International Journal of Innovative Technologies in Social Science

e-ISSN: 2544-9435

Scholarly Publisher
RS Global Sp. z O.O.
ISNI: 0000 0004 8495 2390

Dolna 17, Warsaw,
Poland 00-773
+48 226 0 227 03
editorial_office@rsglobal.pl

ARTICLE TITLE	ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD) IN ADULTS: AN OVERVIEW OF THE CURRENT STATE OF KNOWLEDGE, DIAGNOSTIC CHALLENGES, AND THERAPEUTIC STRATEGIES
ARTICLE INFO	Igor Winogrodzki, Bartłomiej Trzciński, Patryk Kowalczyk, Oliwia Gugała, Alicja Stryczek-Schlusche, Aleksandra Magdalena Furczyńska, Filip Bracichowicz, Aleksandra Gęsińska, Hanna Paszkiewicz, Kamil Nowak. (2025) Attention Deficit Hyperactivity Disorder (ADHD) in Adults: an Overview of The Current State of Knowledge, Diagnostic Challenges, and Therapeutic Strategies. *International Journal of Innovative Technologies in Social Science*. 3(47). doi: 10.31435/ijitss.3(47).2025.3606
DOI	https://doi.org/10.31435/ijitss.3(47).2025.3606
RECEIVED	16 July 2025
ACCEPTED	25 August 2025
PUBLISHED	05 September 2025
LICENSE	The article is licensed under a **Creative Commons Attribution 4.0 International License.**

ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD) IN ADULTS: AN OVERVIEW OF THE CURRENT STATE OF KNOWLEDGE, DIAGNOSTIC CHALLENGES, AND THERAPEUTIC STRATEGIES

Igor Winogrodzki *(Corresponding Author, Email: igor.wino@gmail.com)*
Military Institute of Aviation Medicine 54/56 Krasińskiego Street, 01-755 Warsaw, Poland
ORCID ID: 0009-0009-0751-6636

Bartłomiej Trzciński
10th Military Research Hospital And Polyclinic, Independent Public Healthcare Centre In Bydgoszcz, Powstańców Warszawy 5, 85-681 Bydgoszcz, Poland
ORCID ID: 0009-0007-1309-0470

Patryk Kowalczyk
10th Military Research Hospital And Polyclinic, Independent Public Healthcare Centre In Bydgoszcz, Powstańców Warszawy 5, 85-681 Bydgoszcz, Poland
ORCID ID: 0009-0009-7303-8185

Oliwia Gugała
University Clinical Hospital no. 2 PMU in Szczecin, Powstańców Wielkopolskich 72 St 70-111 Szczecin, Poland
ORCID ID: 0009-0002-4081-4140

Alicja Stryczek-Schlusche
University Clinical Hospital in Opole, al. W. Witosa 26 45-401 Opole, Poland
ORCID ID: 0009-0005-3033-1083

Aleksandra Magdalena Furczyńska
Medical University of Lodz, Al. Kościuszki 4, 90-419 Łódź, Poland
ORCID ID: 0009-0009-3165-8247

Filip Bracichowicz
Military Institute of Aviation Medicine 54/56 Krasińskiego Street, 01-755 Warsaw, Poland
ORCID ID: 0009-0008-6661-5450

Aleksandra Gęsińska
Medical University of Lodz, Al. Kościuszki 4, 90-419 Łódź, Poland
ORCID ID: 0009-0005-6062-4995

Hanna Paszkiewicz
5th Military Hospital with Polyclinic in Cracow, Wrocławska 1-3, 30-901 Kraków, Poland
ORCID ID 0009-0007-6536-3311

Kamil Nowak
Specialist Hospital No. 4 in Bytom al. Legionów 10, 41-902 Bytom, Poland
ORCID ID 0009-0001-2539-3360

ABSTRACT

Attention Deficit Hyperactivity Disorder (ADHD) is a neurodevelopmental disorder most commonly diagnosed in childhood. In recent years, the approach to its diagnosis and understanding has undergone significant changes. ADHD is increasingly being diagnosed in adulthood, which is related to advances in diagnostics and growing awareness among specialists. The aim of this review is to present the current state of knowledge regarding the clinical picture, diagnostic methods, and therapeutic strategies used in the treatment of ADHD in adults. The most common comorbid disorders and difficulties resulting from late diagnosis of this condition will also be discussed. Attention was also drawn to the need for further research and the development of specialist education in the diagnosis of ADHD.

KEYWORDS

ADHD in Adults, Diagnosis, Treatment, Clinical Picture, Comorbid Disorders

CITATION

Igor Winogrodzki, Bartłomiej Trzciński, Patryk Kowalczyk, Oliwia Gugała, Alicja Stryczek-Schlusche, Aleksandra Magdalena Furczyńska, Filip Bracichowicz, Aleksandra Gęsińska, Hanna Paszkiewicz, Kamil Nowak. (2025) Attention Deficit Hyperactivity Disorder (ADHD) in Adults: an Overview of The Current State of Knowledge, Diagnostic Challenges, and Therapeutic Strategies. *International Journal of Innovative Technologies in Social Science*. 3(47). doi: 10.31435/ijitss.3(47).2025.3606

Introduction.

Attention Deficit Hyperactivity Disorder (ADHD), as a neurodevelopmental disorder, has a complex and multifactorial etiology, in which genetic and neurobiological factors play a key role. Studies indicate a strong heritability of ADHD, with an estimated heritability of approximately 70-80% [1, 2, 3]. However, this is not the inheritance of a single gene, but results from the interaction of many genes, some of which are involved in the development of the nervous system and the functioning of neurotransmitters. At the neurobiological level, ADHD is primarily associated with dysfunction of the dopaminergic and noradrenergic systems in the brain, particularly in the prefrontal cortex, basal ganglia, and cerebellum [4, 5, 6, 8]. This leads to disturbances in the neural networks responsible for executive functions such as attention, planning, impulse control, and emotion regulation. Reduced activity of these neurotransmitters affects the efficiency of communication between neurons, which manifests itself in the observed clinical symptoms. In addition to genetic predisposition, environmental factors such as prenatal exposure to nicotine and alcohol, low birth weight, and head injuries in early childhood may also contribute to the development of ADHD, although their role is smaller compared to genetics [7,8,9].

Materials and methods

A detailed analysis of 79 peer-reviewed scientific articles, including systematic reviews and meta-analyses, published between 2002 and 2025 in sources such as PubMed, Google Scholar, and similar.

