



Women's Health Overview

ADHD: Fact vs Fiction

Fact or fiction? There are many benefits to the increased attention given to ADHD on social media. Fact. In recent years, social media has played an important role in reducing the stigma associated with various mental health conditions. This increased visibility can help people recognize symptoms and seek professional help earlier. Social media platforms can also offer a space for individuals with ADHD to connect, share experiences, and provide mutual support. This sense of community can be invaluable for those who feel isolated or misunderstood. However, consumers of social media need to be discerning about the content they consume.

Fact or fiction? The information disseminated on social media platforms is fact-checked for confirmed accuracy.

Fiction. Qualified experts often use social media to disseminate information, such as coping strategies and resources, which improve access to valuable content that might otherwise be difficult to find (a major benefit of social media platforms). However many consumers may not be aware that unqualified nonprofessionals actually create the majority of content about ADHD which may be scientifically unsupported or misinformed, leading to inaccurate and potentially harmful "self-diagnosis" or ineffective treatment strategies. In fact, a cross-sectional study from 2022 (Young et al.) examined the social media content on TikTok and found that 52% of the videos about ADHD contained misleading/inaccurate content, and

27% contained solely personal experiences. Furthermore, while awareness is beneficial, there is a risk of ADHD being oversimplified or trivialized on these platforms. Memes and short posts may reduce a complex disorder to a collection of quirky behaviors, undermining the seriousness of the condition.

Fact or fiction? There is no such thing as adult ADHD. Fiction. This is incorrect. ADHD is a neurodevelopmental disorder, meaning it originates in the brain's development. So, while symptoms usually appear in early childhood, often before the age of 12, and some may see a reduction in symptoms as they age, others continue to struggle with attention, hyperactivity, and impulsivity well into adulthood. Increased understanding of ADHD in recent years has led to more adults seeking and receiving diagnoses later in life, as they may not have recognized these symptoms in younger years or attributed them to another cause.

Fact or fiction? Poor parenting causes ADHD. Fiction. ADHD has a significant genetic component. Children with ADHD often have a family history of the disorder, indicating a hereditary predisposition. While ADHD is sometimes attributed to poor parenting or lack of discipline, it is a neurobiological disorder. Parenting style does not cause ADHD, though the use of effective parenting strategies can help a child manage symptoms more effectively.

see [ADHD](#) pg. 4

How can I help myself with ADHD?

Therapy and medication are the most effective treatments for ADHD. In addition to these treatments, other strategies may help manage symptoms:

- Exercise regularly, especially when you're feeling hyperactive or restless.
- Eat regular, healthy meals.
- Get plenty of sleep. Try to turn off screens at least 1 hour before bedtime and get between 7 and 9 hours of sleep every night.
- Work on time management and organization. Prioritize time-sensitive tasks and write down assignments, messages, appointments, and important thoughts.
- Connect with people and maintain relationships. Schedule activities with friends, particularly supportive people who understand your challenges with ADHD.
- Take medications as directed, and avoid use of alcohol, tobacco, and drugs.

Source: Attention-Deficit/Hyperactivity Disorder in Adults: What You Need to Know, U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, National Institute of Mental Health, Revised 2021.



From the Chairman

On Oct. 16, 1916, in a working-class neighborhood of Brooklyn, New York, history was made. Margaret Sanger, a nurse by training, opened the first birth control clinic in the United States. Her work was in part stimulated by the premature death of her mother at 49 after experiencing 18 pregnancies. Later referred to as the Brownsville Clinic (after the area of Brooklyn it was in) and later still as the Margaret Sanger Clinic, it saw 150 women on its first day and 450 by its 10th day. This effort was short-lived, as the clinic was closed on the tenth day after a visit by an undercover police officer. Sanger was arrested for violation of the Comstock Act of 1873, which criminalized many activities including the sending of contraceptives through the U.S. mail. Attempts to open the clinic were unsuccessful two days later, and it was closed permanently. Sanger was ultimately sentenced to 30 days for “maintaining a public nuisance.” She would not be silenced, and her efforts to promote family planning continued in the U.S. and internationally. Not until 1918 did a New York City appeals court permit physicians to prescribe contraceptives, and in 1921, Sanger founded the American Birth Control League. Fast forward to 1954, when she was the first president of the International Planned Parenthood Federation.

As we enter the fall and the continuing political free-for-all, consider the importance of courageous individuals like Margaret Sanger who were threatened, vilified and jailed for supporting the rights of women. Sometimes being a nuisance is a good thing.

Carl V. Smith, MD, FACOG

Chairman, Department of Obstetrics and Gynecology
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Women's Health overview

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research news

Recent Research on **Attention-Deficit/Hyperactivity Disorder**

Attention-deficit/hyperactivity disorder (ADHD) is one of the most common childhood disorders.

