

# Priyanka Patel: Medication myths & revamping the diagnostic ...

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## SUMMARY KEYWORDS

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## SPEAKERS

Priyanka Patel, Katy Weber

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Priyanka Patel 00:00

We need this medication to function. It helps us live. There's nothing wrong with having to take it everyday if we need it. I think that's the stigma as well which we need to fight back against. It's like, okay, you can take all this stuff for your physical health. But, you know, we just want to live healthily. There's nothing wrong with that.



Katy Weber 00:21

Hello, and welcome to the women and ADHD podcast. I'm your host, Katy Weber. I was diagnosed with ADHD at the age of 45. And it completely turned my world upside down. I've been looking back at so much of my life, school, jobs, my relationships, all of it with this new lens, and it has been nothing short of overwhelming. I quickly discovered I was not the only woman to have this experience. And now I interview other women who liked me discovered in adulthood they have ADHD and are finally feeling like they understand who they are and how to best lean into their strengths, both professionally and personally. Hello, and Happy New Year. Before we get started, I want to take this opportunity to thank you sincerely for tuning into this podcast wherever you are listening from and whether you are a brand new listener, or if you've been along for this ride for a while now. It has been my absolute honor to accompany you on this self exploration journey. Over the past few years. I've made it my mission to help neurodivergent women learn to love their brains and live a more fulfilling, gratifying life. In addition to bringing you this podcast each week, I've got some great things in store for you coming up in the weeks ahead. Not only do we have the women and ADHD book club coming up a virtual accountability and support group where we read and complete the workbook entries in a radical guide for women with ADHD by Sarah Solden and Michelle Frank, but I'm also pleased to announce that registration is now open for a new round of small group coaching. If you're looking for connection, support and friendship with other incredible women with ADHD, while also developing a greater understanding of who you are and how to best work with your brain head to women and [adhd.com/group coaching](https://adhd.com/group-coaching) to find out more and to register those groups are limited to six women each and they fill up pretty fast. So for the book club,

head to women and [adhd.com/book club](https://adhd.com/book-club) and for small group coaching, you can head to women in [adhd.com/group coaching](https://adhd.com/group-coaching) and of course you'll find those links in the show notes. Okay, here we are at episode 118 in which I interview Priyanka Patel. Priyanka is a mental health pharmacist based in Manchester she was diagnosed last year and now is working to raise awareness of ADHD among healthcare professionals and to help improve the assessment and diagnosis process in the UK. We talked all about her long and complicated road to an ADHD diagnosis after initially being diagnosed with depression. We also talk all about medication myths, the NHS drug holidays, the pros and cons of tick tock for the ADHD community and Priyanka is research project to help improve funding for women with ADHD. Enjoy. Thank you so much for joining me Priyanka. I'm super excited to hear your story you were diagnosed relatively recently, but I feel like it was as a long journey to get there as it was for many of us so so what do you walk me through your when you got your diagnosis and what was happening in your life at the time that really led you to kind of connect the dots and think you should look into ADHD?

P

Priyanka Patel 03:31

Right. So I think I'm gonna backtrack a little bit because whenever I try and tell the story, I say something like, oh, wait, just this happened a few months ago. Oh, wait, no, this happened last year. Let me start right from the beginning. I feel like my whole childhood teenage years, you know, I did have a lot of mental health difficulties and self esteem issues, problems. And it wasn't really something which I acknowledge. Because, you know, especially within my culture, as well, because I'm Indian, mental health isn't something which is really spoken about. And, you know, I had a lot of difficulties when I left uni. And then it was when I moved up to Manchester with my partner. And I feel when you become an adult, and you have the adult responsibilities of, you know, bills, and living and stupid things like having to put the bins out and, you know, there's something called council tax here, which I didn't even realize you have to pay. So, you know, there's all these little things that we just can't cope with and find it really stressful. So, I have a lot of things happen to me. Unfortunately, you know, we got robbed, I lost my granddad, I had a diagnosis of endometriosis. I then lost up to 50% on my hair with alopecia. I didn't have a patch about this big Yeah, it was. It was horrific. And that was all because of the stress because I wasn't coping well. So I reached out to my GP who diagnosed me with depression because of course, you know, as we all know, usually we go to our GPs with these sort of symptoms. And yeah, I had a diagnose except depression for I think it went for about a year. Medication wasn't really helping, there was a small benefit, but I still knew something was going on because just wasn't making sense. You know, I wasn't really depressed or sad anymore. I was just very frustrated and all over the place. So, you know, I was actually one of the people who saw a video on Tiktok. I am a massive advocate for tick tock. I know, there's a lot of controversy with it. But I do feel tick tock has, it is the reason as to why I have my diagnosis today and why things have just, you know, got done a 180 in a good way for me. So I saw a tick tock about the symptoms and women and I was just like, wow, this really resonates with me, this is really strange. And then I think what we all do, we just end up going on Google, you know, you know, looking for hours on end, and just, you know, diagnosing ourself and looking into the symptoms. And, you know, I work in mental health myself. So I knew the diagnostic criteria on what to look for. So, I was so sure I've been on the right track, and I brought it up to my my doctor who they were just like, No, don't have ADHD, you know, you don't really there's no way you do or let's try different antidepressant, they switched me. So no help. For another GP was met with the same. You know, they, they told me the same thing. I was going to therapy as well, I mentioned it during my therapy session, but it was kind of brushed over. And I felt a bit too stupid to mention it again. So, you know, I think all these