1. Neuroimaging studies

Differences in brain structure and function in patients with ADHD compared to neurotypical individuals are well documented by neuroimaging studies. Many analyses have shown that individuals with ADHD have a smaller total brain volume [10, 11]. These variables occur especially in key cortical and subcortical areas that are essential for executive functions and attention. These include the prefrontal cortex, basal ganglia, and cerebellum. Due to the hypoactivity of these areas, the brains of people with ADHD have difficulty performing tasks that require high concentration [1, 12, 13, 14]. It is believed that this reduced level of neuronal activity within the frontal-striatal-cerebellar network underlies the characteristic symptoms of ADHD, such as inattention, hyperactivity, and impulsivity [14, 15, 16].

2. Clinical picture of ADHD in adults

The clinical picture of ADHD in adults often differs from the typical symptoms presented in childhood. Although common features such as difficulty concentrating, hyperactivity, and impulsivity remain unchanged, their nature becomes more subtle or complex with age [2, 17, 18]. In adulthood, the dominant symptom is usually a marked difficulty in maintaining attention, easy distraction, forgetfulness, and a feeling of being"lost" in the rush of tasks. Disorganization of daily life, a tendency to be late, stress about daily responsibilities, a tendency to procrastinate, and difficulty achieving long-term goals are often observed [19].

Impulsivity can manifest itself, among other things, through rash decisions (e.g., ill-considered purchases, frequent changes of partners, sudden abandonment of interests), difficulty controlling emotions, interrupting others in conversation, the need for constant attention, and a tendency to dominate in company [20, 21, 22]. The hyperactivity typical of children often disappears, but is replaced by internal tension, anxiety, or difficulty in remaining still [21, 22, 31].

ADHD in adults can lead to low self-esteem, frustration, and mental overload. People with this disorder often have difficulties in interpersonal relationships, maintaining stable employment, and stabilizing their family life [21, 23]. Due to low social and medical awareness, many adults have been treating only the symptoms of comorbid disorders such as depression, anxiety, or burnout for years [24].

ADHD in adults occurs in three main forms, according to the DSM-5-TR classification [12]:

- With a predominance of attention disorders,
- With a predominance of hyperactivity/impulsivity,
- Mixed type
-
- Which of the following seem to occur most frequently: predominance of attention and mixed [12].

In practice, however, the clinical picture is often nonspecific, variable over time, and unstable, which significantly hinders accurate diagnosis [12, 25].

3. Diagnosis of ADHD in adults

Diagnosing ADHD in adults is a significant clinical challenge. This is primarily due to the lack of clear biological markers [26, 27], a nonspecific clinical picture, and the frequent co-occurrence of other mental disorders that may mask or modify symptoms [28, 29]. The diagnosis is based mainly on the assessment of current symptoms and a retrospective analysis of the patient's functioning in childhood [26, 30].

The diagnosis of ADHD in adults (over 17 years of age), according to the DSM-5 diagnostic criteria, requires that at least five symptoms from the groups of inattention, impulsivity, or hyperactivity be present for at least six months. It is also necessary for these symptoms to have appeared in childhood and to significantly interfere with daily functioning [33]. In practice, however, many adult patients have not been previously diagnosed, which is why retrospective assessment of childhood plays a particularly important role. Interviews with family members, analysis of school records, report cards, and the patient's own memories can be helpful in this regard [31, 32].

The diagnosis also assesses the impact of symptoms on functioning in various areas of life - professional, social, and family [34]. Validated screening tools are used to facilitate diagnosis, including:

- ASRS v1.1 (Adult ADHD Self-Report Scale) – a questionnaire for self-assessment of symptoms [35, 36],
- DIVA-5 (Diagnostic Interview for ADHD in Adults) – a structured clinical interview based on DSM-5 criteria [35, 36],
- WURS (Wender Utah Rating Scale) – a scale for retrospective assessment of childhood symptoms [36].

The diagnosis should be made by a psychiatrist, preferably one with experience in working with adult patients with ADHD [37]. A key diagnostic step is to differentiate it from other mental disorders, especially depression, anxiety disorders, personality disorders, and addictions [28, 38]. Incorrect diagnosis and lack of patient education can lead to ineffective treatment, which in turn increases the risk of psychosocial complications such as unemployment, interpersonal problems, and secondary affective disorders [38, 39].

4. Treatment of ADHD in adults

The treatment of ADHD in adults requires an integrated and individualized approach that takes into account both the core symptoms and frequently co-occurring mental disorders [2]. The best therapeutic results are achieved through an optimal combination of pharmacotherapy and non-pharmacological interventions, such as psychotherapy, psychoeducation, and life skills training. The goal of therapy is not only to reduce ADHD symptoms, but also to improve the patient's psychosocial functioning and quality of life [21, 40].

Pharmacotherapy

In the pharmacological treatment of adults with ADHD, psychostimulant drugs are the basic and most commonly used group of preparations [29]. The most commonly used drugs are those that stimulate the central nervous system, primarily methylphenidate and amphetamines, which increase the availability of dopamine and norepinephrine in the brain [2, 41, 42]. As a result, they improve concentration, attention, impulse control, and reduce hyperactivity [12, 41].

Psychostimulants are considered the first-line treatment for adults with ADHD [17, 29]. An alternative for patients with contraindications to their use is a group of non-stimulant drugs, including, for example, atomoxetine, a selective norepinephrine reuptake inhibitor [17, 43]. In some cases, other drugs are also used, such as guanfacine or bupropion, depending on the clinical picture and coexisting disorders [43].

Non-pharmacological therapy

Psychotherapy, particularly cognitive behavioral therapy (CBT), is a key element in supporting the treatment of ADHD. CBT focuses on developing practical strategies for coping with symptoms, improving organization, planning, impulse control, and reducing secondary symptoms such as anxiety or low self-esteem [29, 44].

Psychoeducation plays an important role in increasing patient awareness of ADHD mechanisms, ways of functioning with the diagnosis, and developing adaptive skills. It also facilitates communication and cooperation with family and the work environment [44, 45].

Treatment of comorbid disorders

Most adults with ADHD also suffer from other mental disorders, such as depression, anxiety disorders, addictions, or personality disorders [46]. Effective therapy should include simultaneous treatment of ADHD and comorbid problems [17]. Neglecting any aspect may lead to ineffective treatment and deterioration of the patient's overall mental state.

5. Comorbid disorders in adults with ADHD

ADHD in adults rarely occurs as the only mental disorder. In the vast majority of cases, it is accompanied by other mental difficulties, which significantly complicates the diagnostic process and treatment, and negatively affects the patient's quality of life [23, 47, 48].

