MY WEIRD PROMPTS

Podcast Transcript

EPISODE #366

The ADHD Rebrand: Neuroscience, Masking, and Late Diagnosis

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EPISODE SYNOPSIS

In this episode, Herman and Corn dismantle the "hyperactive kid" stereotype to reveal the complex reality of adult ADHD, a condition affecting millions who often go undiagnosed until mid-life. They dive deep into the technical divide between psychiatric and neurological diagnostic methods, explaining how everything from EEG theta-beta ratios to dopamine transport systems shapes the lived experience of executive dysfunction. Whether you're curious about the "masking" strategies used by high-achievers or the specific reasons why women are often diagnosed decades later than men, this discussion offers a profound look at how the modern world finally forces the ADHD brain to reveal itself.

DANIEL'S PROMPT

Daniel

"I'd like to discuss how ADHD is misunderstood and subject to unfair stereotyping, particularly regarding late diagnosis in adults. The diagnostic process can vary between psychiatry and neurology, and I want to explore the different subtypes, especially 'inattentive' ADHD, which often lacks the characteristic hyperactivity. What is the prevalence of hyperactivity in those diagnosed with ADHD, and do late-diagnosed adults tend toward subtypes that are less obvious or stereotypical?"

TRANSCRIPT

Corn

Hey everyone, welcome back to My Weird Prompts. I am Corn, and I am sitting here in our living room in Jerusalem with my brother, the man who probably has more browser tabs open than anyone else in this city.

Herman

Herman Poppleberry, at your service. And for the record, Corn, those tabs are all essential research. Every single one of them.

Corn

I am sure they are. Today we are diving into something that hits pretty close to home for us and definitely for our housemate Daniel. He sent us a voice note earlier today asking about something that I think a lot of people feel they understand but actually have quite a few misconceptions about. We are talking about Attention Deficit Hyperactivity Disorder, or ADHD.

Herman

Yes, and specifically the way it is often late-diagnosed in adults and how the stereotypes we have about it—the classic image of the hyperactive kid bouncing off the walls—really do a disservice to the millions of people who have the inattentive subtype. Daniel was mentioning how his own diagnosis felt like a massive turning point, and it got us thinking about why the process is so different depending on whether you go the psychiatric route or the neurological route.

Corn

It is a fascinating intersection of medicine and psychology. I think the first thing we need to tackle is this idea that ADHD is a childhood disorder that people just grow out of. That is one of the biggest myths, right?

Herman

Absolutely. For a long time, the medical community treated it as something that would resolve by puberty. But the current research as of early twenty-twenty-six suggests that while the global adult prevalence is around three point one percent, in places like the United States, it is closer to six percent. That is over fifteen million adults in the U.S. alone. And here is the kicker: about fifty percent of those adults were not diagnosed until they were already grown up.

Corn

And yet, so many adults are just now finding out they have it in their thirties, forties, or even fifties. Why is that? Is it just better awareness, or is there something about the diagnostic criteria that shifted?

Herman

It is both. We actually touched on some of the bureaucratic hurdles of ADHD in episode one hundred two, when we talked about the medication maze. But the diagnostic criteria themselves have evolved. In the past, the Diagnostic and Statistical Manual of Mental Disorders—the DSM—was very focused on those externalized, hyperactive behaviors because they were easier to observe in a classroom setting. If you were a kid who was quiet but could not focus to save your life, you were often just labeled a daydreamer or lazy.

Corn

Right, the classic inattentive subtype. Daniel mentioned that he felt he fit that daydreamer mold perfectly. It is interesting because the name itself, ADHD, still has hyperactivity right there in the title, even if the person is not hyperactive at all.

Herman

Exactly. That is a major point of confusion. In the current DSM-five-TR, we have three main presentations: Predominantly Inattentive, Predominantly Hyperactive-Impulsive, and Combined. But here is a statistic that might surprise people: among adults, the "pure" hyperactive presentation is incredibly rare—only about seven percent. The vast majority of adults fall into either the combined category, which is about sixty-two percent, or the predominantly inattentive category, which is around thirty-one percent.

Corn

So the very thing the disorder is named for—hyperactivity—is actually the least common way it manifests in adults? That seems like a massive branding problem for the condition.