things that were happening, it was just really putting me down and I was like, Okay, maybe I'm just being dramatic. Maybe I really don't have ADHD, it's probably just me overthinking. But the more things were getting worse, I was like, No, I need to have an answer. Even if I don't have it, at least it can I need to know if it's ruled out or not. So I went into my GP, that's it all guns blazing. I was like, I am not leaving until you get me a referral done because I need answers, like, my life is spiraling out of control, you are switching me on so many medicines, and nothing is working. Like, you know, it's medical negligence, if you don't do this. So luckily, I managed to get a referral, we'll probably go into speaking about this about the waiting times. But you know, here in the UK, it's, it's horrific. The best way to put it, I think it's about two to three years at the moment just to get the initial questionnaire sent to you. But unfortunately, because my mental health was deteriorating significantly, you know, I had to leave my job, I had to move back home for a few months, my relationships with my friends, my partner, everything was breaking down. So you know, I was at risk of suicide as well. So they managed to speed up my, my diagnosis. And, you know, when I got diagnosed, it was, you know, I think all of us go through the stages of grief. You know, we feel like really angry, we feel a bit betrayed, we, I can't even remember the five stages of grief. But I do remember reading it and was like this really resonates with me. And then yeah, so I got diagnosed and was put on medication. And you know what my life has completely transformed. Since finding this out. And I feel every day, you know, when you have ADHD, you kind of learn more and more about it. And you're like, Oh, that makes sense. Oh, this makes sense. And everything just starts to piece together. And, you know, it's, it's really strange, because it's like, wow, I've been dealing with this my whole life, but I have no idea. And now everything seems to make sense. And I can finally get on the right path and you know, actually start to live a normal and I say that in quotes, you know, life. I just, I'm still waiting for ADHD coaching. I did have an initial session today. To kind of I think they just told me what the coaching was about. So I'm still going to be waiting for my next session. But I feel that will be the final piece of the puzzle. Yeah, you know,



Katy Weber 08:45

it's funny, I talk a lot on this podcast about you know, the the self diagnosis journey and a lot of the clinical eye rolling around tick tock and just social media in general and right all of this like, quote unquote, misinformation that's out there. And oh, people are diagnosing themselves based on a single tick tock video, but it's like, it just jump starts this profound journey of, of self diagnosis, right? And then only then do you then, you know, go to your GP or start to look for an official diagnosis, like nobody has ever been like, Oh, I saw one tick tock video about losing my keys and was like, oh, ADHD, yeah, sure. Why not? Like, you know, usually, there's so much at stake, that by the time you get to the doctor, where you're like, I really feel like this has explained literally everything, you know, and just like you said, the depression diagnoses, the anxiety diagnoses, never feeling like they were the right fit, and then suddenly having this intense reaction to ADHD. And then And then, you know, so many women going to their doctor and the doctor saying, Yeah, I don't think that's it.



Priyanka Patel 09:50

Oh, my God. I know. Yeah.



Katy Weber 09:53

So it really, I mean, it bothers me on two levels, because I'm like, first of all, tick tock, just by its very nature is all neuro divergence because we're like moths to a flame when it comes to that social media platform, right? I mean, it's the constant dopamine hits like I'm like, of course, it's all ADHD content, because everybody on there has ADHD.

P

Priyanka Patel 10:12

Right? As well, you know, because we don't have good attention span. So you know, with tick tock, I mean, now they've increased it to three minutes and I will not watch a video for you there. But the fact that there was no short videos on that I was like, okay, yeah, look, we like this next video. Next video. You know exactly what you said. Like, it makes complete sense why there's a lot of that ADHD content on Tik Tok?



Katy Weber 10:36

Yeah, well, and I saw a mental health professional recently talking about the platform of Tiktok. And how, you know, our brains are not meant to follow video after video where it's like something funny, something sad, something profound, something weird. There looks like our brains are not built to follow that. And I was like, my brain is 100% felt like, this is like the best thing that's ever happened. So that's why I'm like, I still feel like pretty much every, you know, obviously, not everybody. But I feel like, the reason why ADHD is talked about so much on a platform like tick tock feels self evident, because that's how we all end up on a platform like Tic tock. But yeah, I mean, I'm certainly very frustrated and annoyed by the gigantic eye roll that is coming from the medical community that not only the medical community, but the mental health clinician community of just like everybody thinks they have ADHD, which just feels so profoundly unhelpful, which is, you know, and I've heard you talk about this in the past, too, not only on your tick tock videos, but in other interviews of just like, you know, the reason it's not trendy, right, like this is the reason why so many people are seeking diagnosis right now is because we're finding this out for the first time about ourselves in this profound way. And it's so meaningful. And I liken it to something I heard on John Oliver recently, which I don't know if you follow that show. But he was talking about it, he was actually talking about non binary and the idea of like, oh, everybody's non binary nowadays, and the same kind of eyeroll to this trend. And, you know, he was using the example of left handedness and how when teachers stopped forcing children to become right handed in kindergarten. And in primary school, like once they stopped doing that the cases of left handedness skyrocketed, because people were allowed to be left handed. And he's like, it's the same thing with non binary. And I was like, and I like to extrapolate and say it's the same thing with ADHD, right?