Mood disorders

Depression is one of the most common comorbid disorders in adults with ADHD. Symptoms such as low mood, decreased energy, and loss of interest are often the result of chronic stress, frustration, and feelings of failure in life resulting from undiagnosed and untreated ADHD [18, 48, 49]. Some patients also experience dysthymia or bipolar disorder, which often leads to diagnostic difficulties [23, 50].

Anxiety disorders

People with ADHD often have co-occurring anxiety disorders, such as generalized anxiety, social phobia, and panic attacks. These types of symptoms often result from chronic mental overload, difficulties in daily functioning, such as organizing the day, planning tasks, meeting deadlines, or maintaining stable interpersonal relationships [51].

Substance use disorders

People with ADHD are at significantly higher risk of developing addictions to alcohol, nicotine, psychoactive substances, as well as impulsive behaviors, including more frequent, casual sexual encounters [52, 53, 54]. Impulsivity, the need for immediate gratification, and the tendency to seek intense stimuli promote risky behaviors and may lead to the use of psychoactive substances as a form of unconscious self-medication [29, 55, 79].

Personality disorders

Some adults with ADHD meet the diagnostic criteria for personality disorders, most commonly borderline personality disorder or avoidant personality disorder [23, 56, 57]. The coexistence of these disorders exacerbates emotional problems and significantly hinders the therapeutic process [32, 58].

6. Social and professional consequences of late diagnosis of ADHD in adults

Late diagnosis of ADHD in adults has a number of psychosocial consequences. Due to the lack of an accurate diagnosis and low self-awareness of the symptoms of the disorder, many patients unsuccessfully try to cope with difficulties in concentration, organization of daily tasks, addictions, and a lack of understanding from those around them. Incorrect or delayed diagnosis, and thus lack of appropriate treatment, results in lower self-esteem and a deterioration in the quality of life in professional, social, and family terms [17, 19, 21, 23].

Consequences in professional life

ADHD significantly affects the professional functioning of adults. Problems with concentration, feeling overwhelmed by responsibilities, and frequently missing deadlines reduce work efficiency, motivation, and relationships with superiors. People with ADHD are often forced to change jobs frequently. New positions often require even greater self-discipline, organization, and emotional control, which in the long run can lead to faster burnout—not only as a result of the symptoms of ADHD itself, but also of coexisting mental disorders [59, 60, 61, 62].

Adults with ADHD are less likely to attain higher education and more likely to work below their qualifications [21]. Years of professional failure often lead to reduced self-esteem and secondary mood disorders such as depression and anxiety disorders [21, 49]. Konsekwencje społeczne

Impulsivity, emotional difficulties, distractibility, and rapid loss of interest significantly affect the quality of interpersonal relationships [63]. People with ADHD often experience tension in family relationships. A lack of understanding of the mechanisms of the disorder and the patient's unusual behavior can lead to conflicts, difficulties in maintaining lasting relationships, and feelings of isolation and loneliness [64, 65].

For many adults, a late diagnosis becomes a turning point. It allows them to understand previously incomprehensible symptoms and behaviors. Unfortunately, in many cases, living with untreated ADHD for many years results in permanently low self-esteem, difficulties in social relationships, and a sense of alienation—even after receiving an accurate diagnosis and beginning treatment [66, 67, 68].

Economic and systemic consequences

From a socioeconomic perspective, undiagnosed ADHD is associated with a greater burden on the healthcare system, more frequent use of sick leave, as well as an increased risk of unemployment and lower income [24]. These consequences may also include educational difficulties and, in some cases, problems with the law resulting from impulsivity and lack of emotional control [45].

7. Diagnostic and therapeutic challenges in working with adult patients with ADHD

Effective diagnosis and treatment of ADHD in adults is associated with numerous difficulties at both the diagnostic and therapeutic levels. Despite rapidly advancing knowledge and numerous studies on this disorder, it continues to be perceived as characteristic of childhood, which translates into delays in its diagnosis in adult patients [29, 69].

Diagnostic difficulties

One of the main challenges in the diagnostic process is the significant variation in ADHD symptoms in adulthood. Symptoms may be modified—instead of classic hyperactivity, internal anxiety, difficulty concentrating, or verbal impulsivity may be observed. In addition, these symptoms are often masked by compensatory mechanisms developed by the patient, which can make them difficult to detect during clinical examination [17]. Another barrier is the high co-occurrence of other mental disorders—depression, anxiety disorders, addictions, or borderline personality disorder—which often obscure the clinical picture of ADHD [23, 70].

Therapeutic difficulties

Effective therapy should also include psychoeducation, cognitive-behavioral therapy, support in planning, organization, and working on emotion regulation [17, 71]. Challenges in treating patients with ADHD include low motivation for treatment, especially in cases where prolonged struggles with symptoms have led to frustration and reduced self-efficacy. In addition, some patients do not accept the diagnosis, perceiving it as stigmatizing or unreliable [20, 72].

The importance of the therapeutic relationship and systemic support

It is essential to maintain good patient-therapist relations in order to ensure continuity and effectiveness of treatment [72]. Years of experiencing misunderstanding and marginalization can result in a lack of trust in the healthcare system and a negative attitude towards therapy. The support of family, friends, and colleagues is also important—the presence of these components can increase the effectiveness of treatment, regardless of its method [19, 73].

8. Discussion and conclussion

ADHD in adults is a much more widespread and complex disorder than previously thought. Although it has been viewed for many years as a problem typical of childhood, there is now growing evidence that symptoms present in childhood may become more pronounced or take a different form in adulthood. However, diagnosing ADHD in this age group is associated with numerous diagnostic difficulties [17, 18, 24]. These difficulties stem from both the diversity of symptoms and the frequent co-occurrence of other mental disorders, which significantly increases the risk of misdiagnosis [12, 74]. An additional problem is the lack of widely available, standardized diagnostic tools and the limited knowledge of specialists about the course of ADHD in adults [75].

Effective treatment of ADHD should be based on an individualized, interdisciplinary, and comprehensive approach that also takes into account comorbid disorders such as depression, anxiety disorders, and addictions [17, 77, 78]. In addition to pharmacotherapy, appropriate psychotherapy (especially cognitive-behavioral therapy), psychoeducation, executive function training, and social support play a key role [72, 76].

