADHD individuals is paramount, as menopause symptoms can overlap with and exaggerate features of ADHD and autism, and vice versa.
- Take a careful history to document symptoms and difficulties that were pre-existing before the perimenopause/menopause and recognise the symptoms that HRT or other interventions/medication are likely to help to help manage expectations also.

- Remember that different communication styles might complicate understanding between you and your patient. Ensure you take time to check that you both understand one another, and approach autism and ADHD thinking and communication differences with cultural humility – as different, not less.

Medical management of the menopause for autistic people and/or ADHDers

- Medical approaches to menopausal symptoms might involve HRT or alternative pharmaceutical approaches. Both have important points to consider (see Table 2).
- There is a wholesale lack of evidence regarding how autistic people and ADHDers respond to standard pharmaceutical therapies for varied health conditions [63,80–82]. This, and limited evidence of possible differential responses to pharmacological interventions including hormonal contraceptives [63–65] (Table 2), warrants careful attention to patients' responses.
- Given greater likelihood that autistic and ADHD patients will be already taking psychotropic medication [77,78], clinicians should also be mindful of interactions with existing medication regimes, including ADHD medication [60].
- In general, these highly anxious or sensitive patients may have heightened awareness of side effects to any medication. As such, starting a low dose as per regular practice is recommended, but if side effects are intolerable or not settling, it may be necessary to decrease to ultra-low doses, increasing the dose as appropriate according to symptoms and side effects.
- Patients may require more reassurance and emotional support to try different regimens.

Psychological therapies for management of the menopause

- There is evidence that psychological therapies including cognitive behavioural therapy may be helpful in managing vasomotor, psychological and cognitive symptoms of the menopause transition in neurotypical people [87,88].
- When considering CBT and other psychological interventions, consider seeking specialist advice about the most appropriate form of therapy. There is no evidence base for

psychological interventions for neurodivergent people at menopause, but standard approaches that aren't adapted for autism/ADHD can be actively harmful in other mental health contexts [89,90].

- Trauma-informed approaches and/or approaches recognising minority stress may be appropriate [91], given the marginalisation of autistic people and ADHDees and their likelihood of chronic interpersonal stress and invalidation.
- There is increasing evidence that third-wave approaches (e.g. compassion-focused therapy, Acceptance and Commitment Therapy [ACT], Dialectical Behaviour Therapy [DBT]) may be helpful for *late-diagnosed* individuals [92–95], who have greater self-criticism and emotional dysregulation [48].
- DBT is a skills-based approach which can be helpful for autistic people and ADHDees who

experience self-harm and suicidality [93,95], so may be helpful if these are present.

Key takeaway points of supporting autistic and/or ADHD women before and during menopause

- *Recognise that this is not a 'typical' menopause.* They may be experiencing heightening of autistic/ADHD features, like cognitive, emotional and sensory differences, communication and social difficulties. They are more likely to have pre-existing mental and physical illnesses which could be exacerbated by menopause.
- *Allow more time to explain things and for them to ask questions.* Recognise that these individuals might struggle with uncertainty and might need to fully understand what is happening in order to comply with your suggestions. People

Table 2. Considerations for hormone replacement therapy and alternative medical approaches to menopause in autistic people and ADHDees.

Hormone replacement therapy (HRT)	Alternative medical approaches
• The effects of monthly and lifespan hormonal changes on autistic [39,58,59] and ADHD features [60–62], and the related experiences of autistic people and ADHDees [14,51], may be suggestive of increased sensitivity to hormonal fluctuations. • HRT involves another change to hormones, and so there needs to be awareness that adding HRT may initially pose a challenge too. Though we do not know how HRT affects neurodivergent people, possible differences in their response to psychotropic medication [63,64] and hormonal contraceptives (linked to increased risk of depression in ADHDees) [65], in addition to the aforementioned hormone sensitivity, mean that clinicians should be prepared for more severe side effects and unpredictable responses. • In light of this, acknowledge that the changes induced by HRT may be unsettling in their own right, reassure patients, and offer more frequent follow up appointments if needed. • Consider, and document, previous experience with tolerance/intolerance to combined and progestogen only contraception and previous HRT. This information can be helpful in deciding on which hormones to use. Tolerance to previous use may help give confidence. • Given that these patients are more vulnerable to anxiety and depression, and that these are listed side effects to oestrogens, starting a low or ultra-low dose of oestrogen initially may reduce the risk of side effects – and the dose can be increased as per tolerance and symptom management. • On the basis that autistic people and ADHDees may be at increased risk of PMDD [59,66–68], clinicians should be aware of the possibility of increased risk of progesterone sensitivity or intolerance. Intolerance to progesterone is implicated in the pathogenesis of PMS/PMDD [69] and suicide ideation [70], both of which are more common in neurodivergent people. Progestogen should be prescribed as per guidance, with clear explanation as to why they are necessary and with careful safety planning, including information on how to access acute psychological help where appropriate. • If there is progestogen intolerance to the initial progestogen prescribed, other progestogens and other routes of delivery can be trialled, with appropriate support, as per guidance [71]. Micronised progesterone is often (but not always) better tolerated than synthetic alternatives [72]. The 52 mg levonorgestrel containing intrauterine device (52 mg LNG IUD) has very little systemic absorption of LNG. Side effects, including psychological, are more prevalent in the first few months after fitting, when used for contraception and management of PMS [73]. There are no studies to compare psychological side effects with micronized progesterone and it is generally well tolerated in people who have PMDD [74]. • Unlicensed routes of administration of progestogens and lower than standard doses should only be used as a last resort after discussion as to the risks with the patient. There is no guidance to inform as to the optimal regime for monitoring of the endometrium when lower than standard doses of progestogens are prescribed, and management of any unscheduled bleeding should take into account risk factors for endometrial hyperplasia and malignancy [75].	• In managing the menopause transition, there are circumstances when alternatives to HRT may need to be considered [76]. • When considering alternatives to HRT, discuss previous tolerances or intolerances to SSRIs/SNRIs and other psychotropic medication that may be considered. Discussion with the psychiatric/psychological team may be appropriate, especially given likelihood of polypharmacy [77,78]. • SSRI/SNRI may be helpful in managing psychological symptoms related to or exacerbated by the menopause, and may help manage vasomotor symptoms in off licence use [79]. It is presently unclear what proportion of autistic adults and ADHDees are helped by SSRI/SNRI, and what adverse effects (e.g. irritability, agitation) they might have [63,80–83]. Discuss previous tolerances or intolerances to SSRIs/SNRIs. Discussion with the psychiatric/psychological team may be appropriate and, in the absence of data, use of SSRI/SNRI considered case by case. • Clonidine is licenced for the management of menopause related vasomotor symptoms. Although there is some data relating to the use of clonidine in autistic/ADHD children [84,85], there is none relating to its use in autistic and ADHD adults, including in the menopausal transition. • Other non-hormonal medication may be recommended for help with symptoms of the menopause transition in off licence use – including gabapentin, pregabalin and oxybutynin [86]. There is no data regarding their use in neurodivergent people during menopause. Potential side effects should be discussed