P

Priyanka Patel 12:32

With everything. Don't we relate everything they did? Yeah.



Katy Weber 12:37

But still, it's just this idea of like, now that people understand what it's like, and, or what it even looks like, and how much it has affected them over the course of their life. Yes, of course,

people are making the connecting the dots and seeking a diagnosis. Anyway,

P

Priyanka Patel 12:52

yeah. I mean, that let's say, I'm sitting here, like, my face is getting hot, because I'm just like, so angry, like, you know, I want to go back to my GP and just like, kick down their doors. And just like, Look, I told you, like, you were wrong, you were wrong, you should have listened to me. And it's just the whole concept of this ignorance. Like, I do feel that there are some dps who do listen, you know, and do understand, but it's, like you said, I do not understand why they are so skeptical when it comes to tick tock because, you know, I'm a medical professional, I'm a pharmacist, I share content on tick tock in regards to ADHD, if someone went to a doctor's appointment based on my one of my videos, was the difference between, you know, having to speak to me in person, rather than seeing something on social media. And, you know, if someone has ADHD themselves, you know, they're sharing their own experiences, and you might relate. And we can get these ideas about diagnosis in our head from all sorts of things that we're not just social media. So why do they think social media is such a bad thing, and, you know, it's just, it's horrible to kind of, you know, mocking away the patients who are coming for help, especially when, you know, when we have ADHD, it takes a lot of guts to even go to your doctor about this kind of stuff. You know, we don't have great self esteem, and we don't have a lot of motivation to actually just even get to the doctor is a big thing for us. So, you know, even if they don't think we're right, just, you know, let us find out and as a health care professional, don't dismiss us Don't mock us, you know, you're meant to be there to help us and care for



Katy Weber 14:23

Yeah, I know, right? Curiosity, like what just have some curiosity and like you said, listen to the, to the patient's lived experiences. Another thing I think is so important to write is it's that is so much more important in terms of the next step than whatever you're learning on the DSM. And also, you know, I understand the concern from a clinic clinician point of view, which is like, Well, maybe it's not ADHD, get a professional opinion, look into it. Yes, all of those things. However, if it's not ADHD, what is it in that situation? Because if the default is well, it's just depressed Shouldn't or it's just anxiety? That it's like, no, we've been over there. Right? I heard a lecture recently by William Dodson, who's a, who's a psych psychologist and a psychiatrist in the US. And he was just talking about how, like, of all the 1000s of patients he's seen with ADHD, their precursor, and almost everyone was out combined diagnosis of depression and anxiety, to the point where he could actually predict that if that combination of of diagnosis, you know, it's almost guaranteed that you probably have ADHD, just from that alone, right? And like, oh, yeah, that makes a lot of sense. But anyway, so now you had mentioned Okay, two things you had mentioned, I want to go back to which was, you know, the your your GP initially saying you don't have ADHD that it was just depression? What do you think the GP was, you know, we talked a lot about that. The the depression diagnosis and doctor saying, like, well, you went to school, you did? Well, you're bright, like, all of these kind of stereotypes of what a person with ADHD isn't? Is that what you were experiencing?

P

Priyanka Patel 16:03

Yeah. So I think it was definitely a mix of that. Because I mean, if you just take a look at, look at

me, even based on paper, you know, I would say that I'm, you know, I'm successful. I have, you know, I'm, I'm a clinical pharmacist, you know, I own a house, I have a stable relationship, you know, my health is good. I'm a woman, you know, you look at all these things, and I do not fit the typical stereotype of someone who has ADHD. So I feel when it was something that was brought up, even my friends and family were skeptical, because this also goes back to the stereotype of what people think ADHD is, even the word ADHD just sounds childish. You know, I don't think it's a great way to describe this condition, as well, I do think they need to review it, because we don't have a deficit of attention. We just can't regulate it in the right way. So yeah, I definitely think it was to do with that. And also, you know, just stigma as well, because I just don't think there is great awareness, even in the medical professional, where you would expect it to be for them to actually understand, you know, how these symptoms show, particularly in women, you know, it's very difficult for women, I'm, you know, I've done a lot of research into this. And, you know, there's so much which, you know, we have to deal with in terms of the fact that we show different symptoms, where we're more likely to show the inattentive symptoms, and because we want to try and fit into societal standards, we mask off symptoms, you know, so people don't even see it, if we'd have these symptoms, you know, and there's so many things which are, which affect us in terms of like, you know, hormonal changes, and, you know, just the expectations of being a woman. And I think all of this combined together just make it so difficult for us to get the acknowledgement, get the diagnosis. But I feel like because my symptoms appear to be depressive symptoms, you know, there's a lot of overlap between depression, anxiety, ADHD, and GPS, they are skill more skilled to diagnose depression and anxiety. They're not specialist with ADHD. So it's not something they usually would even think about. So you know, if you see a woman who's, you know, lacking motivation to get to work, he's tired all the time. You know, who seems a bit forgetful, who seems really tired, you know, you're gonna think, Oh, she probably has depression, you're never gonna think, Oh, she might have ADHD, because it's not within their speciality. But this is where the issue is like, Okay, if it's not in your speciality, why are you not potentially just considering it, like, having an awareness of what the symptoms are and getting a referral done? That leaves you know, so yeah, that's my take on it when it comes to GPS and an ADHD, particularly with women.



