

ADHD bij vrouwen, Hormonen, stemming & het Vrouwenhart

Zit Stil – Online Masterclass – 20 feb 2025

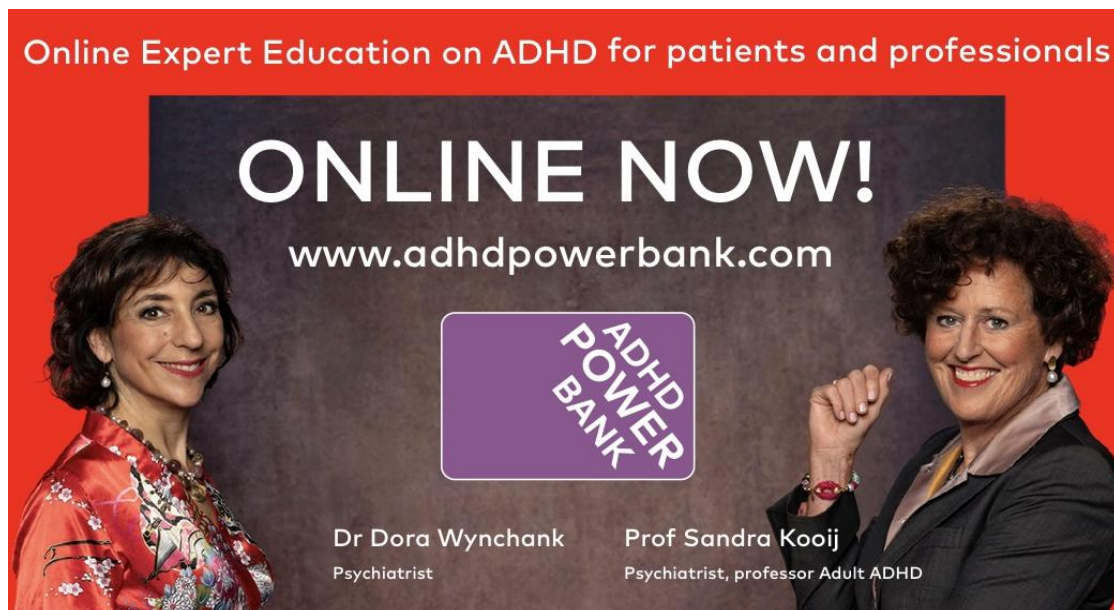
Prof. dr. Sandra Kooij, Amsterdam UMC & PsyQ

z!tstil

WIJZER IN ADHD

Disclosure prof. dr. Sandra Kooij

- Geen, behalve vergoeding voor deze spreekbeurt, en:
- Eigenaar www.ADHD Powerbank.com



Online Expert Education on ADHD for patients and professionals

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www.adhdpowerbank.com

**ADHD
POWER
BANK**

Dr Dora Wynchank
Psychiatrist

Prof Sandra Kooij
Psychiatrist, professor Adult ADHD

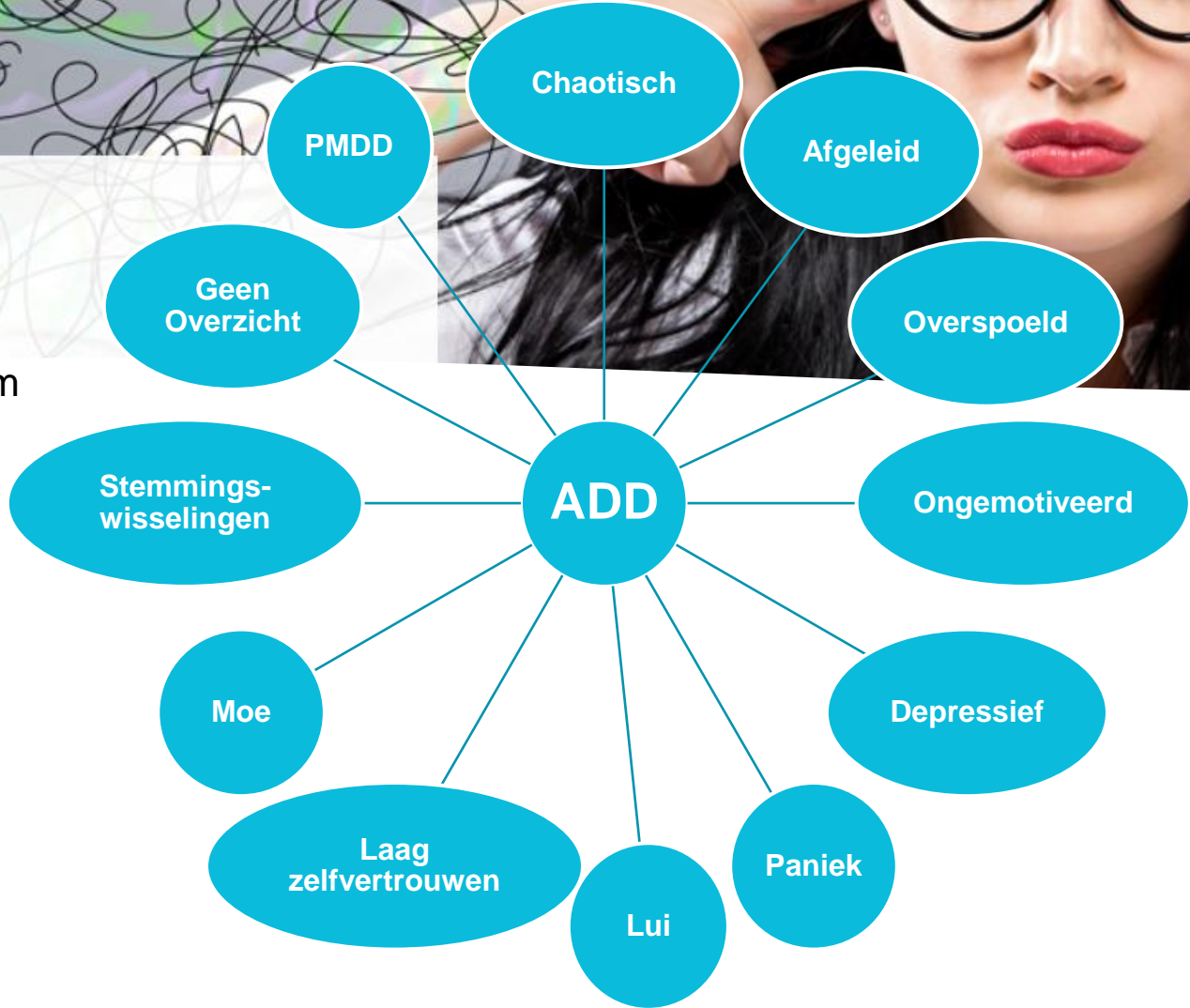
ADHD bij vrouwen?

Ondergediagnostiseerd:

1. Vaker alleen aandachtsproblemen zonder 'H': valt minder op
2. Vaker met angst en depressie, maar geen agressief/opstandig gedrag zoals bij mannen: valt minder op
3. Vaak nog onbekend bij (huis)artsen en GGz

Ratio man:vrouw is echter 1: 1!

EN: 3 fasen met toename klachten: premenstrueel, postnataal en perimenopauzaal



Klachten meisjes en vrouwen met AD(H)D

ADHD komt zelden alleen

Angst/paniek

- (Bipolaire) depressie
- (Hormonale) stemmingswisselingen

- Roken
- verslaving

Slaapstoornissen

- Migraine
- Astma
- Prikkelbare darm

Autisme

- Hypermobiliteit
- Dysautonomie
- Allergie/immuunstoornissen
- Chronisch moe
- Pijn
- Brainfog
- Long Covid

Persoonlijkheidsstoornissen

Eetbuien

Premenstruele stemmings- problemen bij vrouwen met ADHD

Vrouwen met ADHD hebben ernstige premenstruele stemmingswisselingen en toename ernst ADHD:

Inattentie,
moeite met
focus

Impulsiviteit

Prikkelbaar
en woede
buien

Somber

Toename
slaap -
problemen

Angst,
paniek

Suïcidale
gedachten

Symptomen
keren elke
maand weer

ADHD
medicatie
minder effectief

**DANGER
WEEK!**

Meisjes en vrouwen met ADHD vaak chronisch moe

- ADHD = *Syndroom van het niet merken & maar doorgaan*
- Uitputting + slaaptekort + stress +
- CVS – fibromyalgie – ME – ‘brainfog’ -
long Covid



Overzicht van toename psychische klachten in de luteale fase (2^e helft) van de menstruele cyclus:

- In luteale fase van de menstruele cyclus wordt toename gerapporteerd van: angst, OCD, stress, PTSS, ADHD, autisme, binge eating, psychose, manie, depressie, suicide/- pogingen en alcoholgebruik
- Effect van nicotine en cocaine neemt af tijdens luteale fase, evenals van stimulantia voor ADHD
- Meer onderzoek nodig om de fasen van de menstruele cyclus en de respons op behandeling te onderzoeken, en om fluctuaties in de respons op behandeling beter op te kunnen vangen



Dorani 2021, Handy 2022, de Jong 2023

Hormonen? Hoe dan?