often need additional processing time, so try to allow for longer appointments.

- *Explain things concretely and explicitly.* Note that freely available information on menopause and treatment options may be inaccessible and/or unrelatable [7–9]. Do not assume they understand the basics and can ‘fill in the blanks’ of explanations. Explanations should be concrete, clear and explicit – ideally provided a) in a form they can take away, and b) in advance of menopause.
- *Recognise that autistic people/ADHDers regress when in crisis or burnout.* They might experience greater than usual emotional dysregulation, sensory, cognitive and communication difficulties [31,32]. Even if you’re familiar with the patient, difficulties understanding and expressing themselves might be greater than usual. Welcome advocates where desired by the individual.
- *Be wary of open questions.* Remember difficulties with abstract thinking, recognising their own emotions and bodily signals, and reduce cognitive load where you can. Some may require closed questions about possible symptoms and may need descriptions of what symptoms might involve. Rather than asking about emotions and how someone felt about an incident, you could ask concretely about what happened after that incident in order to understand how they were affected.
- *Recognise that they express emotions differently and might feel unworthy of help.* Depression, anxiety and suicidal thoughts can look quite different in autistic people/ADHDers [96] and may be harder to assess. People may seem very quiet, logical and unemotional; may say that they are ‘OK’ or ‘fine’ when asked, or that they understand something when they don’t. Autistic people and ADHDers often feel like a burden [97], and might not want to ‘bother’ you. If individuals do verbally express distress or suicidal thoughts, believe their words, rather than the way they look and act [89] (see [98] for more).
- *Be trauma-informed.* Remember that as marginalised groups, autistic people and ADHDers are more likely to have experienced trauma and victimisation [23,24, 27,28], including at the hands of professionals and services [8,16, 42–44]. Recognise that trust is hard to build, and offer empathy, kindness and acceptance.
- *Help patients feel safe by adopting a neurodiversity-affirmative approach.* Seeing and speaking about autism and ADHD through the lens of ‘deficit’ or ‘disorder’ can reinforce

feelings of brokenness and deficiency in the individual [91,99,100]. Adopt a position of cultural humility [91]: autistic and ADHD ways of thinking and communicating are equally valid, but misunderstandings are likely when people of different neurotypes communicate [42].

- *Be prepared to try different things, recognising the lack of evidence base on the efficacy of pharmacological and psychological treatment.* Be prepared to cautiously explore different treatment avenues, supporting the patient. Be mindful that psychological approaches not adapted for autism/ADHD may be unhelpful or actively harmful.
- *Follow expert guidance for removing access barriers and adapting healthcare settings* [44,57,101].

What signs might indicate possible undiagnosed autism or ADHD in menopausal patients?

- *Unusual ways of being/behaving which might be heightened by menopause.* Consider the listed features of autism/ADHD. Undiagnosed individuals are typically good at masking: they might, for instance, appear chatty and sociable [30], but show subtle signs of limited understanding of the social world, or unusual sensory/emotional responses. It is more difficult to maintain the mask during menopause, so autistic/ADHD features become more obvious [7,14].
- *Historic and current mental illnesses,* which might be chronic, treatment-resistant or complex presentations. Psychiatric diagnoses may be genuine co-occurrences or misdiagnoses – personality disorders a particularly common *misdiagnosis* due to emotional differences, self-harm and suicidality [47,102].
- *Historic and current health complaints,* including complex, medically unexplained symptoms and possible burnouts.
- *Historic and current psychosocial problems,* e.g. with employment, relationships.

If you suspect undiagnosed autism/ADHD

- *Support seeking an assessment.* Regardless of whether obtaining a diagnosis yields financial or material support, research supports the benefit of late-life diagnoses for individual well-being, sense-making and self-compassion [103].
- *Use screening tools but be aware of bias.* There are screening tools for autism and ADHD, typically used prior to referral to specialist diagnostic

services. Introduce these to the patient, but if using them with the individual, recognise that many existing autism/ADHD screening tools are not sex- and gender-informed. Exercise judicial caution when using these, and/or consider using more sensitive measures (see [104]).