It can continue through adolescence and into adulthood. Symptoms include difficulty staying focused and paying attention, difficulty controlling behavior and hyperactivity (overactivity). ADHD is more common in males than females, and females with ADHD are more likely to primarily have inattention symptoms. People with ADHD often have other conditions, such as learning disabilities, anxiety disorder, conduct disorder, depression and substance use disorder.

Researchers are not sure what causes ADHD, although many studies suggest that genes play a large role. Like many other disorders, ADHD probably results from a combination of factors. In addition to genetics, researchers are looking at possible environmental factors that might raise the risk of developing ADHD and are studying how brain injuries, nutrition and social environments might play a role in ADHD.

A recent study conducted by researchers at the National Institutes of Health (NIH) has discovered that symptoms of ADHD are tied to uncommon interactions in brain centers that process information. The study was led by Luke Norman, PhD, a staff scientist at NIH's National Institute of

Mental Health (NIMH) and National Human Genome Research Institute, and the findings were published in the *American Journal of Psychiatry*.

The research involved examining interactions between the brain's frontal cortex and information processing centers deep within the brain. The research team analyzed brain images of more than 8,000 youth with and without ADHD. Using these images, the researchers examined associations between functional brain connectivity and ADHD symptoms. They found that youth with ADHD had heightened connectivity between structures deep within the brain involved in learning, movement, reward and emotion, and structures in the frontal area of the brain involved in attention and control of unwanted behaviors.

Neuroscience researchers have long suspected that ADHD symptoms result from atypical interactions between the frontal cortex and these deep information-processing brain structures, but earlier studies yielded mixed results, likely because the previous studies were performed with low numbers of subjects. Researchers suggest that the studies with small numbers of patients may not have been able to reliably detect the brain interactions leading to the complex behaviors seen in ADHD.

The findings from this study help further our understanding of the brain processes contributing to ADHD symptoms. This information can help inform additional clinical research and advancements toward treatments.

Multiple research programs at the University of Nebraska Medical Center are advancing brain research. The Cognitive Neuroscience of Development & Aging Center, led by Anna Dunaevesky, PhD, focuses on neuroscience research across the lifespan. The Center for Integrative and Translational Neuroscience, led by Howard S. Fox, MD, PhD, provides a link between basic scientific discoveries and translational implementation in the clinic. The Mind and Brain Health Labs, led by Matthew Rizzo, MD, strives to develop new tools that can improve health, mobility, safety and quality of life. At the Munroe-Meyer Institute, Jennifer Blackford, PhD, leads the Emotional Neuroscience Research Lab, which focuses on understanding the neural basis of anxiety and examining the role of anxiety in psychiatric disorders.

Contributed by **John S. Davis, PhD**
UNMC Department of OB-GYN



Scan here to become a Nebraska Center for Women's Health Research member! The NCWHR promotes multidisciplinary women's health research activities at the University of Nebraska to prevent, diagnose and treat the following women's health issues: infertility, preterm birth, osteoporosis, menopause and health disparities.

Fact or fiction? ADHD equals hyperactivity

Fiction. While many people associate ADHD with disruptive and hyperactive behavior, ADHD can manifest primarily as inattentiveness, without any impulsivity hyperactivity component. This subtype can be much less noticeable but equally impairing, and these individuals struggle with many of the following:

1. Difficulty sustaining their focus, particularly on tasks that are repetitive or not of immediate interest.
2. Lack of attention to detail, leading to careless mistakes.
3. Poor organizational skills and frequently losing necessary items (i.e., keys, phone, documents).
4. Procrastination and particular difficulty starting projects requiring sustained mental effort.
5. Forgetfulness (i.e., paying bills, attending appointments, returning calls).
6. Difficulty with motivation; starting tasks but trouble following through.
7. Difficulty listening during conversations, meetings, or lectures.
8. Time management: Underestimating time needed to complete tasks, being late, or missing deadlines.
9. Mental restlessness: Inner restlessness or sense of “fogginess,” especially after having to maintain focus over prolonged periods.

10. Social challenges: Appearing aloof or disinterested in social interactions, difficulty maintaining friendships due to inattention and poor follow through.

Fact or fiction? ADHD is simple to diagnose.

Fiction. Diagnosing ADHD can often be challenging when it is in the context of other co-occurring mental health disorders, as symptoms of various conditions often overlap and exacerbate each other’s symptoms. For example, anxiety can heighten distractibility and hyperactivity, while ADHD can increase stress and anxiety levels. Because ADHD frequently co-occurs with these types of mental health conditions, this comorbidity can also mask or mimic ADHD symptoms, making it difficult to discern which symptoms belong to which disorder. For instance, anxiety can cause difficulty concentrating. At the same time, depression can lead to forgetfulness and a lack of focus, and the hyperactivity in ADHD might be misinterpreted as mania in bipolar disorder.

