UNMASKED

The HRT Conversation

on hormones, ADHD, and asking for what you need.

KNOWLEDGE | VALIDATION | EMPOWERMENT

BEFORE YOU START

What this is — and what it isn't

Let me be straight with you, because this matters.

This is **not** medical advice. I'm not a doctor. I can't tell you whether HRT is right for you, what dose to take, or what's safe with your history — only a clinician who knows you can do that.

What this **is**: the conversation I wish someone had handed me before I sat down in that GP chair. It's here to help you understand why your hormones and your ADHD are tangled up together — and to give you the words to ask for help properly, so you walk in informed instead of walking out dismissed.

Because here's what nobody told me. When menopause hit, I didn't just get hot flushes. I lost my memory. I was burning myself on the oven, walking into rooms with no idea why, bumping into furniture like someone had turned the lights off. After twenty years of being treated for depression and anxiety, my brain fell apart almost overnight — and not one person connected it to my hormones. If any of that sounds familiar, this is for you.

And it doesn't matter where you are with the ADHD side of this. Maybe you've been diagnosed. Maybe you're on a waiting list. Maybe you've only just started to wonder whether ADHD is the missing piece. None of that changes what's in here — this still applies to you.

> HOW TO USE THIS
>
> Read it once. Then take the questions section with you to your appointment — on paper or on your phone. That part is what changes how the conversation goes.

CONTENTS

What's inside

SECTION 1

01 Why hormones and ADHD are tangled together

Here's the bit that gets explained terribly everywhere else, so I'll keep it plain.

If you have ADHD — or you're starting to suspect you do — your brain runs low on a chemical called **dopamine**, the thing that helps you start, focus, finish, and feel steady. **Oestrogen helps your dopamine work.** For decades, your oestrogen has been quietly propping up a brain that was always running on less.

Then perimenopause arrives, and your oestrogen starts to drop — not smoothly, but chaotically. Some days you've got a bit. Some days almost none. And your dopamine drops with it. So the ADHD you'd been managing for thirty years suddenly has the floor pulled out from under it.

> THE REFRAME
>
> You're not losing your mind. You're losing the hormone that was helping hold your brain together. That's a real, physical shift — and it's exactly why this is worth raising with your GP.

SECTION 2

02 What HRT actually is (and what it isn't)

HRT — hormone replacement therapy — does what it says on the tin. It tops up the hormones your body is running short on: usually oestrogen, plus progesterone if you still have your womb. Often it's a patch, a gel, or a spray on the skin rather than a tablet.

Here's why it matters for us: if falling oestrogen is part of why your ADHD got louder, then replacing some of that oestrogen *may* help steady things — memory, focus, mood, sleep. A lot of women say it does.

But I'm going to be honest with you, because you deserve that: **HRT is not an ADHD treatment.** It's not a cure, and it's not a replacement for ADHD medication or support if you need those. It treats the hormone side of the picture — which, for many of us, is a big piece. But it's one piece.

> THE REFRAME
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> Think of HRT as putting some fuel back in the tank — not as fixing the engine. It might be exactly what helps. It might be part of what helps. Either way, it's a fair thing to ask about.

SECTION 3

03 What the research actually says

I'm not going to oversell this to you. The internet does enough of that.

Here's the truth. We know oestrogen supports focus, memory and emotional steadiness, and we know ADHD symptoms get worse as it falls — that part is well established. Many women find that when they replace oestrogen with HRT, the fog lifts a little. The skin-based type — patches and gels, "transdermal" oestrogen — is the one most often talked about for this.

But the research on HRT *specifically* for ADHD is still thin. Most of what we have is women's own experiences, not large trials. HRT isn't officially approved as an ADHD treatment, and no one can promise you a result.

I'm telling you this not to put you off — but so you walk in with your eyes open, and so no GP can wrong-foot you with "there's no evidence." Because you can answer that: *I know the research is still emerging. I'm asking because the hormone link is real, and I'd like to explore it.*

> THE REFRAME
>
> "Still being studied" is not the same as "made up." You're allowed to ask about something that might help you while the science is still catching up.

SECTION 4

04 Before you go — what to take with you

The appointment is short. Ten minutes, usually. So we prepare.

- **Ask for a double appointment** when you book, if you can. Tell reception it's about menopause and you'd like a little more time.
- **Track your symptoms for two weeks.** Not vague feelings — specific ones. *"Lost my words mid-sentence three times this week." "Couldn't start the simplest task." "Memory noticeably worse before my period."* Patterns are evidence.
- **Note when it changed.** If things fell off a cliff in your 40s, or after your periods got irregular, write that down. The timing is part of the story.
- **Bring a list of everything you take** — including ADHD medication, supplements, all of it.

