A GUIDE FOR ADULTS

Understanding and Living Well with ADHD

A psychoeducation and resource pack for newly diagnosed adults, and for the people who care about them.

What this pack covers

Understanding ADHD • Life after diagnosis • Executive functioning • Emotional regulation and RSD • Identity, self-esteem and shame • Mental health • Hormones • Medication and treatment • Sleep • Diet and nutrition • Physical health and movement • Alcohol and drugs • Technology and screens • Relationships • Intimacy and sex • Sensory needs • Home and daily logistics • Rest, leisure and hobbies • Work • Further and higher education • Money and finance • Parenting with ADHD • Driving • Strengths • Self-advocacy • A section for family, partners and friends • Trusted resources

This is an educational resource, not a substitute for individual medical, psychological, financial or legal advice.

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How to use this pack

You have recently received a diagnosis of ADHD, or you are close to someone who has. Either way, this pack is for you. It is designed to help you make sense of what ADHD is, how it can show up in adult life, and what genuinely helps.

ADHD is a **neurodevelopmental difference**, not a flaw in your character or a failure of effort. The way your brain is wired affects how you regulate attention, energy, emotion and time. This pack takes a **neuro-affirmative** view: the aim is not to make you act as though you are not ADHD, but to help you understand yourself, build a life that fits how your brain works, and access the support you are entitled to.

You do not need to read it all at once

This is a reference document, not a novel. Many ADHDers find long documents hard to read in one sitting, and that is completely fine. A few suggestions:

- **Start with the part that feels most pressing right now.** If sleep, work or relationships are the loudest problem this week, go straight there.
- **Use the contents page as a menu.** Dip in and out. Nothing here has to be done in order.
- **Notice the coloured boxes.** Blue boxes summarise key points, sand-coloured boxes offer practical things to try, and lavender boxes are written for the people around you.
- **Be kind to yourself as you read.** Some of this may feel emotional, especially if you were diagnosed later in life. That is a normal and valid response.

A note for family, partners and friends

> **If you are reading this to understand someone you love**
>
> Thank you for taking the time. Understanding ADHD is one of the most supportive things you can do. Throughout this pack you will find lavender boxes like this one, written specifically for you, with ideas for how to help without taking over.
>
> The single most useful thing to hold in mind is this: most ADHD difficulties are about **regulation, not willingness**. When your person struggles to start a task, remember an arrangement, or manage a strong feeling, it is rarely because they do not care. Their brain regulates these things differently, and effort alone does not close the gap.

A note on language

You will notice this pack mostly says **ADHDer** or **person with ADHD** rather than describing ADHD as a disorder to be fixed. ADHD is formally classified as a medical condition, and that classification is what gives you legal rights and access to treatment. At the same time, many adults find it more accurate and

more hopeful to think of ADHD as a different way of being wired, with real challenges and real strengths. Use whatever language feels true for you.

Quick start: ten things to know

If you read nothing else today, these are the ideas most newly diagnosed adults tell us they wish they had understood sooner.

#	What to know	Why it matters
1	**You are not lazy, stupid or broken.**	Your brain regulates attention, motivation, time and emotion differently. This is biological, not a question of willpower.
2	**ADHD is an interest and urgency-based attention system.**	You can focus brilliantly on what interests you and struggle painfully with what does not, even when it matters. This is normal for ADHD.
3	**Executive function is the core difficulty.**	Getting started, planning, remembering, switching and finishing are harder. Most useful strategies target these directly.
4	**Emotions are part of ADHD.**	Big, fast feelings and sensitivity to rejection are common and recognised, not a personality defect.
5	**External structure is not cheating.**	Lists, timers, reminders and visible cues do the regulating your brain finds hard. Using them is skilful, not weak.
6	**Strategies beat self-criticism.**	Shame uses energy and changes nothing. Curiosity and small experiments change a lot.
7	**You may grieve, and that is normal.**	Many adults feel relief and sadness together after diagnosis. Both belong.
8	**You have rights at work and in study.**	ADHD is a recognised disability under the Equality Act 2010, so reasonable adjustments and support are available.
9	**Treatment is a toolkit, not a single fix.**	Medication, coaching, therapy, environment and lifestyle all play a part. You get to build your own mix.
10	**You are not alone.**	Millions of adults are ADHD. There are communities, books, podcasts and professionals who understand.

Part 1. Understanding ADHD

What ADHD actually is

ADHD stands for Attention Deficit Hyperactivity Disorder. The name is a little misleading. People with ADHD do not lack attention, and not everyone is visibly hyperactive. A more accurate description is that ADHD is a difference in how the brain **regulates** attention, activity, impulses, motivation and emotion.

ADHD is a **neurodevelopmental condition**, which means it relates to how the brain develops and is present from early life, even when it is only recognised much later. It is strongly heritable, so it often runs in families. Differences in the brain networks that manage planning, self-monitoring and reward, and in chemical messengers such as dopamine and noradrenaline, help explain the everyday experience of ADHD.

> **Key point**
>
> **ADHD is a difference in self-regulation, not a deficit of attention or effort.**
>
> It affects how reliably you can direct your attention, energy, impulses and emotions towards what you intend, especially when a task is not interesting, urgent or rewarding in the moment.

The interest based nervous system

One of the most helpful reframes for adults is this. A neurotypical attention system is broadly driven by importance: if something matters, the brain can usually mobilise effort. An ADHD attention system is driven more by interest, novelty, challenge, urgency and passion. When one of those is present, focus can be effortless and even intense. When none is present, no amount of knowing it matters reliably switches attention on.

This is why you might write a brilliant report the night before a deadline yet be unable to start it for three weeks, or why you can lose hours in something absorbing but cannot face a ten-minute admin task. It is not a moral failing. It is how the system is built.

The three presentations

ADHD is currently described in three presentations. Many adults move between them over time, and traits often look different in adulthood than in childhood.

Presentation	What it can look like in adults
Predominantly inattentive	Difficulty sustaining attention on dull tasks, losing track, forgetfulness, disorganisation, daydreaming, slow to start. Hyperactivity may be subtle or internal. Often missed in childhood, especially in girls and women.

Presentation	What it can look like in adults
Predominantly hyperactive-impulsive	Restlessness, talking a lot, interrupting, acting before thinking, impatience, a constant drive to be doing. Inattention is less prominent.
Combined	A mix of inattentive and hyperactive-impulsive traits. This is the most commonly diagnosed presentation.

The three core areas, in plain terms

Attention regulation

The issue is not the amount of attention but the control of it. ADHDers often describe difficulty filtering distractions, sustaining focus on tasks that feel dull or repetitive, and shifting attention on demand. The flip side is hyperfocus, periods of intense absorption in something engaging, where time and the outside world disappear.

Impulsivity

Impulsivity is acting before the brain has finished weighing things up. It can show as interrupting, blurting, impatience in queues, impulse buying, jumping between interests, or making fast decisions. It is closely tied to a preference for immediate rewards over delayed ones, which is a brain-based difference in how reward is processed.

Hyperactivity and internal restlessness

In children, hyperactivity is often visible as fidgeting and being on the go. In adults it frequently turns inward. Many adults describe a persistent **internal restlessness**, a sense of an engine running that will not idle, racing thoughts, difficulty relaxing, or feeling uncomfortable when unoccupied. This inner version is easy to miss from the outside, which is one reason adult ADHD is so often overlooked.

Why ADHD is so often recognised late

If you are reading this as a newly diagnosed adult, you may feel angry or grieved that it took so long. There are real reasons it is missed.

- **Masking and compensation.** Many people develop exhausting workarounds, perfectionism, over-preparation, copying others, that hide the underlying struggle until life demands outgrow the strategies, often at university, in a demanding job, or in parenthood.
- **Outdated stereotypes.** ADHD was long seen as a condition of disruptive young boys. Quiet, inattentive or internally restless presentations were not recognised.
- **Gender bias.** Girls and women are diagnosed later and less often, partly because they tend to mask more and present with inattentive traits, anxiety or low mood rather than overt hyperactivity.

- **Co-occurring conditions.** Anxiety, depression, trauma responses or another diagnosis can mask ADHD or be treated in isolation while the underlying ADHD goes unnoticed.

Conditions that often travel with ADHD

ADHD rarely arrives alone. Understanding what else may be present helps you and your clinicians get the full picture. Common co-occurring experiences include:

- **Autism**. Many people are both ADHD and autistic. The combination is sometimes described as AuDHD and has its own particular profile.
- **Anxiety and low mood**. Often a response to years of unexplained struggle, as well as a co-occurring condition in their own right.
- **Specific learning differences**, such as dyslexia, dyscalculia and developmental coordination disorder (dyspraxia).
- **Sleep difficulties**, which are extremely common and can worsen every other ADHD trait.
- **Sensory processing differences**, once thought to belong only to autism but very common in ADHD too.

If any of these resonate strongly, it is worth mentioning to your GP or specialist. Some are addressed in later sections of this pack.

> **For family, partners and friends**
>
> The behaviour you may have read as careless, rude or unmotivated almost always has an ADHD explanation underneath. Lateness is usually time blindness, not disrespect. A forgotten task is usually working memory, not indifference. Interrupting is usually a thought that will vanish if it is not said now, not a lack of interest in you.
>
> Learning to translate behaviour into its ADHD root is the foundation of a supportive relationship. The rest of this pack gives you the vocabulary to do that.

Part 2. Life after diagnosis: the emotional journey

A diagnosis is information, but for most adults it is also an emotional event. It can reorganise how you understand your entire life. There is no right way to feel, and feelings often arrive in waves rather than in order.

Common reactions, all of them valid

You might feel	What it can sound like
Relief	"There is a name for this. It was never just me failing." A huge weight can lift when struggles finally make sense.
Grief	"What could my life have been if I had known at sixteen?" Mourning lost time, missed potential or hard years is real and important.
Anger	At systems, schools or people who labelled you as lazy, difficult or not trying hard enough.
Validation	Years of feedback that did not fit suddenly make sense through a new lens.
Doubt or imposter feelings	"What if I am not ADHD enough? What if I am making it up?" Extremely common, and not a sign the diagnosis is wrong.
Overwhelm	Wanting to fix everything at once or not knowing where to begin.

Reframing your story

One of the most powerful things a diagnosis offers is the chance to revisit your past with accurate information. The child who was called a daydreamer was not failing to listen; they had an inattentive presentation. The teenager who could not revise was not lazy; they were fighting an interest-based attention system without support. This is not about excusing anything. It is about replacing a story of personal failure with a story of unrecognised difference.

> **Try this: a compassionate re-read**
>
> Think of one memory where you blamed yourself, a missed deadline, a relationship that struggled, a job that did not work out. Now retell it with ADHD in the picture. What was actually happening? What support was missing? What would you say to a friend in that situation?
>
> *This is not about rewriting history to avoid responsibility. It is about giving yourself the same fairness you would give anyone else.*

Going at your own pace

There is no need to overhaul your life this week. Many adults find it helpful to pick one area, try one small change, and let confidence build from there. The rest of this pack will still be here when you are ready.

