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The Menopause Society™
Leading the Conversation

ADHD Medications Offer Promise in Managing Menopausal Brain Fog

New review provides preliminary evidence that both stimulant (LDX) and non-stimulant (ATX) medications used to treat Attention-Deficit Hyperactivity Disorder (ADHD) can significantly improve self-reported executive function during the menopause transition

CLEVELAND, Ohio (October 20, 2026)—An estimated 44% to 60% of perimenopausal women report cognitive changes like forgetfulness and trouble concentrating—also known as brain fog. Despite the effect of these symptoms on quality of life and productivity, there is currently no FDA-approved pharmacological intervention. A new review suggests that ADHD medications may help. Study results will be presented at the 2026 Annual Meeting of The Menopause Society in San Diego October 20-24, 2026.

The menopause transition is characterized by a significant decline and fluctuation in estrogen which mediates catecholaminergic signaling within the prefrontal cortex. This neurobiological shift results in brain fog, involving quantifiable deficits in working memory, attentional control, and processing speed that mirror the core symptom domains of ADHD.

Researchers undertook a scoping review to better understand the utility of ADHD medications as a novel, targeted therapy to improve executive dysfunction experienced during the perimenopause period. They specifically looked at original research studies involving ADHD medications (lisdexamfetamine – LDX, and atomoxetine – ATX) and their effects on cognition and ADHD symptom severity. Inclusion criteria included biological women 45-60 years of age with a last menstrual period less than 10 years ago. Exclusion criteria included transgender women, disordered sleep, surgical menopause, primary ovarian insufficiency, premature or early menopause, and previous or current cancer diagnosis.

The researchers found preliminary evidence that both stimulant (LDX) and non-stimulant (ATX) medications significantly improve self-reported executive function. This was shown by a marked reduction in total Brown Attention Deficit Disorder Scale (BADDS) scores compared to placebo. Neuroimaging data from a subset of women taking LDX further supports these findings.

Despite these improvements in subjective “brain fog,” these medications had little to no significant impact on objective cognitive measures, such as tests of working memory and sustained attention. Furthermore, while cross-sectional data suggests a positive correlation between ADHD symptom severity and the intensity of menopause symptoms, findings regarding the impact of a formal ADHD diagnosis on somatic and psychological complaints remain inconsistent.

Based on these results, the researchers concluded that these ADHD medications may improve subjective executive function, but not cognition, by modulating catecholaminergic pathways that are often disrupted during the menopause transition. Moreover, cross-sectional evidence suggests that baseline ADHD symptom severity is associated with greater perimenopausal symptom burden.

These findings could open the door to a nonhormone therapeutic option for addressing perimenopausal executive dysfunction. However, larger studies are needed to confirm whether these medications are safe and effective for this use before they can be recommended as a treatment option.

“Many women at perimenopause notice changes in focus, memory, and organization that look a lot like ADHD, and the two can be hard to tell apart. Our review found early signs that ADHD medications may help women feel more on top of their daily lives. While it’s too early to recommend these medications, a quick screen for ADHD symptoms is a simple step that could help women get the right care,” says Jennifer Tat, lead author from the University of Tennessee Health Science Center in Memphis.

Details of the study will be discussed as part of the presentation entitled “Brain Fog or ADHD? Executive Dysfunction in Perimenopause: A Scoping Review of the Role of ADHD Medications.”

“For most women, brain fog at menopause is a temporary condition that does not lead to permanent cognitive changes or dementia. However, it can last long enough to disrupt work and daily routines and cause significant stress and anxiety. That’s why studies like this are important in helping to identify additional options for symptoms,” says Dr. Stephanie Faubion, medical director for The Menopause Society.

For more information about menopause and healthy aging, visit www.menopause.org.

The Menopause Society is dedicated to empowering healthcare professionals and providing them with the tools and resources to improve the health of women during the menopause transition and beyond. As the leading authority on menopause since 1989, the nonprofit, multidisciplinary organization serves as the independent, evidence-based resource for healthcare professionals, researchers, the media, and the public and leads the conversation about improving women’s health and healthcare experiences. To learn more, visit menopause.org.