- *Consider the other in addition* [105], since ADHD and autism often co-occur and the co-occurrence is associated with poorer health and wellbeing [97].
- *Be aware of the high likelihood of mental illness and high suicide risk* in undiagnosed/late-diagnosed individuals [48]. There is guidance available for assessing suicidal feelings and mental ill-health [98], and for safety planning [106].

Conclusion

Autistic people and ADHDers may be particularly vulnerable to difficulties during menopause. Additional care and attention is warranted for these patients, who require neuro-affirmative, appropriately adapted, and possibly trauma-informed approaches. Healthcare practitioners should also be aware of the relatively high prevalence of undiagnosed autism and ADHD in the general population, and mindful of these if encountering distressed patients during menopause.

Note

1. Identity-first language ('autistic person') is preferred by the majority of autistic individuals who respond to research on this topic. We apply the same principles when talking about ADHD, as identity-first language challenges historic perception of autism and/or ADHD in a negative light. However, some individuals will prefer to use person-first language ('person with x'). We recommend practitioners default to identity-first language, at least in relation to autism, but try to gauge individual preferences for language use.

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Author contribution

The manuscript was drafted by RLM and CS, with contributions from EK and JMGT towards refining the paper. All authors reviewed and approved the final manuscript, and gave permission for its submission.

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References

- [1] National Institute of Health and Care Excellence. Attention deficit hyperactivity disorder: How common is it?. National Institute of Health and Care Excellence; 2025. Available from: <https://cks.nice.org.uk/topics/attention-deficit-hyperactivity-disorder/background-information/prevalence/>. Accessed 28 December 2024.
- [2] McKechnie DG, O'Nions E, Dunsmuir S, et al. Attention-deficit hyperactivity disorder diagnoses and prescriptions in UK primary care, 2000–2018: population-based cohort study. *BJPsych Open*. 2023;9(4):e121. doi: [10.1192/bjo.2023.512](https://doi.org/10.1192/bjo.2023.512)
- [3] O'Nions E, Petersen I, Buckman JE, et al. Autism in England: assessing underdiagnosis in a population-based cohort study of prospectively collected primary care data. *Lancet Reg Health Eur*. 2023;29:100626. doi: [10.1016/j.lanepe.2023.100626](https://doi.org/10.1016/j.lanepe.2023.100626)
- [4] Bölte S, Neufeld J, Marschik PB, et al. Sex and gender in neurodevelopmental conditions. *Nat Rev Neurol*. 2023;19(3):136–159. doi: [10.1038/s41582-023-00774-6](https://doi.org/10.1038/s41582-023-00774-6)
- [5] NHS England. Menopause in the workplace. NHS England; 2022. Available from: <https://www.engage.england.nhs.uk/safety-and-innovation/menopause-in-the-workplace/>. Accessed 28 December 2024.
- [6] Warrier V, Greenberg DM, Weir E, et al. Elevated rates of autism, other neurodevelopmental and psy-