The key challenges for the healthcare system are: raising awareness among clinicians, developing and implementing standardized diagnostic tools for adults, improving access to treatment, and combating the stigma associated with this disorder. A more accurate understanding of ADHD in adults will not only enable more accurate diagnosis and more effective treatment, but also a real improvement in patients' quality of life and their functioning in the professional, family, and social spheres.

Disclosures

Author's Contributions:
Conceptualization: Igor Winogrodzki
Methodology: Patryk Kowalczyk, Igor Winogrodzki
Software: Oliwia Gugała, Igor Winogrodzki
Check: Bartłomiej Trzciński, Igor Winogrodzki
Validation / Check: Aleksandra Gęsińska, Igor Winogrodzki
Formal Analysis: Aleksandra Magdalena Furczyńska, Igor Winogrodzki
Investigation: Filip Bracichowicz, Igor Winogrodzki
Resources: Alicja Stryczek-Schlusche, Igor Winogrodzki
Data curation: Hanna Paszkiewicz, Igor Winogrodzki
Writing – rough preparation: Kamil Nowak, Igor Winogrodzki
Writing – Review and Editing: Filip Bracichowicz, Igor Winogrodzki
Supervision / Project Administration: Patryk Kowalczyk, Igor Winogrodzki

All authors have read and agreed to the published version of the manuscript.

Funding Statement: The author received no external funding for this work.

Institutional Review Board Statement: Not applicable; this review included only published data.

Informed Consent Statement: Not applicable.

Data Availability Statement: All supporting data are available within the cited peer-reviewed literature.

Acknowledgments: The author acknowledges the contribution of investigators and data curators whose high-quality research underpins the advances reviewed herein.

Conflict of Interest Statement: The author declares no conflict of interest.

Declaration of the use of generative AI and AI-assisted technologies in the writing process

In preparing this work, the authors used ChatGPT for the purpose of improving language and readability. After using this tool, the authors have reviewed and edited the content as needed and accept full responsibility for the substantive content of the publication.

REFERENCES

1. Yadav, S. K., Bhat, A. A., Hashem, S., Nisar, S., Kamal, M., Syed, N., Temanni, M. R., Gupta, R. K., Kamran, S., Azeem, M. W., Srivastava, A. K., Bagga, P., Chawla, S., Reddy, R., Frenneaux, M. P., Fakhro, K., & Haris, M. (2021). Genetic variations influence brain changes in patients with attention-deficit hyperactivity disorder. *Translational psychiatry*, *11*(1), 349. https://doi.org/10.1038/s41398-021-01473-w
2. Franke, B., Michelini, G., Asherson, P., Banaschewski, T., Bilbow, A., Buitelaar, J. K., Cormand, B., Faraone, S. V., Ginsberg, Y., Haavik, J., Kuntsi, J., Larsson, H., Lesch, K. P., Ramos-Quiroga, J. A., Réthelyi, J. M., Ribases, M., & Reif, A. (2018). Live fast, die young? A review on the developmental trajectories of ADHD across the lifespan. *European neuropsychopharmacology : the journal of the European College of Neuropsychopharmacology*, *28*(10), 1059–1088. https://doi.org/10.1016/j.euroneuro.2018.08.001
3. Grigore, M., Ionică, M. V., Pătru, L., Gheorman, V., & Wagner, A. P. (2025). Recent Advances in the Etiology and Neural Pathways Underlying Attention-Deficit and Hyperactivity Disorder. *Current health sciences journal*, *51*(1), 14–25. https://doi.org/10.12865/CHSJ.51.01.02
4. Banaschewski, T., Becker, K., Scherag, S., Franke, B., & Coghill, D. (2010). Molecular genetics of attention-deficit/hyperactivity disorder: an overview. *European child & adolescent psychiatry*, *19*(3), 237–257. https://doi.org/10.1007/s00787-010-0090-z
5. Demontis, D., Walters, G. B., Athanasiadis, G., Walters, R., Therrien, K., Nielsen, T. T., Farajzadeh, L., Voloudakis, G., Bendl, J., Zeng, B., Zhang, W., Grove, J., Als, T. D., Duan, J., Satterstrom, F. K., Bybjerg-Grauholm, J., Bækved-Hansen, M., Gudmundsson, O. O., Magnusson, S. H., Baldursson, G., … Børglum, A. D. (2023). Genome-wide analyses of ADHD identify 27 risk loci, refine the genetic architecture and implicate several cognitive domains. *Nature genetics*, *55*(2), 198–208. https://doi.org/10.1038/s41588-022-01285-8
6. Li, Z., Chang, S. H., Zhang, L. Y., Gao, L., & Wang, J. (2014). Molecular genetic studies of ADHD and its candidate genes: a review. *Psychiatry research*, *219*(1), 10–24. https://doi.org/10.1016/j.psychres.2014.05.005
7. Herbert, A., & Esparham, A. (2017). Mind-Body Therapy for Children with Attention-Deficit/Hyperactivity Disorder. *Children (Basel, Switzerland)*, *4*(5), 31. https://doi.org/10.3390/children4050031
8. Lewis, N., Lagopoulos, J., & Villani, A. (2025). Gut-Brain Inflammatory Pathways in Attention-Deficit/Hyperactivity Disorder: The Role and Therapeutic Potential of Diet. *Metabolites*, *15*(5), 335. https://doi.org/10.3390/metabo15050335
9. Wang, Y., Zhao, Y., Hu, L., & Zhang, X. (2025). The Multidimensional Dynamic Feedback Model: A Comprehensive Framework for Understanding and Managing Attention-Deficit/Hyperactivity Disorder. *Children (Basel, Switzerland)*, *12*(3), 303. https://doi.org/10.3390/children12030303
10. Castellanos, F. X., Lee, P. P., Sharp, W., Jeffries, N. O., Greenstein, D. K., Clasen, L. S., Blumenthal, J. D., James, R. S., Ebens, C. L., Walter, J. M., Zijdenbos, A., Evans, A. C., Giedd, J. N., & Rapoport, J. L. (2002). Developmental trajectories of brain volume abnormalities in children and adolescents with attention-deficit/hyperactivity disorder. *JAMA*, *288*(14), 1740–1748. https://doi.org/10.1001/jama.288.14.1740
11. Greven, C. U., Bralten, J., Mennes, M., O'Dwyer, L., van Hulzen, K. J., Rommelse, N., Schweren, L. J., Hoekstra, P. J., Hartman, C. A., Heslenfeld, D., Oosterlaan, J., Faraone, S. V., Franke, B., Zwiers, M. P., Arias-Vasquez, A., & Buitelaar, J. K. (2015). Developmentally stable whole-brain volume reductions and developmentally sensitive caudate and putamen volume alterations in those with attention-deficit/hyperactivity disorder and their unaffected siblings. *JAMA psychiatry*, *72*(5), 490–499. https://doi.org/10.1001/jamapsychiatry.2014.3162
12. da Silva, B. S., Grevet, E. H., Silva, L. C. F., Ramos, J. K. N., Rovaris, D. L., & Bau, C. H. D. (2023). An overview on neurobiology and therapeutics of attention-deficit/hyperactivity disorder. *Discover mental health*, *3*(1), 2. https://doi.org/10.1007/s44192-022-00030-1