A few sensible first steps

If you would like somewhere concrete to begin, these tend to repay the effort early on, without asking you to change everything at once.

- **Learn how your own ADHD works.** Notice your patterns: when focus comes easily, what reliably derails you, which times of day are sharp or foggy. Self-knowledge is the foundation everything else builds on.
- **Tell one safe person.** Saying it out loud to someone who will take it well makes it feel real and reduces the isolation. You can widen the circle later, or not, as you choose.
- **Pick a single, low-stakes experiment.** One reminder system, one wind-down routine, one small change at work. Success with something small builds the belief that change is possible.
- **Find out what you are entitled to.** A quick look at the work, education and money sections later in this pack will tell you what support exists, so you can claim it when you are ready.

Telling other people

Who to tell, and how much, is entirely your call, and it can be different for different people. Some find it freeing to be open; others prefer to share only with a trusted few, or to keep it private for now. There is no obligation to explain or justify your diagnosis to anyone. When you do choose to tell someone, leading with what it means in practice, rather than with a label, often lands best: something like “I’ve realised I’m ADHD, which is why I find X hard and Y easy, and what really helps me is Z.”

> **For family, partners and friends**
>
> Your person may swing between elation and sadness, sometimes within a single conversation. Resist the urge to rush them towards “the positives”. Grief about a late diagnosis is not ingratitude, it is part of integrating the news.
>
> The most helpful things you can say are simple: “That makes sense now,” “None of that was your fault,” and “I am here while you work this out.”

Part 3. Executive functioning and executive dysfunction

If ADHD has a single engine room, it is the **executive functions**. These are the brain's management system, the set of skills that let you plan, start, organise, remember, switch and finish tasks, and regulate yourself along the way. In ADHD these functions work differently and less reliably, which is what people mean by **executive dysfunction**.

Crucially, executive function difficulties are not about ability or intelligence. You can be highly capable and still find it almost impossible to begin a simple task. The gap between what you know you should do and what you can actually make yourself do is the lived reality of ADHD.

The main executive functions, and how they show up

Function	What it does	How difficulty shows up
Task initiation	Getting started	Staring at a task you want to do but cannot begin. "ADHD paralysis" or inertia.
Working memory	Holding information in mind	Forgetting why you walked into a room, losing the thread mid-sentence, needing things written down.
Planning and prioritising	Sequencing steps, ranking what matters	Everything feels equally urgent, or you cannot see the order to do things in.
Organisation	Managing objects, time and information	Lost keys, cluttered spaces, missed steps, a phone full of half-finished notes.
Time management	Sensing and using time	Time blindness, see below. Tasks take far longer or shorter than expected.
Cognitive flexibility	Switching tasks or perspectives	Hard to stop one task and start another. Getting stuck or struggling to change plans.
Self-monitoring	Tracking how you are doing	Not noticing you have drifted off task, or how you are coming across.
Emotional regulation	Managing the size of feelings	Feelings arrive fast and large. Covered fully in Part 4.

Time blindness

Many ADHDers experience what the psychiatrist Russell Barkley called **time blindness**: a reduced sense of time passing and of how long things take. The future can feel abstract and far away until it suddenly becomes now. This explains chronic lateness, missed deadlines, underestimating tasks, and the feeling that there are only two times, *now* and *not now*.

Time blindness is not carelessness. It responds well to making time visible and external rather than relying on an internal clock.

Strategies that work with an ADHD brain

The principle behind almost every effective strategy is the same: stop relying on internal regulation and move the work to the outside world. Make things visible, automatic, smaller and more rewarding.

Getting started

- **Shrink the first step until it feels almost silly.** Not "write the report" but "open the document and type the title".
- **Use a launch ritual.** The same music, drink or location can become a cue that tells your brain it is time to begin.
- **Body doubling.** Work alongside someone else, in person or on a video call. Their presence borrows the accountability your brain finds hard to generate alone.
- **The five-minute rule.** Commit to only five minutes. Starting is the hard part. Once moving, you often continue.

Staying on task

- **Try the Pomodoro method.** Work in short, focused bursts, for example 25 minutes, then a 5-minute break. Adjust the lengths to suit you. Some people start at 10 minutes.
- **Capture, do not chase.** Keep a notepad or note app beside you. When a new idea or worry pops up, write it down to revisit later instead of switching tasks.
- **Reduce friction and distraction.** Put your phone in another room, use website blockers, and tidy only the immediate workspace, not the whole house.

Remembering and organising

- **Externalise everything.** If it is not written down or set as a reminder, treat it as gone. This is not failure; it is good system design.
- **One capture point.** Choose a single place for tasks, a notebook, an app, a wall planner, so you are not scattered across ten systems.
- **Make it visible.** Out of sight is genuinely out of mind. Clear boxes, open shelving, a wall calendar and visible reminders work better than tidy cupboards.
- **Habit stacking and anchoring.** Attach a new task to an existing routine, for example "take medication when the kettle boils".

Managing time

- **Make time visible.** Use analogue clocks, visual timers (such as a Time Timer), and alarms set before, not at, a deadline.
- **Set two reminders.** One the day before and one an hour before, so you have time to prepare and travel.

- **Overestimate.** When guessing how long something will take, add half again. Build in buffer time for transitions.
- **Time block, gently.** Assign rough windows to tasks rather than a rigid hour-by-hour plan that collapses at the first interruption.

Breaking down and finishing

- **Use a Kanban board.** Three columns, To do, Doing, Done, on sticky notes or an app, give a visual sense of progress and limit how much is in flight at once.
- **Define what done looks like.** ADHD perfectionism can stop you finishing. Decide in advance what "good enough" means.
- **Reward progress, not just completion.** Celebrate small steps. Dopamine fuels the next step.

Try this: the five favourite tools

You do not need a complex system. Most ADHDers do best with a few tools they actually use. Pick one from each line:

- **Capture:** a notes app, a pocket notebook, or voice memos.
- **Time:** a visual timer, phone alarms, or a wall calendar.
- **Tasks:** a Kanban board, a single daily list, or a whiteboard.
- **Start:** a launch ritual, body doubling, or the five-minute rule.
- **Reward:** music, a snack, movement, or ticking something off.

Trial each for a week. Keep what sticks, drop what does not. The best system is the one you will actually use.

For family, partners and friends

Executive dysfunction is invisible, which makes it easy to misread. "Why can't you just…" is the phrase that does the most harm, because the honest answer is often "I genuinely can't, the way you can."

You can help by being a gentle external brain: offering a reminder rather than a reprimand, helping break a task into steps, or simply sitting nearby as a body double. Ask "Would a reminder help, or would that feel like nagging?" and respect the answer.

Part 4. Emotions, emotional regulation and RSD

Emotional regulation is now understood as a **core part of ADHD**, not an optional extra. Many adults are surprised to learn this, because they were told ADHD was only about attention. If your feelings arrive faster, bigger and harder to dial down than other people's seem to, that is consistent with ADHD, not a separate personal flaw.

Why emotions feel bigger

The same brain systems that regulate attention also help regulate emotion. When regulation runs differently, feelings can flood in quickly and at full volume, with little of the gap that lets other people pause before reacting. A frustration that might be a 3 out of 10 for someone else can land as a 9. The feeling is real and intense, and it can also pass quickly, which can be confusing for everyone involved.

Rejection Sensitive Dysphoria (RSD)

Rejection Sensitive Dysphoria is intense, often sudden emotional pain triggered by **perceived or actual rejection, criticism or failure**. "Dysphoria" means a deep sense of unease or anguish. For many ADHDers, RSD is one of the most painful and least understood parts of the condition.

RSD can feel like a physical blow. A slightly short text, a piece of feedback, a sense that someone is annoyed, can trigger a wave of shame, despair or anger that is wildly out of proportion to the trigger and very hard to talk yourself out of in the moment.

How RSD can show up

- Avoiding situations where you might be judged or fail, including new opportunities.
- People pleasing and perfectionism, to head off any possible criticism.
- Reading neutral responses as disapproval.
- Sudden, intense anger or withdrawal after feeling rejected.
- A harsh inner critic and long replays of social interactions.

Working with RSD

- **Name it as it happens.** Saying internally "this is RSD" creates a tiny gap between you and the feeling. The pain is real, but it is amplified, and naming it reduces its grip.
- **Delay the response.** RSD waves are intense but often short. Where you can, do not send the message or make the decision while the wave is at its peak.
- **Reality check with a trusted person.** "Did that message seem cold to you?" An outside view can recalibrate a story your brain has run away with.
- **Pre-agree language with people close to you.** Letting a partner or manager know that direct feedback lands hard and asking for it to be paired with what is going well, can transform how it feels.

- **Treat the inner critic as a symptom, not the truth.** Self-compassion is not indulgence here; it is regulation.

Alexithymia: having few words for feelings

Alexithymia, a term that loosely renders as “without words for emotion”, is found across the general population and shows up especially often in neurodivergent people. It captures a difficulty in registering, pinning down, naming and conveying what you are feeling. This is not an absence of emotion. The feelings are present and real; they are simply harder to read from the inside.

With alexithymia, an emotion may slip past unnoticed until it has already tipped into overwhelm, so the experience is less a gradual build and more a sudden arrival at full intensity. For some, there is a lag between something happening and any sense of how they feel about it. Others find themselves working emotions out from the outside in, reasoning about what they probably feel rather than sensing it directly. It tends to sit alongside reduced interoception, the diminished awareness of internal bodily signals discussed in Part 16.

- **Build an emotion vocabulary slowly.** A simple feelings wheel or list can help you put names to states.
- **Track the body, not just the mind.** Tight chest, clenched jaw or restlessness can be earlier clues than the emotion itself.
- **Check in on a schedule.** If you cannot feel the build-up, a regular prompt (“how am I, really?”) catches feelings before they peak.

A toolkit for difficult emotions

It helps to practise these when you are calm, so they are easier to reach for when you are not.

When you need to…	Try
Come back to the present	Grounding techniques, for example the 5-4-3-2-1 senses exercise, or naming objects in the room.
Calm the body	Slow breathing with a long out-breath, progressive muscle relaxation, cold water on the wrists, or a short walk.
Discharge the energy	Movement, exercise, shaking out the hands, or pressing into a wall. ADHD emotion is physical, so the body helps.
Soften the inner critic	Ask “What would I say to a friend?”, then say it to yourself.
Make sense of a thought spiral	A thought record: write the harsh thought in one column and a fairer, realistic response in another.

> **Try this: the reframe**

When you need to…	Try

Catch one automatic negative thought and rework it.

- **From:** "There is no way I can manage all of this."
- **To:** "This is a lot right now, and I only have to deal with the very next bit."

You are not pretending everything is fine. You are refusing to let a distorted thought have the final word.

For family, partners and friends

When a feeling floods your person, logic will not reach them until the wave passes. Trying to fix or argue in that moment usually makes it worse. What helps is steadiness: a calm voice, presence, and not taking the size of the feeling personally.

With RSD especially, remember that a small comment can land as a deep wound. This does not mean you must walk on eggshells, but pairing honest feedback with genuine reassurance, and choosing your timing, makes a real difference. Afterwards, when calm returns, is the time to talk things through.

