

India v/s the USA: A Comparative Review of the Prevalence and Neurobiology of ADHD Amongst Women

Kritika Rajeswari S.^{1*}, Surej Unnikrishnan², Aishwarya Sibey³

ABSTRACT

Attention-Deficit/Hyperactivity Disorder (ADHD) is a neurodevelopmental disorder marked by persistent inattention and/or hyperactivity-impulsivity, categorized into inattentive, hyperactive, and combined presentations. Although global research on ADHD has expanded, gender-specific evidence, particularly for women, remains sparse. This systematic review compared prevalence and neurobiology of ADHD in adult women in India and the United States. A total of 11,800 records were screened, with eight studies meeting inclusion criteria. In India, prevalence estimates ranged widely from 5.48% to 25.7%, with most studies failing to report female-specific rates; however, one clinical sample indicated women comprised nearly half of adult ADHD cases. In contrast, U.S. data provided clearer gender distinctions: 6.18% of females and 12.41% of males were diagnosed with ADHD, confirming women's consistent underrepresentation. Neurobiological studies were absent in Indian samples, while U.S. research reported increased brain iron load and associated neuroaxonal vulnerability in adults with ADHD. These findings underscore a critical gap in female-focused ADHD research, particularly in India, and highlight the need for neurobiological studies and culturally sensitive diagnostic approaches to address underdiagnosis and heterogeneity in women's ADHD.

Keywords: *Attention Deficit Hyperactivity Disorder, Prevalence, Neurobiology, Adults, Females*

Attention-Deficit/Hyperactivity Disorder (ADHD) is a neurodevelopmental disorder characterized by a persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development. (APA, 2013). The ICD-11 (WHO, 2019) classifies ADHD majorly into 3 types based on the major symptomatic presentation, namely, inattentive, hyperactive and combined presentations.

Despite extensive research over the past twenty years, the neurobiological underpinnings of ADHD have not been mapped thoroughly. The review by Mizuno et al. (2025) maps this using finding from T1-weighted structural MRI, diffusion tensor imaging (DTI), task-based functional MRI (task fMRI), and resting-state functional MRI (rs-fMRI). The results

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indicate reduced gray matter volume in regions associated with executive functions, such as the frontal cortex, basal ganglia, and cerebellum. Additionally, abnormalities in white matter integrity, particularly in the fronto-striatal-cerebellar circuits and connections between the corpus callosum and cingulum, are noted. However, no gender differences were noted in these presentations. (Mizuno et al., 2025)

Novak et al., states that “it remains unknown which neural mechanisms might stand behind Theory of Mind deficits in the adult population with ADHD.” Secondly, the included studies were based on children and adolescent samples from various cultural/linguistic environments. (Novak et al., 2024). Attention-deficit/hyperactivity disorder (ADHD) is known to show reduced brain volume, but remains heterogenous since a single area could not be pin-pointed. A review by Wall, et al. (2025), of 38 papers mapping the brain regions of ADHD showed that no common brain regions showed up in the anatomical likelihood estimate (ALE) and Coordinate Network Mapping (CNM) showed consistent changes in the reward pathways.

Behaviors in ADHD are due to abnormal executive functioning and reward pathway activation. In a systematic review of 40 papers for the neurobiology of ADHD in adults, there were stark variations in cortical and subcortical dysfunction, therefore mapping it unsuccessfully. (Aleem and Dwivedi, 2025; Alexander and Farrelly, 2017). A systematic review of the dopamine hypothesis of ADHD showed that there is limited evidence to a dopaminergic deficit in ADHD, furthermore stating that the role of the DRD4 gene in transmission is also inconclusive. (MacDonald, et al., 2024)

The systematic review by Faraone et al. (2025) examined the role of serotonin in the neurobiology of ADHD. 95 studies later, results showed that the majority (81.1%) reported alterations in serotonin production, binding, transport, or degradation in individuals with ADHD. The findings suggest that serotonin plays a role in ADHD and interacts with dysregulated catecholamine systems, although the evidence is incomplete and sometimes conflicting.

