Rithim

A RITHIM GUIDE · WOMEN'S HEALTH

ADHD & Perimenopause

Why your focus, memory and mood shift in midlife — and the calm, practical things that genuinely help.

WRITTEN & REVIEWED BY

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A NOTE TO BEGIN

If your mind feels *louder* lately, you are not imagining it.

Many women reach their forties having quietly managed their attention, their moods and their memory for decades — and then something shifts. Tasks that were automatic start to slip. Words go missing mid-sentence. The mental "buffer" that used to absorb a busy life feels thinner.

Often this is dismissed as stress, or simply "getting older." But there is a real, physiological story underneath it — one that sits at the meeting point of **hormones** and **attention**. For women who have ADHD (diagnosed or not), perimenopause can turn the volume up on symptoms that were previously manageable. For others, it can surface attention difficulties for the very first time.

This guide is here to make that story clearer, calmer and more workable. It will not diagnose you, and it is not a substitute for care from your own clinician. What it can do is help you understand what may be happening, name it accurately, and walk into your next appointment feeling prepared rather than dismissed.

"Understanding why your brain is changing is the first step to working with it — not against it."

— Dr Deirdre Ryan, Clinical Psychologist

HOW TO USE THIS GUIDE

Read it in one sitting or dip into the sections you need. The toolkit on pages 8–10 is designed to be used today. You have permission to take what helps and leave the rest.

INSIDE THIS GUIDE

Contents

EDUCATIONAL, NOT MEDICAL ADVICE

This guide shares general, evidence-informed information to support understanding and conversation. It does not diagnose, treat, or replace personalised advice from a qualified healthcare professional. See the full note on page 12.

1 THE BIOLOGY, GENTLY EXPLAINED

What's actually *happening* in your brain

Estrogen is not only a reproductive hormone. It is also a powerful modulator of the brain — and it has a close relationship with **dopamine**, the chemical messenger most associated with focus, motivation and reward.

Throughout your cycle, and across your life, estrogen helps support healthy dopamine signalling. ADHD is understood, in part, as a condition of dopamine and noradrenaline regulation in the brain's attention and executive-function networks. So when estrogen is plentiful and steady, many women find their focus is steadier too.

In **perimenopause** — the years of transition before periods stop, often beginning in the early-to-mid forties — estrogen does not simply decline in a smooth line. It fluctuates, sometimes wildly, from day to day. As estrogen swings, so can the brain systems it helps support. For attention, mood and memory, the result can feel like the ground moving underfoot.

> THE ONE-LINE VERSION
>
> Estrogen helps your brain use dopamine well. When estrogen becomes erratic in perimenopause, the focus, motivation and memory that rely on dopamine can become erratic too.

2 WHY NOW, WHY LOUDER

Why perimenopause turns up the *volume* on ADHD

If you have ADHD, you have likely spent years building scaffolding — lists, routines, reminders, sheer effort — to hold things together. Perimenopause can quietly remove a support beam from that scaffolding at the very moment life is often at its most demanding.

Three things happen at once

1. **Coping strategies stop stretching as far.** The systems that used to absorb a forgotten appointment or a busy week have less give in them.
2. **Sleep and mood are disrupted.** Night sweats, broken sleep and low mood are common in perimenopause — and poor sleep alone worsens attention, memory and emotional regulation for anyone.
3. **Symptoms can surface for the first time.** Some women who never met the threshold for an ADHD diagnosis find that, as estrogen falls, previously hidden difficulties become impossible to ignore.

For diagnosed women

Existing symptoms may intensify, and strategies or medication that worked well may need review with your prescriber.

For undiagnosed women

Midlife is one of the most common times for women to first recognise ADHD — often after a child is diagnosed, or when coping runs out.

WORTH SAYING CLEARLY

This is not a failure of willpower or character. It is a change in the biological conditions your brain is working under. The right response is curiosity and support — not blame.

3 UNTANGLING THE OVERLAP

Is it ADHD, perimenopause, *or both?*

The honest answer is that the two overlap a great deal, which is exactly why this stage is so often missed or misread. The table below is not a diagnostic tool — it is a way to see the overlap clearly so you can describe your experience more precisely.

What you notice	Common in ADHD	Common in perimenopause
Difficulty focusing	Long-standing, present since earlier life	Newer, fluctuates with cycle & sleep
Forgetfulness	"Out of sight, out of mind"; working memory	Word-finding, "brain fog", names & appointments
Emotional intensity	Rapid, reactive; rejection sensitivity	Lower mood, irritability, anxiety, tearfulness
Restlessness	Lifelong inner or physical restlessness	New agitation, often paired with poor sleep
Overwhelm	Task initiation & prioritising difficulty	Reduced capacity, shorter fuse for stress

THE MOST USEFUL QUESTION

Ask yourself: "Is this *new*, or is this *louder*?" Long-standing patterns point more toward ADHD; a recent change that tracks with cycle, sleep or hot flushes points more toward perimenopause. For many women, the truthful answer is **both at once** — and both deserve attention.

4 WHAT WOMEN DESCRIBE

The seven shifts women *notice most*

You may recognise some and not others. There is no "complete set" to qualify — this is simply to help you feel seen and to name what's changed.