- chiatric diagnoses, and autistic traits in transgender and gender-diverse individuals. *Nat Commun*. 2020;11(1):3959. doi: [10.1038/s41467-020-17794-1](https://doi.org/10.1038/s41467-020-17794-1)
- [7] Moseley RL, Druce T, Turner-Cobb JM. Autism research is 'all about the blokes and the kids': Autistic women breaking the silence on menopause. *Br J Health Psychol*. 2021;26(3):709–726. doi: [10.1111/bjhp.12477](https://doi.org/10.1111/bjhp.12477)
 - [8] Brady MJ, Jenkins CA, Gamble-Turner JM, et al. "A perfect storm": Autistic experiences of menopause and midlife. *Autism*. 2024;28(6):1405–1418. doi: [10.1177/13623613241244548](https://doi.org/10.1177/13623613241244548)
 - [9] Jenkins C, Moseley R, Matthews R, et al. "Struggling for Years": an international survey on autistic experiences of menopause. *Neurodiversity*. 2024;2:27546330241299366. doi: [10.1177/27546330241299366](https://doi.org/10.1177/27546330241299366)
 - [10] Groenman AP, Torenvliet C, Radhoe TA, et al. Menstruation and menopause in autistic adults: periods of importance? *Autism*. 2022;26(6):1563–1572. doi: [10.1177/13623613211059721](https://doi.org/10.1177/13623613211059721)
 - [11] Karavidas M, de Visser RO. "It's not just in my head, and it's not just irrelevant": autistic negotiations of menopausal transitions. *J Autism Dev Disord*. 2022;52(3):1143–1155. doi: [10.1007/s10803-021-05010-y](https://doi.org/10.1007/s10803-021-05010-y)
 - [12] Antoniou E, Rigas N, Orovou E, et al. ADHD symptoms in females of childhood, adolescent, reproductive and menopause period. *Mater Sociomed*. 2021;33(2):114–118. doi: [10.5455/msm.2021.33.114-118](https://doi.org/10.5455/msm.2021.33.114-118)
 - [13] Gottardello D, Steffan B. Fundamental intersectionality of menopause and neurodivergence experiences at work. *Maturitas*. 2024;189:108107. doi: [10.1016/j.maturitas.2024.108107](https://doi.org/10.1016/j.maturitas.2024.108107)
 - [14] ADHD Impairment Peaks in Menopause. According to ADDitude Reader Survey; 2024. Available from: <https://www.additudemag.com/menopause-symptoms-adhd-survey/>. Accessed 28 October 2024.
 - [15] Charlton RA, Happé F, Shand A, et al. Self-reported psychological, somatic and vasomotor symptoms at different stages of the menopause for autistic and non-autistic people. *J Womens Health*. 2025;34(5):622–634.
 - [16] de Visser RO, Moseley R, Gamble-Turner J, et al. Unmet need for autism-aware care for gynaecological, menstrual and sexual wellbeing. *Autism*. 2025;29(4):934–944. doi: [10.1177/13623613241290628](https://doi.org/10.1177/13623613241290628)
 - [17] Mason D, Ingham B, Urbanowicz A, et al. A systematic review of what barriers and facilitators prevent and enable physical healthcare services access for autistic adults. *J Autism Dev Disord*. 2019;49(8):3387–3400. doi: [10.1007/s10803-019-04049-2](https://doi.org/10.1007/s10803-019-04049-2)
 - [18] Radev S, Freeth M, Thompson AR. How healthcare systems are experienced by autistic adults in the United Kingdom: A meta-ethnography. *Autism*. 2024;28(9):2166–2178. doi: [10.1177/13623613241235531](https://doi.org/10.1177/13623613241235531)
 - [19] Dodson W. 7 Emotions that knock us off our feet. 2022; Available from: <https://www.additudemag.com/slideshows/adhd-emotions-knock-off-our-feet/>. Accessed 28 December 2024.
 - [20] Beck KB, MacKenzie KT, Kumar T, et al. "The world's really not set up for the neurodivergent person": understanding emotion dysregulation from the perspective of autistic adults. *Aut Adulthood*. 2024. doi: [10.1089/aut.2023.0214](https://doi.org/10.1089/aut.2023.0214).
 - [21] Moseley R, Shalev I, Gregory N, et al. Empathic disequilibrium as a predictor of non-suicidal self-injury in autistic and non-autistic people. *Aut Adulthood*. 2025;7(6):724–738.
 - [22] Schippers LM, Horstman LI, van de Velde H, et al. A qualitative and quantitative study of self-reported positive characteristics of individuals with ADHD. *Front Psychiatry*. 2022;13:922788. doi: [10.3389/fpsyt.2022.922788](https://doi.org/10.3389/fpsyt.2022.922788)
 - [23] Lugo-Candelas C, Corbeil T, Wall M, et al. ADHD and risk for subsequent adverse childhood experiences: Understanding the cycle of adversity. *Child Psychol Psych*. 2021;62(8):971–978. doi: [10.1111/jcpp.13352](https://doi.org/10.1111/jcpp.13352)
 - [24] Hartley G, Sirois F, Purrington J, et al. Adverse childhood experiences and autism: a meta-analysis. *Trauma Violence Abuse*. 2024;25(3):2297–2315. doi: [10.1177/15248380231213314](https://doi.org/10.1177/15248380231213314)
 - [25] Jones SC, Gordon CS, Akram M, et al. Inclusion, exclusion and isolation of autistic people: Community attitudes and autistic people's experiences. *J Autism Dev Disord*. 2022;52(3):1131–1142. doi: [10.1007/s10803-021-04998-7](https://doi.org/10.1007/s10803-021-04998-7)
 - [26] Wiener J. Social relationships of individuals with ADHD across the lifespan. In *Clinical handbook of ADHD assessment and treatment across the lifespan*. Cham, Switzerland: Springer; 2023. 517–546. doi: [10.1007/978-3-031-41709-2_20](https://doi.org/10.1007/978-3-031-41709-2_20)
 - [27] Pearson A, Rose K, Rees J. 'I felt like I deserved it because I was autistic': Understanding the impact of interpersonal victimisation in the lives of autistic people. *Autism*. 2023;27(2):500–511. doi: [10.1177/13623613221104546](https://doi.org/10.1177/13623613221104546)
 - [28] Buitelaar NJ, Posthumus JA, Buitelaar JK. ADHD in childhood and/or adulthood as a risk factor for domestic violence or intimate partner violence: a systematic review. *J Atten Disord*. 2020;24(9):1203–1214. doi: [10.1177/1087054715587099](https://doi.org/10.1177/1087054715587099)
 - [29] Dodson W. New insights into rejection sensitive dysphoria; 2023; Available from: <https://www.additudemag.com/rejection-sensitive-dysphoria-adhd-emotional-dysregulation/>. Accessed 28 December 2024.
 - [30] Cook J, Crane L, Hull L, et al. Self-reported camouflaging behaviours used by autistic adults during everyday social interactions. *Autism*. 2022;26(2):406–421. doi: [10.1177/13623613211026754](https://doi.org/10.1177/13623613211026754)
 - [31] Raymaker DM, Teo AR, Steckler NA, et al. "Having all of your internal resources exhausted beyond measure and being left with no clean-up crew": Defining autistic burnout. *Autism Adulthood*. 2020;2(2):132–143. doi: [10.1089/aut.2019.0079](https://doi.org/10.1089/aut.2019.0079)
 - [32] Lewis LF, Stevens K. The lived experience of meltdowns for autistic adults. *Autism*. 2023;27(6):1817–1825. doi: [10.1177/13623613221145783](https://doi.org/10.1177/13623613221145783)