Herman

It really is. And it leads to what we call masking. Adults, especially those with high intelligence or those in demanding professional environments, often develop incredibly complex coping mechanisms to hide their struggles. They might stay up until three in the morning to finish a report that should have taken two hours, or they use sheer anxiety as a fuel to meet deadlines. On the outside, they look successful, but on the inside, their executive function is red-lining.

Corn

I want to go back to something Daniel asked about the diagnostic process. He mentioned that it can vary between psychiatry and neurology. From a technical standpoint, Herman, what is actually happening in those two different offices?

Herman

This is where it gets really interesting. A psychiatric diagnosis is typically clinical. It is based on interviews, self-reporting scales like the Brown Executive Functioning Scales, and a deep dive into your history. They are looking for a pattern of behavior that has been present since childhood and is currently causing impairment in two or more areas of your life—like work and home.

Corn

So it is more about the narrative of your life and how you interact with the world.

Herman

Precisely. Now, a neurological approach often looks for more objective, physiological markers. A neurologist might use a QBTest, which uses infrared cameras to measure physical movement and impulse control during a computer task. They might also look at EEG data to check the ratio of theta to beta waves in the prefrontal cortex. There is a specific signature often seen in ADHD brains where there is an overabundance of slow-wave theta activity and a lack of fast-wave beta activity.

Corn

Wait, so there is actually a way to see it on a scan? Why isn't that the standard for everyone?

Herman

Because the science is still catching up. In fact, the American Academy of Neurology actually issued a Level B advisory warning that EEG theta-beta ratios should not be used as a standalone diagnostic tool because the false-positive rate is too high. The brain is incredibly plastic. You can have the neurological signature but have developed enough compensatory strategies that you do not meet the clinical criteria for a disorder. However, as of twenty-twenty-six, we are seeing new hybrid data models that combine these objective tests with clinical history to reach over ninety-three percent diagnostic accuracy. That is where the field is heading.

Corn

That makes sense. It is like the difference between looking at the hardware of a computer and looking at the software logs. You need both to really know why the system is crashing.

Herman

That is a great analogy. And speaking of hardware, we have to talk about the dopamine system. Most people know dopamine as the reward chemical, but in the ADHD brain, it is more about the transport and receptor sensitivity. There is a theory called the Dopamine Reward Deficiency Syndrome. Essentially, the ADHD brain has a higher threshold for stimulation. Things that a neurotypical brain finds interesting enough to focus on—like filing taxes or doing the dishes—just do not trigger enough dopamine in an ADHD brain to engage the prefrontal cortex.

Corn

So it is not that they won't do it, it is that the brain literally isn't getting the signal that this is worth the energy.

Herman

Exactly. It is like trying to drive a car when the ignition won't turn over. You can press the gas all you want, but without that initial spark, the engine stays dead. This is why people with ADHD often thrive in high-stakes, high-chaos environments. The adrenaline provides the dopamine kick they need to finally focus. It is why you see so many people with ADHD in emergency medicine, fire-fighting, or high-frequency trading.

Corn

We actually talked about the high-stakes environment in episode three hundred fifty-eight when we discussed the science of chaos and triage. It makes sense that an ADHD brain would almost feel more at home when things are falling apart because the external environment finally matches their internal intensity.

Herman

You nailed it. And that brings us to the late diagnosis issue. Many adults only realize they have ADHD when the structures they built for themselves fail. Maybe they were fine in high school and college because there was a rigid schedule, but then they get a job with total autonomy, or they have a child, and suddenly the sheer volume of executive function required—planning, organizing, remembering—exceeds their brain's capacity to compensate.

Corn

And that is often when the depression or anxiety kicks in, right? Because they feel like they are failing at basic adulthood.

Herman

Yes, and this is a critical point. There is a massive overlap between ADHD and other conditions. In fact, seventy-five percent of adults with ADHD have at least one co-occurring condition. Many people spend years being treated for treatment-resistant depression or generalized anxiety, only to realize that those were actually secondary symptoms of undiagnosed ADHD. Once they treat the underlying executive dysfunction, the anxiety often dissipates because they are no longer constantly waiting for the other shoe to drop.

Corn

That sounds like an incredibly heavy burden to carry for decades without knowing why. I am curious about the gender gap here too. We often hear that girls and women are diagnosed much later. Does that tie into the inattentive subtype we were talking about?