Of the papers found, there are 15 systematic reviews that talk about a broad range of characteristics, prevalence, and neurobiology. Most reviews of the global nature seem to be of European origin and do not specifically talk about the aetiology of ADHD in the United States. The last umbrella review by (Ayano, et al., 2023) was comprehensive in nature with respect to the prevalence of ADHD in 21,142,129 adult populations, however did not cover the female incidence of the disorder.

Attention Deficit Hyperactivity disorder commonly goes underdiagnosed in women due to the more covert nature of presenting more inattentive symptoms (Martin et al., 2024). Furthermore, there is a dearth of research on the overall prevalence of ADHD in women in India, and even less so in the comparison between the United States, where ADHD is a buzzword. In a 2024 US database study, female patients with ADHD were found to receive diagnoses significantly later than males, particularly those whose symptom presentation was predominantly inattentive rather than hyperactive/impulsive. Additionally, women more frequently had comorbid mood and anxiety disorders both before and after their ADHD diagnosis, suggesting a more complex presentation that may lead to delays or mis-diagnosis (Siddiqui et al., 2024).

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Young et al. (2020) state that ADHD has been overlooked in women historically due to diagnostic gaps and the presence of comorbid conditions that often mask its presence. In India, early research studies indicate a rather high prevalence of adult ADHD, with estimates ranging from 5.5% to over 14% in specific samples (Mishra et al., 2024), whereas in the United States, the adult female prevalence is approximately 3.2% (NIMH, n.d.). These differences may reflect not only cultural and systemic diagnostic biases but also epidemiological differences.

Until recently, little attention has been paid to the gender differences in presentation and impact of attention-deficit/hyperactivity disorder (ADHD). Whether through variations in neurobiology, socialization and gendered roles, or other factors, girls are more likely to have delayed diagnosis and are less likely to be referred for evaluation for ADHD (Ridpath & Truong, 2025). Adult or late diagnosed neurodivergent women have been found to experience feelings of relief and validation after years of self-doubt. 3 out of the 6 women in this study felt the need to self-diagnose due to the lack of understanding of ADHD presentation in women since gendered norms were being harbored in the urban communities they lived in. (Nagar, et al., 2025). This study aims to bridge that gap and explore the neuro-correlates of ADHD to better explain the symptomatology seen in women through a detailed review.

MATERIALS AND METHODS

Eligibility criteria

The eligibility criteria for this study included Scopus or UGC-Care indexed, open-access quantitative and qualitative papers, peer-reviewed journal publications, that were published in English (not editorials, books, book portions). These papers reported primarily on the prevalence or neurobiology of Attention Deficit Hyperactivity Disorder in either India or the United States.

Information sources

The electronic databases referred to between 25th August to 2nd October 2025 for review consisted of PubMed Central (PMC), Scopus, Cambridge, ScienceDirect, Research Gate, MDPI, Wiley, JSTOR, ProQuest, Web of Science.

Search strategy

The primary search design was the use of Boolean operators used between terms [("prevalence" OR "neurobiology" AND "ADHD" AND "adults" OR "women" AND "India" OR "USA") AND ("open access")]. The search dates were limited to studies after 2024 in order to gather the latest, most relevant data post (Mishra et al., 2024)'s systematic review.

Selection and data collection process

Studies were scanned for their titles and abstracts were read thoroughly. Post this, the complete text was also read thoroughly. Those studies that fit the eligibility criteria were then analyzed for their content, and primary finding.

Synthesis methods

The inclusion criteria for this systematic review were -only articles published after 2024 (including peer-reviewed articles, preprints, and official reports), studies that have been conducted in India or the United States only, contains literature on Indian women and

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women from the United States above the age of 18, report the prevalence, neurobiology of ADHD, and published in English.

Data extraction

Information was extracted and entered into Microsoft Excel under the following fields: Title of the Study, Year, Author, Journal Name, Sample, Findings, Limitation, Comments and Link for the paper. Finally, the PRISMA Flow diagram was used to show the process of elimination or retention of papers.