Bij vrouwen met ADHD

Vrouwen met ADHD werd gevraagd te stemmen voor hun meest urgente vraag aan de wetenschap

ADHDVrouw 2016

Hoogste scores:

Hormonale stemmingswisselingen gedurende de levensloop



Vraag	Stemmen
Wat is het verband tussen hormonen en emotionele labiliteit bij ADHD?	64
Waarom ben ik of hyperactief of compleet oververmoeid?	31
Wat veroorzaakt... bij ADHD?	23
Wat is de rol van... wisselingen van ADHD?	21
Wat is het...?	14
Wat is de... ADHD op je...	13
horm...	13
Zijn...	12
reage...	11
bloed...	10
beter v...	10

Onderzoek

Vrouwen met diagnose ADHD bij PsyQ

- Polikliniek ADHD bij volwassenen & ouderen, PsyQ, den Haag
- 209 vrouwen met diagnose ADHD
- 18-71 jaar
- Vragenlijsten voor PMDD, PPD & perimenopauzale depressie



Resultaten



Vrouwen met ADHD vergeleken met vrouwen algemene bevolking:

- **Indicatie PMDD 46% versus 29%**
- **Indicatie PPD: 58% versus 13-19%**
- **Peri-menopauzale depressie: 3x zo vaak angst, depressie, lichamelijke en seksuele klachten**

› [J Psychiatr Res.](#) 2021 Jan;133:10-15. doi: [10.1016/j.jpsychires.2020.12.005](#). Epub 2020 Dec 3.

Prevalence of hormone-related mood disorder symptoms in women with ADHD

Farangis Dorani ¹, Denise Bijlenga ², Aartjan T F Beekman ³, Eus J W van Someren ⁴,
J J Sandra Kooij ⁵

Affiliations + expand

PMID: 33302160 DOI: [10.1016/j.jpsychires.2020.12.005](#)

Abstract

This is the first study to assess the prevalence of symptoms of premenstrual dysphoric disorder (PMDD), episodes of postpartum depression symptoms (PPD) after first childbirth, and climacteric mood symptoms in Attention-Deficit/Hyperactivity Disorder (ADHD). 209 consecutive women (18-71 years) with ADHD completed the PMDD chapter of the Neuropsychiatric Interview Plus version 5.0.0 to assess PMDD, the Edinburgh Postnatal Depression Scale to assess PPD, and the Greene Climacteric Scale to assess climacteric symptoms. Comorbid psychiatric disorders, medication use, and chronobiological sleep characteristics were also assessed. The prevalence of PMDD and PPD were

Hoe dan?

- Lage dopamine spiegels in bepaalde hersengebieden bij ADHD
- Oestrogeen & progesteron beïnvloeden neurotransmitters als serotonine en dopamine
- Sekshormonen zijn betrokken bij ontwikkeling en onderhoud hersenen
- Oestrogeen heeft directe invloed op hersenen w.b. cognitie, geheugen, leren, emotie, motivatie, impulsiviteit & besluitvaardigheid; dopamine doet hetzelfde
- Oestrogeen beïnvloedt bloedstroom en stofwisseling glucose, en dit varieert tijdens de cyclus!

Oestrogeen & Progesteron INTERACTEREN met Dopamine

Oestrogeen:

Verhoogt dopamine
aanmaak
& remt afbraak

Verhoogt gevoeligheid
dopaminerge receptoren

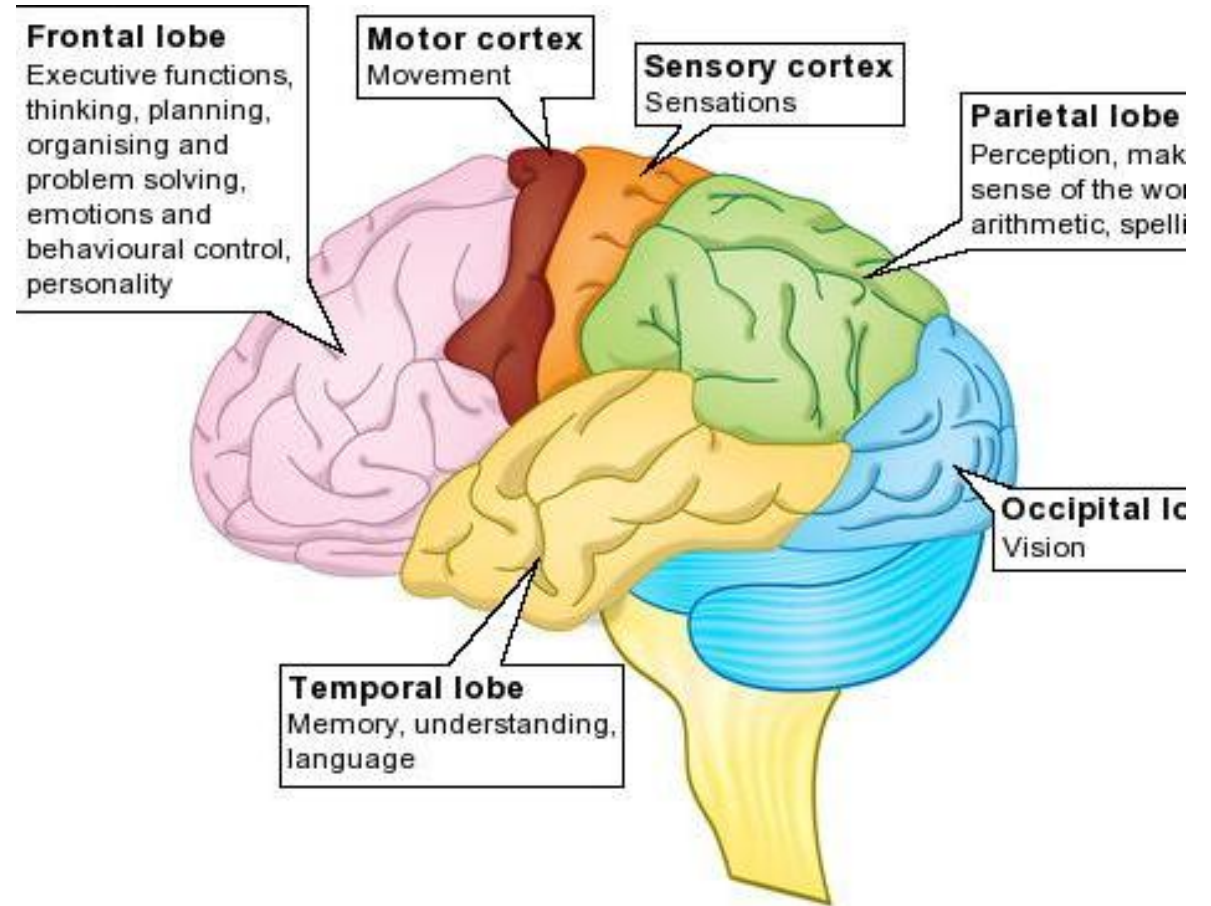
Effect oestrogeen m.n. in
prefrontale cortex

Impact op werkgeheugen
door beïnvloeding
dopamine spiegel

Effect op limbisch
systeem: oestrogeen
beïnvloedt emotionele &
motivationale gedrag

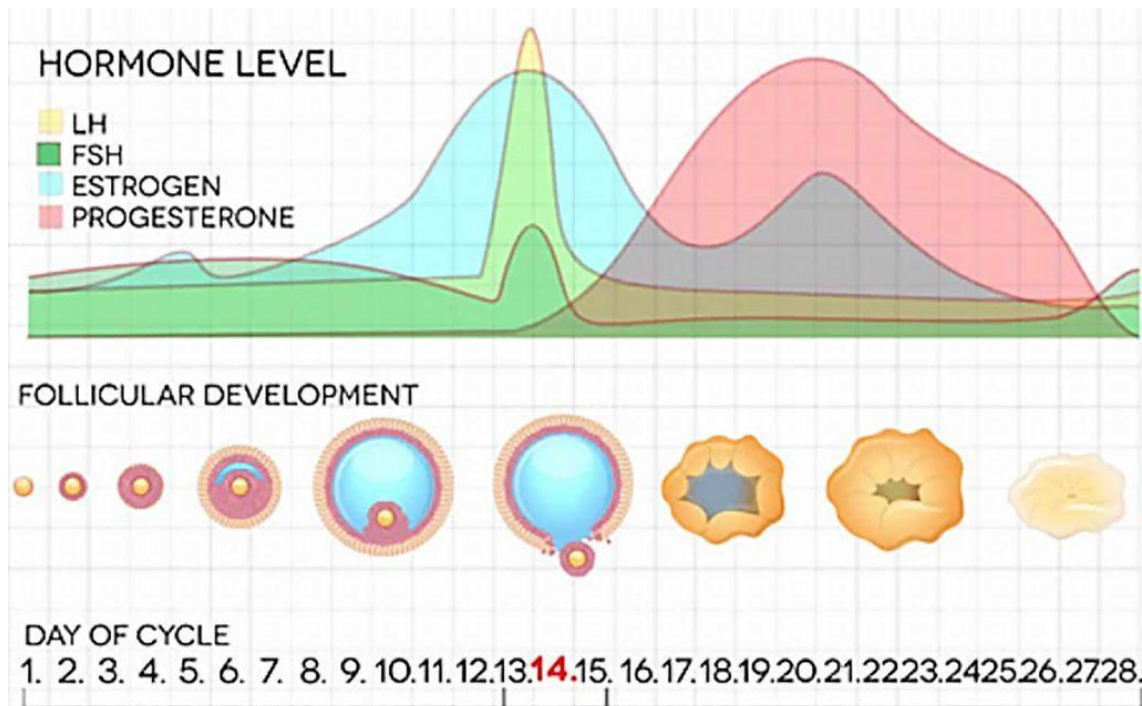
Progesteron:

Effect van progesteron
op dopaminerge systeem
is m.n. afhankelijk van
voorafgaande priming
door oestrogeen



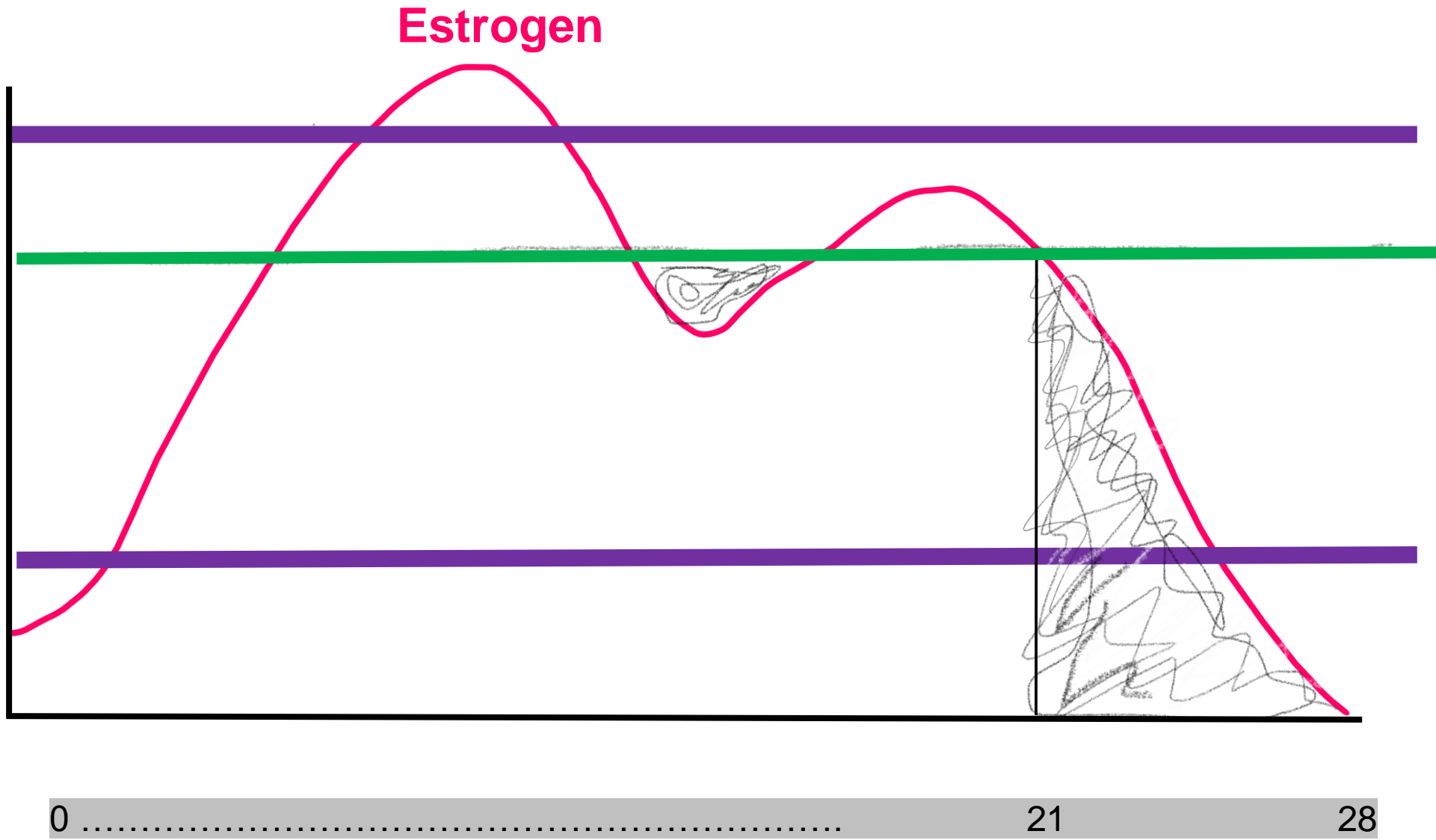
- Giannini 2018

Waarom meer stemmingswisselingen in cyclus bij vrouwen met ADHD?



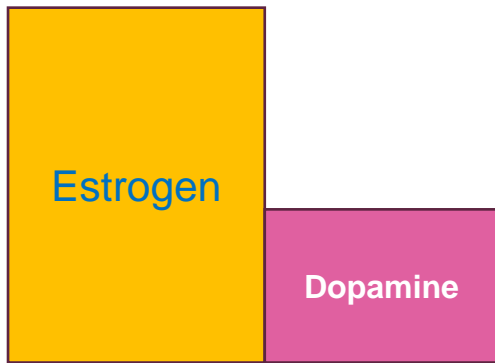
- **Oestrogeen is een dopamine agonist, verhoogt dopamine activiteit!**
- **Bij vrouwen met ADHD: laag dopamine EN laag oestrogeen in 3e + 4e week cyclus versterken elkaar: minder controle en veel klachten!**

Dopamine and Estrogen during the cycle in women with & without ADHD

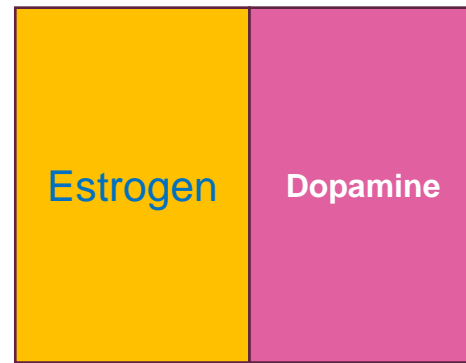


Hypothetical **FIRST WEEK OF THE CYCLE**

Dopamine & Estrogen levels ADHD women vs controls



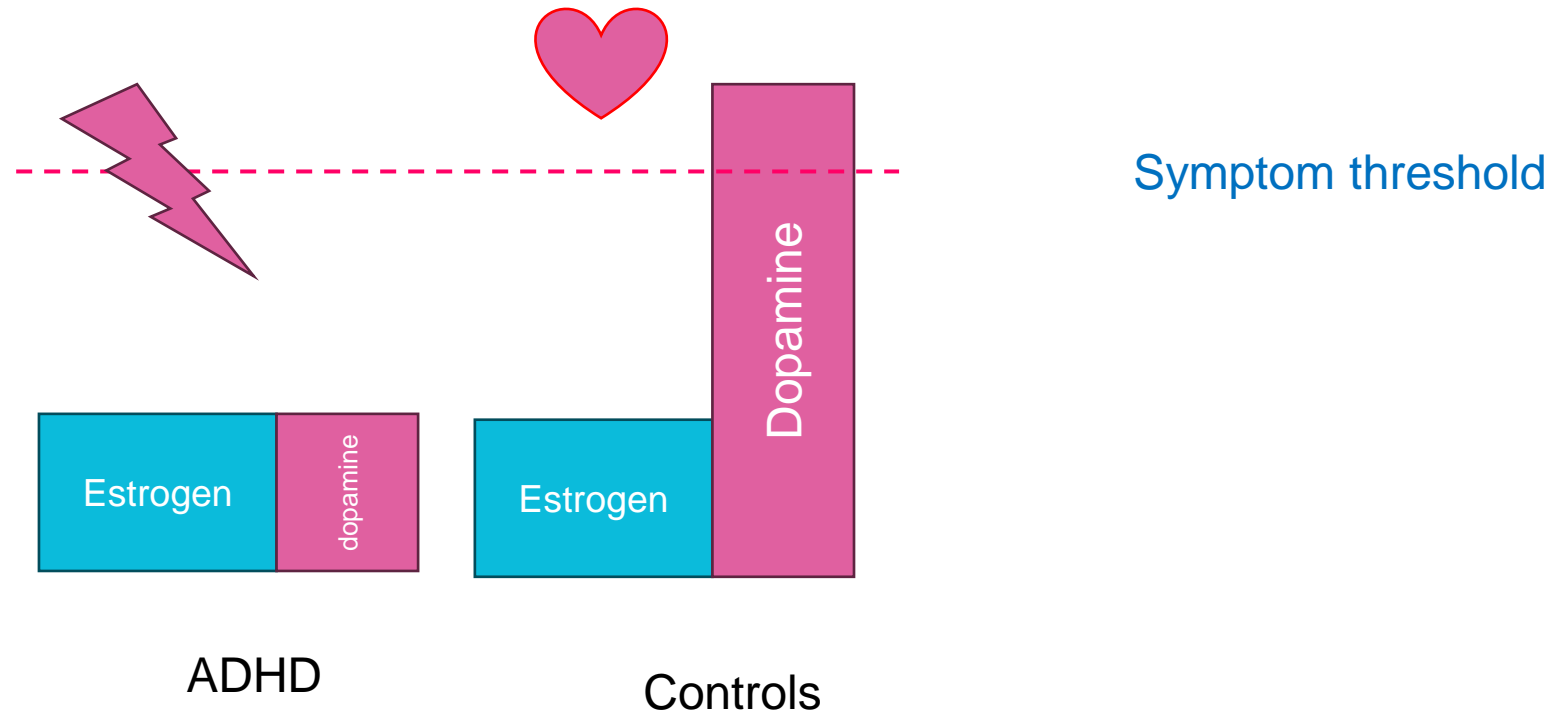
ADHD



Controls

NB - Not based on data!

