



From full speed... to full stop.

When Burnout Isn't Burnout: The Silent Signs of ADHD

For the first time in her life, Laura found herself crying in a bathroom stall at work and wondered, “What is happening to me?”

A Senior Vice President at a Northern Virginia tech firm, Laura managed billion-dollar rollouts and ran meetings, households, and international product launches with equal efficiency. Her nickname was “The General,” a testament to her reputation for being “unflappable.”

But lately, all it took was a raised eyebrow in a Zoom call or a curt message from her husband to send her into a spiral of self-doubt. Casual feedback from her CEO about a metric in her projections landed her in the bathroom stall in tears.

Laura began receiving feedback from HR that her team felt uncomfortable bringing her bad news because her reaction had become erratic, sometimes calm and collected, and other times downright explosive.

At home, things weren't any better. The woman who used to color-code the family calendar now forgot orthodontist appointments and double-booked school pick-ups. Her two teenagers tiptoed around her in the evenings, unsure whether she'd be laser-focused or explosively overwhelmed. Sometimes, the hum of the refrigerator or the clinking of dishes would make her feel like she couldn't breathe.

Laura had always prided herself on being able to present a polished front that masked her inner chaos and insecurities. But lately, she felt that it was all starting to unravel.

Laura blamed stress. Or perimenopause. Or the pandemic aftershocks. Or all three.

The confusing and costly journey to diagnosis

As a highly driven person her whole life, Laura deployed the full force of her intelligence and her financial means to figuring out what was wrong.

Like most people struggling with regulating her mood, Laura turned to the therapist she had been seeing for 6 years for help. The therapist thought she was burned out and needed to take a long break. Feeling that burnout didn't explain the sudden mood switching and the intensity of her feelings, she turned to her primary care physician, who diagnosed her with depression and anxiety and prescribed antidepressants.

Laura was wary of antidepressants as they brought her back to her childhood when her mother had been struggling with similar symptoms. The antidepressants her mother had taken for years did nothing to stop the emotional damage that led to her parents' divorce. Recalling how deeply her mother's outbursts had wounded

their relationship made Laura suddenly very concerned that she would repeat the same pattern with her children.

Attempting to try a different solution and thinking that it may be related to perimenopause, Laura tries to get some answers from her Obstetrician-Gynecologist (OB-GYN) next. The OB-GYN orders some blood tests and enquires about the age at which Laura's mother went through menopause, and promptly ruled out menopause, but provides no further avenues to investigate.

Though her bloodwork came back within the normal range and each specialist she saw kept saying she just needed rest, the pieces of the puzzle just weren't adding up for Laura. She knew it wasn't normal to feel like a shell of her former self. Yet, she no longer trusted the healthcare system to understand, much less provide solutions.

After several more missed deadlines and uncomfortable conversations at work, she hires an executive coach who suggests that she should get formally evaluated for attention-deficit/hyperactivity disorder (ADHD).

Despite her financial resources, it took months to get an appointment with an ADHD specialist. When she finally does, she finds that it costs \$5,900 just to get evaluated. A cost that is not covered by insurance and will be fully out of pocket. The specialist diagnoses her with ADHD but informs her that he cannot prescribe medication.

After several more months of searching, she finds a provider who can prescribe the ADHD medication, and Laura begins a common cycle of trying several different types and dosages of medication before finding something that actually helps.



The diagnosis and medications came as a relief to Laura, but still didn't answer other physiological symptoms, like painful cramps, migraines, sleep problems, and weight gain, she had been experiencing. She also felt a deep sense of grief and anger. She felt a deep regret for the opportunities she had missed and the life she could have had if she had had a proper diagnosis and care all those years. Despite her intelligence, effort, and financial means, why had it taken so long to be diagnosed? Why had she spent so much time, effort, and money being treated for the *wrong problem*?

Why ADHD is often misdiagnosed in high performers

Laura is not alone; there is broad [consensus](#) that girls and women are underdiagnosed for ADHD and more frequently diagnosed later in life. Many are sitting in high-stakes roles, quietly unraveling — thinking they've hit a wall of burnout or early dementia. But what they're really facing is the delayed cost of a lifetime of masking.

Women like Laura often don't "look" like they have ADHD. They're not bouncing off walls or forgetting their kids at school. In fact, they're often the opposite: competent, hyperproductive, tightly wound. That's because high-achieving women with ADHD tend to *mask* their symptoms with structure, perfectionism, and people-pleasing. But over time — and especially under hormonal pressure — that mask begins to slip.

ADHD is a neurodevelopmental condition affecting dopamine regulation and executive function. For women, its symptoms are often misdiagnosed as anxiety, depression, or stress. And during midlife — when estrogen drops — ADHD symptoms often intensify or newly emerge, a phenomenon now being recognized by both psychiatrists and gynecologists.

Laura wasn't lazy. She wasn't fragile. She wasn't failing.

She was applying neurotypical tools to a neurodivergent brain.

Most productivity systems — from time-blocking apps to paper planners — are designed for people whose brains naturally regulate attention, motivation, and memory. For someone with ADHD, these tools often become clutter, another source of guilt, or a fleeting dopamine hit that wears off in a week.

