General Article

ADHD is Sometimes Missed in Academically and Professionally Successful Adults



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Some adults with attention-deficit/hyperactivity disorder (ADHD) may go unrecognized because their strong academic, professional, and personal achievements can overshadow symptoms and functional challenges. For these individuals, inattention and/or hyperactivity symptoms were present in childhood, but they may have been overlooked throughout their lives because their accomplishments create the impression that they "have it all together," while masking the significant effort required to maintain that level of functioning. Others may see them as "high functioning." For some women, ADHD may go unrecognized until midlife, when the neuroendocrine effects of perimenopause worsen or reveal longstanding symptoms (Wynchank & Kooij, 2026; Wasserstein et al., 2023). Although some randomized trials lack a consensus on any observational data for this population, this may help explain why ADHD in women is sometimes not formally diagnosed until much later in life.

The Diagnostic Criteria and Impairment

To understand what "high functioning" can look like, consider that the term is not a diagnostic descriptor in the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* (DSM-5). In this article, it is solely descriptive and refers to adult individuals with ADHD who are professionally or academically successful and maintain the outward appearance of high-level functioning within academia, employment, relationships, and other responsibilities, despite experiencing significant executive dysfunction or requiring substantial mental effort to compensate for those symptoms. These individuals may meet high-demand external responsibilities while relying on learned, highly developed compensatory mechanisms to manage difficulties with attention, task initiation and organization, time management, and other areas of executive functioning. They raise families, have degrees (often advanced degrees), own businesses, have successful careers, lead, and appear to maintain a sense of organization and dependability. Behind the scenes, however, they are expending considerable mental energy keeping up with the demands of life, reducing the quality of their functioning in social, academic, and work settings.

This distinction matters because outward functioning does not necessarily mean there is no clinically relevant impairment. To see why, the DSM (2013) defines ADHD as “a persistent pattern of inattention and/or hyperactivity that interferes with functioning or development,” characterized by at least five inattentive symptoms and/or five hyperactive symptoms in adults, present for at least 6 months and starting before age twelve. Symptoms must also be present in two or more settings (i.e., work, home, school, within relationships, or other activities), cannot occur exclusively during schizophrenia or another psychotic disorder or substance use, and cannot be “better explained by another mental disorder.” The DSM further classifies the presentation as combined (both inattentive and hyperactive), predominantly inattentive, or predominantly hyperactive, with mild, moderate, and severe severity levels. These individuals do not exhibit new-onset symptoms. DSM criteria specify that symptoms are neurodevelopmental, present during childhood, and impact functioning across multiple settings. Life stressors or midlife hormonal changes, therefore, do not establish a new diagnosis. An adult diagnosis identifies the disorder's presence before adulthood and does not create the appearance of a new-onset diagnosis. Table 1 provides examples of how this contrast between outward functioning and underlying impairment presents across multiple settings.

Table 1. The Lived Experience. What “high functioning” may look like in adults with ADHD.

Childhood	Earned good grades, met developmental expectations, or had few behavioral or academic concerns	Daydreaming, forgetfulness, losing belongings, difficulty following multi step instructions, excessive talking or hyperactivity, frequent fidgeting, difficulty completing chores or homework without reminders, or reliance on parents or teachers for structure and organization
Setting	Outward appearance of functioning	Potential underlying impairment
Academic	Earns good grades or advanced degrees	Procrastination, difficulty initiating tasks, excessive time or effort required to complete work, difficulty sustaining focus, frequent fidgeting or tapping
Occupational	Maintains employment, advances professionally, or holds leadership roles	Difficulty prioritizing, missed details, compensatory overworking, difficulty staying seated in meetings or at times when staying seated is expected
Home	Maintains a household and manages family responsibilities	Forgotten tasks, unfinished projects or tasks, disorganization, difficulty maintaining routines, reliance on extensive organizational systems, extreme restlessness, difficulty relaxing
Relationships/ Social Situations	Maintains friendships, family relationships, or intimate partnerships	Forgetfulness, inattentiveness during conversations, difficulty with persistence, excessive talkativeness, high activity levels that overwhelm others, making important decisions without thinking about consequences
Personal Functioning	Appears organized, dependable, and capable	Mental exhaustion, persistent compensatory effort, masking of difficulties, poor self-care, overcommitment in several areas of interest, substantial effort required to maintain expectations

From my own lived experience, I remember when my supervising physician asked, “Why are you so on top of things some days, but other days, not so much?” That question stung, but it helped me notice a pattern I had not fully seen before. I had built an adaptation system around school, work, and home life that depended on structure. I

had earned a master's degree and was working on a doctorate while raising four children and working full-time at a hospital on a 40-hour Monday-to-Friday schedule. From Monday through Wednesday, I showed up as my best self at work, managed household responsibilities with my children, and spent several hours working on my dissertation at night. I kept a strict schedule and used calendars, Post-it notes, alarms, and other reminders to stay organized. By Thursday, after several days of overcompensating, it would start to unravel. I often missed dissertation deadlines and had a few utilities nearly shut off because I forgot to pay them. I did not suddenly become less capable. I was overwhelmed and fatigued from the effort of keeping it all together. What looked like "high-functioning" from the outside did not capture the effort and structure it took to maintain it.

This experience reflects the story of many academically and professionally successful adults with ADHD. They become very good at developing high-level systems that compensate for deficits in executive function. They use calendars, long lists, alarms, and reminders; keep strict daily routines; overprepare; and work longer hours to finish work and other activities. As responsibilities and schedules grow more complex, these compensatory mechanisms can lead to fatigue, feeling overwhelmed, social withdrawal, and self-doubt. Some days they function at their maximum capacity and efficiency, while other days they struggle to maintain order and consistency. Additionally, the ongoing stress of keeping up with everyday demands may contribute to physical and mental health conditions.