Hypothetical **PREMENSTRUAL** Dopamine & Estrogen levels in ADHD women vs controls



NB not based on data!

Menopause Timetable

Women may enter menopause earlier than they realize. Estrogen levels usually drop before menopausal symptoms are seen. Below, the typical ages for various symptoms.



Sources: "Perimenopause: Preparing for the Change" by Nancy Lee Teaff and Kim Wright (Prima Publishing, 1996);
"Perimenopause: Changes in Women's Health After 35" by Drs. James E. Huston and L. Darlene Lanka
(New Harbinger, 1997).

Perimenopause, Menopause and ADHD

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² Temple University, Philadelphia, PA

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Contact: Jeanette.Wasserstein@gmail.com



INTRODUCTION

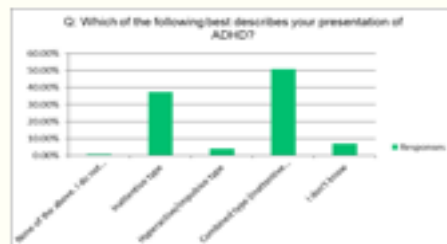
Hormones often have cognitive consequences that can disclose their influence on aspects of brain development and function. Changes in cognition ^{1,5} during menopause and perimenopause, for example, may result from neurophysiological alterations in hippocampus and prefrontal cortex which are rich in estrogen receptors. This study examines the cognitive changes that occur during the climacteric period in women diagnosed with ADHD.

METHODS

Participants

Information was obtained from a reader survey sponsored by ADDitude Magazine, a resource magazine for both professionals and lay public interested in ADHD. Responses were received from 3,549 women who had experienced perimenopause or menopause, and of whom 81% had been diagnosed with ADHD. Respondents:

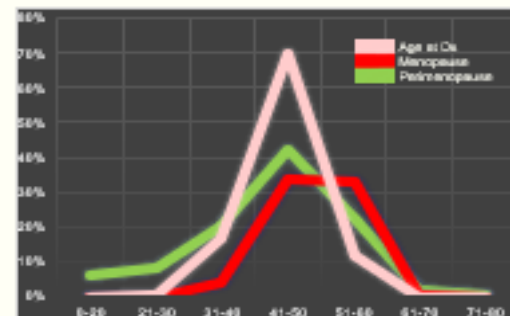
- ranged in age from 40 to 84 (median=52).
- were asked to indicate their age at diagnosis and the impact of each of 11 different symptoms or associated problems of ADHD at each of 5 time intervals: 0-9 years, 10-19 years, 20-29 years, 40-59 years and 60+ years).



The smaller percentages for autism, OCD, learning disabilities, and eating disorders are also typical of the adult ADHD population.

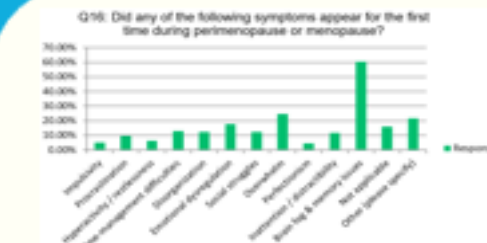
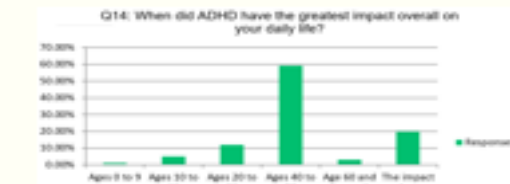
RESULTS

Age at First ADHD Diagnostic & Age at Peri-Menopause and Menopause

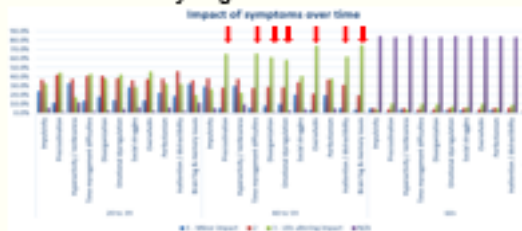


ADHD is diagnosed across the lifespan. However, diagnosis increases sharply in mid-adulthood, peaking in perimenopause and menopause, and follows a parallel course.

Impact of ADHD during each age period

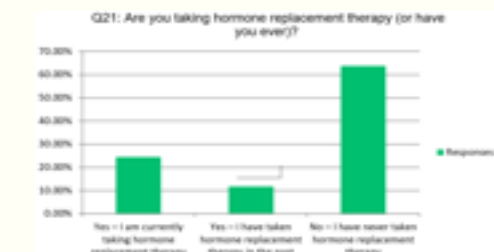


The majority of women reported that "brain fog/memory problems, feeling overwhelmed" first appeared during the peri- and menopausal period. Other symptoms reported as increasing with onset of perimenopause included feeling overwhelmed and emotional dysregulation.



Problems with procrastination, time-management, organization, emotional regulation, feeling overwhelmed, inattention and memory/brain fog became most pronounced (>50%) between 40 to 59 years. All symptoms dropped off dramatically after 60 years.

Hormone Replacement Therapy (HRT)



HRT appears to differentially impact symptoms of ADHD

- Close to half have tried or are currently taking HRT (n=1273).
- Of these, 27% noticed improvement in ADHD symptoms while 34% noticed no difference
- Approximately 5% reported worsening of symptoms with HRT

CONCLUSIONS

- > The diagnosis of ADHD overlaps with hormonal changes in women, increasing sharply in mid-adulthood, peaking in perimenopause and menopause, and following a parallel course
- > The cognitive symptoms of ADHD increase during perimenopause, especially problems with memory/brain fog, emotional dysregulation, and feelings of being overwhelmed
- > Unlike for hormonal fluctuations, HRT appears to have a beneficial effect on ADHD symptoms, although other factors need to

De overgang en daarna ...

Typical perimenopausal complaints

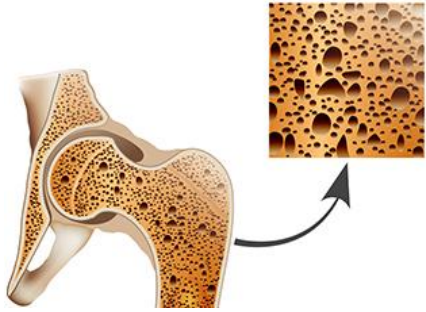


- Hot Flashes, in 80-90%
 - Bad sleep
 - Mood changes/depression
 - Tiredness
 - Concentration and memory problems

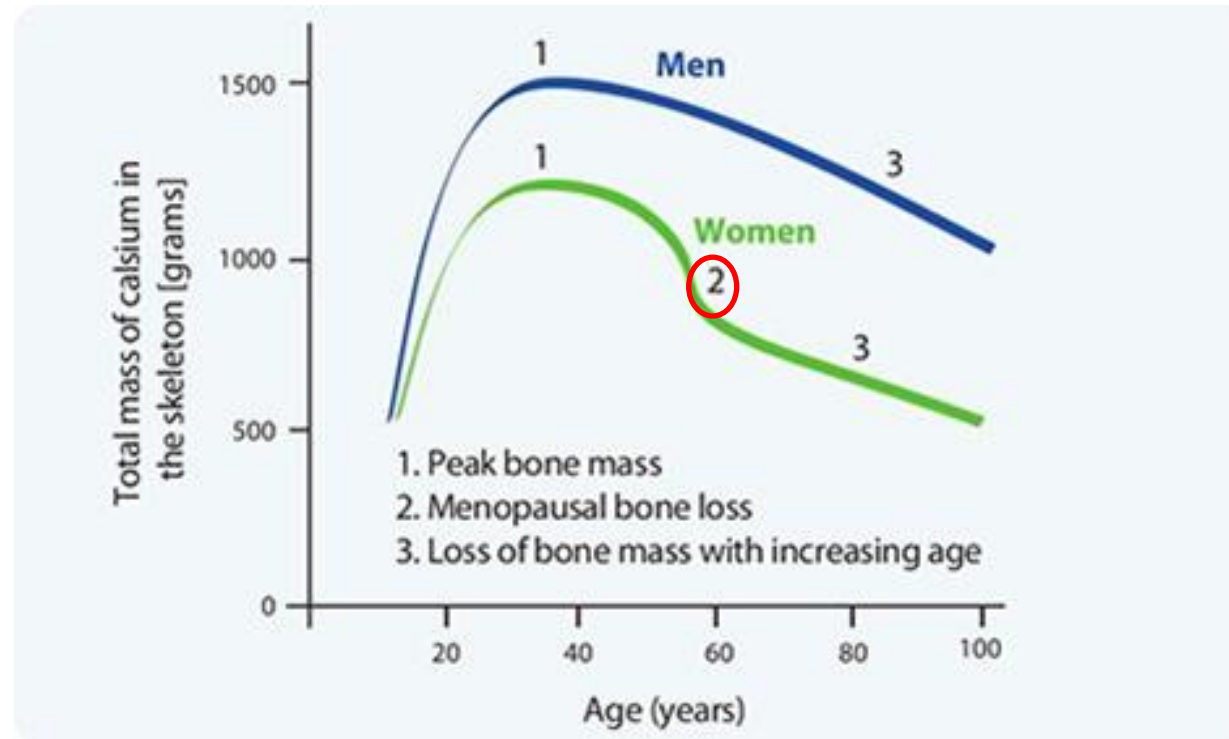
Other associated complaints

- Palpitations
- Migraine/headache
- Muscle and joint pains; loss of bone density/fractures
- Urinary incontinence, vaginal dryness, sexual problems
- Dry skin, mucous membranes eyes, nose, mouth
- Hair loss
- Sensitive breasts
- Change of female shape
- Restlessness/edginess
- Less caring
- Less able to multitask
- Swelling/edema
- Changes in voice
- Tinnitus
- Weight gain





