A FREE GUIDE

Getting Heard

How to talk to your GP about menopause, HRT and ADHD

A short, practical guide to help you prepare for the appointment, ask for what you need, and leave feeling heard.

Dip in and out. Use the checklists, fill in the tracker, and take the phrases you like into the room with you.

Sharon Worth
ADHD and Neurodiversity Coach
Sharon Worth Coaching - Women's Neurodiversity

BEFORE YOU BOOK

You don't need a perfect case to deserve help

If your sleep, mood, focus or periods have started to feel harder to manage, that's a good enough reason to book an appointment. You don't need to wait until things feel unbearable, and you don't need all the answers before you go.

Your GP or practice nurse is usually the right first port of call. It's worth asking whether anyone at your surgery has a particular interest in menopause.

"But I've been told I'm too young..."

Perimenopause can start in your late 30s or early 40s, and research suggests it may start even earlier for women with ADHD.

If you're over 45, NICE guidance says perimenopause can usually be diagnosed from your symptoms alone, without a blood test. If you're younger, you can still be perimenopausal. Your GP may suggest a blood test to help build the picture.

GETTING READY

Your preparation checklist

- [ ] Fill in the symptom tracker on the next page for a few weeks, if you can.
- [ ] Note any changes to your periods, even rough ones.
- [ ] List any medications or supplements you take, including ADHD medication.
- [ ] Write down your two or three most important questions.
- [ ] Ask for a longer or double appointment, if your surgery offers them.
- [ ] Bring someone with you if that would help you feel steadier.
- [ ] Take this guide, or photos of it on your phone.

A note on nerves

It's completely normal for your thoughts to scatter the moment you sit down, especially with brain fog or ADHD in the mix. Having everything written down means you don't have to hold it all in your head under pressure. It's fine to read from your notes.

YOUR SYMPTOM TRACKER

Show, don't just tell

A few weeks of notes can say more than you'll manage to in ten minutes. Give each symptom a score once a week.

0 = not at all 1 = mild 2 = moderate 3 = severe

Symptom	Week 1	Week 2	Week 3	Week 4
Sleep problems				
Low mood				
Anxiety or worry				
Irritability or rage				
Brain fog or memory				
Focus and concentration				
Overwhelm				
Hot flushes or night sweats				
Aches and joint pain				
Headaches				
Periods (changes, heavier, irregular)				

What's changed, and how is it affecting daily life?

For example: "I've started missing deadlines I'd never have missed before." Or: "My ADHD medication doesn't seem to work as well in the week before my period."

WHAT TO EXPECT

What a thorough conversation should cover

A good menopause appointment usually gives you space to talk through:

- What stage you might be at, and what that means for you
- The full range of symptoms, not just the physical ones
- Your options, including but not limited to HRT
- The benefits and risks of any treatment, explained clearly
- What might help alongside treatment
- When your review or follow-up will be

Before you leave, check your questions have been answered, ask if there's anything written you can take away, and confirm your follow-up.

If you're offered antidepressants

Low mood and anxiety are some of the most common signs of perimenopause, and they're often the reason women first see their GP.

NICE guidance notes there's no clear evidence that antidepressants ease low mood caused by menopause in women who haven't been diagnosed with depression. HRT is often the first option to explore.

That doesn't mean antidepressants are never right. For some women they genuinely help, and depression and perimenopause can happen together. It simply means you're entitled to ask whether your hormones are part of the picture.

If you already have an ADHD diagnosis

Many women find their ADHD traits feel stronger during perimenopause, or that their medication doesn't seem to work as well as it did. That's worth mentioning to both your GP and your ADHD prescriber, as they may need to look at the whole picture together.

IF YOU SUSPECT ADHD

When it might be more than hormones

For many women, perimenopause is the point where years of coping quietly stop working. If you've always felt you were working harder than everyone else just to keep up, it may be worth exploring whether ADHD (or other neurodivergence) is part of your story.

Some things you might recognise

- Struggling to start, or finish, tasks
- Losing track of time, often
- A busy, restless mind
- Feeling everything intensely
- Being told you "don't try hard enough"
- Exhaustion from keeping it all together
- Earlier anxiety or depression diagnoses
- These traits going back to childhood

Getting ready to ask

- [ ] Write down examples from childhood and school, not just now. School reports can help if you have them.
- [ ] Note how it affects work, home and relationships.
- [ ] Ask a family member what they remember about you as a child, if that feels okay.
- [ ] Ask your GP about a referral for an adult ADHD assessment.

Good to know

Waiting lists for adult ADHD assessments are often long. In England, you may be able to use **Right to Choose** to be referred to a different NHS-approved provider. Availability varies by area, so ask your GP what's possible where you live.

A diagnosis can bring grief and relief side by side. However long it takes, you deserve support while you wait.

FINDING THE WORDS

Phrases to take into the room

Pick the ones that feel like you. It's fine to read them straight from this page.

Opening the conversation

"I think I might be perimenopausal. My sleep and concentration have got noticeably worse over the last few months, and I'd like to talk through what might help."

If you feel rushed

"I have a few things to cover today. Could we make sure there's time for all of them, or should I book a longer appointment?"

If you want to ask about HRT

"I'd like to understand whether HRT could be an option for me, including the benefits and risks."

If you're told you're too young

"I understand I'm younger than average, but my symptoms match perimenopause. Could we explore that possibility rather than rule it out?"

If you're offered antidepressants

"Before we go down that route, could my low mood be linked to perimenopause? I'd like to understand whether HRT could be considered."

If you want to ask about ADHD

"I've struggled with focus, organisation and overwhelm for most of my life, and it's got worse recently. I'd like to be referred for an ADHD assessment."

If something isn't clear

"Could you explain that in a different way? I want to make sure I've understood before we decide anything."

IF IT DOESN'T GO TO PLAN

If you don't feel heard

Most GPs want to help, but knowledge of menopause and ADHD still varies a lot. If your first appointment doesn't leave you feeling supported, that's not a dead end. It's information about your next step.

- Ask to see a different GP or nurse at the same practice.
- Ask for a referral to a specialist menopause clinic.
- Look up menopause specialists through the British Menopause Society.
- Ask for a second opinion. It's a normal part of good healthcare, not a confrontation.

> **If you need to push gently**
>
> *"I've read that this is a recognised option for people with my symptoms. Could we discuss why it might or might not be right for me specifically?"*

Persistence isn't rudeness. A calm, well-prepared request is often what changes the outcome, even if it takes more than one appointment.

ONE LAST THING

You deserve to be taken seriously

Whatever this appointment brings, you don't have to minimise what you're going through to be worth helping. Prepare what you can, say what you need plainly, and give yourself credit for showing up.

If you'd like support with any of this, I coach women navigating late-discovered neurodivergence, perimenopause and everything in between. You're welcome to book a free discovery call at:

www.sharonworthcoaching.com

This guide is for information only and isn't medical advice. Please speak to your GP or a qualified healthcare professional about your own health.