If difficult thoughts ever turn towards not wanting to be here, please reach out for support. UK helplines are listed at the end of this pack, and your GP can help.

Part 5. Identity, self-esteem and shame

By the time many adults reach a diagnosis, they have absorbed years of quiet messaging that something about them was wrong. Reports that said “could do better”. Relationships where they were the unreliable one. A drawer full of half-finished projects and good intentions. None of it was ever the whole truth, but repeated often enough, it shapes how a person sees themselves. This section is about untangling who you are from what an unsupported ADHD brain made life look like.

Where the shame tends to come from

Shame in ADHD is rarely about one big event. It accumulates, drip by drip, from a thousand small moments of falling short of expectations that were never built with your brain in mind.

- **Repeated correction.** Being told to focus, hurry up, calm down or try harder, long before anyone understood why those things were hard, teaches a child that they are the problem.
- **The competence gap.** Knowing you are capable, yet watching yourself miss deadlines, forget things and underperform, creates a painful gap between potential and output that is easy to read as personal failure.
- **Masking and performance.** Years of hiding the effort behind a competent front mean praise can feel unearned, while criticism feels deserved.
- **Comparison.** Measuring yourself against people whose brains handle admin, routine and follow-through more easily is comparing your hardest thing to their easiest.

Separating the trait from the self

A useful piece of inner work is learning to name what is ADHD and what is you. The forgetfulness, the lateness, the unfinished tasks: these are traits of a condition, not facts about your character or your worth. You can hold yourself accountable for the impact of something while refusing to carry shame about its cause. Responsibility and self-blame are not the same, and only one of them helps.

> **Key point**
>
> **You were never lazy, careless or not trying. You were running a brain wired differently, without the manual.**
>
> Self-esteem tends to recover not through forced positivity, but through accurate understanding. When the story changes from “What is wrong with me?” to “This is how my brain works, and here is what helps”, a great deal of unnecessary shame can finally be set down.

Rebuilding self-esteem after a late diagnosis

- **Reread your history with the right lens.** Revisit the moments you filed under personal failure and ask what was actually happening, and what support was missing. This is the compassionate re-read from Part 2, applied to your whole sense of self.
- **Collect evidence against the old story.** Shame is a poor historian. Keep a note of things you have managed, finished and done well, so the harsh inner narrative has something concrete to argue with.
- **Watch your self-talk.** Notice the voice that calls you stupid or useless and treat it as a symptom of an over-criticised history, not as truth. You would not speak to a friend that way.
- **Find your people.** Connecting with other ADHD adults, online or in person, is often the fastest route to realising you were never alone or uniquely broken.
- **Let go of the neurotypical scorecard.** You are allowed to measure a good day by your own standards, not by how well you imitated a brain you do not have.

Try this: the kinder verdict

Think of a recent moment you judged yourself harshly for. Write the verdict your inner critic reached. Then write the verdict you would give a friend you loved who did exactly the same thing. Notice the gap. The kinder verdict is not a comforting lie; it is usually the more accurate one.

For family, partners and friends

Many ADHD adults carry far more shame than they show, and a surprising amount of it is decades old. You cannot argue someone out of low self-esteem, but you can chip away at it by noticing effort as well as outcome, by reflecting their strengths back to them, and by being careful that your frustration in a hard moment does not echo the very criticism they grew up with.

Saying “That was never your fault”, and meaning it, can land more deeply than you expect.

Part 6. Mental health and wellbeing

Anxiety and low mood turn up more often among adults who are ADHD, and this is neither coincidence nor a sign of weakness. Years of unexplained struggle, of being told to try harder, and of living in an environment built for a different kind of brain, all leave their mark. Seeing the connection lets you meet it with strategy rather than shame.

Anxiety and low mood

Mood and anxiety sit on a continuum that everyone moves along. For ADHDers, the everyday friction of executive difficulties, missed deadlines, social misunderstandings, lost items, the sense of letting people down, feeds anxiety and can erode self-esteem over time.

The depression model of ADHD

Low mood in ADHD often makes more sense when you follow the trail backwards. Years of falling short of expectations that never fit you, measuring yourself against peers who seemed to manage effortlessly, can quietly lay down a set of harsh conclusions: about your own worth, about whether anyone really gets you, about whether things will ever feel different. Once those conclusions take hold, they tend to generate a particular kind of thinking, with a recognisable signature:

- **Uninvited**, surfacing on their own without you choosing them.
- **One-sided**, filtering out anything that does not fit the gloomy picture.
- **Self-perpetuating**, feeding the low mood and quietly closing off the path to change.
- **Convincing**, wearing the appearance of plain fact rather than opinion.
- **Sticky**, far easier to start than to switch off.

The turning point is learning to treat such a thought as a feature of the low mood rather than a verdict on reality. The reframing, evidence-checking and thought-record approaches in Part 4 carry straight over to this.

ADHD burnout

Burnout is common and often misread as laziness or simple depression. It is the result of running an under-supported brain at full effort for too long, frequently while masking. It can look like exhaustion, a collapse in functioning, loss of motivation, increased emotional sensitivity, and needing far more recovery than seems reasonable. The way out is not pushing harder, it is **reducing load, restoring rest, and removing demands**, then rebuilding gently with better support in place.

Co-occurring conditions

As noted in Part 1, ADHD often co-occurs with anxiety disorders, depression, autism, and sometimes obsessive-compulsive disorder, eating difficulties or trauma-related responses. If a low mood or anxiety is persistent and affecting daily life, it deserves attention in its own right. Treating ADHD can ease some

of this, but co-occurring conditions may need their own support, whether talking therapy, medication, or both.

Protecting your wellbeing

- **Build in recovery.** Rest is not a reward for finishing, it is fuel. Schedule it before you are empty.
- **Reduce masking where it is safe to.** Masking is exhausting. Spaces where you can be yourself are protective (see Part 14).
- **Move your body.** Exercise is one of the most evidence-supported ways to lift mood and support attention for ADHDers.
- **Connect.** Isolation deepens low mood. Even one understanding person reduces it.
- **Get support early.** You do not have to wait until things are severe to talk to your GP or a therapist.

If you are struggling right now

If you are in crisis, or thoughts of suicide or self-harm feel hard to manage, please reach out now. You deserve support.

- **Samaritans:** call 116 123, free, 24 hours a day. Email jo@samaritans.org.
- **Shout:** text SHOUT to 85258 for free, confidential, 24/7 text support.
- **NHS 111:** call 111 and select the mental health option or use 111 online.
- **In an emergency:** call 999 or go to your nearest A&E.

More helplines, including CALM and Papyrus HOPELINEUK, are listed in the Resources section.

For family, partners and friends

Low mood and burnout in ADHD can be quiet. Watch for withdrawal, a person who used to manage suddenly unable to, or harsh self-talk. Gently naming what you notice ("You seem really depleted lately") and offering practical help can matter more than advice.

If you are ever worried about your person's safety, ask directly and kindly. Asking about suicidal thoughts does not put the idea there, and it can be a relief to be asked. Then help them reach support.

Part 7. Hormones, the menstrual cycle and ADHD

This section will be most relevant to women and to people assigned female at birth, although hormones affect everyone. There is growing recognition that **hormonal changes can significantly affect ADHD**, and that this has been badly under-researched and under-acknowledged. If your symptoms seem to shift across the month or across life stages, you are not imagining it.

Oestrogen and ADHD

Oestrogen supports dopamine activity in the brain, and dopamine is central to ADHD. When oestrogen falls, many people notice their ADHD traits get harder: attention, memory, emotional regulation and word-finding can all dip. Because oestrogen rises and falls across the menstrual cycle and across the lifespan, ADHD can feel like a moving target.

Across the monthly cycle

Many people find ADHD traits and mood are steadier in the first half of the cycle, when oestrogen is higher, and noticeably harder in the days before a period, when oestrogen and progesterone drop. Tracking your cycle alongside your ADHD experience can reveal patterns and help you plan demanding tasks for easier weeks and build in more support for harder ones.

Premenstrual Dysphoric Disorder (PMDD)

Some people experience **PMDD**, a severe form of premenstrual difficulty that causes significant emotional and physical symptoms in the week or two before a period. It is more than typical PMS and can include intense low mood, irritability, anxiety, hopelessness and, for some, suicidal thoughts during that window. PMDD appears to be more common in neurodivergent people. It is recognised and treatable, so it is worth raising with a GP rather than enduring it alone.

Perimenopause and menopause

The years approaching menopause involve a long, fluctuating decline in oestrogen, and many women describe their ADHD becoming markedly harder during this time. Some are diagnosed for the first time in their forties or fifties, when previously workable coping strategies stop being enough. Brain fog, memory lapses, emotional sensitivity and disorganisation can all intensify. This is a recognised and increasingly discussed intersection, and support exists, including conversations with your GP about both ADHD treatment and menopause care.

Pregnancy and the postnatal period

Hormonal shifts in pregnancy and after birth can also change how ADHD feels. Decisions about ADHD medication before, during and after pregnancy, and while breastfeeding, are individual and should always be made with your prescriber, who can weigh the specifics of your situation. The postnatal

period also brings new executive demands, sleep loss and emotional load, all of which interact with ADHD, so extra support and self-compassion are well deserved.

Try this: track to understand

For two to three cycles, note each day on a scale of 1 to 5 how your focus, mood and energy feel, alongside where you are in your cycle. Patterns that emerge can help you and your clinician plan and can be powerful evidence when advocating for support.

Apps, a simple diary or a printed cycle chart all work. Choose whatever you will actually keep up.

For family, partners and friends

If your person's ADHD and mood seem to follow a monthly or life-stage pattern, take it seriously rather than dismissing it. Knowing that a difficult few days each month, or a difficult phase of life, has a biological driver helps everyone respond with patience rather than blame.

Part 8. Medication and treatment

> **Important**
>
> **This section is general information, not medical advice.** Decisions about medication are individual and must be made with a qualified prescriber who knows your full history. Never start, stop or change medication based on a leaflet.

Effective ADHD support is usually a combination of approaches: understanding and self-knowledge, environmental and lifestyle changes, psychological support such as coaching or therapy, and, for many people, medication. Medication is a personal choice and is not right for everyone. It can be a powerful tool, and it is also only one tool.

How ADHD medication works

ADHD medications mainly act on the brain chemicals dopamine and noradrenaline, which are involved in attention, motivation and self-regulation. For many people, the right medication at the right dose can improve the ability to focus, reduce impulsivity, quieten internal restlessness and steady emotions. It does not change who you are, add skills you do not have, or do the work for you. A common description is that it turns down the noise so your own abilities can come through.

The main types

Type	Examples (UK)	In brief
Stimulants	Methylphenidate based (such as Concerta XL, Medikinet, Xaggitin) and amfetamine based (such as lisdexamfetamine / Elvanse, dexamfetamine)	Usually tried first. Often fast acting and effective. Come in immediate and longer-release forms. Dose is found through careful trial.
Non-stimulants	Atomoxetine (Strattera), guanfacine (Intuniv)	An option where stimulants are unsuitable, not tolerated, or not preferred. Typically build up over weeks rather than working the same day.