- [33] Lai M-C. Mental health challenges faced by autistic people. *Nat Hum Behav.* 2023;7(10):1620–1637. doi: [10.1038/s41562-023-01718-2](https://doi.org/10.1038/s41562-023-01718-2)
- [34] Bitter I, Mohr P, Balogh L, et al. ADHD: a hidden comorbidity in adult psychiatric patients. *Atten Defic Hyperact Disord.* 2019;11(1):83–89. doi: [10.1007/s12402-019-00285-9](https://doi.org/10.1007/s12402-019-00285-9)
- [35] Jeng J-S, Huang H-H, Chang W-H, et al. Longitudinal study on all-cause and suicide mortality among individuals with attention deficit hyperactivity disorder. *Eur Child Adolesc Psychiatry.* 2025;34(3):1229–1238. doi: [10.1007/s00787-024-02511-w](https://doi.org/10.1007/s00787-024-02511-w)
- [36] Brown CM, Newell V, Sahin E, et al. Updated systematic review of suicide in autism: 2018–2024. *Curr Dev Disord Rep.* 2024;11(4):225–256. doi: [10.1007/s40474-024-00308-9](https://doi.org/10.1007/s40474-024-00308-9)
- [37] Liu S, Larsson H, Kuja-Halkola R, et al. Age-related physical health of older autistic adults in Sweden: a longitudinal, retrospective, population-based cohort study. *Lancet Healthy Longev.* 2023;4(7):e307–e315. doi: [10.1016/S2666-7568\(23\)00067-3](https://doi.org/10.1016/S2666-7568(23)00067-3)
- [38] Du Rietz E, Brikell I, Butwicka A, et al. Mapping phenotypic and aetiological associations between ADHD and physical conditions in adulthood in Sweden: a genetically informed register study. *Lancet Psychiatry.* 2021;8(9):774–783. doi: [10.1016/S2215-0366\(21\)00171-1](https://doi.org/10.1016/S2215-0366(21)00171-1)
- [39] Gray LJ, Durand H. Experiences of dysmenorrhea and its treatment among allistic and autistic menstruators: a thematic analysis. *BMC Womens Health.* 2023;23(1):288. doi: [10.1186/s12905-023-02370-8](https://doi.org/10.1186/s12905-023-02370-8)
- [40] Ferrara R, Ricci P, Damato FM, et al. Pregnancy in autistic women and social medical considerations: scoping review and meta-synthesis. *Front Psychiatry.* 2023;14:1222127. doi: [10.3389/fpsy.2023.1222127](https://doi.org/10.3389/fpsy.2023.1222127)
- [41] Kittel-Schneider S, Quednow BB, Leutritz AL, et al. Parental ADHD in pregnancy and the postpartum period—A systematic review. *Neurosci Biobehav Rev.* 2021;124:63–77. doi: [10.1016/j.neubiorev.2021.01.002](https://doi.org/10.1016/j.neubiorev.2021.01.002)
- [42] Shaw SC, Carravallah L, Johnson M, et al. Barriers to healthcare and a ‘triple empathy problem’ may lead to adverse outcomes for autistic adults: A qualitative study. *Autism.* 2024;28(7):1746–1757. doi: [10.1177/13623613231205629](https://doi.org/10.1177/13623613231205629)
- [43] Young S, Asherson P, Lloyd T, et al. Failure of healthcare provision for attention-deficit/hyperactivity disorder in the United Kingdom: a consensus statement. *Front Psychiatry.* 2021;12:649399. doi: [10.3389/fpsy.2021.649399](https://doi.org/10.3389/fpsy.2021.649399)
- [44] Bisset M, Brown LE, Bhide S, et al. Practitioner review: It’s time to bridge the gap—understanding the unmet needs of consumers with attention-deficit/hyperactivity disorder—a systematic review and recommendations. *J Child Psychol Psychiatry.* 2023;64(6):848–858. doi: [10.1111/jcpp.13752](https://doi.org/10.1111/jcpp.13752)
- [45] Lai M-C, Lin H-Y, Ameis SH. Towards equitable diagnoses for autism and attention-deficit/hyperactivity disorder across sexes and genders. *Curr Opin Psychiatry.* 2022;35(2):90–100. doi: [10.1097/YCO.0000000000000770](https://doi.org/10.1097/YCO.0000000000000770)
- [46] Au-Yeung SK, Bradley L, Robertson AE, et al. Experience of mental health diagnosis and perceived misdiagnosis in autistic, possibly autistic and non-autistic adults. *Autism.* 2019;23(6):1508–1518. doi: [10.1177/1362361318818167](https://doi.org/10.1177/1362361318818167)
- [47] Johnson J, Morris S, George S. Misdiagnosis and missed diagnosis of adult attention-deficit hyperactivity disorder. *BJPsych Advances.* 2021;27(1):60–61. doi: [10.1192/bja.2020.34](https://doi.org/10.1192/bja.2020.34)
- [48] French B, Daley D, Groom M, et al. Risks associated with undiagnosed ADHD and/or autism: a mixed-method systematic review. *J Atten Disord.* 2023;27(12):1393–1410. doi: [10.1177/10870547231176862](https://doi.org/10.1177/10870547231176862)
- [49] Eaton C, Roarty K, Doval N, et al. The prevalence of attention deficit/hyperactivity disorder symptoms in children and adolescents with autism spectrum disorder without intellectual disability: A systematic review. *J Atten Disord.* 2023;27(12):1360–1376. doi: [10.1177/10870547231177466](https://doi.org/10.1177/10870547231177466)
- [50] Gnanavel S, Sharma P, Kaushal P, et al. Attention deficit hyperactivity disorder and comorbidity: A review of literature. *World J Clin Cases.* 2019;7(17):2420–2426. doi: [10.12998/wjcc.v7.i17.2420](https://doi.org/10.12998/wjcc.v7.i17.2420)
- [51] Moseley R, Gamble-Turner J. *Autistic menopause: a guide to the menopausal transition for autistic people and those supporting them.* London: Jessica Kingsley Publisher; 2026.
- [52] Behrman S, Crockett C. Severe mental illness and the perimenopause. *BJPsych Bull.* 2024;48(6):364–370. doi: [10.1192/bjb.2023.89](https://doi.org/10.1192/bjb.2023.89)
- [53] Fischer S, Nilsen C. ADHD in older adults—a scoping review. *Aging Ment Health.* 2024;28(9):1189–1196. doi: [10.1080/13607863.2024.2339994](https://doi.org/10.1080/13607863.2024.2339994)
- [54] Stewart GR, Luedecke E, Mandy W, et al. Experiences of social isolation and loneliness in middle-aged and older autistic adults. *Neurodiversity.* 2024;2:27546330241245529. doi: [10.1177/27546330241245529](https://doi.org/10.1177/27546330241245529)
- [55] Office of National Statistics. Outcomes for disabled people in the UK: 2021. Office of National Statistics; 2022. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/disability/articles/outcomesfordisabledpeopleintheuk/2021>. Accessed 28 October 2024.
- [56] Gudka R, Becker K, Ward J, et al. Primary care provision for young people with ADHD: a multi-perspective qualitative study. *Br J Gen Pract.* 2024;74(743):e408–e416. doi: [10.3399/BJGP.2023.0626](https://doi.org/10.3399/BJGP.2023.0626)
- [57] Doherty M, Neilson S, O’Sullivan J, et al. Barriers to healthcare and self-reported adverse outcomes for autistic adults: a cross-sectional study. *BMJ Open.* 2022;12(2):e056904. doi: [10.1136/bmjopen-2021-056904](https://doi.org/10.1136/bmjopen-2021-056904)
- [58] Steward R, Crane L, Mairi Roy E, et al. “Life is much more difficult to manage during periods”: autistic experiences of menstruation. *J Autism Dev Disord.* 2018;48(12):4287–4292. doi: [10.1007/s10803-018-3664-0](https://doi.org/10.1007/s10803-018-3664-0)