13. Drechsler, R., Brem, S., Brandeis, D., Grünblatt, E., Berger, G., & Walitza, S. (2020). ADHD: Current Concepts and Treatments in Children and Adolescents. *Neuropediatrics*, *51*(5), 315–335. https://doi.org/10.1055/s-0040-1701658
14. Rubia K. (2018). Cognitive Neuroscience of Attention Deficit Hyperactivity Disorder (ADHD) and Its Clinical Translation. *Frontiers in human neuroscience*, *12*, 100. https://doi.org/10.3389/fnhum.2018.00100
15. Li, Q., Fu, Y., Liu, C., & Meng, Z. (2022). Transcranial Direct Current Stimulation of the Dorsolateral Prefrontal Cortex for Treatment of Neuropsychiatric Disorders. *Frontiers in behavioral neuroscience*, *16*, 893955. https://doi.org/10.3389/fnbeh.2022.893955
16. Massat, I., Slama, H., Kavec, M., Linotte, S., Mary, A., Baleriaux, D., Metens, T., Mendlewicz, J., & Peigneux, P. (2012). Working memory-related functional brain patterns in never medicated children with ADHD. *PloS one*, *7*(11), e49392. https://doi.org/10.1371/journal.pone.0049392
17. Kooij, S. J., Bejerot, S., Blackwell, A., Caci, H., Casas-Brugué, M., Carpentier, P. J., Edvinsson, D., Fayyad, J., Foeken, K., Fitzgerald, M., Gaillac, V., Ginsberg, Y., Henry, C., Krause, J., Lensing, M. B., Manor, I., Niederhofer, H., Nunes-Filipe, C., Ohlmeier, M. D., Oswald, P., … Asherson, P. (2010). European consensus statement on diagnosis and treatment of adult ADHD: The European Network Adult ADHD. *BMC psychiatry*, *10*, 67. https://doi.org/10.1186/1471-244X-10-67
18. Custodio, R. J. P., Hengstler, J. G., Cheong, J. H., Kim, H. J., Wascher, E., & Getzmann, S. (2023). Adult ADHD: it is old and new at the same time - what is it?. *Reviews in the neurosciences*, *35*(2), 225–241. https://doi.org/10.1515/revneuro-2023-0071
19. Holthe, M. E. G., & Langvik, E. (2017). The Strives, Struggles, and Successes of Women Diagnosed With ADHD as Adults. *SAGE Open*, *7*(1). https://doi.org/10.1177/2158244017701799
20. Matheson, L., Asherson, P., Wong, I. C., Hodgkins, P., Setyawan, J., Sasane, R., & Clifford, S. (2013). Adult ADHD patient experiences of impairment, service provision and clinical management in England: a qualitative study. *BMC health services research*, *13*, 184. https://doi.org/10.1186/1472-6963-13-184
21. Antolini, G., & Colizzi, M. (2023). Where Do Neurodevelopmental Disorders Go? Casting the Eye Away from Childhood towards Adulthood. *Healthcare (Basel, Switzerland)*, *11*(7), 1015. https://doi.org/10.3390/healthcare11071015
22. Bahn, G. H., Lee, Y. S., Yoo, H. K., Kim, E. J., Park, S., Han, D. H., Hong, M., Kim, B., Lee, S. I., Bhang, S. Y., Lee, S. Y., Hong, J. P., & Joung, Y. S. (2020). Development of the Korean Practice Parameter for Adult Attention-Deficit/Hyperactivity Disorder. *Soa--ch'ongsonyon chongsin uihak = Journal of child & adolescent psychiatry*, *31*(1), 5–25. https://doi.org/10.5765/jkacap.190030
23. Katzman, M. A., Bilkey, T. S., Chokka, P. R., Fallu, A., & Klassen, L. J. (2017). Adult ADHD and comorbid disorders: clinical implications of a dimensional approach. *BMC psychiatry*, *17*(1), 302. https://doi.org/10.1186/s12888-017-1463-3
24. Ginsberg, Y., Quintero, J., Anand, E., Casillas, M., & Upadhyaya, H. P. (2014). Underdiagnosis of attention-deficit/hyperactivity disorder in adult patients: a review of the literature. *The primary care companion for CNS disorders*, *16*(3), PCC.13r01600. https://doi.org/10.4088/PCC.13r01600
25. Messina, , Fangano, G., De Stefano, R., Mento, C., Cedro, C., & Muscatello, M. R. A. (2025). THE USE OF VIRTUAL REALITY AS A TOOL TO ASSESS ADHD NEUROPSYCHOLOGICAL PROFILES AND THEIR SPECIFIC RESPONSE TO MPH TREATMENT - A PILOT STUDY IN AN ITALIAN ADULT POPULATION. *International Journal of Neuropsychopharmacology*, *28*(Suppl 1), i114–i115. https://doi.org/10.1093/ijnp/pyae059.198
26. Huang, H., Huang, H., Spottswood, M., & Ghaemi, N. (2020). Approach to Evaluating and Managing Adult Attention-Deficit/Hyperactivity Disorder in Primary Care. *Harvard review of psychiatry*, *28*(2), 100–106. https://doi.org/10.1097/HRP.0000000000000248
27. Dogan, G. Y., Halimoglu, G., Kaplanoglu, D., Aksoy, U. M., Kandeger, A., Yavuz, E., Kartal, S., Fausto, R., & Ildiz, G. O. (2024). Raman Spectra of Blood Serum as Holistic Biomarker for Differential Auxiliary Diagnoses of Attention Deficit and Hyperactivity Disorder (ADHD) in Adults. *Spectroscopy Journal*, *2*(2), 53-67. https://doi.org/10.3390/spectroscj2020004
28. Marshall, P., Hoelzle, J., & Nikolas, M. (2021). Diagnosing Attention-Deficit/Hyperactivity Disorder (ADHD) in young adults: A qualitative review of the utility of assessment measures and recommendations for improving the diagnostic process. *The Clinical neuropsychologist*, *35*(1), 165–198. https://doi.org/10.1080/13854046.2019.1696409
29. Kooij, J. J. S., Bijlenga, D., Salerno, L., Jaeschke, R., Bitter, I., Balázs, J., Thome, J., Dom, G., Kasper, S., Nunes Filipe, C., Stes, S., Mohr, P., Leppämäki, S., Casas, M., Bobes, J., Mccarthy, J. M., Richarte, V., Kjems Philipsen, A., Pehlivanidis, A., Niemela, A., … Asherson, P. (2019). Updated European Consensus Statement on diagnosis and treatment of adult ADHD. *European psychiatry : the journal of the Association of European Psychiatrists*, *56*, 14–34. https://doi.org/10.1016/j.eurpsy.2018.11.001