Bone density in men and women over time



Risk of fractures

Controversies on MHT since WHI and MWS studies in 2002-2003

- After the **Women's Health Initiative (WHI)** study in the USA in 2002 and **The Million Women Study (MWS)** in the UK in 2003 a significant decline in the use of MHT (by 80%) occurred due to concerns about the reported risks of cardiovascular events and breast cancer.
- The reporting of these two studies came as a shock to conventional wisdom. Prior to this, MHT was viewed extremely positively because of the favorable findings of observational studies.
- Although the absolute risks of MHT on health outcomes in the WHI were rare to very rare by common standards, the data were alarmingly presented as percentage changes rather than absolute numbers by the media, and the risks were said to apply across all age groups.
- Numerous subsequent WHI publications following the initial report demonstrated that the problems were mainly in the older age groups, and probably due to the particular types and doses of hormone therapy used in the WHI. Yet many women and their prescribers were still too anxious to return to use of MHT...
- Menopause can be associated with distressing symptoms which impact on personal, social and professional quality of life. In many women 50% of life is now spent in a postmenopausal state. 1 billion women worldwide in 2025. 80% of all women experiences difficulties during peri-menopause, of whom 30% severe.
- We may reconsider MHT using the right type and dose of hormones. Recommendations are transdermal bio-identical estrogen (50 microgram patch, spray or gel) with oral progesterone (utrogestan 1-2dd 100 mg) or the mirena coil.

Wat kunnen we er aan doen??

Naast leefstijl, nu 3 potentiële routes:



hormonaal

- De pil continu
- HST:
oestrogeen
pleister/spray
met utrogestan

serotonerg

- SSRI

dopaminerg

- Stimulantia,
iets meer voor
menstruatie?!
- Stimulantia in
menopause?

> [Front Psychiatry](#). 2023 Dec 13;14:1306194. doi: 10.3389/fpsy.2023.1306194. eCollection 2023.

Female-specific pharmacotherapy in ADHD: premenstrual adjustment of psychostimulant dosage

M de Jong ^{# 1 2 3}, D S M R Wynchank ^{# 1}, E van Andel ¹, A T F Beekman ^{2 4}, J J S Kooij ^{1 2}

Affiliations + expand

PMID: 38152361 PMCID: [PMC10751335](#) DOI: [10.3389/fpsy.2023.1306194](#)

[Free PMC article](#)

Abstract

Objective: Attention-Deficit/Hyperactivity Disorder (ADHD) is a common neurodevelopmental condition which is underdiagnosed and undertreated in women. For decades, the ADHD field has called for more insight into female-specific therapy. Preliminary findings postulate that changes in sex hormones during the menstrual cycle may influence the effectiveness of psychostimulant medication. Yet, pharmacotherapeutic interventions tailored to women with ADHD remain scarce. Previously, our group showed an increase in mood symptoms in the premenstrual week in women with ADHD.

What about stimulants during (peri)menopause?

- 32 healthy women in peri-menopause with cognitive complaints
- RCT 40-60 mg lis-dexamphetamine /day vs placebo, crossover trial
- Significant effect of stimulant vs placebo ($p=.0001$) using questionnaire for cognitive complaints & memory test
- Blood pressure & pulse increased but in normal range

Randomized Controlled Trial > Psychopharmacology (Berl). 2015 Aug;232(16):3091-100.
doi: 10.1007/s00213-015-3953-7. Epub 2015 Jun 11.

New onset executive function difficulties at menopause: a possible role for lisdexamfetamine

C Neill Epperson¹, Sheila Shanmugan, Deborah R Kim, Sarah Mathews, Kathryn A Czarkowski, Jeanette Bradley, Dina H Appleby, Claudia Iannelli, Mary D Sammel, Thomas E Brown

Affiliations + expand

PMID: 26063677 PMID: PMC4631394 DOI: 10.1007/s00213-015-3953-7

[Free PMC article](#)

Randomized Controlled Trial > Gynecol Oncol. 2024 Nov;190:62-69.
doi: 10.1016/j.ygyno.2024.07.689. Epub 2024 Aug 14.

Treating new-onset cognitive complaints after risk-reducing salpingo-oophorectomy: A randomized controlled crossover trial of lisdexamfetamine

Christina A Metcalf¹, Chloe E Page¹, Brianna O S Stocker², Rachel L Johnson³, Korrina A Duffy¹, Mary D Sammel³, James Loughhead², C Neill Epperson⁴

Voor opvliegers nieuwe niet-hormonale medicatie: Veoza (Fezolinetant)

- Sinds 2024 beschikbaar in NL
- Voor vrouwen die geen hormonen kunnen gebruiken en last hebben van opvliegers en nachtzweeten in de overgang
- Leverfuncties controleren voor en tijdens

Meanwhile, we are not alone ...

> [Am J Psychiatry](#). 2024 Oct 1;181(10):893-900. doi: 10.1176/appi.ajp.20230850. Epub 2024 Sep 12.

Real-World Effectiveness of Menopausal Hormone Therapy in Preventing Relapse in Women With Schizophrenia or Schizoaffective Disorder

Bodyl A Brand¹, Iris E Sommer¹, Shiral S Gangadin¹, Antti Tanskanen¹, Jari Tiihonen¹, Heidi Taipale¹

Affiliations + expand

PMID: 39262210 DOI: [10.1176/appi.ajp.20230850](https://doi.org/10.1176/appi.ajp.20230850)

Abstract

Objective: Antipsychotic effectiveness in preventing relapse declines around menopausal age in women with schizophrenia or schizoaffective disorder (SSD). It is not known whether systemic menopausal hormone therapy (MHT) can help to prevent psychosis relapse.

Methods: A within-subject study design was used to study the effectiveness of MHT in preventing relapse in a Finnish nationwide cohort of women with SSD between 40 and 62 years of age who used MHT during follow-up (1994-2017). Hazard ratios adjusted for age and psychotropic drug use were calculated for psychosis relapse as main outcome and any psychiatric hospitalization as secondary outcome.

Results: The study population comprised 3,488 women using MHT. Use of MHT was associated with a 16% lower relapse risk (adjusted hazard ratio [aHR]=0.84, 95% CI=0.78-0.90) when compared to non-use. Stratified by age, MHT was associated with decreased relapse risks when used between ages

> [J Affect Disord](#). 2025 Feb 15:371:253-260. doi: 10.1016/j.jad.2024.11.068. Epub 2024 Nov 22.

Estradiol modulates resting-state connectivity in perimenopausal depression

Megan Hynd¹, Kathryn Gibson², Melissa Walsh², Rachel Phillips³, Julianna Prim², Tory Eisenlohr-Moul⁴, Erin Walsh², Gabriel Dichter⁵, Crystal Schiller³

Affiliations + expand

PMID: 39581384 DOI: [10.1016/j.jad.2024.11.068](https://doi.org/10.1016/j.jad.2024.11.068)