- [59] Ellis R, Williams G, Caemawr S, et al. Menstruation and autism: a qualitative systematic review. *Aut Adulthood*. 2025. doi: [10.1089/aut.2024.0307](https://doi.org/10.1089/aut.2024.0307)
- [60] Osianlis E, Thomas EH, Jenkins LM, et al. ADHD and sex hormones in females: a systematic review. *J Att Disord*. 2025;29(9):706–723. doi: [10.1177/10870547251332319](https://doi.org/10.1177/10870547251332319)
- [61] Kooij JJS, De Jong M, Agnew-Blais JC, et al. Research advances and future directions in female ADHD: the lifelong interplay of hormonal fluctuations with mood, cognition, and disease. *Front Glob Womens Health*. 2025;6:1613628. doi: [10.3389/fgwh.2025.1613628](https://doi.org/10.3389/fgwh.2025.1613628)
- [62] Camara B, Padoin C, Bolea BJ. Relationship between sex hormones, reproductive stages and ADHD: a systematic review. *Arch Womens Ment Health*. 2022;25(1):1–8. doi: [10.1007/s00737-021-01181-w](https://doi.org/10.1007/s00737-021-01181-w)
- [63] Deb S, Roy M, Lee R, et al. Randomised controlled trials of antidepressant and anti-anxiety medications for people with autism spectrum disorder: systematic review and meta-analysis. *BJPsych Open*. 2021;7(6):e179. doi: [10.1192/bjo.2021.1003](https://doi.org/10.1192/bjo.2021.1003)
- [64] Manter MA, Birtwell KB, Bath J, et al. Pharmacological treatment in autism: a proposal for guidelines on common co-occurring psychiatric symptoms. *BMC Med*. 2025;23(1):11. doi: [10.1186/s12916-024-03814-0](https://doi.org/10.1186/s12916-024-03814-0)
- [65] Lundin C, Wikman A, Wikman P, et al. Hormonal contraceptive use and risk of depression among young women with attention-deficit/hyperactivity disorder. *J Am Acad Child Adolesc Psychiatry*. 2023;62(6):665–674. doi: [10.1016/j.jaac.2022.07.847](https://doi.org/10.1016/j.jaac.2022.07.847)
- [66] Dorani F, Bijlenga D, Beekman AT, et al. Prevalence of hormone-related mood disorder symptoms in women with ADHD. *J Psychiatr Res*. 2021;133:10–15. doi: [10.1016/j.jpsychires.2020.12.005](https://doi.org/10.1016/j.jpsychires.2020.12.005)
- [67] Lin P-C, Long C-Y, Ko C-H, et al. Comorbid attention deficit hyperactivity disorder in women with premenstrual dysphoric disorder. *J Womens Health (Larchmt)*. 2024;33(9):1267–1275. doi: [10.1089/jwh.2023.0907](https://doi.org/10.1089/jwh.2023.0907)
- [68] Jaholkowski P, Shadrin AA, Jangmo A, et al. Associations between symptoms of premenstrual disorders and polygenic liability for major psychiatric disorders. *JAMA Psychiatry*. 2023;80(7):738–742. doi: [10.1001/jamapsychiatry.2023.1137](https://doi.org/10.1001/jamapsychiatry.2023.1137)
- [69] Sundström-Poromaa I, Comasco E, Sumner R, et al. Progesterone—friend or foe? *Front Neuroendocrinol*. 2020;59:100856.
- [70] Eisenlohr-Moul TA, Bowers SM, Prinstein MJ, et al. Effects of acute estradiol and progesterone on perimenstrual exacerbation of suicidal ideation and related symptoms: a crossover randomized controlled trial. *Transl Psychiatry*. 2022;12(1):528. doi: [10.1038/s41398-022-02294-1](https://doi.org/10.1038/s41398-022-02294-1)
- [71] Hamoda. Progesterogens and endometrial protection. British Menopause Society; 2022. Available from <https://thebms.org.uk/wp-content/uploads/2023/04/14-BMS-TfC-Progesterogens-and-endometrial-protection-APR2023-A.pdf>. Accessed 28 October 2024.