30. Asherson, P., Leaver, L., Adamou, M., Arif, M., Askey, G., Butler, M., Cubbin, S., Newlove-Delgado, T., Kustow, J., Lanham-Cook, J., Findlay, J., Maxwell, J., Mason, P., Read, H., van Rensburg, K., Müller-Sedgwick, U., Sedgwick-Müller, J., & Skirrow, C. (2022). Mainstreaming adult ADHD into primary care in the UK: guidance, practice, and best practice recommendations. *BMC psychiatry*, *22*(1), 640. https://doi.org/10.1186/s12888-022-04290-7
31. Pallucchini, A., Carli, M., Maremmani, A. G. I., Scarselli, M., Perugi, G., & Maremmani, I. (2021). Influence of Substance Use Disorder on Treatment Retention of Adult-Attention-Deficit/Hyperactive Disorder Patients. A 5-Year Follow-Up Study. *Journal of clinical medicine*, *10*(9), 1984. https://doi.org/10.3390/jcm10091984
32. Pallucchini, A., Carli, M., Scarselli, M., Maremmani, I., & Perugi, G. (2021). Symptomatological Variants and Related Clinical Features in Adult Attention Deficit Hyperactive Disorder. *International journal of environmental research and public health*, *18*(3), 922. https://doi.org/10.3390/ijerph18030922
33. Young, S., Hollingdale, J., Absoud, M., Bolton, P., Branney, P., Colley, W., Craze, E., Dave, M., Deeley, Q., Farrag, E., Gudjonsson, G., Hill, P., Liang, H. L., Murphy, C., Mackintosh, P., Murin, M., O'Regan, F., Ougrin, D., Rios, P., Stover, N., … Woodhouse, E. (2020). Guidance for identification and treatment of individuals with attention deficit/hyperactivity disorder and autism spectrum disorder based upon expert consensus. *BMC medicine*, *18*(1), 146. https://doi.org/10.1186/s12916-020-01585-y
34. Platania, N. M., Starreveld, D. E. J., Wynchank, D., Beekman, A. T. F., & Kooij, S. (2025). Bias by gender: exploring gender-based differences in the endorsement of ADHD symptoms and impairment among adult patients. *Frontiers in global women's health*, *6*, 1549028. https://doi.org/10.3389/fgwh.2025.1549028
35. Sedgwick-Müller, J. A., Müller-Sedgwick, U., Adamou, M., Catani, M., Champ, R., Gudjónsson, G., Hank, D., Pitts, M., Young, S., & Asherson, P. (2022). University students with attention deficit hyperactivity disorder (ADHD): a consensus statement from the UK Adult ADHD Network (UKAAN). *BMC psychiatry*, *22*(1), 292. https://doi.org/10.1186/s12888-022-03898-z
36. Brevik, E. J., Lundervold, A. J., Haavik, J., & Posserud, M. B. (2020). Validity and accuracy of the Adult Attention-Deficit/Hyperactivity Disorder (ADHD) Self-Report Scale (ASRS) and the Wender Utah Rating Scale (WURS) symptom checklists in discriminating between adults with and without ADHD. *Brain and behavior*, *10*(6), e01605. https://doi.org/10.1002/brb3.1605
37. Schoeman, R., & Liebenberg, R. (2017). The South African Society of Psychiatrists/Psychiatry Management Group management guidelines for adult attention-deficit/hyperactivity disorder. *The South African journal of psychiatry : SAJP : the journal of the Society of Psychiatrists of South Africa*, *23*, 1060. https://doi.org/10.4102/sajpsychiatry.v23i0.1060
38. Adamou, M., Arif, M., Asherson, P., Cubbin, S., Leaver, L., Sedgwick-Müller, J., Müller-Sedgwick, U., van Rensburg, K., & Kustow, J. (2024). The adult ADHD assessment quality assurance standard. *Frontiers in psychiatry*, *15*, 1380410. https://doi.org/10.3389/fpsyt.2024.1380410
39. Rivas-Vazquez, R. A., Diaz, S. G., Visser, M. M., & Rivas-Vazquez, A. A. (2023). Adult ADHD: Underdiagnosis of a Treatable Condition. *Journal of health service psychology*, *49*(1), 11–19. https://doi.org/10.1007/s42843-023-00077-w
40. Mattingly, G. W., Wilson, J., Ugarte, L., & Glaser, P. (2021). Individualization of attention-deficit/hyperactivity disorder treatment: pharmacotherapy considerations by age and co-occurring conditions. *CNS spectrums*, *26*(3), 202–221. https://doi.org/10.1017/S1092852919001822
41. Volkow, N. D., Wang, G. J., Tomasi, D., Kollins, S. H., Wigal, T. L., Newcorn, J. H., Telang, F. W., Fowler, J. S., Logan, J., Wong, C. T., & Swanson, J. M. (2012). Methylphenidate-elicited dopamine increases in ventral striatum are associated with long-term symptom improvement in adults with attention deficit hyperactivity disorder. *The Journal of neuroscience : the official journal of the Society for Neuroscience*, *32*(3), 841–849. https://doi.org/10.1523/JNEUROSCI.4461-11.2012
42. Sahakian, B. J., Bruhl, A. B., Cook, J., Killikelly, C., Savulich, G., Piercy, T., Hafizi, S., Perez, J., Fernandez-Egea, E., Suckling, J., & Jones, P. B. (2015). The impact of neuroscience on society: cognitive enhancement in neuropsychiatric disorders and in healthy people. *Philosophical transactions of the Royal Society of London. Series B, Biological sciences*, *370*(1677), 20140214. https://doi.org/10.1098/rstb.2014.0214
43. Kolar, D., Keller, A., Golfinopoulos, M., Cumyn, L., Syer, C., & Hechtman, L. (2008). Treatment of adults with attention-deficit/hyperactivity disorder. *Neuropsychiatric disease and treatment*, *4*(2), 389–403. https://doi.org/10.2147/ndt.s6985
44. Gonda, X., Balint, S., Rethelyi, J. M., & Dome, P. (2024). Settling a distracted globe: An overview of psychosocial and psychotherapeutic treatment of attention-deficit/hyperactivity disorder. *European neuropsychopharmacology : the journal of the European College of Neuropsychopharmacology*, *83*, 1–8. https://doi.org/10.1016/j.euroneuro.2024.03.002
45. Young, S., Adamo, N., Ásgeirsdóttir, B. B., Branney, P., Beckett, M., Colley, W., Cubbin, S., Deeley, Q., Farrag, E., Gudjonsson, G., Hill, P., Hollingdale, J., Kilic, O., Lloyd, T., Mason, P., Paliokosta, E., Perecherla, S., Sedgwick, J., Skirrow, C., Tierney, K., … Woodhouse, E. (2020). Females with ADHD: An expert consensus statement taking a lifespan approach providing guidance for the identification and treatment of attention-deficit/ hyperactivity disorder in girls and women. *BMC psychiatry*, *20*(1), 404. https://doi.org/10.1186/s12888-020-02707-9