Katy Weber 18:36

Right. And I also feel like for my own personal experience, because I was diagnosed with depression and anxiety starting in university, and then just on for years and years. But you know, I've always felt like, you know, get curious about what is causing the depression and anxiety too, because I think also, there's a tendency to look at depression in a vacuum that it's like, well, you just have depression, like you caught the flu. And you know, that there isn't a really, there isn't much curiosity into what's causing it. And I think one of the things I hear in my experience, one of the things I hear with a lot of the women I talked to, who were also diagnosed with depression, is that feeling of being broken, is that feeling of being a disappointment, right, is that feeling of confusion, which is like I feel like I am an intelligent person, but I can't, you know, do well on tests, right? Or like all of these ways in which we had that right that feeling like everybody got the manual but me and that I'm just kind of doing life wrong. Like there's a very specific type of sadness or confusion that leads to the depression and I've often talked about this, like as a as a wife as a mother. Like, I felt like I was disappointing everybody in my life. Oh, my God. I know. That's right. And I think that was the first time I really understood that about depression. Or, or or why so many of us were so depressed with ADHD is that feeling of like being out of control, feeling like my actions weren't really lining aligning with my intentions, right? And so all of that, then, of course, is going to

lead to depression, right? You're like, I feel like a ship pretty human. So Right. And but at the same time, like, it's those seems like such obvious precursors to me when it comes to like the ADHD experience and the anxiety and the depression, whereas, you know, talking to a doctor, I just was like, I'm sad, and they're like, here's your medication. And that was it.

P

Priyanka Patel 20:27

Yeah, exactly. I think that there's two aspects when it comes to anxiety and depression. So you've either got the misdiagnosis, which is what I was talking about, because you know, the overlap of symptoms. And then you've got the comorbidity, which basically is a, you know, I think people with ADHD do have diagnosed depression, but that stems from the Undiagnosed ADHD, but then, you know, when we go to our GP, because these are the issues will go to it, they'll then just prescribe, they'll then diagnosis just with the depression without realizing we're depressed, because we have ADHD that's not controlled. Like, you know, this is where the where the issue lies, and why there's so much confusion, I think,



Katy Weber 21:07

right. And they'll diagnose what they're comfortable with what they have training in, which is depression and anxiety. Nobody has the training with ADHD, so they don't want to touch it with a 10 foot pole. I'd like to take a moment to think better help for sponsoring this podcast. If you're a regular listener of this podcast, you know, I am a big proponent of therapy therapy provides me the best opportunity for verbal processing something that is so important for my kind of brain and my sense of self. What I love about BetterHelp is that it's not a crisis line. It's not self help. It is professional therapy that's done securely online from the comfort of your home. They assess your needs and match you with your own licensed professional therapist, and it's available for clients worldwide. So you get access to a broad range of expertise that might not be available to you locally. It also tends to be more affordable than traditional offline therapy and financial aid is available. If you visit their website and read their testimonials. There are actually quite a few reviews that specifically reference help with ADHD as a special offer for listeners of the women and ADHD podcasts. You'll get 10% off your first month, simply sign up at [betterhelp.com/women ADHD](https://betterhelp.com/women-ADHD). That's BetterHelp [help.com/women ADHD](https://betterhelp.com/women-ADHD), and there's a link in the show notes. This podcast is sponsored by BetterHelp. Now the other thing is the you had met talks about the grief right? And it was funny because I actually after I was diagnosed, I wrote like a seven stages of an ADHD diagnosis very similar to the the stages of grief, because I felt like there was that first there's the denial of like, oh, I don't know what you're talking about. I can't have ADHD, ADHD is for boys. And then the like, have these tick tock videos are feeling really relatable. So there's the curiosity. And then there's the elation, like, Oh, my God, the more I learn, the more this explains everything and this feeling of like, Oh my I'm not stupid. I'm not lazy, like all of these things that these beliefs you had about yourself just feeling so much hope. But then the next stage is the grief. Right? Which was the, you had mentioned that like this, the more I think about it, the more I realize, Wow, I was really struggling. And the signs were there all along. But nobody saw them. Or if they saw them, they didn't know how to help or or didn't want to help. Right. And so I know you had talked about that. Well, I guess my question is, when you look back at your childhood, were the signs there all along? What were some of the signs that you see where you're like, oh, clearly, the signs

were there all along. And then also, you had I think mentioned in one of your interviews that you had, when you went back and were talking to your parents about it, your mom had suspected it when you were a kid, but it really didn't kind of want to go there.