Abstract

ADHD en het Vrouwenhart

Over spasmen van de bloedvaten in het hart bij vrouwen met stress

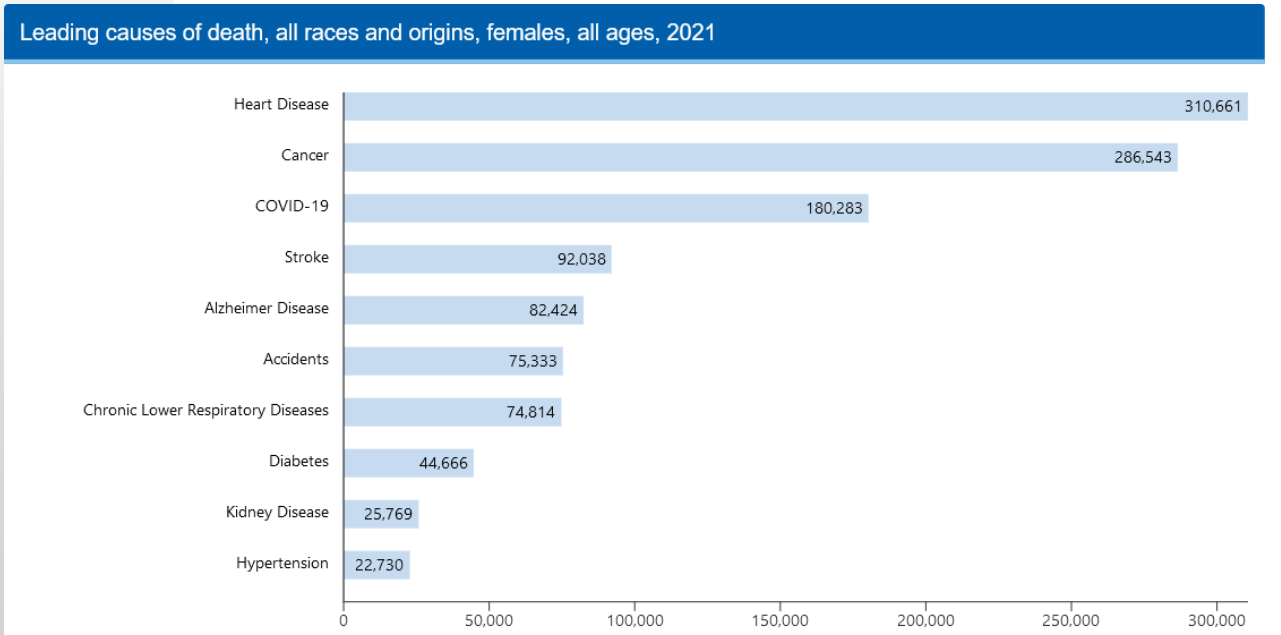
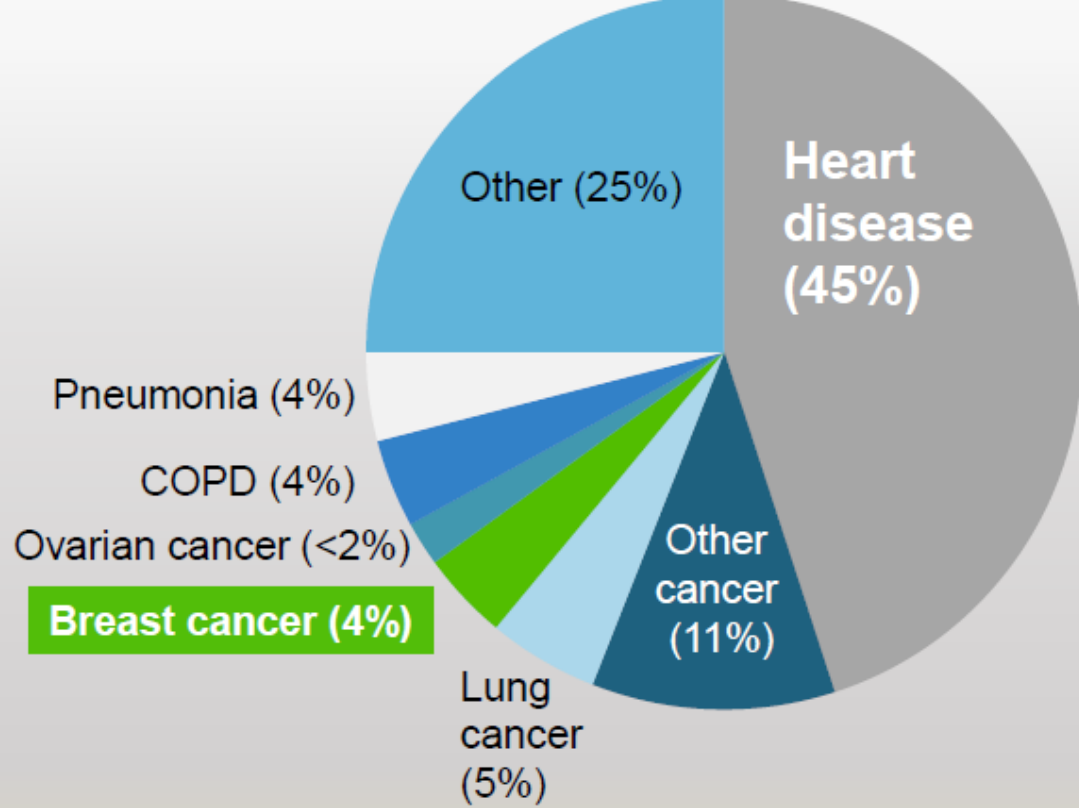


ADHD & Women's heart

Heart infarction is the nr. 1 cause of death in women in general

What is the 'Women's heart'?

- Different presentation of symptoms of heart infarction
- Coronary Artery *Spasms* instead of *Atherosclerotic Obstruction*
- Difficult to diagnose because temporary
- Now possible with provocative ACH challenge test (angiography)



National Center for Health Statistics (NCHS), National Vital Statistics System (NVSS) Report: Leading Causes of Deaths for 2021 in Females

In the Netherlands, women die annually 13x more often due to CVD than to breast cancer ...

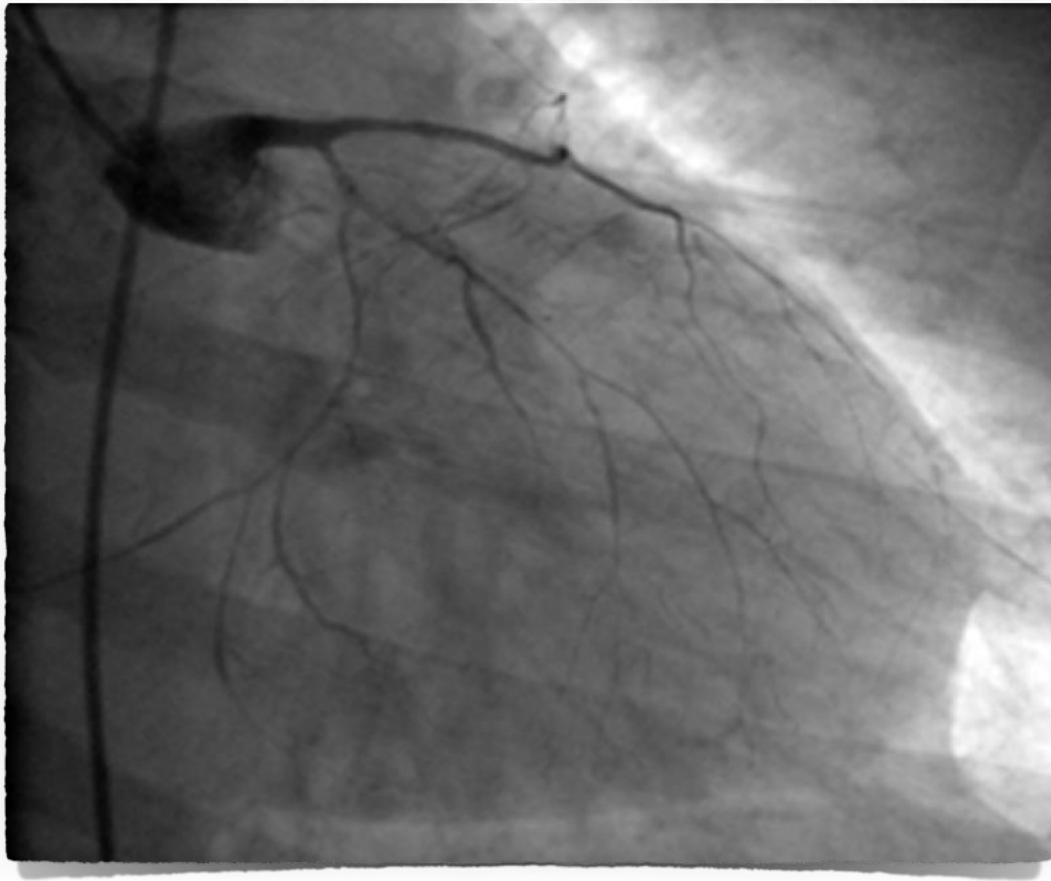
Yet, the fear of breastcancer is much higher, the disease is better known, and better equipped for prevention. There is virtually no awareness among women (and physicians) about the risks and prevention of CVD...