46. Bahn, G. H., Lee, Y. S., Yoo, H. K., Kim, E. J., Park, S., Han, D. H., Hong, M., Kim, B., Lee, S. I., Bhang, S. Y., Lee, S. Y., Hong, J. P., & Joung, Y. S. (2020). Development of the Korean Practice Parameter for Adult Attention-Deficit/Hyperactivity Disorder. *Soa--ch'ongsonyon chongsin uihak = Journal of child & adolescent psychiatry*, *31*(1), 5–25. https://doi.org/10.5765/jkacap.190030
47. Fischer, S., & Nilsen, C. (2024). ADHD in older adults - a scoping review. *Aging & mental health*, *28*(9), 1189–1196. https://doi.org/10.1080/13607863.2024.2339994
48. Kao, P. H., Ho, C. H., & Huang, C. L. (2025). Sex differences in psychiatric comorbidities of attention-deficit/hyperactivity disorder among children, adolescents, and adults: A nationwide population-based cohort study. *PloS one*, *20*(1), e0315587. https://doi.org/10.1371/journal.pone.0315587
49. Jehanzeb, S., & Javaid, A. (2025). The Life-Changing Diagnosis in a Patient With Treatment-Resistant Depression, From Darkness to Light and Healing. *BJPsych Open*, *11*(Suppl 1), S305. https://doi.org/10.1192/bjo.2025.10735
50. Rzeska, E., Jurasz, K., Podgórska, D., Sanecki, M., Tomczyk, K., Chojnacka, N., … Cymer, R. (2024). ADHD in adults in a nutshell. *Journal of Education, Health and Sport*, *52*, 74–86. https://doi.org/10.12775/JEHS.2024.52.005
51. Mierau S. B. (2025). Do I Have ADHD? Diagnosis of ADHD in Adulthood and Its Mimics in the Neurology Clinic. *Neurology. Clinical practice*, *15*(1), e200433. https://doi.org/10.1212/CPJ.0000000000200433
52. Roncero, C., Remón-Gallo, D., García-Ullán, L., Vicente-Hernández, B., Buch-Vicente, B., Palma-Álvarez, R. F., Grau-López, L., González-Bolaños, K. R., Álvarez-Navares, A., Pérez, J., & Aguilar, L. (2025). Gender differences in ADHD and impulsivity among alcohol or alcohol- and cocaine-dependent patients. *Frontiers in psychiatry*, *16*, 1446970. https://doi.org/10.3389/fpsyt.2025.1446970
53. Sarver, D. E., McCart, M. R., Sheidow, A. J., & Letourneau, E. J. (2014). ADHD and risky sexual behavior in adolescents: conduct problems and substance use as mediators of risk. *Journal of child psychology and psychiatry, and allied disciplines*, *55*(12), 1345–1353. https://doi.org/10.1111/jcpp.12249
54. Oster, D. R. (n.d.). *Pathways to Substance Use and Sexual Risk Behavior Among College Students with ADHD Symptomatology*. DigitalCommons@URI. https://digitalcommons.uri.edu/oa_diss/561
55. Ward, J. H., Becker, K., Smith, J., Price, A., & Newlove-Delgado, T. (2024). Patient, supporter and primary healthcare professional perspectives on health risks in over 16s with attention deficit hyperactivity disorder (ADHD) in England: a national survey study. *BMC health services research*, *24*(1), 751. https://doi.org/10.1186/s12913-024-11188-5
56. Weiner, L., Perroud, N., & Weibel, S. (2019). Attention Deficit Hyperactivity Disorder And Borderline Personality Disorder In Adults: A Review Of Their Links And Risks. *Neuropsychiatric disease and treatment*, *15*, 3115–3129. https://doi.org/10.2147/NDT.S192871
57. Miller, T. W., Nigg, J. T., & Faraone, S. V. (2007). Axis I and II comorbidity in adults with ADHD. *Journal of abnormal psychology*, *116*(3), 519–528. https://doi.org/10.1037/0021-843X.116.3.519
58. Matthies, S. D., & Philipsen, A. (2014). Common ground in Attention Deficit Hyperactivity Disorder (ADHD) and Borderline Personality Disorder (BPD)-review of recent findings. *Borderline personality disorder and emotion dysregulation*, *1*, 3. https://doi.org/10.1186/2051-6673-1-3
59. Turjeman-Levi, Y., Itzchakov, G., & Engel-Yeger, B. (2024). Executive function deficits mediate the relationship between employees' ADHD and job burnout. *AIMS public health*, *11*(1), 294–314. https://doi.org/10.3934/publichealth.2024015
60. Forsström, D., Oscarsson, M., Buhrman, M., & Rozental, A. (2023). A study protocol of a randomized controlled study of internet-based cognitive behavioral therapy for adult attention deficit hyperactivity disorder. *Internet interventions*, *33*, 100652. https://doi.org/10.1016/j.invent.2023.100652
61. Halmøy, A., Fasmer, O. B., Gillberg, C., & Haavik, J. (2009). Occupational outcome in adult ADHD: impact of symptom profile, comorbid psychiatric problems, and treatment: a cross-sectional study of 414 clinically diagnosed adult ADHD patients. *Journal of attention disorders*, *13*(2), 175–187. https://doi.org/10.1177/1087054708329777
62. Kirino, E., Imagawa, H., Goto, T., & Montgomery, W. (2015). Sociodemographics, Comorbidities, Healthcare Utilization and Work Productivity in Japanese Patients with Adult ADHD. *PloS one*, *10*(7), e0132233. https://doi.org/10.1371/journal.pone.0132233
63. French, B., Daley, D., Groom, M., & Cassidy, S. (2023). Risks Associated With Undiagnosed ADHD and/or Autism: A Mixed-Method Systematic Review. *Journal of attention disorders*, *27*(12), 1393–1410. https://doi.org/10.1177/10870547231176862
64. Indri Hapsari, I., Iskandarsyah, A., Joefiani, P., & R Siregar, J. (2020). Teacher and Problem in Student with ADHD in Indonesia : A Case Study. *The Qualitative Report*, *25*(11), 4104-4126. https://doi.org/10.46743/2160-3715/2020.4381
65. Mesfin, W., & Habtamu, K. (2024). Challenges and coping mechanisms of parents of children with attention deficit hyperactivity disorder in Addis Ababa, Ethiopia: a qualitative study. *BMC psychology*, *12*(1), 354. https://doi.org/10.1186/s40359-024-01828-0
66. Young, S., Bramham, J., Gray, K., & Rose, E. (2008). The experience of receiving a diagnosis and treatment of ADHD in adulthood: a qualitative study of clinically referred patients using interpretative phenomenological analysis. *Journal of attention disorders*, *11*(4), 493–503. https://doi.org/10.1177/1087054707305172