- **The vanishing word.** Mid-sentence, the word you wanted is simply gone — and arrives an hour later.
- **The thinning buffer.** A normal busy week now tips into overwhelm faster than it used to.
- **The slippery task.** Starting things — even things you want to do — feels harder, and follow-through fades.
- **The shorter fuse.** Irritation, tears or frustration arrive faster and feel harder to steer.
- **The 3am mind.** Sleep breaks, and the racing thoughts that follow make the next day harder still.
- **The dropped thread.** Appointments, names and "where did I put it" become daily companions.
- **The confidence dip.** A quiet worry — "is this just me?" — that chips away at how you see yourself.

> IF YOU RECOGNISE YOURSELF HERE
>
> None of these mean something is wrong with *you*. They are common, they are explainable, and — importantly — there are things that help. That's what the next section is for.

5 THE CALM TOOLKIT

What *genuinely* helps

No single fix solves this — but a handful of small, repeatable habits, stacked together, make a real difference. Start with one. Add another only when the first feels automatic.

Anchor the basics first

- **Protect sleep above all.** It is the single biggest lever for focus, mood and memory. Cool, dark room; consistent wake time; screens down early.
- **Move most days.** Even a brisk walk supports dopamine, mood and sleep. Movement is medicine you already own.
- **Steady your fuel.** Protein-forward meals and steady hydration soften the energy crashes that magnify brain fog.

Work with your brain, not against it

- **Externalise everything.** One trusted capture place for every task and thought, so your mind doesn't have to hold it.
- **Shrink the first step.** Make the start absurdly small — "open the document," not "write the report."
- **Body-double & time-box.** Work alongside someone, and use short timed bursts to make starting easier.

> PERMISSION SLIP
>
> You are not aiming for a perfect system. You are aiming for a few reliable handrails on the harder days. Consistency beats intensity, every time.

Soothe the nervous *system*

Lower the baseline

- Two minutes of slow breathing when overwhelm rises
- Daylight early in the day to steady your body clock
- Gentle limits on caffeine and late alcohol

Be kind to your mind

- Name it: "this is hormones meeting attention"
- Lower the bar on hard days, without guilt
- Tell one trusted person what you're navigating

Track the pattern

Because so much of this *fluctuates*, the most powerful thing you can do is notice your own pattern. When you can see how your focus, mood and sleep move together across the month, two things happen: you stop blaming yourself for a bad day, and you walk into your doctor's office with real information instead of a vague worry.

THIS IS THE HEART OF RITHIM

Rithim is being built to help you track exactly this — the link between your cycle, your attention and your mood — so the invisible becomes visible, and the next conversation with your clinician starts from evidence, not guesswork.

6 PUT IT TOGETHER

A gentle daily *rhythm*

A sample shape for a day — not a rulebook. Borrow what fits your life and ignore the rest. The aim is fewer decisions and softer edges, not more pressure.

Morning

Daylight + water before screens. Glance at your *one* capture list and pick a single "first small step."

Midday

Protein-forward lunch. A short walk. One timed focus burst on the thing that matters most.

Afternoon

Expect the dip — schedule lighter, low-stakes tasks here. Two minutes of breathing if overwhelm climbs.

Evening

Screens down early, cool room, consistent wind-down. Jot tomorrow's first small step so your mind can rest.

7 BE PREPARED, NOT DISMISSED

Talking to your doctor — *what to ask*

Appointments are short, and this topic is easy to under-explain. A little preparation helps you be heard. Bring notes, bring your tracked pattern, and bring these questions.

Before you go

- Write down your top three changes and roughly when they began.
- Note how they track with your cycle, your sleep, and any hot flushes.
- List anything you've already tried and whether it helped.

Questions worth asking

- "Could perimenopause be contributing to these changes in my focus and mood?"
- "Is it worth exploring whether ADHD is part of the picture for me?"
- "What are my options — including lifestyle, talking therapies, and where appropriate, medical treatment?"
- "If we try something, when should we review it, and what should I track in the meantime?"

> IF YOU DON'T FEEL HEARD
>
> It is reasonable to ask for a longer appointment, a second opinion, or a referral to someone with a special interest in women's health, menopause, or adult ADHD. Persistence is not being difficult — it's advocating for your care.

A CLOSING WORD

You are not broken. You are *changing*.

If you take one thing from this guide, let it be this: what you are experiencing is real, it is explainable, and it is workable. With understanding, the right support, and a few steady habits, this stage becomes far more navigable than it feels right now.

About Dr Deirdre Ryan

Dr Deirdre Ryan is a clinical psychologist who authored and reviewed this guide. Its content is grounded in current, evidence-informed understanding of the relationship between hormones, attention and mood across midlife.

About Rithim

Rithim is a new app helping women track the link between their cycle, attention and mood — turning the invisible into something you can see, understand, and bring to your clinician. Join the waitlist to be among the first.

IMPORTANT — EDUCATIONAL, NOT MEDICAL ADVICE

This guide provides general, evidence-informed information for education and to support conversations with qualified professionals. It is not a diagnosis, treatment plan, or a substitute for individual medical advice. Always consult your doctor or a qualified healthcare provider about your own health, before changing any treatment, and if you have urgent concerns. This is a draft prepared for clinical review.

Rithim

See your rhythm.
Trust your mind again.

Rithim helps you connect the dots between your cycle, your focus and your mood — so the next time your brain feels different, you'll know why, and what to do.

Join the waitlist →

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