Micro Coronary Spasms/ Acetylcholine provocation test



Rest



ACH

Nieuws over het hart bij vrouwen met ADHD



Hoofd

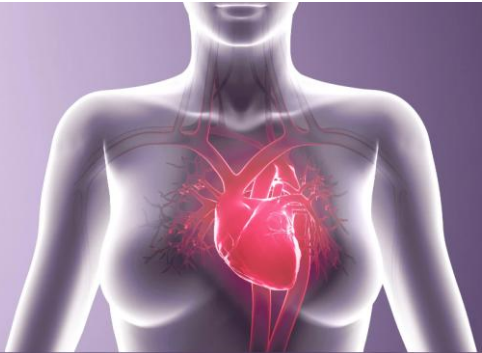
- Bij ADHD vrouwen en mannen: hogere kans op hartziekten dan bij controles: **38% vs 23%**!
- **Mentale stress (depressie/angst/stress)** geassocieerd met **verhoogd risico op hartinfarct bij vrouwen**
- **Mentale stress** geassocieerd met disfunctie kleine bloedvaten v/h hart en **spasmen**, waardoor (tijdelijke) pijn op borst/moeite met doorzuchten/alsof bh te strak zit
- **Vrouwen in en na overgang** hebben hogere kans op hart en vaatziekten in het algemeen
- Daarnaast is er bij **met stimulantia behandelde mensen** met ADHD een verhoogd risico op hoge bloeddruk en atherosclerose vergeleken met onbehandelde mensen met ADHD. NB géén verhoogd risico op ritmestoornissen, hartinfarct, beroerte, hartfalen of trombose/embolie

Ons onderzoek:

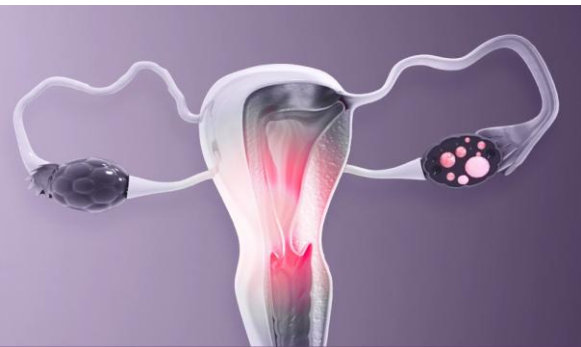
- Vrouwen met ADHD hebben veel (mentale) stress & leken vaak bij de Heartlife Kliniek aan te kloppen
- Bij screening op levenslange ADHD symptomen bij 300 vrouwen was dit **35%!!** (prevalentie 3-5%)
- De vrouwen waren significant jonger (- 2jr) en meestal in de (peri)-menopauze; geen verschillen in type hartaandoening met de andere vrouwen.

Kortom: Tijd voor preventie, Tijd voor H3-netwerk, Tijd voor actie en samenwerking!

Lin 2022; Mc Kinnon 2021; Vaccarino 2022; Zhang 2023; Ter Beek, Böhmer, Wittekoek & Kooij, 2023



Hart



Hormonen

Lifetime ADHD symptoms highly prevalent in women with cardiovascular complaints. A cross-sectional study

L S Ter Beek¹, M N Böhmer², M E Wittekoek³, J J S Kooij⁴

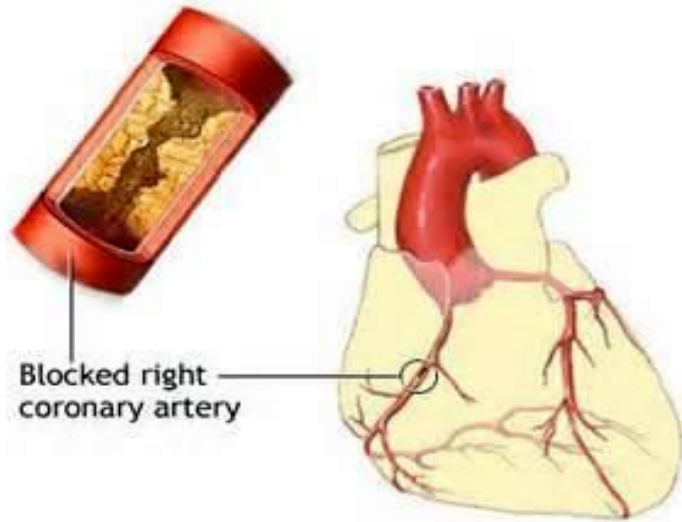
Affiliations + expand

PMID: 37594562 DOI: 10.1007/s00737-023-01356-7

Abstract

Patients with Attention Deficit Hyperactivity Disorder (ADHD) are at greater cardiovascular risk. We investigated the association between ADHD symptoms and cardiovascular disease in women at a specialized Dutch cardiological clinic. Lifetime ADHD symptoms were found in 35% of women (n = 300) with cardiac complaints. Women with ADHD symptoms compared to those without were significantly younger but had no different cardiological profile. To protect women's health, further research and multidisciplinary cooperation is required to better understand the relationship between ADHD and cardiovascular disease.

Coronary Artery Obstruction (CAS)

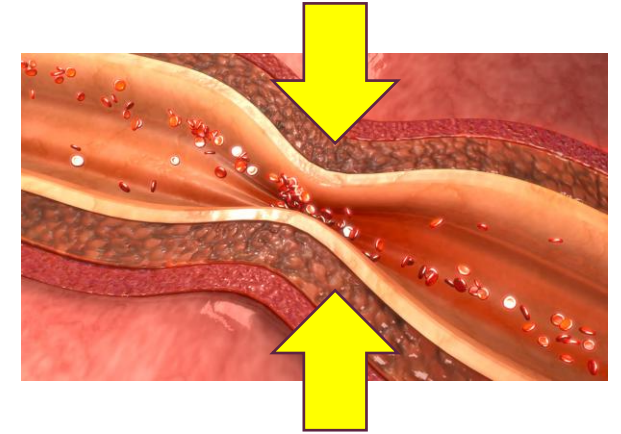
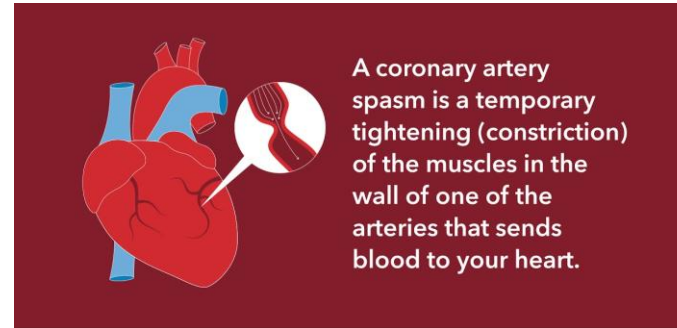


Riskfactors:

- Familial cardiovascular disease
- Obesity, diabetes
- High cholesterol
- Smoking
- Sedent life

versus

Coronary Artery Spasms



- More frequent in women
- Associated with stress, anxiety & depression, leading to:
- Sympathetic nervous system activation/ increased inflammation/oxidative stress/endothelial dysfunction

Same riskfactors, plus extra (vascular) riskfactors:

- Migraine
- Abortion (> 3x)
- (Pre)Eclampsia
- (Early) Menopause
- Thyroid problems
- Irritable bowel syndrome
- Hypertension
- Reuma
- Raynaud

The risk of CVD in women is predicted by *a history of previous endothelial dysfunction:*

- (Pre)Eclampsia/HELLP syndrome/hypertension/ diabetes during pregnancy
- *Polycystic Ovarium Syndrome (PCOS)*
- *Endometriosis*
- Migraine
- Repeated miscarriages (>3)
- Premature Ovarian Insufficiency (POI)
- Thyroid dysfunction
- Irritable bowel syndrome
- Hypertension
- Reuma
- Raynaud Syndrome

Obstruction - Symptoms - Spasm

- Chestpain after effort
 - Extreme tiredness
 - Pain between shoulder blades/jaw/upper abdomen/back or neck
 - Shortness of breath
 - Restlessness/anxious
 - Nauseous
- Erratic, changing patterns of chest tightness, in stress, during effort, in rest or at night
 - Feeling as if tight bra/ harness
 - Unable to sigh deep



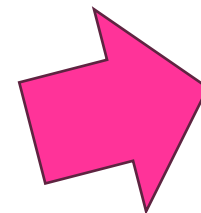
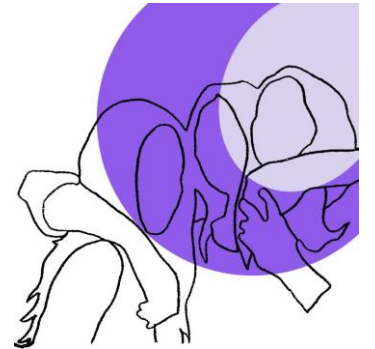
Are women with ADHD getting earlier CVD?

- Possible hormonal explanations:

- Premature Ovarium Insufficiency (POI) increased: earlier onset menopause < age 40, and loss of estrogen!
- Polycystic Ovarium syndrome increased (infertility, obesity, hormonal disbalance)

Please join the *Women with ADHD Health Survey* to study the incidence of these disorders in a large cohort!!

Demontis 2019; Rodriquez-Paris 2019





Hoofd

TAKE HOME MESSAGES



Hart



Hormonen

All women have an increased chance of CVD during perimenopause due to the decline of estrogen, but in women with ADHD those risks multiply:

1. Drop of estrogen
2. Risks associated with ADHD (38 versus 23%)
3. Negative lifestyle factors (smoking, SUD, chronic sleep loss, sedentary lifestyle, obesity, DM)
4. Chronic stress, anxiety, depression
5. Stimulant medication use (Zhang, 2024)

We have to start *now* with prevention

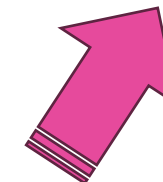
1. Consider the direct protective effect of estrogen on endothelial function
2. Estrogen loss leads to deterioration of cardiac riskfactors
3. In menopause HIGH chance of severe micro-coronary disfunction
4. Need for better education and prevention of cardiac disease in perimenopausal women with ADHD
5. Know the warning signs of micro-coronary disfunction!
6. Initiate preventive measures in women with ADHD starting from age 40!

H3-Network Head – Heart – Hormones

Optimal care for women with ADHD & complex health problems, started 2023

Relationship between ADHD, mood, hormones & the heart

- Webinars
- Informatie
- Tips en Tricks
- Scholing professionals
- Regionale H3-netwerken
zorgprofessionals
- Onderzoek



doe mee, doneer!

www.h3-netwerk.nl

z!