This is not a complete list, and brand availability changes. Your prescriber will explain the options relevant to you.

Titration: finding what fits

Starting ADHD medication is a process, not a single prescription. This process is called **titration**. You usually begin on a low dose, which is adjusted over weeks while you and your prescriber monitor the effects and any side effects. The aim is the lowest dose that gives clear benefit with tolerable side

effects. It can take patience to get there, and the first medication tried is not always the one you settle on.

Monitoring and shared care

Because these medicines affect the body as well as the brain, prescribers monitor things such as heart rate, blood pressure, sleep, appetite and weight, especially at the start. In the UK, ADHD is often diagnosed and titrated by a specialist service, after which a "shared care" arrangement may allow your GP to continue prescribing under the specialist's guidance. Ongoing review is normal and important, and some people take planned breaks at times agreed with their prescriber.

Common questions and myths

Worry or myth	A fairer picture
"It will change my personality."	The right dose should feel like more you, not less. If you feel flat or unlike yourself, that is information for your prescriber, often a sign the type or dose needs adjusting.
"Stimulants are addictive / a gateway."	Taken as prescribed for ADHD, evidence suggests treatment can reduce the risk of substance problems. Prescribers manage risk carefully.
"If I needed it, I would have known as a child."	Many adults benefit greatly despite a late diagnosis. It is not too late.
"Taking medication is giving up / cheating."	Medication is a legitimate treatment for a medical condition, no more cheating than glasses are for eyesight.
"I should be able to manage without it."	You get to choose. Some thrive without medication, some with. Neither path is more valid.

Treatment beyond medication

Whether or not you take medication, the following make a real difference and are worth investing in:

- **ADHD coaching**, which focuses on practical strategies, systems and accountability tailored to you.
- **Psychological therapy**, such as CBT adapted for ADHD, which can help with negative thinking patterns, anxiety and low mood.
- **Education and self-understanding**, like this pack, which reduces shame and helps you work with your brain.
- **Environmental design**, reshaping your home, work and routines around how you function best.
- **Lifestyle foundations**, sleep, movement, nutrition and connection, covered in the next sections.
- **Peer community**, learning from others with lived experience.

For family, partners and friends

Whether to take medication is your person's decision, and it can be a sensitive one. Helpful support looks like curiosity and respect, not pressure in either direction. If they do start medication, the titration period can be a bumpy few weeks. Patience and gentle observation ("I noticed you seemed calmer this afternoon") are more useful than judgement.

Part 9. Sleep

Sleep difficulties are extremely common in ADHD, and they make everything else harder. Poor sleep worsens attention, emotional regulation, impulsivity and mood, which can look exactly like worsening ADHD. Improving sleep is one of the highest-value changes you can make.

Why ADHD and sleep clash

- **A racing or restless mind at night.** The internal engine does not switch off just because the lights do.
- **A delayed body clock.** Many ADHDers are natural night owls, wired to feel alert late and groggy early.
- **Difficulty winding down and transitioning.** Stopping a stimulating activity and shifting into sleep is its own executive challenge.
- **Revenge bedtime procrastination.** Staying up late to reclaim quiet, unclaimed personal time after a demanding day.

Building a sleep routine that works

Decide your **target sleep time first**, then build backwards from it. A few principles that suit ADHD brains:

- **Hold your wake-up time steady.** Counter-intuitively, getting up at the same hour every day, weekends included, resets the body clock more effectively than fixing the time you turn in.
- **Ring-fence the final hour.** Keep screens, work and fast-paced gaming out of it, and fill it with something slow instead: quiet music, a story to listen to, a wind-down meditation, or steady background sound such as white or brown noise.
- **Let the bed mean sleep, and little else.** Each time you scroll or game under the covers, the brain learns that bed is a place for being awake. Save it for when sleep is genuinely the plan.
- **Reach for gentle, repetitive handwork.** A jigsaw, a bit of threading, some colouring, anything that keeps the hands busy and lets a whirring mind settle.
- **Use the temperature dip.** A warm bath or shower around half an hour before bed, followed by the body cooling down again, can help ease you towards sleep.
- **Watch what goes in late on.** Caffeine, energy and fizzy drinks, chocolate and sugary snacks are all best kept well clear of the evening.
- **When sleep refuses to come, stop wrestling it.** If you are still awake after twenty minutes or so, get up, do something calm in low light, and return only once drowsiness comes back. It stops the bed becoming a place you associate with lying there frustrated.

> **Try this: externalise the racing mind**

Keep a notepad by the bed. When thoughts, tasks or worries surface, write them down so your brain can let go of holding them. A “brain dump” before lights-out works for many ADHDers who lie awake mentally rehearsing tomorrow.

For family, partners and friends

Late nights and slow mornings are often biology, not laziness or avoidance. Sharing a household with different body clocks takes negotiation, not correction. Helping protect a calm wind-down and not taking a delayed sleep pattern as a personal rejection, both help.

Part 10. Diet, nutrition and eating

Food and ADHD interact in practical ways. This is not about a special "ADHD diet" or strict rules, which tend to be unsustainable. It is about understanding why eating can be genuinely difficult with ADHD, and finding gentle, workable supports.

Why eating can be hard with ADHD

- **Reduced interoception.** Many ADHDers do not reliably notice hunger or fullness until extremes, so meals get missed and then turn into sudden ravenous eating.
- **Executive demands.** Planning, shopping, deciding and cooking are exactly the kinds of multi-step tasks ADHD finds hard, so eating well takes more effort.
- **Dopamine and food.** Sugary and highly palatable foods give quick rewards, which can be especially pulling for an ADHD reward system.
- **Medication effects.** Stimulant medication can reduce appetite during the day, so eating may need to be planned rather than driven by hunger.

Gentle, ADHD-friendly strategies

- **Eat by the clock, not by hunger.** If you do not feel hunger reliably, set reminders for regular meals and snacks.
- **Reduce decisions.** A small set of easy default meals removes the daily "what shall I eat" hurdle. Repetition is fine.
- **Make good choices the easy choices.** Keep quick, nourishing options visible and ready: pre-chopped veg, fruit, yoghurt, nuts, easy proteins.
- **Anchor protein and slow-release carbohydrates.** Steady blood sugar supports steadier attention and mood. Pair carbohydrates with protein.
- **Stay hydrated.** Thirst, like hunger, is easy to miss. A visible water bottle helps.
- **Plan around medication.** If appetite dips during the day, a good breakfast and an evening meal when appetite returns can keep nutrition on track. Discuss this with your prescriber.

A note on disordered eating

Difficulties with appetite signals, impulsivity and emotional regulation mean ADHDers can be more vulnerable to disordered patterns of eating, including binge eating. If your relationship with food feels distressing or out of control, this is common and you are not alone, and it deserves compassionate, professional support. Your GP can help, and the National Centre for Eating Disorders and the National Alliance for Eating Disorders offer guidance.

For family, partners and friends

> Skipped meals, odd eating times or a narrow set of go-to foods usually reflect interoception and executive load, not fussiness. Sharing the planning and cooking, or simply having easy food available, removes a real barrier. Avoid commenting on what or how much your person eats, which can do more harm than good.

Part 11. Physical health, movement and the body

ADHD does not stop at attention and organisation. It reaches into the body, into how you move, how you notice physical needs, and how reliably you look after your health. None of this is a moral matter. It is the same regulation and interoception differences running through one more area of life, and small changes here tend to pay off everywhere else.

Movement as medicine

Exercise is one of the most evidence-backed non-medication supports for ADHD. Movement raises dopamine and noradrenaline, the very chemical messengers ADHD brains tend to be short of, which is why a walk, a workout or a dance around the kitchen can sharpen focus and steady mood for hours afterwards. The aim is not a punishing fitness regime. It is regular, enjoyable movement you will actually repeat.

- **Choose interesting over optimal.** The best exercise for an ADHD brain is the one you will come back to. Novelty, play, music, competition or the outdoors all help far more than a "correct" routine you abandon in a fortnight.
- **Use it to regulate, not just to train.** A short burst of movement before a demanding task, or to discharge a flood of emotion, is a legitimate and powerful tool.
- **Lower the bar to entry.** Lay out kit the night before, keep it visible, and let "just five minutes" count. Showing up matters more than intensity.
- **Build in accountability and novelty.** Classes, a walking friend, team sport or a changing route borrow the structure and stimulation your brain finds motivating.

The appointments you keep putting off

Booking the dentist, attending the GP, returning a screening letter, renewing a prescription: these multi-step, low-novelty, easy-to-defer tasks are exactly what executive functioning finds hardest, and the cost of avoidance can be real. This is not negligence; it is task initiation and time blindness playing out in your health.

- **Book the next one while you are there.** Leaving an appointment is the easiest moment to make the following one.
- **Batch and body-double the admin.** Pair the phone calls you dread with a friend, a coffee or a reward, and do several in one sitting.
- **Externalise the reminders.** Put renewals and check-ups in a calendar with alerts set well ahead, not in your memory.
- **Lower the stakes of starting.** "Find the number" is a smaller, more doable first step than "book the appointment".

Conditions that more often travel alongside ADHD

Research increasingly links ADHD with a number of physical health differences. The point of knowing this is not to alarm you, but to help you and your clinicians join the dots rather than treating everything in isolation.

- **Joint hypermobility and related conditions**, which appear more commonly in neurodivergent people and can bring fatigue, pain or dizziness.
- **Gut and digestive issues**, which interact with stress, eating patterns and some medications.
- **Migraine and headaches**, reported more often by ADHD adults.
- **Long-term effects of poor sleep and chronic stress**, which raise risks that are worth taking seriously and are very responsive to support.

If any of these affect you, they deserve attention in their own right. Mention them to your GP rather than assuming they are just part of ADHD.

Try this: stack movement onto something you already do

Pick one existing daily anchor, the kettle boiling, a phone call, an advert break, the school run, and attach a small piece of movement to it. Stretch while the kettle boils, walk while you take calls, get off a stop early. Habit-stacking turns exercise from another task to remember into something that simply rides along with your day.

For family, partners and friends

Avoided appointments and stalled health habits are usually executive-function hurdles, not carelessness about wellbeing. Offering to sit alongside someone while they make the call, or to come along to the dreaded appointment, removes a genuine barrier. Shared, enjoyable movement, a walk or a swim together, supports both their regulation and your connection, with none of the pressure of a lecture about exercise.

Part 12. Alcohol, drugs and risk

This is an honest, non-judgemental section. Adults with ADHD are at higher risk of problems with alcohol, recreational drugs, nicotine and other compulsive behaviours such as gambling or excessive gaming. Knowing why is not about blame; it is about giving yourself accurate information and earlier choices.

Why the risk is higher

- **A reward system seeking dopamine.** Substances can briefly and powerfully scratch the itch of an under-stimulated reward system.
- **Self-medication.** Alcohol or cannabis may be used to quiet a racing mind, to sleep, to mask social anxiety, or to feel calmer, before diagnosis especially.
- **Impulsivity.** Acting in the moment can make it harder to stop at a planned limit.
- **Emotional pain.** RSD, low self-esteem and burnout can drive a search for relief.