P

Priyanka Patel 23:48

Yeah, I mean, I am still so shocked about it's not something that my parents considered because I want to tell you a really funny story, which, if anyone heard this story about a child, I don't understand why they would not think this child needed to be assessed, assess story. So my mom was pregnant with my sister at the time. I was about two years old. She wasn't feeling very well. So you know, she said to a two year old me, I'm gonna take a nap. I've left you food on the kitchen table of put your TV show on, you know, just sit here. I'll be down and you know, in half an hour. And she told me that when she came down, my food had been thrown all over the floor. The bowl had been broken. For some reason. I don't know why the chairs were on the floor as well. I've thrown my toys all over the room. The video cassette was out. I don't even know how I did that. As a two year old, and I was running around naked. I take my nappy off and I just thrown it. And I was like, Mom, was this my childhood every day? And she said yes. And I was like, first of all, how did you just not throw me in a bin? Because how do you deal with a child like that? Second of all, why did you not think that there was something going on? Like this is just not, you know, in my opinion, I don't know. think that's normal child's behavior. I mean, I could be wrong, because I'm not I'm not a mother. So I had no idea. But, you know, she said that it was down to a few things. First of all, you know, I was their firstborn child. So they don't, I didn't know what a normal, you know, or neurotypical child would be like, so they just thought, okay, all children are a bit crazy. So, you know, this is probably just what a normal two year old is like. But then also, she just, you know, she did not want me on medication. And this is another thing, which I've spoken about, as well, as you know, about the stigma of medicating children. You know, which I completely get, you know, as a mother, these, you know, these drugs that control drugs, you know, they have a lot of regulations, they've got a lot of monitoring, you know, serious side effects, I do completely get it. But if your child is this struggling this much, you know, to the point that, you know, it's just, you know, they're gonna grow up to really struggle with, especially in adulthood, because ADHD doesn't go away, you don't grow out of it, you know, why would you not want to do something to help the child. And then you've also got the cultural stigma, which I've, you know, a Connie, remember, I mentioned, at the start of this, I feel like I might have said it, but I can't remember. But yeah, so I don't think my parents wanted the label of a child with ADHD, because, you know, then the parents get blamed. And particularly with our culture, you know, it's like, you need to discipline your child, you want to smack her around, you know, get the rolling pin, beat her, you know, just beat some sense into her discipline her, that's the kind of attitude that, you know, within our culture. So, you know, if my parents then went and, you know, told family members, oh, yeah, she's been diagnosed with ADHD, they're like, oh, it's your fault. You know, discipline, how you don't you feed her too much sugar, you know, you let her watch too much TV. So I feel like a lot of these things, all combined with the reason why I was was never assessed. And because, you know, I'm, you know, I wouldn't have expected my parents to even be aware of the symptoms and adulthood of women. You know, if they have been aware of what would happen, as I grew up, they might have been able to help me whilst I was, you know, going through puberty or get out, you know, at uni, but unfortunately, none of that happened. And, you know, this then relates back to the grief. Because, you know, I feel like, once you get diagnosed that you slowly, like you said, look back at everything, and it's just, you know, you just feel so betrayed, because it's like, why, why was I not given how, why was I struggling this much, it was so, so unfair, and so unnecessary. When I could have had a happier childhood, I



could have had an easier time at uni. You know, a lot of things which have happened to me in my life have been actually due to my undiagnosed ADHD, it's all connecting. So you know, it is really frustrating. And I'm, I'm trying to get over that anger. Because I always say that anger harms you more than anyone. I feel. Because when you have ADHD, you can't stand injustice. You know, we are very, I don't even know what the word is. But we like to fight for what's right. And when something isn't right, we get really riled up, we get really angry. So I think this anger is something which is quite difficult to let go off, but I'm slowly getting there. Well, yeah,



**Katy Weber 28:09**

those are the next phases. So after grief is the resentment of like, you're talking about that idea of like, how did nobody see this? The light, you know, thinking about the life, I could have lived a lot of that. And then the next the sixth stage is understanding. So it's like, Okay, I did the best I could. Now I realize like, I actually am not smart. You know, I'm actually quite intelligent. I'm a very hard worker, I starting to see all of the positives about my ADHD brain, some of the things that were amazing. And then the final phase is advocacy, right? Like you're saying, like, I am riled up and this needs to change and I am going to change the system, which I feel like you were very quick like, I've like you've got you check all those boxes, because as soon as, right as soon as you're diagnosed, you're just like, alright, this is ridiculous. We're gonna I'm gonna fight the system.



**Priyanka Patel 28:59**

Today, like all guns blazing, like, you know, that was a really good cartoon character, which I was going to mention, but it's, you know what, it's gonna come to me when I'm doing something stupid, like washing up a plate or something. But you know what? Yeah, I wanted to say something. Now, let's carry on. It might come to me, it might not.



**Katy Weber 29:22**

But okay, well, let's talk about the advocacy part that because, you know, yeah, I've had a lot of UK guests. So we have talked a lot about the NHS, the wait times, but you were also mentioning that so a GP does not ever diagnose, right. A GP refers to then who diagnosis in the UK who, who will diagnose you in the UK, there's clinics?



