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ABSTRACT (247 words)

PURPOSE: Improve practice and patient outcomes by equipping nurses with evidence-based education on the phenotypic expression of attention-deficit hyperactivity disorder/attention-deficit disorder (ADHD/ADD) in women. **SUMMARY:** Despite equal prevalence, women with ADHD/ADD, compared to men, are diagnosed at a ratio of approximately 1 to 3[1]. Entrenched referral/diagnostic bias heightens the risk of delayed diagnosis, misdiagnosis, or lack of diagnosis entirely[2]. Delayed treatment, for decades or lifetimes, sets women up for dangerously poorer outcomes[3]. **DESCRIPTION:** ADHD/ADD diagnostic criteria were largely developed from samples of male children and fail to sufficiently capture the female ADHD/ADD phenotype[4]. Women are more likely to experience inattentive and/or internalizing symptoms. Because (1) externalizing behaviors drive referrals, and (2) outward symptom severity drives diagnosis, women are far less likely to be diagnosed[5]. Ironically, research suggests women are more impaired by ADHD/ADD[6]. **VALIDATION:** ADHD/ADD women, compared to men, show significantly higher rates of comorbid mood/anxiety disorders. Comorbid depression in women emerges earlier in life, recurs more frequently, and is symptomatically more severe. Nearly half of all ADHD/ADD women will consider suicide. ADHD/ADD women face greater intellectual impairment, perceived mental health impairment, and mortality rates[7]. **RELEVANCE:** Failing to recognize ADHD/ADD symptoms in women leads to significant undertreatment and poorer outcomes[8]. As patient advocates, it's critically important we improve our understanding of ADHD/ADD in women in order to provide high-quality, potentially lifesaving, nursing care. **FUTURE IMPLICATIONS:** Though research is beginning to explore gender differences in ADHD/ADD symptomology and neurobiology, women remain largely neglected in the literature[9]. A paradigm shift in our understanding of ADHD/ADD in women is needed.

PRESENTATION SUMMARY (49 words)

A paradigm shift in our understanding of attention-deficit hyperactivity disorder/attention-deficit disorder (ADHD/ADD) in women is needed. Failure to recognize phenotypic gender differences can lead to significant undertreatment and poorer outcomes. As a female PMH-RN diagnosed at age 30, this session will be presented from an academic, professional, and personal perspective.

[1] (Babinski & Waschbush, 2016)
[2] (Fuller-Thompson, Lewis, & Agbeyaka, 2016)
[3] (Littman, 2019)
[4] (Williamson & Johnston, 2015)
[5] (Mowlem, et al, 2019); (Petre, 2019); (London & Landes, 2019)
[6] (Cortese, et al, 2016); (Vildalen, et al, 2019); (Mowlem, et al, 2019)
[7] (Babinski & Waschbush, 2016); (Littman, 2019)
[8] (Fuller-Thompson, Lewis, & Agbeyaka, 2016)
[9] (Littman, 2019)

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BIOGRAPHICAL STATEMENT (143 words)

Brynne Calleran MSN, BSN, BS, NE-BC, IN-BC, PMH/RN-BC is a Nurse Educator at Gracie Square Hospital and Clinical Nurse at NewYork-Presbyterian/Westchester Division. She is a Board Officer for the American Psychiatric Nurses Association's (APNA's) New York Chapter and a Program Facilitator for APNA's Suicide Risk Assessment & Management Program. She was recently appointed to APNA's Personality Disorders/Cluster-B Task Force Steering Committee and is the 2019 recipient of APNA's Excellence in Nursing Leadership Award. Brynne led the development of NewYork-Presbyterian's Nursing Suicide Risk Inventory, the world's first nursing suicide risk clinical-decision-support-tool for inpatient psychiatry. She is a 2016 recipient of Hudson Valley Magazine's Excellence in Nursing Award and is recognized as a Sigma Theta Tau Community Nurse Leader. Brynne received her MSN in Informatics from Western Governors University, her BSN from Binghamton University, and her BS in Human Development (Social/Personality Psychology) from Cornell University.