Harm reduction and support

If you choose to drink or use substances, reducing harm is a realistic and respectful goal.

- **Notice the function.** Ask what a substance is doing for you, sleep, calm, focus, escape, then look for a less costly way to meet that need. Many of the strategies in this pack address those underlying drivers.
- **Make limits external.** Decide in advance, tell someone, and remove the impulsive top-up where you can, just as with any ADHD impulse.
- **Beware of mixing with medication.** Alcohol and recreational drugs can interact with ADHD medication. Be honest with your prescriber, who is there to help, not to judge.
- **Treat the ADHD.** Properly supported ADHD reduces the pull to self-medicate. This is one reason diagnosis matters.

Where to get help

If alcohol, drugs or a compulsive behaviour has become a problem, effective, confidential help exists and asking for it is a strength.

- **Your GP,** who can refer you and is used to these conversations.
- **FRANK:** honest information about drugs, talktofrank.com, 0300 123 6600.
- **Drinkline:** free, confidential advice about alcohol, 0300 123 1110.
- **With You** (wearewithyou.org.uk) for free, confidential drug, alcohol and mental health support.
- **GamCare:** support for gambling difficulties, gamcare.org.uk, 0808 8020 133.

For family, partners and friends

Substance use in an ADHDer is often an attempt to cope, not a moral failing. Shame and ultimatums rarely help and can drive things underground. Curiosity ("What does it help with?"), support to address the underlying need, and encouraging treatment for the ADHD itself are more effective. If you are affected by someone's use, Adfam and Al-Anon offer support for families.

Part 13. Technology, screens and digital life

Technology is a genuine double-edged sword for ADHD. The same devices that hold your calendar, reminders and support communities are engineered to capture exactly the attention you find hardest to steer. Used deliberately, tech can be the best external brain you will ever have. Left on autopilot, it can quietly eat hours, sleep and focus. The goal is not digital purity; it is putting yourself back in the driving seat.

Why screens have such a strong pull

Social media, short-form video, games and endless feeds deliver fast, variable, novel rewards: precisely the diet an under-stimulated, dopamine-seeking brain craves. The bottomless scroll never reaches a natural stopping point, and notifications interrupt exactly when sustained attention is most fragile. Finding these things hard to put down is not weak willpower, it is a predictable meeting of ADHD wiring and products designed to be hard to put down.

When use tips into a problem

It is worth honest reflection if screen use is costing you sleep, displacing things you care about, or being used mainly to escape difficult feelings. Common patterns include late-night doomscrolling that wrecks sleep, losing whole evenings to short-form video, and gaming that shifts from pleasure to compulsion. Naming the pattern, without shame, is the first step to changing it.

- **Notice the function.** Ask what the scrolling or gaming is doing for you, stimulation, soothing, avoidance, connection, and address that underlying need more directly where you can.
- **Watch the bedtime slide.** If screens are stealing sleep, the sleep strategies in the earlier section apply directly here.

Making technology work for you

Rather than relying on self-control in the moment, which is the resource ADHD makes least reliable, change the environment so the easy path is the helpful one.

Instead of	Try
Relying on willpower to stop	Built-in friction: app timers, greyscale mode, logging out, leaving the phone in another room.
Notifications interrupting focus	Aggressive notification pruning, do-not-disturb and focus modes during work and sleep.
A scattered set of reminders	One trusted capture system that syncs across your devices, so nothing lives only in your head.

Instead of	Try
Doomscrolling to wind down	A deliberate, more satisfying wind-down: an audiobook, a game with a clear end point, a podcast.
Fighting hyperfocus on a screen	Setting an external alarm in another room before you start something absorbing.

The helpful side of tech

Used well, your devices can carry the executive load: calendars with layered reminders, task and list apps, visual timers, body-doubling and focus apps, dictation and read-aloud tools, automatic bill payments, and supportive online communities. A small number of tools you actually use beats an elaborate system you abandon.

Try this: a one-week notification audit

For one week, turn off every non-essential notification on your phone. Keep only the ones a real person sends you directly, such as calls and messages. Mute the rest, the apps that buzz to pull you back in. Most people find their attention feels noticeably less hijacked within days, and very little of importance is actually missed.

For family, partners and friends

Screen overuse in an ADHDer is usually about regulation and reward, not a lack of interest in you or in real life. Confiscation and criticism tend to trigger shame and defensiveness rather than change. More useful is curiosity about what the screen provides, support to meet that need elsewhere, and shared screen-free activities that are genuinely engaging rather than dutiful.

Part 14. Relationships and communication

ADHD shapes how we connect, communicate and relate. These differences are not deficits in caring, ADHDers are often deeply loyal, warm, funny and generous, but they can be misread, especially when the people around us do not understand what is happening. Awareness, on both sides, is what turns friction into connection.

How ADHD can show up in communication

Trait	How it can be misread	What is really happening
Interrupting or finishing sentences	Rude, domineering	A thought that will vanish if not said now, or genuine excitement and engagement.
Changing topics quickly	Not listening, self-absorbed	An associative, fast-moving mind making connections.
Talking a lot or with intensity	Overbearing	Enthusiasm and a brain that thinks out loud.
Going quiet or zoning out	Bored, uninterested	Attention has drifted, or the person is processing. Often involuntary.
Forgetting plans or details	Careless, uncaring	Working memory and time difficulties, not a measure of how much they care.

Processing speed and asynchronous communication

Processing speed is frequently different too, and a slower pace has nothing to do with how clever someone is. The real catch is timing. In a quick-moving group exchange, you may have just assembled a considered reply when the conversation lurches onto something else, so stepping back in can read as cutting across people or wandering off the point. This is where loosening the expectation of an instant answer changes everything. **Asynchronous communication**, where a reply is understood to come later rather than on the spot, gives the brain room to breathe: email, voice notes, a text picked up afterwards, a shared document, even a simple “can I come back to you on that”. Handed that room, ADHDers are often strikingly articulate.

Masking and unmasking

Masking is the work of covering up ADHD traits, sometimes deliberately and often automatically, so as to pass unnoticed or avoid being judged. It might look like rehearsing things in advance, mirroring how other people behave, holding impulses in check, or nodding along as if following when attention has quietly drifted elsewhere. The habit tends to take root wherever showing difference once drew criticism. It can buy a sense of fitting in, but it runs the nervous system down, and over time is tied to

exhaustion, anxiety and a blurred sense of who you actually are. **Unmasking**, easing the cover off so authentic traits can surface in settings that feel safe, matters a great deal. It is a deeply individual journey, with no set timetable.

Romantic relationships and partnerships

ADHD can bring real warmth, spontaneity and intensity to relationships, and also recurring friction. Common patterns include one partner drifting into a "parent" role around chores and admin, conflict over forgotten tasks or lateness, RSD turning small disagreements into big ruptures, and the sting when early hyperfocus on a new partner naturally settles. None of these mean the relationship is doomed. They mean the relationship benefits from shared understanding and systems rather than blame.

- **Externalise the household load.** Shared lists, visible calendars and clear ownership of tasks reduce the resentment that comes from relying on memory.
- **Separate the trait from the person.** "The appointment got forgotten" lands very differently from "You never care."
- **Plan around RSD.** Agree how to raise difficult things and pause heated conversations until the wave passes.
- **Protect connection deliberately.** Novelty and shared activities re-engage an ADHD brain, so dates and new experiences are not luxuries, they are maintenance.

Boundaries and people pleasing

A common adaptation is to put everyone else's comfort ahead of your own, usually as a way to earn acceptance or to head off friction. Sustained long enough, it wears you down, chips away at your sense of agency, and can leave you open to being taken advantage of. Holding boundaries is a learnable skill. It helps to start from your own needs rather than other people's, to notice what is really driving the urge to step in, to let a request actually be made before you leap, and to spread the load instead of shouldering all of it yourself.

Friendships

Sustaining friendships can take more effort with ADHD, keeping in touch, remembering occasions, reciprocating, and some ADHDers are very content with a small circle. If you want more connection, lean on your strengths: shared-interest groups give built-in novelty and structure, and asynchronous contact (a voice note when you think of someone) keeps friendships alive without the pressure of constant real-time effort. One friend who truly understands you is worth more than many who do not.

> **Try this: the translation habit**
>
> Next time a loved one's behaviour stings, or your own lands badly, pause and translate it. "Forgot to reply" becomes "working memory and time, not indifference." "Snapped at me" becomes "a

flooded emotional moment, not the whole truth." Translation buys the pause that protects relationships.

For family, partners and friends

If you live with or love an ADHDer, the most powerful shifts are these: do not read forgetfulness as not caring, build shared external systems instead of relying on their memory, give feedback gently and with timing in mind because of RSD, and resist sliding into a managing or parenting role, which breeds resentment on both sides.

Couples and families sometimes benefit from working with a therapist who understands ADHD. Seeking that support is a sign of investment in the relationship, not failure.

Part 15. Intimacy, sex and desire

Intimacy is a real part of adult life, and ADHD shapes it just as it shapes everything else, yet it is rarely talked about. This section is matter of fact and non-judgemental. Whether you are single or partnered, understanding how ADHD can influence desire, connection and sex helps you make sense of patterns that might otherwise feel confusing or personal.

How ADHD can show up in sex and intimacy

ADHD traits do not switch off in the bedroom. The same wiring that affects attention, novelty-seeking, sensory processing and emotion is present in intimate moments too.

- **Distraction and presence.** A wandering mind does not pause for sex. Drifting thoughts mid-intimacy are common and are not a verdict on attraction or love.
- **Novelty and the honeymoon effect.** Early relationships can carry intense hyperfocus and desire. When that naturally settles, the dip can feel alarming, but it is the expected fading of novelty, not the end of attraction.
- **Fluctuating libido.** Desire can swing with mood, stress, sleep, hormones and medication. Inconsistency is itself a pattern.
- **Sensory factors.** Touch, texture, sound and lighting can either heighten or interrupt arousal. Some people crave intense sensation; others are easily overwhelmed by it.
- **Impulsivity and risk.** An immediate-reward bias can influence sexual decision-making, which is worth knowing when it comes to choices around safety and consent.
- **RSD in the bedroom.** Rejection sensitivity can turn a partner's tiredness or a single off night into a story of being unwanted, which then makes closeness harder.

Desire in long-term relationships

Many ADHD adults are wired towards novelty, which can sit awkwardly with the familiarity of a long relationship. This does not doom long-term intimacy, but it does mean connection often benefits from being tended deliberately rather than left to chance. Shared new experiences, planned time together, and treating desire as something you cultivate rather than simply wait for all help keep an ADHD brain engaged. Spontaneity is lovely, but for many couples, gently planning intimacy is not unromantic, it is realistic, and it protects something that matters.

Talking about it

Open, low-pressure conversation is the single most protective thing for intimacy with ADHD. Naming that your attention sometimes drifts, that your desire fluctuates, or that certain sensations help or hinder, takes the mystery and the blame out of it. Choose a calm, non-bedroom moment, lead with what you would like more of rather than what is wrong, and remember that clear, enthusiastic consent and honest communication go hand in hand.