**Priyanka Patel 29:43**

Yeah, so we have the primary care in the UK, which is basically where a patient will initially go through. So that will be you know, community pharmacies. You know, the doctors, the GPs, and then you have secondary care. And this is where it's split up into specialist services and You think so physical health, mental health, anything. So you will go to your GP with a problem, if it's something that they can help with, they can solve, they'll, they'll obviously do it. But if it's something that's a bit more specialist, and the GP done everything they can, they will then refer you on. So this is what happens when you get an ADHD diagnosis in the UK. So a GP won't give you a diagnosis, they will just refer you. So I don't think many people in the UK are actually aware of a pathway called the right to choose, I don't know if it's something which is in the US

or Canada, but so basically, you know, repay ni tax, which is a tax refund the NHS system. So, you know, this isn't all free, I really wish it was, but unfortunately, it's not. So we do pay, you know, for all of this within our tax, and we actually have the right to choose where we want to be referred to where we want to be treated. But because many GPs, many patients aren't aware of this, you know, all the GPs just refer to the one place that they know, the one place that's under the NHS within that area, they'll send all the patients there. But there are certain private companies who have commissioning from the NHS. So the NHS do, they pay them, they fund them to say, Okay, we'll give you a certain amount of funding to see NHS patients and GPs aren't aware that they can actually send patients and refer them to some of these private clinics to actually help with the NHS. And then doing it that way, you won't have a long wait time, as much as if you were under the, you know, the typical NHS services. But now it's come to the point that even those services are getting overwhelmed. And there is one service psychiatry UK who morally I respect those so much. They say that they don't think it's right for someone who has paid to get seen faster than someone who hasn't paid. Because at the end of the day, what was suffering, you know, so they say that the wait time is going to be the same regardless of if you're being transferred by the NHS or if you're going to be a paying client. So some of the private services through right to choose are just not accepting referrals anymore, because they just don't have the capacity. So this is the current situation within the NHS right now. It is a hot mess. And it really is really saddening because, you know, I've been in that position where you're in limbo, and you're waiting for an assessment. And these ADHD clinics, I'm sorry, some of them are so useless. Like, they will not tell you, when they're going to send you the questionnaire, they'll just say, Oh, it's coming, it's coming. And then when they send you the questionnaires, we're like, okay, you've got two weeks, fill them out in two weeks. If you don't get nothing back to us, within two weeks, you're off to the off the list. And I'm just like, how could you give a more on unfriendly ADHD approach to someone with ADHD, you know, like, these questionnaires are rolling, I had to sit down with my parents, you know, with my partner, because I could not do them by myself. And that's, you know, with body doubling, that's something which really works for me, I physically need to have someone there. So, you know, I do not think that these ADHD clinics are sometimes ADHD friendly, which is just weird. It works against us. So yeah, that's how that's how we get a diagnosis. And, you know, I think a lot of people are unfortunately having to go down the private route now. But some of the companies that don't take right to choose, and it can be really costly. It can be up to about 2000 pounds, to include the diagnosis, the titration medication, follow up all of that. It's just, yeah, it's just the it's very unfair. I think for us, we just don't, I don't know why the NHS don't put enough funding in ADHD services. But yeah, this is something which, you know, I really want to work on. And I really want to change because, you know, it's just morally it's not right.



Katy Weber 33:43

Yeah. And so what have you been launching? You've been doing a research campaign or what?



Priyanka Patel 33:49

Yeah, so. So my NHS Trusts, which I work for, they have a research department. So I've always wanted to do research. And then it was like, a light bulb moment when I was just like, I want to do it. And I was just like, ADHD aged women, oh, my God, I can do something, I can do something. So I, you know, I went off on a tangent and an email and you know, I was just like, Please listen to my idea. I think it is amazing. So they did hear me out. And you know, what I

did read receive some really positive feedback from them. But because I'm just getting into the research field, because I work in secondary care as well. I have to do work based in secondary care initially, and then I can do the issues with access which is where my passion lies, because I just don't feel women they have so many barriers when it comes to accessing the services in the first place. And it's due to a lot of things you know, from GPS, stigma to you know, the misdiagnosed symptoms, marking to decide yet Hey, application, so many things. So from my end, I'm going to try and work on secondary services initially. So this relates to the ADC services itself, which is still going would be really beneficial. So, you know, long waiting times for follow up, you know, issues with prescribing, these are the kinds of things which I'm going to hopefully be working on. But it is a very gonna be a very long process where impatient people, so it wasn't nice to hear that I was just like, I want to do it now just give me the money, just let me tell people about all of this. But no, you have to get approved funding, you have to do all the ethics, like you have to get all the people on board, like there was a lot lot to take in like that meeting was, you know, I needed to just step outside for air after that, because there was just so much information being bombarded at me. So I'm in the process of currently applying for a research internship. And I'm going to try and make this sound not too complicated, because I don't want to bore you all the people who are listening. So basically, I'm going to be using this internship to do a scoping review, which basically kind of summarizes and pulls together all the research and evidence about ADHD services in the UK. So I will be seeing what the issues are right now, what has been found what had been done, and then this will help, hopefully, then lead me to find out, okay, what are the specific problems within our NHS ADHD services, what can be done, and then that will lead me I'm going to apply to a pre doctoral fellowship, to then do a qualitative study in which I do surveys, questionnaires, send them out to the appropriate people at the GP ADHD clinics, late diagnosed, ADHD women to kind of see, you know, what their views are on this, what their opinions are on this. And then my plan is to do a PhD, do a whole project, do an intervention, you know, for example, implementing the mandatory training for GP surgeries in, you know, in a small area, and you know, trialing it seeing how it goes, I think how it goes, comparing their knowledge before and after the training, and then seeing how many patients do they end up referring? How many of them do they roll out ADHD potentially before? You know, there's so many things which which can be done. And at the moment, within my trust, one of the ADHD services is unfortunately, under review, at the moment, they're not accepting new referral, which has caused a lot of chaos. So, you know, when this happened, I was he was I swear, every time I hit Add at work, I'm just like, yeah, so we're gonna do is I had, I was like, right, okay, I've got something to say about this. So I'll telling them about the right to choose. And then I contacted my chief of pharmacists lead to see what's being done. Because, you know, the plan is to potentially implement some new HVAC services within our trust. And if that's going to happen, I am going to be the person to help set that up, like, I am not taking no for an answer, you're gonna listen to me and you're gonna do things, right. You know, we're going to make sure that if an ADC clinic is set up within our trust, I will make sure that it is done properly. And, you know, I want to try and utilize more practitioners as well, because, you know, the waiting times are ridiculous, and it's because there's not enough prescribers. You know, the US nurses and the psychiatrist, is it? Is it similar in the US?