Similarly, most medical and mental health professionals in the US are not trained to properly diagnose ADHD. For instance, a [study](#) found that only 41% of surveyed physicians correctly identified the diagnostic criteria for adult ADHD and were familiar with appropriate screening tools. However, even among those able to diagnose, very few actively engage girls and women patients for diagnosis because of red tape and other restrictions.

The absence of formal training programs exacerbates the issue. Few, if any, residency programs focus on adult ADHD. According to the [Department of Health and Human Services](#), only 50% of psychiatrists, 20% of primary care providers, and 9% of nurse practitioners reported being confident in their ability to diagnose ADHD in adults. As a result, Columbia University [reports](#) that fewer than 20% of individuals with ADHD are diagnosed and treated by clinicians.

While Laura may have been motivated by how bad she felt, the true cost of ADHD goes far beyond emotional dysregulation and missed productivity with recent research showing correlation with significant medical issues.

The true cost of undiagnosed ADHD

A [study](#) reports that people with ADHD alone are 50% more likely to die prematurely than those without it. But when ADHD comes with even one other condition, like anxiety or depression — which it often does — that risk skyrockets. Add two mental health conditions, and the risk is eight times higher. Add three, and it jumps to 15 times. With four, it climbs to 29 times. The likelihood of a correlated psychiatric disorder is high. More than [70 percent](#) of adults with ADHD have at least one comorbid psychiatric disorder.



Some of the most striking correlations with ADHD among women include a **990%** increased likelihood of autism spectrum disorder, a **680%** increase for borderline personality disorder, **540%** for bipolar disorder, **530%** for eating disorders, and **440%** for premenstrual dysphoric disorder (PMDD) in individuals with ADHD.

NovaVia Health recently obtained startling data from private insurers.

One of the most damaging — and often overlooked — costs of undiagnosed ADHD is being treated for the wrong thing. Women are far more likely to be misdiagnosed because their [symptoms](#) tend to be less overt and because the system rarely sees them.

ADHD is still largely viewed as a “male” condition, so when a woman shows up with the symptoms, it’s much more likely to be attributed to stress, especially if they are also a mother. ADHD is much more likely to be [correlated](#) with anxiety, depression, bipolar and personality disorders, in women as compared to men. As a result, most healthcare practitioners tend to treat those symptoms instead without investigating further. Finally, in high achieving women, the unmasking of ADHD symptoms can also correlate with the onset of perimenopause, leading their concerns to be dismissed as part of aging. Misdiagnosis also leads to the wrong prescriptions which can further impact a woman’s health.

When left undiagnosed, ADHD can have significant lifetime repercussions with a [study](#) reporting that people with ADHD are likely to have lower earnings, lower academic achievement, more car crashes, and an increased risk of death compared to their unaffected peers.

ADHD doesn’t just impact individual lives — it reverberates across families, workplaces, classrooms, and entire systems. Importantly, [studies](#) show that ADHD is highly heritable — with estimates as high as 60 to 70%. This means that an ADHD mother is likely to have an ADHD child. Diagnosing a mother correctly may help with early diagnosis of her children. In the U.S. alone, adult ADHD is [estimated](#) to cost over \$100 billion each year. Untreated, it disrupts relationships, derails careers, and contributes to cycles of failure and frustration.

The cost isn’t just financial — it’s deeply human. In fact, as many as one in four people in the criminal legal system may meet the criteria for ADHD, highlighting just how far-reaching the consequences can be when this condition goes undiagnosed and unsupported.

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“ADHD leaves a trail of challenges far beyond the individual”

— Craig Surman, MD, Harvard Medical School Doctor, Neuropsychiatrist,
ADHD Researcher and Author

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Diagnosis is just the beginning

Once Laura received the ADHD diagnosis and began understanding the disorder better, a lot more of her life began to make sense. She found that constant job hopping, difficulty maintaining healthy romantic relationships, compulsive people pleasing, and constant feelings of being the outsider or imposter were common patterns of women with ADHD. The signs were there all along, but only became alarm bells after building up for decades.

The lightbulb finally went on in Laura’s head, and she realized that understanding the solution for ADHD wasn’t just physical or mental. She had to reframe her behaviors and beliefs as well. Medication helped with her focus, but it didn’t resolve the lifelong trauma, shame, relationship patterns, or physical symptoms that came with ADHD. She needed specialized coaching to resolve her shattered self-esteem and heal her damaged personal and work relationships.

But the diagnosis and support did help Laura to reframe her symptoms not as failure, but as a mismatch between her brain and the systems around her. She stopped forcing herself into routines that didn’t work. Instead, she started ADHD coaching, trauma-informed therapy, physical wellness programs, and found community in late-diagnosed women like herself.

More importantly, she was able to find compassion for herself. She understood now that the fragmented system of care in the US had failed her. The half a dozen specialists she sought out saw only compartments of her and none were able to piece the whole picture together to give her the diagnosis and the integrated care that she needed.

But with the right medication, education, coaching, and monitoring, her family saw a new version of her — one that was calmer, more forgiving, more present.

Laura finally stopped striving for perfection, and felt empowered to step into her authentic self.

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“Diagnosis didn’t change who I was. It explained who I’d been all along.”

— Laura’s words

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If you think you might have ADHD, [Novovia Health](#) developed an ADHD calculator that will help you understand the personal financial cost of ADHD. [Click here to access it for free.](#)