RESULTS

The selection of studies

The preliminary search resulted in 11,800 potential studies, out of which 1608 duplicates were removed and 9,439 studies were inaccessible or behind a paywall. Post this, 753 studies were screened based on the inclusion criteria, of which 358 were sought for retrieval based on the title and abstract. Finally, 324 studies were assessed for eligibility with the inclusion criteria, which were met by 8 of them. These were included in the review.

DISCUSSION

Prevalence in India

Goyal et al. (2024) conducted a cross-sectional study of adult ADHD in a tertiary care setting in India. They reported on gender distribution within their clinical sample and found that females accounted for nearly half of the adult ADHD cases presenting to the psychiatric service. This is notable, because ADHD in women is often considered underdiagnosed in India due to subtler or more internalizing presentations, yet this study's findings suggest that when adult women do seek care, their representation can be substantial. Female patients with ADHD were more likely than males to present with internalizing symptoms (for example anxiety and depressive complaints), higher rates of comorbid diagnoses, and a predominance of inattentive features rather than overt hyperactivity. These are patterns that contribute to delayed or missed diagnoses in women.

Mishra et al. (2025) provided a systematic review and meta-analysis of adult ADHD prevalence in India. They synthesized available epidemiological data and showed that adult ADHD prevalence across different Indian populations ranged widely, between 5.48% and 25.7%, depending on sampling frames and methods. While their review highlights how common ADHD is among Indian adults, it did not provide clear gender-specific prevalence rates, so female-only prevalence cannot be determined directly from that meta-analysis. Together, the Indian data suggest that while population estimates remain variable and gender-specific prevalence is often underreported, clinical samples can show a strong female representation.

Prevalence in USA

Patil et al. (2024) analyzed data from the Substance Abuse and Mental Health Services Administration (SAMHSA). Out of nearly six million patients, they found that the overall ADHD prevalence was 10.70%, with clear gender differences: 12.41% in males versus 6.18% in females. This shows that in U.S. healthcare data, women are diagnosed with ADHD at about half the rate of men.

Staley et al. (2024) used the National Health Statistics Rapid Surveys (Oct–Nov 2023) to assess ADHD diagnosis, treatment, and telehealth use in U.S. adults. They reported an

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overall 6.0% prevalence of current ADHD diagnosis among U.S. adults, but their report did not break down the prevalence by sex in the main summary.

Amin et al. (2024) studied yearly diagnostic patterns and gender variation in ADHD patients at an urban mental health clinic in Alabama, USA. They observed shifts in diagnostic trends in the post-COVID period and highlighted gender variations, showing that females were consistently underrepresented compared to males in their clinical ADHD caseload. Together, these U.S. studies consistently demonstrate that females are diagnosed with ADHD at significantly lower rates than males, despite recent increases in awareness and diagnostic practices.

Neuro-correlates in India

Makkar et al., 2025 states that female diagnosis of ADHD is likely to be missed, and therefore the latest neurobiological findings restrict themselves only to the male adult population. This marks the urgent need for more studies with respect to female ADHD based neurobiology studies in India. The lack of studies in this subject may consequently be explained by the under-reported prevalence seen in females for ADHD as compared to males, due to their inattentive and less disruptive type presentation, which supports the findings of Young et al., 2020.

Neuro-correlates in USA

Berberat et al. (2025) studied 32 adults with ADHD and 29 control samples using quantitative susceptibility mapping (QSM) MRI to measure brain iron load, alongside plasma neurofilament light chain (NfL) as a biomarker neuroaxonal presence. They found that adults with ADHD had significantly increased iron deposition in the right precentral cortex compared to controls. Importantly, this higher iron load was positively associated with elevated plasma NfL, suggesting a link between iron dysregulation and neuroaxonal vulnerability in ADHD. The authors interpreted this as evidence that altered iron homeostasis in ADHD may contribute to long-term neuronal stress or injury. This study is among the first to combine imaging and biomarker data in adult ADHD, and it highlights a possible neurobiological pathway of iron-related axonal damage underlying the disorder.