A note on medication

Some ADHD and mental health medications can affect libido, arousal or sexual function for some people, while others notice no change at all. If you think your medication is affecting this part of your life, it is a legitimate and common thing to raise with your prescriber, who may be able to adjust timing, dose or choice. Do not stop or alter medication on your own. This is **information, not medical advice**.

Try this: a gentle desire conversation

Away from the bedroom and any pressure, each share one thing that helps you feel close or in the mood, and one thing that tends to get in the way. No fixing, no defending, just listening. Understanding each other's actual map, rather than guessing, removes a surprising amount of friction and hurt.

For family, partners and friends

If you are an intimate partner, try not to read distraction, a dip in desire after the early intensity, or fluctuating libido as rejection. They usually reflect how an ADHD brain works with attention, novelty and regulation, not how your partner feels about you. Talking openly, protecting unhurried time together, and approaching mismatches as a shared puzzle rather than a fault keeps intimacy a source of closeness rather than another pressure.

Part 16. Sensory differences and interoception

Sensory differences are not only an autistic experience, but they are also very common in ADHD too. Understanding your sensory profile helps you design environments that support you rather than drain you.

Sensory sensitivity and overload

Some ADHDers are over-responsive to sensory input, sounds, lights, textures, smells, and can experience sensory overload, an overwhelming flood of stimulation that is genuinely exhausting and can cause headaches, irritability and shutdown. Others are under-responsive and seek out strong sensory input. Many are a mix across different senses. None of this is fussiness, it is how the nervous system processes the world.

- **Reduce input.** Noise-cancelling headphones or earplugs, softer lighting instead of fluorescents, quieter spaces, and removing scratchy or uncomfortable clothing.
- **Plan recovery.** After high-sensory environments such as supermarkets, open-plan offices or social events, build in downtime.
- **Add helpful input.** Fidget tools, movement, music or texture can aid regulation and focus.

Interoception

Interoception is the sense of your body's internal state: hunger, thirst, temperature, needing the loo, tiredness, and the physical signals of emotion. Many ADHDers have reduced interoception, so these signals are noticed late or not at all. This links directly to eating difficulties (Part 10), to alexithymia (Part 4), and to running on empty without realising. The practical answer is to externalise these too: drink and eat by the clock, schedule breaks, and use the body-scan check-ins described earlier.

Deep pressure and regulation

When you feel dysregulated, deep pressure can help calm the nervous system. Weighted blankets, firm hugs, resistance and weight-bearing activity, and heavy or proprioceptive work all provide grounding input. Many resources for this are aimed at children, but the strategies work just as well for adults.

Building sensory needs into daily life

Once you know your profile, the goal is to design for it rather than push through and pay for it later. A few principles tend to carry across settings.

- **Curate the spaces you spend most time in.** Home and your work area are worth getting right first, since small daily irritants add up. Lighting, sound and the feel of what you sit on and wear all count.

- **Carry a small sensory kit.** Earplugs or headphones, sunglasses, a fidget, a snack, a layer for temperature. Having options to hand makes unpredictable environments far more manageable.
- **Treat recovery as part of the plan, not a luxury.** If you know an event, commute or shop will be high load, build in quiet time afterwards rather than stacking demands back-to-back.
- **Use sensory input to regulate, not just to cope.** Movement, music, texture or strong flavours can be steadying. Reaching for them deliberately is a skill, not a quirk.

Try this: a sensory audit

Walk through a typical day and note the moments you feel drained, irritable or overwhelmed. How much is sensory, too loud, too bright, too crowded, too itchy? Then change one input: headphones for the commute, a lamp instead of the overhead light, a softer jumper. Small sensory changes can free up surprising amounts of energy.

For family, partners and friends

A request to turn down the music, dim the lights or leave a busy place early is a real need, not an overreaction. Believing your person's sensory experience, and adjusting the shared environment where you can, prevents overload and the dysregulation that follows it.

Part 17. Home, household and daily logistics

The home is where ADHD is often felt most relentlessly, because domestic life is an endless stream of low-novelty, multi-step, never-finished tasks: washing up that returns by morning, laundry that is never quite done, post that piles up, surfaces that fill themselves. It is no wonder this is a common source of stress and friction. The aim here is not a magazine-perfect home, it is a home that works well enough to support you rather than shame you.

Why home is genuinely hard

- **Tasks with no end.** Housework is never finished, so it offers little of the completion reward that motivates an ADHD brain.
- **Invisible until it is a crisis.** Out of sight is out of mind, so clutter and chores quietly accumulate past the point of feeling manageable.
- **Multi-step and dull.** "Tidy the kitchen" is really a dozen small decisions and actions, each a fresh hurdle to initiation.
- **Perfectionism and paralysis.** When a job feels too big to do properly, it can feel impossible to start at all.

The doom pile and visual clutter

Many ADHDers know the "doom pile": the chair, drawer or corner where things land when they have no home and no decision attached. Clutter is not a character flaw; it is often unmade decisions made visible. Two ideas help. First, **give everything a home**, because things without a designated place inevitably become clutter. Second, work **with** your out-of-sight-out-of-mind brain, using open shelving, clear containers, hooks and visible storage rather than tidy but forgettable cupboards.

Systems that actually hold

- **Aim for "good enough", not perfect.** A functional home beats an immaculate one you cannot sustain. KC Davis's idea that care tasks are morally neutral, not a measure of your worth, is genuinely freeing here.
- **Reset, do not deep-clean.** A short daily "reset" of the main living space is more sustainable than waiting for an overwhelming blitz.
- **One-touch and little-and-often.** Deal with an item once where you can, and break chores into tiny, timed bursts rather than marathon sessions.
- **Body-double the boring jobs.** Cleaning alongside someone, in person, on a video call, or to a "clean with me" video, borrows the focus your brain finds hard to summon alone.
- **Make it sensory and rewarding.** Music, a podcast or a small reward at the end turns a dreaded task into a more tolerable, even enjoyable, one.

- **Reduce the stuff.** Fewer possessions mean fewer decisions, less to tidy and less to lose. Less really is easier.

Life admin

Forms, renewals, post, emails and appointments are pure executive-function load and easily avoided until they become urgent or costly. A dedicated, regular “admin slot”, ideally body-doubled and paired with a reward, contains the damage. A single inbox or tray for incoming paperwork, and reminders set well ahead of deadlines, externalise what your memory will not reliably hold.

Try this: the ten-minute reset

Set a timer for ten minutes, put on music, and reset just one space, usually the kitchen or the main living area. Stop when the timer goes, whatever state it is in. The point is not to finish the house, it is to break inertia and prove that small, time-boxed effort moves things forward without needing a whole free day.

For family, partners and friends

Household chaos is rarely about not caring or not respecting shared space. It reflects how hard ceaseless, low-reward, multi-step tasks are for an ADHD brain. Sharing the invisible planning, not just tasks handed over when asked, and building shared visible systems lightens the real load. Tone matters: working alongside someone is supportive; while inspecting and criticising their efforts tends to add shame and shut things down.

Part 18. Rest, leisure and hobbies

Rest is not a luxury or a reward to be earned; it is part of how an ADHD brain stays regulated. Yet many ADHD adults find rest strangely difficult: hard to allow, hard to do, and easily swallowed by either guilt or a screen. Learning what genuine rest looks like for you is as practical a skill as any time-management tool in this pack.

The productivity trap

Years of falling short of expectations can leave a person feeling they must constantly earn their place, so stopping triggers guilt rather than relief. At the same time, an under-stimulated brain finds true downtime uncomfortable and reaches for the nearest hit of stimulation. The result is a familiar trap: never truly working, never truly resting, and ending the day depleted by both. Naming this pattern is the start of stepping out of it.

What real rest looks like for an ADHD brain

Conventional rest advice, sit still, do nothing, can be torture for a restless mind. For many ADHDers, the most restorative rest is active rest: engaging enough to hold attention but calming rather than draining.

- **Active rest.** A walk, gardening, cooking, crafting, playing music or a gentle game can rest the mind far better than trying to do nothing.
- **Sensory soothing.** Warmth, deep pressure, nature, water, repetitive movement and pleasant sound can downshift the nervous system.
- **Genuine disconnection.** Rest that involves a screen designed to grab you is rarely restful. Protecting some screen-free recovery makes a real difference.
- **Permission.** Perhaps the most important ingredient: deciding that rest is allowed, and not something you have to justify.

Hobbies and the joy of interest

Interests and hobbies are not frivolous for ADHDers, they are where an interest-based brain comes alive. A **hyperfixation**, an intense, joyful absorption in a subject or activity, can be a source of deep pleasure, skill and identity. The shifting nature of interests is also normal: a passion that burns bright and then cools is not a failure or a waste, it is how many ADHD minds explore the world. The half-finished hobbies in the cupboard are evidence of a curious life, not of being flaky. Let interests be what they are, including temporary, and notice that they often double as your best regulation and rest.

Protecting against the burnout cycle

A common ADHD rhythm is to push hard, often while masking, until everything crashes, then to recover just enough to push again. Building rest in before you hit empty, rather than only collapsing afterwards,

is what breaks the cycle. Small, regular recovery is more sustainable than rare, total burnout. Treat rest as routine maintenance, not emergency repair.

Try this: build a rest menu

Make a short list of things that genuinely restore you, split into quick options (five to ten minutes) and longer ones (an afternoon). Keep it somewhere visible. When you are depleted, choosing from a ready-made menu is far easier than trying to work out what you need from scratch, exactly when your brain has the least capacity to decide.

For family, partners and friends

Downtime that looks like restlessness, a hobby that fizzles out, or a need to potter rather than sit still are not signs of laziness or flightiness. Protecting your person's recovery time, taking their interests seriously even when they change, and not treating rest as something that has to be deserved all help prevent the burnout that costs everyone far more in the end.

Part 19. Work and employment

Workplaces are largely built for neurotypical brains, with their open-plan noise, vague instructions, back-to-back meetings and constant context-switching. That mismatch, not a lack of ability, is what makes work hard for many ADHDers. The good news is that you have rights, and that the right adjustments can let your strengths shine.

Your rights: the Equality Act 2010

ADHD is recognised as a disability under the Equality Act 2010 where it has a substantial, long-term effect on day-to-day activities. This means employers have a legal **duty to make reasonable adjustments** so that you are not placed at a disadvantage compared with non-disabled colleagues. What counts as "reasonable" depends on the role and organisation, so the same adjustment may be reasonable in one job and not another.

Disclosure: a personal choice

You are not obliged to tell your employer you have ADHD. Disclosing can unlock support and adjustments, but it is your decision, and you can be selective about who you tell and how much you share. If you do disclose, framing it around what helps you do your best work, rather than around deficits, tends to land well: "I work best with written instructions and clear deadlines."

Reasonable adjustments at work

These are examples. What helps you may be different, and not all will be reasonable in every workplace.