Van Dijken, Kooij & Wittekoek

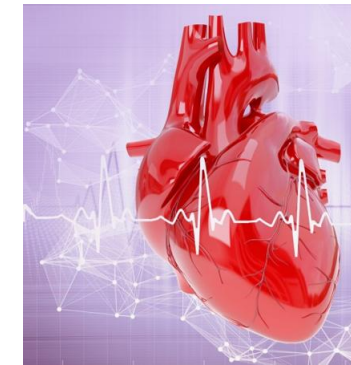


Dus Tijd voor Preventie van HVZ bij vrouwen met ADHD!

Hartinfarct is doodsoorzaak nr. 1 bij vrouwen, niet borstkanker!

Ken je risicofactoren voor HVZ en screen ze voortaan actief bij elke patient > 40 jaar:

- Familie anamnese met HVZ
 - BMI > 25 en/of buikomvang > 88cm
 - Bloeddruk: verhoogd is > 120/80 bij vrouwen, > 140/90 bij mannen (!)
 - Bepaal cholesterol. Hanteer de 5/3/1 regel: totaal cholesterol < 5, LDL < 3, HDL > 1 (en triglyceriden < 2)
 - Bepaal nuchtere bloedsuiker < 5
 - Weinig bewegen (< 30 min /dag)
 - Roken (NB behalve hoog risico op HVZ, verlaagt roken ook het oestrogeen en kan daardoor vervroegd de overgang inluiden)
- **Vrouwen in en na de overgang:** minder oestrogeen = minder bescherming hart en bloedvaten, meeste hartaandoeningen beginnen dan ...
- **NB Vrouwen met ADHD kunnen eerder in de overgang** komen, soms al < het 40^e jr (Premature Ovariele Insufficiëntie, POI), **dan eerder hormoon suppletie starten ter preventie** hart, bot en brein (stemmings) klachten.



	Bloeddruk 120/80
	Cholesterol 5-3-1- regel
	Bloedsuiker < 5
	Gewicht BMI < 25 en/of buikomvang < 88 cm

Samen de zorg voor vrouwen verbeteren

Vrouwen met ADHD hebben vaak last van hormonale stemmingswisselingen / depressie en cardiale klachten. Deze worden behandeld door 3 verschillende specialisten, maar ieder ziet maar een stukje van het probleem. Vrouwen staan daardoor 3x op een lange wachtlijst. Dit moet beter en sneller kunnen.

Daarvoor moet er een netwerk komen waarin medisch specialisten samenwerken en zich kenbaar maken, zodat vrouwen de juiste zorg krijgen. Het H3-netwerk.

Help mee als medisch specialist of huisarts

[Aanmelden >](#)

Kijk gratis het webinar van 31 oktober terug

[Aanmelden >](#)



Registreren

Help mee als medisch specialist of huisarts!

Door mee te doen aan het H3 netwerk kan je er, samen met je collega's voor zorgen dat zorg voor vrouwen aanzienlijk verbetert. Je hebt dan toegang tot een inspirerende gemeenschap van gelijkgestemde individuen. Samen creëren we een omgeving waarin kennis, ideeën en ervaringen worden gedeeld. We stimuleren elkaar om te groeien, te leren en te floreren op zowel professioneel als persoonlijk vlak.

[Ik meld me aan](#)



De voordelen van het H3-netwerk zijn onder andere...

- ✓ Deze specialisten en artsen profileren zich als multidisciplinaire denkers inzake hoofd- hart- en hormonale zaken, & komen op voor vrouwen.
- ✓ Je kan elkaar vinden t.b.v. samenwerking om de zorg voor vrouwen te verbeteren (de netwerk kaart is alleen toegankelijk voor medische specialisten en artsen)
- ✓ Je hebt toegang tot interessante artikelen, informatie en links om je kennis te vergroten
- ✓ Je kan begeleiding en advies vragen aan de 3 specialisten die het H3 netwerk hebben opgericht.
- ✓ Je kan deelnemen aan webinars, e-learning modulea en inspiratie sessie/ bijeenkomsten die wij afhankelijk van jullie behoeften organiseren.



Subsidie voor organiseren regionale H3-netwerken in Nederland in 2025

- Doel: in elke provincie H3-netwerken met huisartsen, psychiaters, gynaecologen en cardiologen t.b.v. vrouwen met hormonale, psychische en ev. cardiale klachten
- Door samenwerking leer je meer over de samenhang tussen de verschillende domeinen
- Door kennis te delen kunnen we sneller en effectiever samenwerken en lange wachlijsten voorkomen
- Bijv. door één stap in elkaars domein te zetten: hormoontherapie door psychiater? Betablokker door gynaecoloog? Stimulantia door cardioloog??
- Ondersteund door intercollegiaal overleg en onderzoek
- NB H3-netwerk board bestaat uit 3 personen, en kan geen landelijke patientenzorg bieden, dat gaan de regionale H3-netwerken doen

Kunnen Belgische artsen meedoen?

JA!

Wel extra middelen nodig om dit vanaf 2026 op te kunnen starten in België
(Overheid? Subsidiegever?) ...

Intussen: samenwerking vast opzoeken met collega cardiologen/gynaecologen/psychiaters en huisartsen

En je kan nu al profiteren van alle webinars en informatie op

www.h3-netwerk.nl

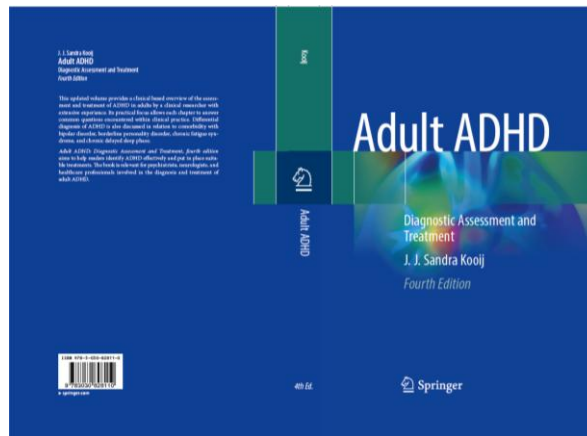
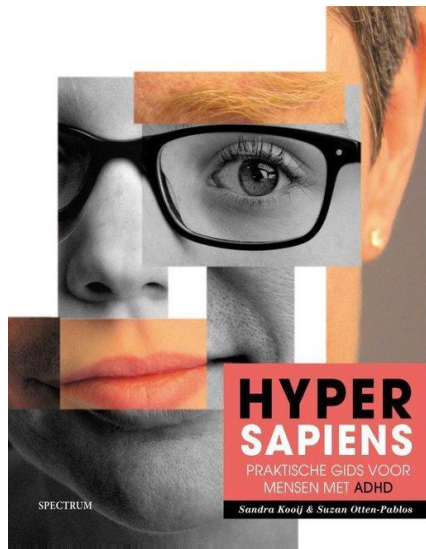


Ongoing Research Cooperation

Dutch Expertise Center Adult ADHD & H3

1. **International Women with ADHD Health Survey (Maxime de Jong), see QR-code**
2. ADHD Cycles (Sofia Rocha): monitor mood, sleep and ADHD symptoms during 2 menstrual cycles using an app, and investigate biomarkers in a subgroup for inflammation and ADHD severity
3. Comparing endorsement of DIVA-5 symptoms, examples and impairment by gender in 2500 patient records (Noemi Platania, in press)
4. Study on the female presentation of ADHD using Focus groups of experience experts and professionals (i.e. perfectionism/masking), to adjust examples in DIVA-5, including the day of the cycle at the time of endorsement (Noemie Platania)
5. Implementing Expertise and Cooperation from the multidisciplinary Head Heart and Hormone (H3) network into every region in the Netherlands in 2025
6. Age of menarche in young women with ADHD compared to controls in the WARN-D study (Danielle de Graaf-Starreveld)
7. Screening for ADHD in women with PMDD (Astrid Kamperman and Romy Jansma)
8. In development: Group therapy for peri-menopausal women with ADHD
9. Cooperation in population study in Iceland on women with ADHD, menopausal symptoms, gynaecological and hormonal mood disorders (Unnur Jakobsdottir Smari, Helga Zoega, Dora Wynchank)
10. Screening for ADHD in women with proven cardiovascular SCAD during (peri)menopause (Micha Brinkman, Janneke Wittekoek)
11. NESDA: Cardiovascular and Metabolic Health in women with ADHD at (peri)menopausal age (Emma van Andel, Micha Brinkman)
12. Nemesis: Cardiovascular and Metabolic Health in perimenopausal women with ADHD (Brandy Callahan/Maxime de Jong)





z!

Online Expert Education on ADHD for patients and professionals

ONLINE NOW!

www.adhdpowerbank.com



Dr Dora Wynchank
Psychiatrist



Prof Sandra Kooij
Psychiatrist, professor Adult ADHD



Q & A

DISCUSSION

Thanks to my great team!



Kenniscentrum
ADHD bij volwassenen

PsyQ



Amsterdam UMC

z!

Bedankt!

z!tstil

WIJZER IN ADHD