Herman

Heavily. Historically, ADHD was seen as a boy's disorder. Boys are more likely to exhibit the hyperactive-impulsive symptoms that get noticed because they disrupt the classroom. Girls are more likely to have the inattentive subtype. They are the ones sitting quietly in the back of the room, staring out the window, perfectly behaved but not absorbing a word of the lesson. Because they aren't a problem for the teacher, they don't get referred for testing.

Corn

And then they grow up believing they are just not as smart or as capable as their peers, which is heart-breaking.

Herman

It is. Recent data shows that women are diagnosed on average five years later than men—usually around age twenty-nine compared to age twenty-four for men. And we are seeing a massive surge in diagnoses for women in their thirties and forties, often triggered by the transition to motherhood. When the demands of managing a household and a child's schedule are added to their own, the masking strategies they have used for decades finally collapse.

Corn

So, if someone is listening to this and thinking, wait, that sounds like me, what is the actual path forward? If you are in your thirties or forties, where do you even start?

Herman

The first step is usually a primary care physician, but you really want to see a specialist—either a psychiatrist who specializes in adult ADHD or a neuropsychologist. And you should be prepared for a bit of a journey. A proper evaluation can take several hours over multiple appointments. They will want to see old school reports if you have them, or talk to a parent or sibling who knew you as a child.

Corn

Because the symptoms have to have been there before age twelve, right? Even if they weren't diagnosed.

Herman

That is the current requirement in the DSM-five-TR. Though there is a growing debate in the research community about adult-onset ADHD. Some researchers argue that the symptoms can lay dormant until the environment becomes challenging enough to reveal them. But for now, the official stance is that it is a neurodevelopmental disorder that begins in childhood.

Corn

Let's talk about the stereotypes for a second. There is this idea that everyone is a little bit ADHD these days because of smartphones and social media. I imagine that is incredibly frustrating for people who actually have the condition.

Herman

It is incredibly dismissive. It is like saying everyone is a little bit diabetic because they like sugar. Having a short attention span because you spend too much time on TikTok is not the same thing as having a fundamental deficit in the way your brain processes dopamine and regulates executive function. ADHD is not an inability to pay attention—it is an inability to regulate where that attention goes. People with ADHD can actually hyper-focus on things they find stimulating for hours at a time, to the point where they forget to eat or use the bathroom.

Corn

That is the paradox, isn't it? You can't focus on your taxes for five minutes, but you can research the history of medieval siege engines for six hours straight.

Herman

Exactly. It is a regulation problem, not a quantity problem. And the smartphone argument actually has it backward. People with ADHD are more susceptible to the lure of smartphones because their brains are constantly seeking that dopamine hit that the notifications provide. The phones didn't cause the ADHD, but they are like a digital casino for a brain that already has a gambling problem with its own attention.

Corn

I love that. A digital casino for the brain. So, what about the treatment side? We know about the medications, which we talked about in the past, but for someone who is late-diagnosed, is it just about pills, or is there more to it?

Herman

Medication is often the most effective tool—it is one of the most treatable conditions in psychiatry—but it is rarely enough on its own. The phrase we often hear is "pills don't build skills." If you have spent thirty years living without a diagnosis, you have likely developed a lot of maladaptive habits. You need to learn how to work with your brain instead of against it. Interestingly, as of twenty-twenty-six, we are even seeing the first triple-reuptake inhibitors being reviewed by the FDA, which target dopamine, norepinephrine, and serotonin to help with the emotional dysregulation side of ADHD.

Corn

That makes a lot of sense. It is about reducing the friction. You know, it occurs to me that we often talk about the negatives, but is there a flip side? Are there strengths to having an ADHD brain, especially in the professional world?

Herman

There is a lot of talk about ADHD as a superpower, which I think can be a bit polarizing because for many, it feels like a disability. But there is no denying that the ADHD brain is often wired for divergent thinking. Because they aren't filtering information the same way, they make connections between disparate ideas that other people might miss. They are often excellent in a crisis, highly creative, and incredibly resilient. And they have to be—recent studies show that untreated ADHD can actually reduce life expectancy by seven to nine years due to accidents and comorbid health issues. So that resilience isn't just a personality trait; it is a survival mechanism.

Corn

Resilience is a big one. If you have been told you are lazy or a failure for decades and you are still out there trying, that is a level of grit that is hard to teach.