Adjustment	What it helps with
A low-noise base, or headphones that cut ambient sound	Makes a busy, open-plan setting far less derailing.
Instructions and actions captured in writing	Takes the load off memory and in-the-moment listening.
Short, predictable catch-ups with a manager	Keeps priorities clear and progress on track.
Some give on hours, pace and deadline timing	Lets you work with your attention peaks and a later body clock, not against them.
Tools that scaffold the work	Task boards, timers, nudges, dictation and read-aloud software.
Roles and expectations spelled out plainly	Removes the guesswork that tends to feed anxiety.

Adjustment	What it helps with
A deliberate pause between pieces of work	Protects focus and stops energy quietly draining away.
Freedom to move, stand or fidget	Gives restlessness an outlet so attention can land.

Access to Work

Access to Work is a UK government scheme that can help you get or stay in work. Depending on your needs, it may provide a grant towards practical support such as ADHD coaching, assistive technology or equipment, support to manage your mental health at work, and funding for communication support at interviews. Importantly, an Access to Work grant does not have to be repaid and is separate from your employer's own duties. Apply via gov.uk/access-to-work.

Playing to ADHD strengths at work

Many ADHDers thrive in roles with variety, autonomy, creativity, problem-solving, hands-on work, crisis response or genuine passion, and struggle in monotonous, rigid, detail-heavy roles with little stimulation. Where you can, shape your work towards interest, immediate feedback and movement, and schedule demanding tasks for your peak focus times of day.

> **For family, partners and friends**
>
> Work stress can spill into home life, and the energy spent masking all day often means there is little left in the evening. Understanding that your person may arrive home depleted, not unloving, helps. Practical encouragement to seek adjustments or Access to Work support can change their working life.

Part 20. Further and higher education

Whether you are returning to study, at college, or at university, ADHD brings particular challenges to education, and particular rights to support. Long independent assignments, exams, reading loads and self-directed time management are exactly the demands ADHD finds hardest, and they are very well catered for once you ask.

Disabled Students' Allowance (DSA)

If you are a higher education student in the UK, **Disabled Students' Allowance** can fund support related to your ADHD, such as specialist mentoring or coaching, assistive technology and software, and other study aids. It does not depend on household income and does not have to be repaid. A needs assessment identifies what would help you. Apply through your funding body and see gov.uk/disabled-students-allowance-dsa.

Support and reasonable adjustments in study

Colleges and universities have disability or student support services, and the Equality Act duty to make reasonable adjustments applies to education too. Common adjustments include:

- **Additional time in exams and on coursework**, to allow for a slower processing pace and the demands on working memory.
- **A quieter, separate exam setting**, along with calm spaces to study in or step away to when you need to regulate.
- **Technology that does some of the lifting**, such as dictation, read-aloud software, and tools for mapping ideas and staying organised.
- **Big pieces of work broken into stages**, each with a natural point to pause, check in and regroup.
- **Planners and visual timetables**, to give shape to the week and ease the moves between tasks.
- **A go-to person in the department** who gets ADHD and can offer regular check-ins or speak up on your behalf.
- **Room to move on deadlines**, and a coursework load that stays manageable.

Study strategies that fit an ADHD brain

- **Make studying active and stimulating.** Teach it aloud, make diagrams, use flashcards, change locations. Passive re-reading rarely sticks.
- **Use body doubling and study groups** for accountability and focus.
- **Work in short bursts with breaks** (Pomodoro), and protect movement breaks.
- **Break big projects into tiny next actions**, and start with a five-minute commitment.
- **Externalise every deadline** into a visible calendar with reminders set well ahead.

For formal exam access arrangements at GCSE, A level and similar, see the Joint Council for Qualifications guidance at jcq.org.uk.

For family, partners and friends

Encourage your student to register with disability services early, ideally before term starts, rather than waiting for a crisis. Support with the admin of applying for DSA, which is itself an executive-function-heavy task, can be the difference between getting support and not.

Part 21. Money and finance

> **A note**
>
> This section offers general, practical information to help you build systems. It is **not financial advice**. For debt or financial difficulty, free specialist help is listed below.

Money is one of the most common quiet struggles in ADHD, and one of the least talked about. The difficulties are not about being bad with money in a moral sense, they are executive function and reward differences playing out in pounds and pence.

Why money is hard with ADHD

- **Impulsive spending.** The immediate reward of a purchase can outweigh the abstract future cost, especially online where buying is frictionless.
- **Out of sight, out of mind.** Bills, balances and direct debits are easy to lose track of when they are not visible.
- **Admin avoidance.** Tasks like switching providers, claiming refunds or chasing errors are multi-step and dull, so they get put off, sometimes at real cost.
- **Time blindness.** Deadlines for payments and renewals slip by.
- **The "ADHD tax".** Late fees, unused subscriptions, duplicate buys, fines and emergency replacements add up. Naming it removes some of the shame.

Systems that do the work for you

- **Automate everything possible.** Direct debits for bills and an automatic transfer to savings on payday mean the system remembers, not you.
- **Add friction to spending.** Remove saved card details, use a separate "fun" account with a set amount, and try a 24-hour rule on non-essential purchases.
- **Make money visible.** A banking app with instant notifications, or a simple whiteboard of upcoming bills, externalises what your memory cannot hold.
- **Audit subscriptions regularly.** Set a recurring reminder to cancel what you no longer use.
- **Batch the admin.** Pair dull financial tasks with something rewarding, body-double with a friend, or set a short Pomodoro to get them done.
- **Be self-compassionate about the ADHD tax.** Build a small buffer for it rather than berating yourself when it happens.

Benefits and financial support

You may be entitled to support. **Personal Independence Payment (PIP)** can help with the extra costs of a long-term condition or disability that affects daily living or getting around, and ADHD can be relevant

to a claim depending on how it affects you. Eligibility and the application process can be complex, so free help is worth using.

Free, independent help

- **Citizens Advice:** benefits, debt and consumer help, citizensadvice.org.uk.
- **StepChange:** free debt advice, stepchange.org, 0800 138 1111.
- **National Debtline:** free debt advice, nationaldebtline.org, 0808 808 4000.
- **MoneyHelper:** free government-backed money guidance, moneyhelper.org.uk.
- **GOV.UK:** benefits and disability support, gov.uk/browse/benefits/disability.

For family, partners and friends

Financial difficulty in ADHD is rarely about not caring. Offering to set up automation together, or to be a body double for the dreaded admin afternoon, helps far more than criticism, which usually adds shame to an already sensitive area. If money is shared, transparent joint systems protect both of you.

Part 22. Parenting with ADHD

Parenting is one of the most executive-function-demanding jobs there is: relentless planning, remembering, organising, transitions and emotional regulation, often on little sleep. It is no wonder that parents who are neurodivergent often carry a heavier stress load, and can find the daily logistics genuinely depleting. If you are parenting with ADHD, you deserve recognition for how hard you are working, and practical support, not judgement.

Common challenges, and that they are normal

- **The mental load.** Tracking everyone's schedules, kit, appointments and needs is exactly what ADHD finds hardest.
- **Routines and transitions.** The morning and bedtime rush demands sequencing and time management under pressure.
- **Emotional regulation.** Children push every button, and ADHD emotion runs fast, so co-regulating a melting-down child while staying calm is genuinely hard.
- **Self-care last.** Parents with ADHD often pour everything into their children and run on empty.

What helps

- **Externalise the family system.** A shared family calendar, visual routines on the wall, packed bags by the door, and checklists for recurring chaos points like school mornings.
- **Reduce decisions.** Meal rotas, laid-out clothes and default routines lower the daily executive load.
- **Share and outsource where you can.** Divide the mental load explicitly with a co-parent, and accept help.
- **Repair, do not aim for perfect.** Every parent loses their temper. Reconnecting afterwards ("I'm sorry I shouted, that was about my stress, not you") teaches children more than never slipping.
- **Protect some recovery.** Even small pockets of rest make you a more regulated parent. This is not selfish, it is sustainable.

When your child may be neurodivergent too

ADHD is highly heritable, so many parents recognise their own traits in their children, and vice versa. This can be a gift, you understand your child from the inside, and a challenge, because two ADHD nervous systems can collide. Your lived experience is a powerful tool for empathy. If you suspect your child is neurodivergent, your GP, school SENCo or health visitor can advise on next steps.

> **Try this: one anchor routine**

Pick the single most chaotic point in your family day, often the school-morning scramble, and build one visual, repeatable routine for just that moment. A picture or written checklist by the door, the same sequence every day. Master one anchor before adding another.

For family, partners and friends

A co-parent or partner who shares the invisible mental load, not just tasks when asked, but the remembering and planning itself, lifts an enormous weight. Notice the work that does not get seen and take genuine ownership of parts of it. For a parent who is struggling, practical help and reassurance beat advice every time.

Part 23. Driving and ADHD

By law, you need to notify the **DVLA** when ADHD itself, or the medication you take for it, has a bearing on how safely you can drive. Where there is no such effect, no notification is needed. A quick word with your doctor will settle any uncertainty.

- **Still learning?** An ADHD diagnosis on its own does not generally have to be reported, since safe driving is precisely what the practical test sets out to check. The exception is the pre-test situation where a clinician has advised you that your ADHD, or your medication, affects safe driving.
- **If in doubt, declare or ask.** Your GP or specialist can advise, and the rules are there for everyone's safety, including yours.

Full guidance is at gov.uk/adhd-and-driving.

Why driving can be affected

Driving asks for exactly the things ADHD makes less reliable: sustained attention on a task that is often monotonous, quick inhibition of impulses, and steady emotional regulation. It helps to know where the pressure points tend to fall, so you can plan around them rather than be caught out by them.

- **Drifting attention on dull stretches.** Long, featureless roads and motorway driving give the brain little to engage with, which is precisely when focus slips.
- **Impulsivity at the wheel.** Quick lane changes, close following, or pulling out on a narrow gap can reflect acting a beat ahead of the full picture.
- **Time pressure and lateness.** Running late, itself often a time-blindness issue, tends to push speed and risk-taking upward.
- **Strong emotion spilling over.** Frustration in traffic can escalate fast, and a flooded moment is not the safest state to be driving in.
- **Medication, in both directions.** For many people treatment steadies attention and reduces risk. For some, timing matters, since driving as a dose wears off can leave a dip in focus.

Driving more safely with ADHD

- **Strip out the distractions before you set off.** Phone on do-not-disturb and out of reach, route set in advance, everything you need within easy grasp.
- **Let the sat-nav carry the navigation.** Spoken turn-by-turn directions free up attention for the road rather than for working out where you are going.
- **Break long journeys up.** Planned stops every couple of hours keep attention fresher than pushing through and give restlessness somewhere to go.
- **Notice your state before you start the engine.** Very tired, highly dysregulated, or right at the end of a medication dose are all good reasons to pause, wait, or let someone else drive.

- **Build in a time buffer.** Leaving earlier than feels necessary takes the pressure, and the speed, out of the journey.

Notifying the DVLA and your insurer

If you do need to notify the DVLA, the process is straightforward and rarely results in losing your licence; it is about safety, not penalty. Separately, it is worth being open with your insurer, since an undisclosed relevant condition can affect a claim. Honesty here protects you. Your GP or specialist can advise if you are unsure whether your situation needs declaring.

