



DR QUINN APPEARS on GOOD MORNING AMERICA
Dr. Patricia Quinn, coeditor of "Understanding Women and AD/HD,"
discusses symptoms and cures for AD/HD in women

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Complete transcript of segment:

ROBIN ROBERTS, co-host: In this morning's HEALTHY WOMAN report, women in their 30s and 40s are suddenly being diagnosed with a problem we usually associate with young boys. It is AD/HD or attention deficit hyperactivity disorder, which affects as many as 11 million people, half of them are women who don't even know they have it. To tell us what to look for, we're joined by Dr. Patricia Quinn who's written the new book "Understanding Women and AD/HD." We're also joined by Cristina Remick, who wasn't diagnosed with AD/HD until she was almost 30 years old, after years of problems someone, you would think, should have noticed. Thank you both, ladies, for joining us very much.

Dr. PATRICIA QUINN ("Understanding Women and AD/HD"): Good morning.

ROBERTS: Good morning. Dr. Quinn, ADD is something that people are familiar with, not AD/HD. What's the difference and which is more common for women?

Dr. QUINN: Well, in women we see more of the inattentive type. And over the years, people have focused on the disruptive behaviors of boys and all of these millions of women and girls have been overlooked while we were focusing on these boys.

ROBERTS: Cristina, tell us your story. When did you notice something wasn't quite right?

Ms. CRISTINA REMICK (Diagnosed with AD/HD): I've noticed my whole life there's something wrong. I just couldn't sit still. I was always, constantly pushing the edge of the envelope, looking for thrill-seeking things to do. And it wasn't until I got diagnosed at age 30 that I was like, 'Wow, there's something really--this is the answer.'

ROBERTS: Not until 30? There wasn't a teacher or a doctor or a counselor that, you know, said anything to you that--that might have tipped you off?

Ms. REMICK: No. I went to an all-girl school. I went to a private, small school. And it was just expected that everybody will follow a strict, academic path. And I was graduated second from the bottom of my class, and I had difficulties kind of staying in there.

ROBERTS: So you were 30 years old, you said, when you were finally diagnosed?

Ms. REMICK: Yep.

ROBERTS: How did that come about? How'd you finally get diagnosed?

Ms. REMICK: I was a--I'm a tennis pro. I was on the court teaching somebody, and a lady was observing me working with her son who has it, and suggested I read something. And then, all of the sudden, it was, 'Wow, I can't believe this is my story. This is me. This is--this is my problem.'

ROBERTS: So it was kind of like, 'Oh, good--now, finally, finally, now I know what was wrong all these years'?

Ms. REMICK: Exactly. Exactly.

ROBERTS: Oh. So with AD/HD, the symptoms that are involved, why does it take so long, Dr. Quinn, for someone like Cristina to be diagnosed?

Dr. QUINN: Well, the medical community over the years, as well as the researchers, have really focused on these boys. Of the over 6,000 studies that have been done...

ROBERTS: Mm-hmm.

Dr. QUINN: ...less than 50 have included girls, and only one study has included women.

ROBERTS: Why?

Dr. QUINN: So we're really not looking for the symptoms in the women, which present differently. And women have more difficulty in other areas and have been overlooked all of these years.

ROBERTS: And so what are some of the symptoms, someone sitting at home, what should they know about themselves that may let them know that they're--that they have this disorder?

Dr. QUINN: Women, just like men, have trouble with attention span. They have trouble with distractibility. And they have trouble with being impulsive or, you know, sometimes hyperactive. But the presenting symptoms are very different in women than men. Women have difficulty with PMS, severe PMS.

They have mood swings and irritability. They have a lot of difficulty with the symptoms worsening before their periods, the inattentive symptoms worsening in peri-menopause and menopause. We also see these symptoms really overwhelming them in their day-to-day activities, so they're very disorganized at home. They can't get everything done that they need to do. And they have a lot of difficulty with stress and disorganization. And this is a chronic problem that persists throughout their days into their work and their family life at home and getting along with their family members.

ROBERTS: You know, Dr. Quinn, when you have--seeing the symptoms list, like that, you can't help but notice a possible hormonal connection.

Dr. QUINN: Absolutely. And that's what we're finding and probably why the disorder looks very different in women. We see a worsening at puberty in girls. We also see that premenstrually ADD symptoms get worse. They worsen in peri-menopause and during menopause. And we also see that the symptoms get better when a woman's pregnant. So high estrogen levels do alleviate some of the symptoms. Because of that, we have to make sure we treat the women during the full day, that they're--and pay particular attention during their cycles. So we're now using some of the long-acting stimulants that keep symptoms under control for over 12 hours so that we can help them through the day. They don't have 12-hour days, most women. And we can help them through their cycles and help regulate. And for some women, as they enter menopause, we are doing hormone replacement therapy to give them back the estrogen. And this is all brand-new. And people, since they've been looking at boys forever, have forgotten to look at this connection in women.

ROBERTS: I'm sure Cristina appreciates all the research that's being done. So how are you doing? What are you doing now to--to keep this in check?

Ms. REMICK: Well, about a year and a half ago, I started medication. I'm 38. So at that point, once I started the medication--I have a long-lasting drug called Concerta that I'm on--once I started that, within an hour, I was able to see that, 'Wow, this is pretty amazing.' And with the medication, I take coaching as well. My life has changed. I have a business today. And the--the thing that's really important is that there's possibility in my life. I can do things. I have plans. I can actually get things done, and there's a focus, and I'm able to go in--in a direction.

ROBERTS: So there is hope.

Ms. REMICK: Absolutely.

ROBERTS: Christina, Dr. Quinn, thank you very much. Extremely, extremely enlightening. We appreciate your time. To learn more about ADD and AD/HD, you can go to our Web site, abcnews.com.