If you suspect you or a loved one may have ADHD and are interested in seeking formal evaluation, you may utilize the website www.psychologytoday.com to filter a search by location and insurance. Within “Specialties,” select “Testing and Evaluation” and under “Types of Therapy,” select “Psychological Testing and ADHD.”

Interested in learning more about ADHD in adult women? Dr. Vacek will present on this topic at the 27th annual Omaha Women’s Health & Wellness Conference on Friday, October 25. See page 5 for more information and to register.

Contributed by **Kimberly Vacek, PhD**
Family Medicine Clinic at Bellevue Health Center

What is **intuitive eating**, and how do you deal with cravings and temptations?

Answer from registered dietitian and Omaha Women’s Health & Wellness Conference speaker, Courtney Aken, MMN, RDN, LMNT, LD:

Intuitive eating is a style of eating that involves listening to your body and honoring your hunger cues. It releases restrictions on any one food or food group. In today’s dieting climate, this is certainly easier said than done! In a perfect world, we eat when we are hungry and stop when we are full. We have a balanced plate full of lots of colors and leave our meals feeling satisfied. However, cravings and temptations must be addressed in ways that don’t result in over-eating or feeling guilty after a meal or a snack. It is important to recognize that food is both physically and emotionally satisfying. Sometimes we eat certain things simply because they bring us joy. Spoiler alert – that is OK! Intuitive eating is an approach that helps us tap into the “why” behind the foods we desire and allows us space to be intentional about what the meal or snack may be missing.



Mission Statement

The mission of the Olson Center for Women’s Health is to provide a national comprehensive health science center at the University of Nebraska Medical Center (UNMC). Based in the Department of Obstetrics and Gynecology, the center enables UNMC to make distinctive strides in education, research and service through innovative approaches to women’s health issues.

Want More Information?

Visit our website: OlsonCenter.com

Learn more about our health care providers, services and programs available at the Olson Center for Women’s Health. Our website also offers women’s health information. Here are a few topics:

- Breastfeeding
- Breast health and disease
- Cardiovascular health
- Gastrointestinal health
- Gynecologic health
- Incontinence
- Reproductive endocrinology/infertility
- Pregnancy
- Wellness

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27th Annual


Omaha Women's
Health & Wellness
Conference
Embrace a Healthy You

Friday, Oct. 25, 2024
8 a.m. to 4:30 p.m.

Scott Conference Center
6450 Pine St
Omaha, Nebraska
(New Location!)



Scan here to register!

Registration deadline: **Friday, Oct. 11**

If you need assistance with online registration,
please call 402.559.6618

For questions call the Olson Women's Health
Resource Center at 402.559.6345

For more information, visit

OmahaWomensHealthAndWellness.com

Topics:

- Social Media Influence
- Understanding ADHD in Adult Women
- A Millennial Woman's Guide to a Best and Healthy Self
- Intuitive Eating
- Menopause and the Mind
- How Opioids Affect Our Ability to Choose
- Introduction to Myofascial Release, Dry Needling and Aquatic Therapy for Pain Relief
- Promoting Positive Behavior in School-Aged Children Through Values-Based Approaches

Registration prices:

\$75 for general registration
\$110 for nurses/social workers.

Plus:

- A variety of health and educational exhibits will be available during the morning health fair.
- You may register for blood work and flu shots with an additional fee.

Nurses

The University of Nebraska Medical Center designates this activity for 5.0 ANCC contact hours. Nurses should only claim credit for the actual time spent participating in the activity.

Social Workers

As a Jointly Accredited Organization, the University of Nebraska Medical Center is approved to offer social work continuing education by the Association of Social Work Boards (ASWB) Approved Continuing Education (ACE) program. Organizations, not individual courses, are approved under this program. Regulatory boards are the final authority on courses accepted for continuing education credit. Social workers participating in this conference will receive up to 5.0 clinical/general continuing education credits. The content level of this activity is intermediate.



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Kristina Wade, APRN joins the Urogynecology team at the Olson Center for Women's Health



Kristina Wade, APRN earned both her undergraduate and master's degrees from the University of Nebraska Medical Center. Her entire nursing career has been with Nebraska Medicine, beginning as a CNA in 2006 and advancing to a nurse on the medical surgery unit. She transitioned into Labor and Delivery in 2008. Her passion for women's health drives her to embrace the opportunity within urogynecology. She hopes to enhance patient care and contribute positively to their quality of life.

Kristina is originally from Omaha and lives in Gretna with her partner, Shawn, three children and a new puppy. She spends her free time traveling, reading, baking, decorating cookies and supporting her daughter's dance events.

Welcome to the Olson Center, Kristina!

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