> **For family, partners and friends**
>
> If you have concerns about someone's driving, raise them gently and specifically, and at a calm moment rather than mid-journey. Practical offers help: sharing the driving on long trips, taking over when they are exhausted, or simply not adding time pressure by being ready to leave on time. Framing it around safety, theirs and everyone's, lands better than criticism of their driving as a whole.

Part 24. Your strengths

So much ADHD information focuses on difficulty. That is necessary, because the difficulties are real and have often gone unsupported for years. But an honest picture includes strengths, and not as a consolation prize. The same brain wiring that creates challenges also creates real and valuable capacities.

No one has all of these, and they are not a demand to perform. They are a reminder that ADHD is a different way of being, not simply a list of deficits.

Strength	How it can show up
Creativity and original thinking	Making unexpected connections, generating ideas, thinking outside conventional lines.
Hyperfocus	Periods of intense, productive absorption in something engaging.
Energy and drive	Enthusiasm and momentum that can be infectious and propulsive.
Crisis performance	Clear, decisive action when things are urgent and others freeze.
Curiosity	Wide-ranging interests and a love of learning new things.
Resilience	Having navigated a world not built for you, often with hard-won resourcefulness.
Spontaneity and fun	Bringing playfulness, courage and a willingness to try.
Empathy and justice	Deep sensitivity to fairness and to others' feelings.
Authenticity	A tendency to think and speak honestly, outside the script.

> **Try this: name your three**
>
> Pick the three strengths above that feel most like you or add your own. Where in your life are they already serving you, and where could you lean on them more deliberately, in work, study, relationships or rest?

Strengths are situational, not switches

It is worth being honest that these capacities are not on tap. Hyperfocus cannot be summoned to order, and the same drive that powers a brilliant week can vanish the next. This is not a failure of the strength; it is the nature of an interest-and-urgency-based brain. The aim is not to perform strengths on demand, but to set up your life so they have the best chance of showing up: work and projects that genuinely interest you, enough novelty to stay engaged, and recovery time so the tank is not permanently empty.

Designing your life around them

- **Point yourself at interest.** Where you have any choice, steer towards roles, tasks and activities that light you up, since that is where your focus and energy are most available.
- **Pair a strength with a struggle.** Creativity can make a dull admin system bearable; a love of teaching others can turn revision into something engaging. Borrow the strength to carry the hard part.
- **Let others see them too.** The people around you may only have heard about the difficulties. Naming what you are good at, at work or at home, reshapes how you are understood and used.
- **Mind the double edge.** Hyperfocus can swallow a whole day, drive can tip into burnout, and bluntness can land badly. Knowing the flip side of each strength lets you enjoy it without being caught out by it.

Part 25. Self-advocacy

Self-advocacy is the skill of knowing what you need and being able to say it out loud: naming what helps, shaping the situations around you so you can take part on a level footing, and speaking up rather than quietly going without. It sits at the centre of living as your authentic self with ADHD, and, like any skill, it grows more comfortable the more you practise it.

A simple structure for asking

1. **Know your need.** "I lose verbal instructions, so I work much better from written ones."
2. **Frame it around what works.** Lead with the solution, not an apology. "It would really help if…"
3. **Be specific.** A concrete request ("could you email me the actions after meetings?") is easier to grant than a vague one.
4. **Pick your moment and person.** You decide who to tell, how much, and when.

Nobody knows your experience better than you do. You are not obliged to educate everyone you meet, and disclosure is always yours to ration as you see fit. Even a single person who understands, at work, within the family, or among friends, lifts some of the isolation and makes the next request that bit easier.

Where self-advocacy shows up

The same skill applies across very different settings, and it is worth knowing roughly what to ask for in each.

- **Healthcare.** Asking for written summaries, longer or first-of-the-day appointments, or a follow-up in writing, and being clear about how ADHD affects you rather than minimising it.
- **Work and study.** Requesting the reasonable adjustments in Parts 19 and 20 and revisiting them as your role or course changes.
- **Relationships.** Naming what you need from the people close to you, a reminder rather than a reprimand, time to process, feedback paired with reassurance.
- **Services and admin.** Asking organisations to communicate in the way that works for you, for example in writing rather than by phone.

Phrases you can borrow

- "I take in written information far more reliably than spoken. Could you put the key points in an email?"
- "I process things at my own pace. Can I have a little time and come back to you?"
- "Direct feedback lands hard for me. It really helps if you tell me what is working too."
- "I have ADHD, and what helps me most is…"

If you are not heard

Not every request will be met first time, and that is not a verdict on the request or on you. It can help to put it in writing, to ask who else might be able to help, or to bring a supporter with you. In work and education settings, organisations have a legal duty to consider reasonable adjustments, so a request that is declined can reasonably be raised again, in writing, with that duty named. Persistence is a legitimate part of advocacy, not a nuisance.

> **For family, partners and friends**
>
> You can be a powerful ally in self-advocacy: rehearsing a difficult request, coming to an appointment, or simply affirming that asking for support is legitimate. Champion their needs alongside them, while letting them lead.

Part 26. For family, partners and friends

This whole pack is for you as well as for your person, and you will have noticed the lavender boxes throughout. This section pulls the threads together into one place. Whether you are a partner, parent, adult child, sibling or close friend, your understanding genuinely changes outcomes.

The one idea to hold onto

> **Most ADHD difficulties are about regulation, not willingness or caring.**
>
> Forgetting is working memory. Lateness is time blindness. Not starting is initiation. A big reaction is emotional regulation, often amplified by rejection sensitivity. When you read behaviour through this lens, frustration softens into understanding, and you become able to help with the actual problem.

What helps

- **Separate the person from the trait.** "The bins got forgotten", not "You never help."
- **Build shared external systems.** Calendars, lists and visible reminders, rather than relying on their memory or yours.
- **Offer to be an external brain or body double,** not a manager. Ask "Would a reminder help, or feel like nagging?" and respect the answer.
- **Mind your timing and tone with feedback.** Because of RSD, pair honesty with reassurance, and avoid difficult conversations mid-overwhelm.
- **Believe their inner experience.** Sensory overload, time blindness, internal restlessness and emotional intensity are real, even when you cannot see them.
- **Celebrate strengths and effort,** not just outcomes. ADHDers often hear far more criticism than praise.

What to avoid

- **"Why can't you just…"** The honest answer is often "I can't, the way you can," and the phrase adds shame.
- **Comparisons** to siblings, colleagues or yourself ("I manage to remember").
- **Taking symptoms personally.** A forgotten plan or a zoned-out moment is not a verdict on the relationship.
- **Sliding into a parent role.** Managing another adult breeds resentment on both sides. Partner with them instead.
- **Assuming a good day means it is fixed.** ADHD is inconsistent by nature, hence "spiky profiles" and good and bad days.

Looking after yourself too

Loving and supporting an ADHDer can be demanding, and your wellbeing matters as well. It is fair to have your own needs, boundaries and support. Couples or family therapy with someone who understands ADHD can help, and support exists for you as well as for them. Caring well for yourself makes you better able to care for them.

Part 27. Trusted resources and signposting

When researching, it is worth seeking sources from the ADHD community itself, alongside clinical information, so you hear first-hand lived experience. As with all online content, take care and notice how a source makes you feel. The list below is a starting point of reputable, supportive resources.

UK organisations and websites

- ADHD UK, a UK charity offering information, tools and support.
- ADHD Foundation, a large user-led neurodiversity organisation.
- AADD-UK, by and for adults with ADHD.
- ADHD Adult UK, a charity run by and for adults with ADHD.
- ADHD & You, information for individuals, families and professionals.
- NHS: ADHD, official NHS information on symptoms, diagnosis and treatment.
- Neurodivergent Insights, accessible articles and workbooks on ADHD, RSD, alexithymia and sensory needs.

Crisis and mental health support

- **Samaritans:** 116 123, free, 24/7. Email jo@samaritans.org. samaritans.org
- **Shout:** text SHOUT to 85258, free, confidential, 24/7. giveusashout.org
- **CALM:** 0800 58 58 58, 5pm to midnight daily, plus webchat. thecalmzone.net
- **Papyrus HOPELINEUK** (under 35s and those worried about a young person): 0800 068 4141, text 07786 209 697. papyrus-uk.org
- **SANEline:** 0300 304 7000, 4.30pm to 10pm daily. sane.org.uk
- **NHS 111:** call 111 (mental health option) or visit 111.nhs.uk. In an emergency call 999.

Money, work and disability support

- Access to Work, support to get or stay in work.
- Disabled Students' Allowance, study support funding.
- Citizens Advice, benefits, debt, employment and consumer help.
- StepChange, free debt advice (0800 138 1111).
- MoneyHelper, free, government-backed money guidance.
- ACAS, workplace rights and reasonable adjustments.

Alcohol, drugs and addiction

- FRANK, honest drug information (0300 123 6600).
- **Drinkline:** free, confidential alcohol advice, 0300 123 1110.

- We Are With You, free, confidential drug, alcohol and mental health support.
- GamCare, gambling support (0808 8020 133).

Podcasts

- **The ADHD Adults Podcast**, expert information and lived experience, with humour.
- **The Neurodivergent Woman**, in-depth discussion of ADHD and autism in women.
- **Divergent Conversations**, neurodivergence explored by neurodivergent clinicians.
- **ADHD Friendly Lifestyle**, practical advice from an educator with ADHD.

Books

- **ADHD 2.0**, Dr Edward Hallowell and Dr John Ratey (2021). Neuroscience-based insights and strategies.
- **How to Keep House While Drowning**, KC Davis (2022). A gentle, shame-free take on cleaning and household care for when executive functioning makes them feel impossible.
- **The Mindfulness Prescription for Adult ADHD**, Dr Lidia Zylowska (2012). A structured mindfulness course, eight steps, shaped specifically around adult ADHD.
- **Delivered from Distraction**, Dr Edward Hallowell and Dr John Ratey (2005). A hopeful, comprehensive guide.
- **Mastering Your Adult ADHD**, Safren, Sprich, Perlman and Otto (2005). A CBT-based client workbook.
- **You Mean I'm Not Lazy, Stupid or Crazy?!**, Kate Kelly and Peggy Ramundo (1993). A validating classic for late-diagnosed adults.
- **How to Raise Happy Neurofabulous Children**, Katy Elphinstone. A neuro-affirmative parenting guide (neurofabulous.org.uk).

Apps and tools mentioned in this pack

Capture and tasks: notes apps, voice memos, Kanban boards. Time: visual timers (such as a Time Timer), phone alarms, shared calendars. Focus: website blockers, body-doubling platforms, the Pomodoro technique. Calm: Headspace, Smiling Mind, MindShift CBT. Mind-mapping: tools such as MindGenius or similar. Choose a small number you will actually use.

> **A closing word**
>
> A diagnosis is not the end of a story; it is a better map. You now have language for things that never had names, a set of strategies that work with your brain rather than against it, and a sense of the support available to you. Be patient and kind with yourself as you find your way. You were doing

> your best before you understood any of this. Now you get to do it with the right tools, and you do not have to do it alone.