Comparison between the themes

Taken together, the Indian and U.S. studies highlight both similarities and contrasts in ADHD research among females. In India, evidence from Goyal et al. (2024) shows that women can make up nearly half of adult ADHD cases in tertiary care clinical settings, yet Mishra et al. (2025) underscores that national prevalence estimates are highly variable and rarely report female-specific rates, reflecting a gap in systematic gender-based epidemiological data.

In contrast, U.S. studies provide clearer gender-stratified prevalence: Patil et al. (2024) demonstrated that females (6.18%) are diagnosed at about half the rate of males (12.41%), with Amin et al. (2024) and Staley et al. (2024) confirming consistent underrepresentation of women in clinical and national survey data. Thus, while both countries show lower ADHD prevalence or diagnosis in women compared to men, the U.S. has more robust large-scale gender-specific reporting, whereas India's female prevalence remains underexamined at the population level.

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Neurobiologically, only U.S.-based research (Berberat et al., 2025) has explored adult ADHD mechanisms, identifying abnormal iron accumulation and its link to axonal injury markers, while no comparable neurobiological studies exist yet in India. This contrast highlights a major gap: India's adult ADHD research has focused on clinical and prevalence descriptions, whereas U.S. studies extend to both epidemiology and biological mechanisms, providing a more comprehensive picture of gender differences in ADHD.

CONCLUSION

The meta-analysis shows that there is a dearth of recent most studies in the findings for female-based neurobiology for ADHD as an explanation for the difference in prevalence, thus future studies can focus on this direction. Though the study is not extensive, it hopes to shed light on the urgent need for more studies to be carried forward by researchers and practitioners about the heterogenous nature of ADHD and its prevalence in adult women, especially in India.

Limitation

The scope of the systematic review cannot be generalized by its findings as very few articles met the inclusion criteria of the study. There was a geographic imbalance, as most of the neurobiological evidence came from U.S. studies, while no Indian research specifically examined female-based neurobiological correlates. This lack of equal data makes it difficult to draw accurate conclusions for the comparative study.

Another limitation lies in the scarcity of gender-specific prevalence data. Many Indian studies did not report female-only rates, leading to uneven cross-national comparisons and reliance on fragmented data. Publication bias may also have influenced the review, as many potentially relevant studies were inaccessible due to paywalls, forcing reliance on open-access or abstract-based findings. Additionally, the specification on the types of hormonal, peri-menopausal, natal, post-partum and menopausal changes were not accounted for, and could essentially act as confounders for the review.

A further in-depth analysis and review to explain the underlying findings is strongly urged to be undertaken.

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Conflict of Interest

The author(s) declared no conflict of interest.

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Figure 1 PRISMA 2020 flow diagram for new systematic reviews, which included searches of databases, registers, and other sources.