When Coping Becomes Costly?

In a small descriptive case study of five professionally successful adults with ADHD, Palimini (2008) described the effortful and time-consuming strategies the subjects used to compensate for inattention, disorganization, procrastination, and forgetfulness. Because this series addressed so few cases, findings are illustrative rather than generalizable. However, Palimini's observations suggest that a deeper consideration of the full clinical picture is warranted.

In practice, these compensatory strategies may allow adults with ADHD to maintain outward functioning despite persistent executive dysfunction. When demands arise, individuals may rely on learned behaviors that keep them active and support short-term performance but require considerable cognitive effort over time. They may selectively use organization tactics, use deadline pressure or last-minute "pushes" to sustain attention or engagement, rely heavily on the use of alarms, notes, calendars, and other reminders to avoid missing details, appointments, and obligations; all to circumvent the executive dysfunctions that they are internally struggling with.

Another way this effort may be seen is through social camouflaging. Mylett et al. (2026) reported that some adults with ADHD engage in "social camouflaging", a term previously studied more extensively in individuals with autism spectrum disorder. Social camouflaging refers to adaptive strategies that allow neurodivergent individuals to navigate and cope with social norms or traits that are negatively viewed in a particular social environment. These strategies may include masking, in which an individual

conceals or suppresses observable behaviors, as well as other efforts to manage how others perceive difficulties. For example, an individual may consciously maintain eye contact, suppress body movements, rehearse conversations, or intentionally display signs of attentiveness despite difficulty sustaining attention during an interaction. Mylett et al. studied 202 respondents and reported associations between social camouflaging and exhaustion, anxiety, depression, and identity disturbance. These findings support a careful discussion of individuals' lived experience, considering the effort of outward functioning, rather than relying solely on observable performance.

Comorbid anxiety and depression may also complicate the identification of ADHD in adults. Fu et al. (2025) reported that anxiety disorder estimates ranged from approximately 25% to 50% and depressive disorder estimates from 18.6% to 53.3% among adults with ADHD. When anxiety and depressive symptoms are more immediately apparent, they become the primary focus of the clinical picture, potentially obscuring underlying ADHD symptoms. Taken together, this further reinforces the importance of evaluating the developmental onset and the impairment across settings rather than attributing symptoms solely to co-occurring anxiety or mood disorders.

A Fresh Perspective for Healthcare Clinicians

Healthcare clinicians should consider the individual's lived experience. Rather than looking solely at the external symptomatology of ADHD, providers should consider the internal experience of the patient. A person's ability to meet life's challenges does not necessarily reflect the internal struggle. Constant social masking and overcompensating for executive function impairment may not clearly articulate the difficulties that the patient is experiencing. In practice, the most important reflection for a clinician should not be whether the individual "looks like they have ADHD," but what it has taken for the individual to function at this level; recognizing that ADHD may look different beneath a list of high-achieving accomplishments is the first step in helping the patient achieve optimal functioning.

Clinicians should assess developmental history, symptom persistence across settings, functional consequences, compensatory efforts, and any available collateral information. Screening measures, such as the **Adult ADHD Self-Report Scale** version 1.1 (ASRS v1.1), may support diagnosis but should not replace a full diagnostic evaluation. Providers can ask pointed questions to understand better the level of dysfunction affecting day-to-day activities. One question to consider is, "*Are there any areas of your life where you struggle despite doing well?*" This shifts the assessment beyond observable behaviors and symptoms and helps assess compensatory strategies and the effort required to maintain them.

Assessment should focus on developmental history, the effort behind academic or occupational performance, task organization, attention and hyperactivity, ability to meet deadlines, task initiation, use of organizational tools or compensatory strategies, relationships, and areas of emotional impact. Table 2 lists pertinent questions to help guide the conversation. Although not exhaustive, these questions are intended to help

clinicians guide the conversation in a way that helps understand how ADHD symptoms affect the patient's life from a phenomenological perspective.

Table 2. Pertinent Assessment Questions for Adults with Suspected ADHD.

Developmental history	"Thinking back to childhood, were you frequently forgetful, distracted, disorganized, procrastinating, or dependent on others to keep you on track?"
Academic or occupational performance	"Do you find yourself working longer hours or harder than others to complete the same tasks?" "Do you know what you need to do but have difficulty getting yourself to start or follow through with things that you have started?"
Organization/ Compensatory Strategies	"What systems, routines, reminders/calendars, or tools do you rely on to stay organized?" "What happens when your usual routines or organizational systems are disrupted?" "What strategies have you developed to prevent yourself from forgetting appointments, deadlines, or responsibilities?"
Deadlines and task initiation	"Do you tend to delay getting started on tasks until the pressure of a deadline makes them feel urgent?" "Are you frequently behind on deadlines?" "Do you frequently underestimate how long tasks will take or find yourself rushing despite planning ahead?"
Attention/Hyperactivity	"Do you have difficulty sustaining attention when a task is routine or repetitive?" "How would you describe your attention when in meetings or tasks that require you to stay seated for long periods of time?"
Relationships	"After meeting your daily work/school responsibilities, do you have enough energy and attention left for home, relationships, or yourself?" "Do difficulties with attention, forgetfulness, organization, or follow through create tension or misunderstandings in your relationships?

Emotional impact/ Recovery	“Are there areas of your life where you struggle even though you are successful at work or school?” “ “How do the demands of staying organized and productive affect your stress level, confidence, or emotional well being?”

Conflict of Interest Statement: The author reports no conflicts of interest relevant to this article.

Funding: No funding was received for this work.

AI Use Disclosure: Grammarly AI technology was used to edit this human-authored content.

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