Katy Weber 38:02

Yeah, I mean, there's the, you know, you we also have telehealth, too, which I'm not sure how that's happening in the UK. But that's just been an exploding industry to have. But it's mostly psychologists and psychiatrists who are who are doing the bulk of the diagnosing.

P

Priyanka Patel 38:19

Right, okay. So I want to try and figure out a way to utilize more healthcare professional, typically, people like myself, like, I'm a pharmacist, I'm an expert in medication, why are you not training us up to help with diagnosing helping us with prescribing, you know, like, we are there to help doctors and consultants understand how the drugs work in the body, to why they're not utilizing us with helping with titration, you know, it just doesn't make sense. And, you know, that's my plan. Next day, I'm going to be starting my prescribing course, fingers crossed, you know, I'm going to hopefully get some funding within my trust and then become a prescriber, and then hopefully, you know, then become a titration prescriber for an ADHD clinic, I have spoken to some, some companies who are open to the idea of having a pharmacist, prescriber, and, you know, I feel if I'm one of the rare ones to actually do this, it could meet opportunities to say, look, this work, honestly, they're going to be very good at helping with ADHD, they're trained up appropriately. So, you know, there's work to be done there. I mean, there's so much I feel like I have to sit down and write it all because in my head is like, what's that mean of Charlie Day, when he's got that board? And he's got, like, all the tools, you know,



39:33

I was just gonna say that.

P

Priyanka Patel 39:35

Yeah, that's literally me. Anytime I talk about you know, my, the work that I'm trying to do with ADHD says it because there's so much I want to do, there's so much that can be done and it's just, you know, trying to figure out the most accessible way and the most realistic way to get this done because I went in my head on going really unrealistically like, Okay, I'm gonna get this money. I'm gonna I'm gonna do this. I'm gonna do that. But yeah, and I'm also going to be involved. So I've asked that I work for the crisis teams within my NHS Trust. So we work with patients who unfortunately have, have tried to commit suicide, or in mental health crisis, and, you know, we work with getting them to the right places, if they need a hospital bed if they need long term community treatment. And, you know, I feel like as a pharmacist, there's a lot of training to be done in that team in terms of medicine. So, the ADHD advocate in me was like, oh, let's, let's add a bit of ADHD in there, let's, let's throw a little bit in there. So, oh, that's my line manager, like, you know, I'm going to be preparing all the training about the medicine. So I was like, I'm going to add ADHD and like, I'm just letting you know, I don't, you know, you might say, Yes, you might say no, but I really want to add it in because I think it's super important. So, you know, within my trust, within this particular cohort, I'm going to be educating people on you know, what to potentially look out for, if they're reviewing these patients, you know, if there's a patient in crisis, and they go go to their home, you know, when they're the antidepressants are working, you know, they're in financial crisis, you know, they might have taken a license off them from speeding, and this and that, you know, look out for these little things, and see if there's even a hint, and then refer just the father more refer them like, you know, so that's, that's what I'm gonna do. But you know, there's a lot I'm working on, I'm trying my best to not burn out. But I think like, you know, when you get so focused, and so determined on something, we literally put everything into it, like, my, my boyfriend is so sick of me, like, I swear every single day. I'm like, ADHD, ADHD, ADHD, and he just rolled his eyes

now, but I meant tonight, because he's like, I get it, I get it. You love it, you have it, and you see it live. But we're just so passionate about wanting you to make changes and do something. So yeah,



Katy Weber 41:46

my husband's in the same boat. I feel like we need a support group for the partners of people with ADHD, to listen to us talk about it.



Priyanka Patel 41:55

That is that is that is really good. I really do think that there's that could be, you know, oh my God, what's the word? You know, the words gone? I forgotten the word.



Katy Weber 42:06

No, I know, I had the same experience with becoming a therapist to write, which is like I had, so I've had so many women who really just desperately needs the right therapy, myself included. I mean, I feel like I was very lucky, my therapist was diagnosed with ADHD. And then she had me diagnosed because she saw the signs in me. And but I feel like so many women had the opposite experience, whether their therapists are treating them for depression and anxiety and not seeing not making those connections that are so important. And so I was like, you know, and I've kept and people kept asking me Do you know, do you know of any therapists who really understand the adult diagnosis experience in women who have, especially women who have been who have been previously diagnosed with these other comorbidities, and I was like, I can't I don't know of any, like, they just don't exist. So I was like, Alright, I'm gonna go to school, and I'm going to become a therapist. And so I'm like, getting certified. I'm back doing my Masters now. And I'm like, It's driving me crazy that this is going to take me at least three to six years.



