



# ADHD and Bipolar Disorder

## Fact Sheet

### Purpose

This fact sheet explains the key differences between ADHD and Bipolar Disorder. It is meant to support understanding and reduce confusion, not to diagnose. It can help you notice patterns and prepare for conversations with a provider.

### Why These Can Be Confusing

Both ADHD and Bipolar Disorder can involve:

- Difficulty paying attention
- Impulsive behavior
- Changes in energy
- Emotional intensity

Because of this overlap, people are sometimes unsure which condition fits their experience.

### The Core Difference

The main difference is how symptoms show up over time:

**ADHD:** Traits that are generally stable and ongoing throughout daily life.

**Bipolar Disorder:** Distinct mood episodes (lasting days to weeks) that come and go.

### Key Differences You Might Notice

#### Attention

**ADHD:** Ongoing difficulty focusing or staying on task across many situations, regardless of mood.

**Bipolar Disorder:** Attention problems usually occur primarily during mood episodes (manic, hypomanic, or depressive periods).

#### Sleep

**ADHD:** Chronic difficulty falling or staying asleep due to racing thoughts or restlessness. Patterns are fairly consistent.

**Bipolar Disorder:** Sleep changes dramatically with mood episodes:

- Sleeping very little during manic or hypomanic periods, often without feeling tired
- Sleeping much more during depressive periods

#### Emotional Regulation

**ADHD:** Quick emotional shifts in response to situations; difficulty managing emotional intensity; emotions feel harder to control but don't follow a cyclical pattern or feel like distinct episodes.

**Bipolar Disorder:** Distinct mood episodes (lasting days to weeks) that feel notably different from your usual self; mood changes may occur without clear external triggers.

## When Symptoms Typically Begin

**ADHD:** Symptoms present from childhood, though may not be recognized until adulthood (especially in women who were well-behaved or high-achieving).

**Bipolar Disorder:** Usually emerges in late teens to early 20s, though early signs may appear earlier.

## Grandiosity or Inflated Self-Esteem

**Bipolar Disorder:** During mania or hypomania, feeling unusually confident, believing you have special abilities, or taking on unrealistic projects.

**ADHD:** This sustained pattern is not typical.

## Goal-Directed Activity and Risk-Taking

**Bipolar Disorder:** During manic or hypomanic periods, marked increase in goal-directed activities (taking on multiple projects simultaneously), increased sexual interest, excessive spending, or other impulsive behaviors that feel different from your baseline.

**ADHD:** Impulsivity is present but doesn't follow an episodic pattern and is less extreme.

## Psychotic Symptoms

**Bipolar Disorder:** During severe manic or depressive episodes, some people may experience hallucinations (seeing or hearing things) or delusions (firmly held false beliefs).

**ADHD:** Does not involve psychotic symptoms.

## Understanding Mania and Hypomania (Bipolar Disorder)

Mania	Hypomania
<ul style="list-style-type: none"><li>Extremely elevated or irritable mood</li><li>Very high energy</li><li>Risky or impulsive decisions</li><li>Little need for sleep</li><li>Rapid or pressured speech</li><li>Often lasts at least one week</li><li>Usually disrupts daily life</li></ul>	<ul style="list-style-type: none"><li>Elevated mood less intense than mania</li><li>Increased energy or productivity</li><li>Fewer risky behaviors</li><li>Reduced sleep without feeling exhausted</li><li>Lasts at least four days</li><li>May feel positive to the person, though others may notice changes</li></ul>

## Important Considerations for Women

- Women with ADHD are often misdiagnosed with bipolar disorder
- Hormonal cycles can create mood patterns that may resemble mood episodes
- PMDD (premenstrual dysphoric disorder) can co-occur with ADHD and create cyclical mood changes
- Women are more likely to receive a bipolar diagnosis in adulthood, making the developmental timeline less clear

## Tracking Your Patterns

Consider keeping notes on:

- Do symptoms stay fairly constant, or come in distinct waves?
- If they come in waves, how long do the different periods last?
- Can you trace mood shifts to external triggers (stress, hormones), or do they seem to arise independently?
- Do you feel like 'a different person' during certain periods?

## Can You Have Both?

## **Yes. Some people have both ADHD and Bipolar Disorder.**

- Estimates suggest about 10–20% overlap
- Having both can make symptoms more complex
- This does not mean outcomes are poor, but care usually needs to be more intentional
- Each condition requires its own treatment approach
- Stimulant medication for ADHD must be carefully managed when bipolar is present
- Self-awareness becomes even more important to distinguish which symptoms need which support

## **Treatment Basics When Both Are Present**

- Mood stability is usually addressed first
- ADHD symptoms are treated once mood is more stable
- Medication and support plans are adjusted carefully over time

### **A Grounding Note**

Confusion between ADHD and Bipolar Disorder is common, especially for women diagnosed later in life. Understanding patterns takes time, patience, and often professional support. This fact sheet is a starting point for self-awareness, not a substitute for proper evaluation.

## **Next Steps**

A qualified provider can help review:

- Patterns over time and developmental history
- Mood changes, their duration, and whether they're episodic or continuous
- Sleep patterns, stress responses, and energy shifts
- How symptoms respond to structure, support, and interventions
- Impact of hormonal cycles and life transitions

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*Neurodivergent-Affirming Support for Women with ADHD*