- [72] de Lignières B. Oral micronized progesterone. *Clin Ther*. 1999;21(1):41–60. doi: [10.1016/S0149-2918\(00\)88267-3](https://doi.org/10.1016/S0149-2918(00)88267-3)
- [73] Panay N, Studd J. Progestogen intolerance and compliance with hormone replacement therapy in menopausal women. *Hum Reprod Update*. 1997;3(2):159–171. doi: [10.1093/humupd/3.2.159](https://doi.org/10.1093/humupd/3.2.159)
- [74] Managing premenstrual syndrome (PMS). 2018; Available from: <https://www.rcog.org.uk/for-the-public/browse-our-patient-information/managing-premenstrual-syndrome-pms>. Accessed 19 May 2025.
- [75] Manley K, Hillard T, Clark J, et al. Management of unscheduled bleeding on HRT: A joint guideline on behalf of the British Menopause Society, Royal College Obstetricians and Gynaecologists, British Gynaecological Cancer Society, British Society for Gynaecological Endoscopy, Faculty of Sexual and Reproductive Health, Royal College of General Practitioners and Getting it Right First Time. *Post Reprod Health*. 2024;30(2):95–116. doi: [10.1177/20533691241254413](https://doi.org/10.1177/20533691241254413)
- [76] British Menopause Society. Non-hormonal-based treatments for menopausal symptoms; 2025. Available at <https://thebms.org.uk/publications/consensus-statements/non-hormonal-based-treatments-menopausal-symptoms/>. Accessed 27 October 2025.
- [77] Deb S, Roy M, Limbu B. Pharmacological management of psychopathology in people with intellectual disabilities and/or autism spectrum disorder. *BJPsych Advances*. 2023;29(5):322–333. doi: [10.1192/bja.2022.61](https://doi.org/10.1192/bja.2022.61)
- [78] Houghton R, Liu C, Bolognani F. Psychiatric comorbidities and psychotropic medication use in autism: a matched cohort study with ADHD and general population comparator groups in the United Kingdom. *Autism Res*. 2018;11(12):1690–1700. doi: [10.1002/aur.2040](https://doi.org/10.1002/aur.2040)
- [79] Shams T, Firwana B, Habib F, et al. SSRIs for hot flashes: a systematic review and meta-analysis of randomized trials. *J Gen Intern Med*. 2014;29(1):204–213. doi: [10.1007/s11606-013-2535-9](https://doi.org/10.1007/s11606-013-2535-9)
- [80] Cortese S. Evidence-based prescribing of medications for ADHD: where are we in 2023? *Expert Opin Pharmacother*. 2023;24(4):425–434. doi: [10.1080/14656566.2023.2169604](https://doi.org/10.1080/14656566.2023.2169604)
- [81] Menezes M, Harkins C, Robinson MF, et al. Treatment of depression in individuals with autism spectrum disorder: A systematic review. *Res Autism Spectr Disord*. 2020;78:101639. doi: [10.1016/j.rasd.2020.101639](https://doi.org/10.1016/j.rasd.2020.101639)
- [82] Menezes M, Harkins C, Robinson MF, et al. Treatment of anxiety in autistic adults: A systematic review. *Res Autism Spectr Disord*. 2022;99:102068. doi: [10.1016/j.rasd.2022.102068](https://doi.org/10.1016/j.rasd.2022.102068)
- [83] Koyuncu A, Ayan T, İnce Guliyev E, et al. ADHD and anxiety disorder comorbidity in children and adults: Diagnostic and therapeutic challenges. *Curr Psychiatry Rep*. 2022;24(2):129–140. doi: [10.1007/s11920-022-01324-5](https://doi.org/10.1007/s11920-022-01324-5)
- [84] de Pablo GS, Jorda CP, Vaquerizo-Serrano J, et al. Systematic review and meta-analysis: efficacy of pharmacological interventions for irritability and emotional dysregulation in autism spectrum disorder and predictors of response. *J Am Acad Child Adolesc Psychiatry*. 2023;62(2):151–168.