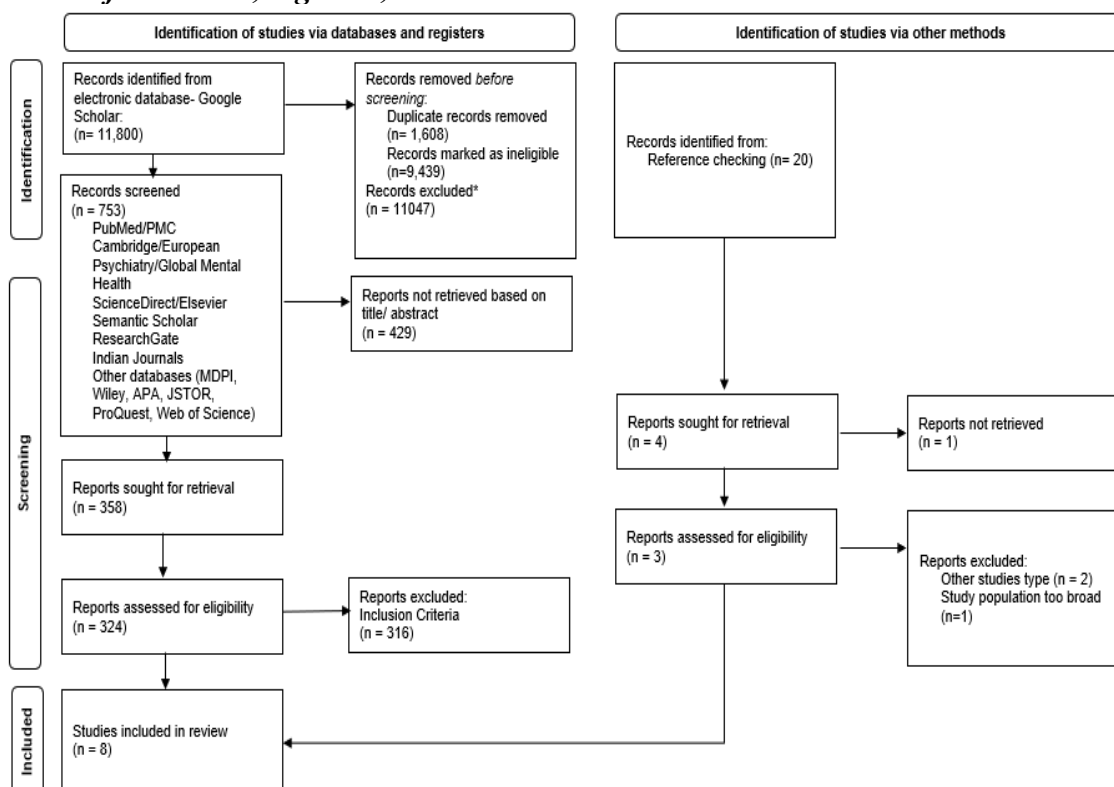


Table 1 Attributes of Final Studies Included in the Systematic Review

Sno.	Year	Author	Journal	Methodology	Major Finding	Limitation
1.	2024	Mishra, et al.	Social Psychiatry and Psychiatric Epidemiology	Cross-sectional study with 1665 adults (69.1% females) from Delhi-NCR colleges	14% of the participants screened positive for ADHD.	Systematic review, not women-specific
2.	2025	Goyal, et al.	Asian Journal of Psychiatry	101 treatment seeking adults (23 women) assessed based on ASRS	Women had larger self-reported means on the ASRS	Not open access, taken based only on abstract
3.	2025	Nagar, et al.	Neurodiversity	Qualitative Study on 6 late-diagnosed women with ADHD	3 women felt the need to self-diagnose using the ASRS	No mention of prevalence numbers or neurobiological perspective
4.	2024	Singh, et al.	The Open Neuroimaging Journal	Cross-sectional prevalence analysis on 360 students using	Female students exhibited more	Study conducted only on university students in one

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Sno.	Year	Author	Journal	Methodology	Major Finding	Limitation
				the ASRS (228 female)	symptoms of inattention (37.7%)	area, so not generalizable
5.	2025	Berberat, et at.	PubMed Central	32 adults undergoing MRI and quantitative susceptibility mapping	Presence of excess brain iron content and neuroaxonal damaging for ADHD, potential risk factor for dementia	Limited sample size
6.	2024	Staley, et al.	PubMed Central	7,046 completed interviews using the RSS-2 questionnaire	6.0% out of 15.5 million adults in USA had an ADHD self-reported diagnosis, half of which was post 18 years.	Self-report bias, under-reporting of results due to method of data collection
7.	2024	Patil, et al.	PubMed Central	Data extracted from the MH-CLD Public Use File (PUF) for the year 2022, prepared for the SAMHSA, U.S., Department of Health and Human Services (HHS)	Males have almost double the ADHD prevalence (12.41%) compared to females with 6.18%	Incomplete recording leading to biased rates of prevalence
8.	2024	Amin, et al.	Cureus Journal of Medical Science	Data extracted from Electronic Health Records (EHR) for patients seen from January 1, 2021, to December 31, 2023	881 (62%) out of 1,442 patients were diagnosed with ADHD. Females had higher comorbid conditions, such as MDD, GAD, PTSD.	Restricted number of variables and a retrospective study