Herman

Absolutely. And when an adult finally gets that diagnosis, the most common emotion isn't usually anger—it is relief. It is the realization that they weren't a broken version of a normal person; they were a perfectly functioning version of a different kind of person.

Corn

That is a powerful shift in perspective. I want to touch on something Daniel mentioned about the prevalence of hyperactivity again. If only a small percentage of adults are hyperactive, does that hyperactivity just disappear, or does it change form?

Herman

It usually internalizes. In kids, it looks like running around or climbing on furniture. In adults, it often looks like a constant sense of inner restlessness. It is the person who is always tapping their pen, or shaking their leg under the table, or the person whose mind is always racing at a hundred miles an hour even when their body is still. They might be a chronic over-thinker or have a constant "motor" running in their head.

Corn

So the hyperactivity is still there, it just moved inside. That explains why so many adults don't think they have it. They think, well, I can sit through a movie, so I can't be hyperactive.

Herman

Right. But they might be mentally rewriting the movie while they sit there, or planning their grocery list, or fighting the urge to get up and check their phone every thirty seconds. It is exhausting.

Corn

It sounds exhausting. I think one of the most important takeaways here is the need for more nuance in how we talk about this. It is not just one thing. It is a spectrum of experiences that can look very different from one person to the next.

Herman

Totally. And the diagnostic process needs to reflect that. We need more clinicians who are trained to look past the stereotypes and see the executive dysfunction underneath. Whether you go to a neurologist for the brain maps or a psychiatrist for the clinical history, the goal is the same: understanding the unique way your brain processes the world.

Corn

Well, I think we have covered a lot of ground today. We have looked at the subtypes, the neurological versus psychiatric approaches, and why so many adults are only now finding their way to a diagnosis. It is a lot to take in, but I hope it helps clear up some of those misconceptions Daniel was asking about.

Herman

I hope so too. It is a topic that deserves a lot more than just the twenty-minute-long-segment treatment, but hopefully, this gives people a good starting point for their own research. And if you are one of those people with fifty tabs open right now, maybe this is one you can actually close after you are done listening.

Corn

Or maybe just one more tab for the road. Before we wrap up, I want to say a huge thank you to Daniel for sending in this prompt. It is such an important conversation, and it is something that affects so many people in our community.

Herman

Definitely. And hey, if you are listening and you found this episode helpful, or if you have your own experiences with late diagnosis that you want to share, we would love to hear from you. You can find us at myweirdprompts.com where there is a contact form, and of course, we are on Spotify and all the usual places.

Corn

And if you have a second to leave us a review on your podcast app, it really does make a huge difference in helping other people find the show. We are a small operation here in Jerusalem, and every bit of support counts.

Herman

It really does. We love doing this, and we love diving into these deep dives with all of you.

Corn

Alright, that is episode three hundred fifty-nine in the books. Thanks for joining us on My Weird Prompts. I am Corn.

Herman

And I am Herman Poppleberry. We will see you next time.

Corn

Stay curious, everyone.

Herman

And keep those tabs open—within reason.

Corn

Goodbye!

Herman

Bye!

Corn

You know, Herman, I was thinking about what you said regarding the theta to beta wave ratio. Is that something that can be changed without medication? Like, can neurofeedback actually rewire that?

Herman

That is a great question, Corn. Neurofeedback is actually a growing field for ADHD treatment. The idea is that by using real-time displays of brain activity, you can train yourself to increase those beta waves and decrease the theta waves. It is almost like physical therapy for the brain.

Corn

Does it work?

Herman

The research is mixed. Some studies show it is as effective as medication for some people, while others suggest the effects are temporary. It is definitely more labor-intensive than taking a pill, but for people who can't tolerate stimulants, it is a really promising alternative.

Corn

It is amazing how much we are still learning about the brain's plasticity. We used to think these things were set in stone once you hit twenty-five, but it turns out we are a lot more adaptable than we thought.

Herman

We really are. And that is the most hopeful part of a late diagnosis. It is never too late to learn how your brain works and to start building a life that actually supports it.

Corn

Well said. Alright, let's actually go get some lunch now before your brain starts demanding a dopamine hit from a bag of chips.

Herman

Too late, I am already thinking about falafel.

Corn

Of course you are. Let's go.

Herman

Jerusalem falafel is the ultimate dopamine trigger.

Corn

I can't argue with that. See you guys later.

Herman

Take care!