- [85] Ming X, Mulvey M, Mohanty S, et al. Safety and efficacy of clonidine and clonidine extended-release in the treatment of children and adolescents with attention deficit and hyperactivity disorders. *Adolesc Health Med Ther*. 2011;2:105–112. doi: [10.2147/AHMT.S15672](https://doi.org/10.2147/AHMT.S15672)
- [86] British Menopause Society. Prescribable alternatives to HRT; 2025. Available at <https://thebms.org.uk/wp-content/uploads/2025/11/02-NEW-BMS-Prescribable-alternatives-to-HRT-NOV2025-B.pdf>. Accessed 27 November 2025.
- [87] National Institute for Health and Care Excellence. Menopause: Cognitive behavioural therapy; 2024 Available at <https://www.nice.org.uk/guidance/ng23/evidence/evidence-report-a-cognitive-behavioural-therapy-pdf-13553205086>. Accessed 27 October 2025.
- [88] Ye M, Shou M, Zhang J, et al. Efficacy of cognitive therapy and behavior therapy for menopausal symptoms: a systematic review and meta-analysis. *Psychol Med*. 2022;52(3):433–445. doi: [10.1017/S0033291721005407](https://doi.org/10.1017/S0033291721005407)
- [89] Brede J, Cage E, Trott J, et al. “We Have to Try to Find a Way, a Clinical Bridge”—autistic adults’ experience of accessing and receiving support for mental health difficulties: A systematic review and thematic meta-synthesis. *Clin Psychol Rev*. 2022;93:102131. doi: [10.1016/j.cpr.2022.102131](https://doi.org/10.1016/j.cpr.2022.102131)
- [90] William S, Horrocks M, Richmond J, et al. Experience of CBT in adults with ADHD: a mixed methods study. *Front Psychiatry*. 2024;15:1341624. doi: [10.3389/fpsy.2024.1341624](https://doi.org/10.3389/fpsy.2024.1341624)
- [91] Jellett R, Flower RL. How can psychologists meet the needs of autistic adults? *Autism*. 2024;28(2):520–522. doi: [10.1177/13623613221147346](https://doi.org/10.1177/13623613221147346)
- [92] Edwards C, Gibbs V, Love AM, et al. A qualitative exploration of an autism-specific self-compassion program: The ASPAA. *Autism*. 2024;28(6):1419–1430. doi: [10.1177/13623613241234097](https://doi.org/10.1177/13623613241234097)
- [93] Huntjens A, van den Bosch LW, Sizoo B, et al. The effectiveness and safety of dialectical behavior therapy for suicidal ideation and behavior in autistic adults: a pragmatic randomized controlled trial. *Psychol Med*. 2024;54(10):2707–2718. doi: [10.1017/S0033291724000825](https://doi.org/10.1017/S0033291724000825)
- [94] Beaton DM, Sirois F, Milne E. The role of self-compassion in the mental health of adults with ADHD. *J Clin Psychol*. 2022;78(12):2497–2512. doi: [10.1002/jclp.23354](https://doi.org/10.1002/jclp.23354)
- [95] Halmøy A, Ring AE, Gjestad R, et al. Dialectical behavioral therapy-based group treatment versus treatment as usual for adults with attention-deficit hyperactivity disorder: a multicenter randomized controlled trial. *BMC Psychiatry*. 2022;22(1):738. doi: [10.1186/s12888-022-04356-6](https://doi.org/10.1186/s12888-022-04356-6)
- [96] Thapar A, Livingston LA, Eyre O, et al. Practitioner review: attention-deficit hyperactivity disorder and autism spectrum disorder—the importance of depression. *J Child Psychol Psychiatry*. 2023;64(1):4–15. doi: [10.1111/jcpp.13678](https://doi.org/10.1111/jcpp.13678)
- [97] Moseley RL, Gregory NJ, Smith P, et al. Potential mechanisms underlying suicidality in autistic people with attention deficit/hyperactivity disorder: testing hypotheses from the interpersonal theory of suicide. *Aut Adulthood*. 2024;6(1):9–24. doi: [10.1089/aut.2022.0042](https://doi.org/10.1089/aut.2022.0042)
- [98] Moseley R. Resources and support: for professionals; 2025; Available from: <https://www.scienceonthespectrum.net/resources-professionals>. Accessed 5 June 2025.
- [99] Bertilsdotter Rosqvist H, Hultman L, Österborg Wiklund S, et al. Intensity and variable attention: Counter narrating ADHD, from ADHD deficits to ADHD difference. *Br J Soc Work*. 2023;53(8):3647–3664. doi: [10.1093/bjsw/bcad138](https://doi.org/10.1093/bjsw/bcad138)
- [100] Bradshaw P, Pickett C, van Driel ML, et al. Autistic’ or ‘with autism’?: Why the way general practitioners view and talk about autism matters. *Aust J Gen Pract*. 2021;50(3):104–108. doi: [10.31128/AJGP-11-20-5721](https://doi.org/10.31128/AJGP-11-20-5721)
- [101] Doherty M, McCowan S, Shaw SC. Autistic SPACE: a novel framework for meeting the needs of autistic people in healthcare settings. *Br J Hosp Med*. 2023;84(4):1–9. doi: [10.12968/hmed.2023.0006](https://doi.org/10.12968/hmed.2023.0006)
- [102] Iversen S, Kildahl AN. Case report: mechanisms in misdiagnosis of autism as borderline personality disorder. *Front Psychol*. 2022;13:735205. doi: [10.3389/fpsyg.2022.735205](https://doi.org/10.3389/fpsyg.2022.735205)
- [103] Gellini H, Marczak M. “I always knew I was different”: experiences of receiving a diagnosis of autistic spectrum disorder in adulthood—a meta-ethnographic systematic review. *Rev J Autism Dev Disord*. 2024;11(3):620–639. doi: [10.1007/s40489-023-00356-8](https://doi.org/10.1007/s40489-023-00356-8)
- [104] Moseley R. Resources for people newly diagnosed, and those who are wondering if they’re neurodivergent; 2025; Available from: <https://www.scienceonthespectrum.net/resources-newlydiagnosed>. Accessed 5 June 2025.
- [105] Leaver L, Cubbin S, Parry A. Supporting adults with autism—don’t forget comorbid ADHD. *Br J Gen Pract*. 2023;73(737):540–541. doi: [10.3399/bjgp23X735633](https://doi.org/10.3399/bjgp23X735633)
- [106] Mental Health Autism. Autism-Adapted Safety Plan; 2025; Available from: <https://sites.google.com/view/mentalhealthinautism/resources/safety-plan>. Accessed 15 April 2025.