67. Morgan, J. (2023). Exploring women's experiences of diagnosis of ADHD in adulthood: a qualitative study. *Advances in Mental Health*, *22*(3), 575–589. https://doi.org/10.1080/18387357.2023.2268756
68. Attoe, D. E., & Climie, E. A. (2023). Miss. Diagnosis: A Systematic Review of ADHD in Adult Women. *Journal of attention disorders*, *27*(7), 645–657. https://doi.org/10.1177/10870547231161533
69. Weibel, S., Menard, O., Ionita, A., Boumendjel, M., Cabelguen, C., Kraemer, C., Micoulaud-Franchi, J. A., Bioulac, S., Perroud, N., Sauvaget, A., Carton, L., Gachet, M., & Lopez, R. (2020). Practical considerations for the evaluation and management of Attention Deficit Hyperactivity Disorder (ADHD) in adults. *L'Encephale*, *46*(1), 30–40. https://doi.org/10.1016/j.encep.2019.06.005
70. Salvi, V., Ribuoli, E., Servasi, M., Orsolini, L., & Volpe, U. (2021). ADHD and Bipolar Disorder in Adulthood: Clinical and Treatment Implications. *Medicina (Kaunas, Lithuania)*, *57*(5), 466. https://doi.org/10.3390/medicina57050466
71. Wakelin, C., Willemse, M., & Munnik, E. (2023). A review of recent treatments for adults living with attention-deficit/hyperactivity disorder. *The South African journal of psychiatry : SAJP : the journal of the Society of Psychiatrists of South Africa*, *29*, 2152. https://doi.org/10.4102/sajpsychiatry.v29i0.2152
72. Hansson Halleröd, S. L., Anckarsäter, H., Råstam, M., & Hansson Scherman, M. (2015). Experienced consequences of being diagnosed with ADHD as an adult - a qualitative study. *BMC psychiatry*, *15*, 31. https://doi.org/10.1186/s12888-Becker, P., Rask, M., Safipour, J., & Gunnarsson, A. B. (2023). Selfcare Strategies Shown to Be Useful in Daily Life for Adults Diagnosed with Attention Deficit Hyperactivity Disorder - A Systematic Review. *Issues in mental health nursing*, *44*(9), 825–833. https://doi.org/10.1080/01612840.2023.2234477
73. Mahrous, N. N., Albaqami, A., Saleem, R. A., Khoja, B., Khan, M. I., & Hawsawi, Y. M. (2024). The known and unknown about attention deficit hyperactivity disorder (ADHD) genetics: a special emphasis on Arab population. *Frontiers in genetics*, *15*, 1405453. https://doi.org/10.3389/fgene.2024.1405453
74. Muhammad, N., Murugesan, B. G., Singal, P., Antai, A., & Jain, L. (2023). Diagnostic Dilemma of Differentiating Attention-Deficit/Hyperactivity Disorder (ADHD) From Mood Disorders and Other Common Psychiatric Illnesses in Substance Use Patient Population. *Cureus*, *15*(4), e37372. https://doi.org/10.7759/cureus.37372
75. Di Lorenzo, R., Balducci, J., Cutino, A., Latella, E., Venturi, G., Rovesti, S., Filippini, T., & Ferri, P. (2023). ADHD Follow-Up in Adulthood among Subjects Treated for the Disorder in a Child and Adolescent Mental Health Service from 1995 to 2015. *Medicina (Kaunas, Lithuania)*, *59*(2), 338. https://doi.org/10.3390/medicina59020338
76. Ramos-Galarza, C., Brito, D., Rodríguez, B., Guerrero, B., Cruz-Cárdenas, J., & Bolaños-Pasquel, M. (2024). Systematic Review of Executive Function Stimulation Methods in the ADHD Population. *Journal of clinical medicine*, *13*(14), 4208. https://doi.org/10.3390/jcm13144208
77. Babinski, D. E., & Libsack, E. J. (2025). Adult Diagnosis of ADHD in Women: A Mixed Methods Investigation. *Journal of attention disorders*, *29*(3), 207–219. https://doi.org/10.1177/10870547241297897
78. da Silva Leandro, S.I., Alves, K.C.M., de Oliveira, F.Í.S. *et al.* Addressing treatment hurdles in adults with late-onset attention-deficit/hyperactivity disorder: a detailed case report. *Egypt J Neurol Psychiatry Neurosurg* **60**, 131 (2024). https://doi.org/10.1186/s41983-024-00907-8
79. El Archi, S., Brunault, P., De Luca, A., Cortese, S., Hankard, R., Bourbao-Tournois, C., Ballon, N., Réveillère, C., & Barrault, S. (2021). Do Emotion Dysregulation, Alexithymia and Personality Dimensions Explain the Association Between Attention-Deficit/Hyperactivity Disorder and Binge Eating Among Bariatric Surgery Candidates?. *Frontiers in psychology*, *12*, 745857. https://doi.org/10.3389/fpsyg.2021.745857