> THE REFRAME
>
> You're not turning up to beg. You're turning up with evidence. That alone changes how you're heard.

SECTION 5

05 What to say — the part that matters

You don't need to be clever or medical. You need to be clear. Use whichever opening fits where you are — they're yours to reword.

IF YOU HAVEN'T BEEN DIAGNOSED WITH ADHD YET

"I think I may have undiagnosed ADHD, and I think menopause has made it much worse. Since perimenopause, my focus, memory and mood have fallen apart. I'd like to talk about two things — being assessed for ADHD, and whether HRT could help in the meantime."

IF YOU ALREADY KNOW YOU HAVE ADHD

"I have ADHD, and since perimenopause my symptoms have got dramatically worse. I've read that falling oestrogen can do this, and that HRT helps some women. I'd like to talk about whether HRT might be right for me."

(If getting an ADHD assessment is the bigger hurdle, The GP Script inside UNMASKED walks you through that exact conversation, word for word.)

Then the questions worth asking — pick the ones that fit you:

- *I think I might have ADHD — how do I start getting assessed?*
- *Could my menopause be making these symptoms worse?*
- *Would HRT be suitable for me, given my history?*
- *Could we look at transdermal oestrogen — a patch or a gel?*
- *How will we know if it's helping, and when should I come back?*
- *Is there anything about ADHD medication I should know if I start HRT?*

THE REFRAME

A good appointment isn't one where you're told yes. It's one where you've asked clearly and you know the next step. That's a win — even if the answer is "let's start here and review."

SECTION 6

06 If you're dismissed (because some of us will be)

I wish I didn't have to write this part. But if you get brushed off, you have **not** been disproven — you've been under-served. Here's what to do.

> IF YOU'RE TOLD "THAT'S JUST MENOPAUSE" OR "THAT'S JUST STRESS"
>
> *"I understand. But the hormones and the way my brain is working feel linked, and I'd like this looked at properly rather than put down to stress. Can we explore HRT — or can I see someone who specialises in menopause?"*

> IF YOU'RE REFUSED HRT AND YOU DON'T AGREE
>
> *"Can you tell me why — and what would need to change for me to be able to try it? And who could I see for a second opinion?"*

You also have options beyond your GP. In the UK, the **British Menopause Society** keeps a register of menopause specialists at **thebms.org.uk**. You can ask for a referral. And you can take someone with you next time — they can speak to what they've watched you go through, and that makes you much harder to dismiss.

> THE REFRAME
>
> One dismissive appointment is not the end of the road. It's a data point. You're allowed to go back. You're allowed to ask again.

SECTION 7

07 One thing to be careful about

This is the responsible bit, and please don't skip it.

If you take — or might take — **ADHD medication, tell your GP about both the HRT and the ADHD meds together.** They can interact: both can affect blood pressure and heart rate, and hormones can change how your body processes other medicines. None of that means you can't have both — plenty of women do. It just means your GP needs the full picture to keep you safe.

> THE REFRAME
>
> Asking about safety isn't being difficult. It's being the kind of patient who gets looked after properly.

BEFORE YOU GO

You're allowed to ask

For twenty years I was handed antidepressants for something that turned out to be hormonal and neurological all at once. No one joined the dots. I'm not angry about it anymore — but I am determined that you won't wait as long as I did.

You're allowed to ask for help. You're allowed to take up the full ten minutes. You're allowed to go back when the first answer isn't good enough. None of this is too much.

WHERE TO GO NEXT INSIDE UNMASKED

This guide is about the hormone conversation. The rest of UNMASKED helps you live the day-to-day:

- **The Midlife Unmasking Guide** — the full *why* behind hormones and ADHD.
- **The GP Script** — for the ADHD *diagnosis* conversation.
- **The Daily Containment System, Can't Switch Off, the Emergency Reset Cards** — for the days your brain won't settle.

adhdinwomen.uk/unmasked

— ADHD in Women · adhdinwomen.uk · hello@adhdinwomen.uk

IMPORTANT

This guide is educational, not medical advice

Nothing in this guide is a diagnosis, a prescription, or a recommendation to start or stop any treatment. HRT and ADHD medication each carry individual risks and benefits that only a qualified clinician who knows your history can weigh up. Always speak to your GP or a menopause specialist before making any decision. If you are in crisis in the UK, you can contact Samaritans at **116 123** (free, 24/7).