Priyanka Patel 43:09

Now, just do it all now. Like, what does everything take time? Like? Why do we have to do properly and carefully and by the bugs like to do what we want?



Katy Weber 43:18

Right? I know, but But one thing that's been really I've been grateful for is, you know, when they first told me that I was gonna have to do 3000 hours of supervised work, I was like, Ah, are you kidding me? 3000 hours, like it was It was torture. But I also am really appreciative of the fact that I can bring this perspective, like you said, like into maybe substance abuse clinics, or, you know, some of the or like prison populations, or any of these populations that have a huge amount or have huge populations of undiagnosed ADHD, very likely, right? And like being able to bring that, like you said, bring that perspective, bring that awareness, being able to look for

those signs that might get overlooked. I think it's so important for any, you know, any field that we end up, having this knowledge is going to be so helpful. And yeah, being able to connect those dots, which I think ADHD brains are really good at

P

Priyanka Patel 44:08

prison and, you know, addiction, you know, those two things you've mentioned, it's, you know, it's, it's huge there, like, there have been studies done and research being done looking into prisons, because, you know, it makes sense when you're impulsive, and like, you know, you don't really think about what you're doing, and it's no more likely to commit offenses without even realizing like, you know, I've been caught speeding, you know, and I've got fines and everything for that. And, you know, that's something very minor. But you know, I haven't been in trouble with the law. Technically, I think everyone with ADHD has. So it's, you know, it's no wonder these things happen. And like, you know, especially if you're impulsive, and you do certain things, and in the heat of the moment, you just can't control that. Impulsion particularly when it's emotions as well, like, you know, I don't know, let's take a crime of passion or something. Someone with ADHD he's more likely to commit that than, you know, a neurotypical. And it just makes sense. And then people with ADHD more prone to addiction as well, because he'd be just need that constant hit of dopamine. And, you know, we just get that one little taster. And that's it. You know, unfortunately, it's a dark road for us. So I think it's very important what you're doing to bring awareness as well to those two aspects. You know, it's very, very important. What needs to be done there? For sure.



Katy Weber 45:24

Yeah, I know, I don't know where I'll end up. I, I'd love to, you know, initially when I first started, I was like, Well, I'm gonna have a private practice. And I'm gonna work with women who are exactly like me, and now I'm realizing I'm like, oh, no, there's so many options out there. Who knows where my ADHD brain will take me in the next few days.

P

Priyanka Patel 45:41

Right? Enjoy the ride, like, you know, that's, I'm exactly the same because, you know, I'm like, I have no idea. All this stuff is gonna take me it's like, oh, maybe I wanted to do this, maybe I wanted to do that. And it's like, there's so many things going on in your head, and you're just like, I don't know what's gonna be right to me. So, I've just got the mentality, okay, just take each day as it comes. Everything fall into place, the way that it's, it's meant to be and you will be doing something which, you know, you're good at, and you will enjoy it. That's what I take with life anyway, like, the things you enjoy, you're going to be really good at, with us with a sneer, you know, neurodivergent if we're good at something, we are really good at it. And we can excel with those things. Like that's what I think that's one of the biggest strengths of having ADHD is, you know, we can really be good at our hobbies and strengths. Like it's, it's insane what we're capable of.




Katy Weber 46:30

When I was diagnosed with ADHD, it completely turned my world upside down. I looked back at


When I was diagnosed with ADHD, it completely turned my world upside down. I looked back at so much of my life, my grades in school, my multiple careers and hobbies, my friendships, my marriage, motherhood, my relationship with food and my body, like all of this with a new lens. And it was overwhelming to say the least, if you've been diagnosed with ADHD, and you're feeling blown away by this new insight into your brain and how it operates, I totally understand I can help you begin to sort through this chaos, explore who you are and how your brain operates. So you can finally start to lean into your strengths and begin to use them to your advantage moving forward. Together, we can work to identify what obstacles you've been facing, and create strategies to help you start living a more fulfilling, gratifying life, head over to [women in adhd.com/coaching](https://www.adhd.com/coaching), to book a 30 minute initial consult with me. So we can figure out if my brand of one on one coaching is right for you. Again, that's [women and adhd.com/coaching](https://www.adhd.com/coaching). And you can find that link in the episode show notes. Now, I was curious, too, because I also want to feel like I want to ask you about medication too, given the fact that I'm like, I don't always get to sit down with a pharmacist. So you know, the, the medication stigma here is real. And I think also the it's expensive, like I was saying before we started recording, right? It's so crazy.

 Priyanka Patel 47:57


Yeah, well and not only recover from that, well, not

 Katy Weber 48:01

only that, but my insurance company will own won't have generics because they're not as rigorously I assume they won't deal with generics because they're not held to the same rigor. Is that true? Does that sound right?

 Priyanka Patel 48:15

I wouldn't say so. No, basically, when

 Katy Weber 48:18

there's a category, just in this category, not in all categories, but just in the category of stimulants.

 Priyanka Patel 48:24

I mean, my view is I wouldn't assume so because you know, what happens is when the branded product comes out, you know, they have the pattern for a certain amount of time. And then when that pattern is over, you can make generic calls of it. And this is this is all medication, you have generic forms of control drugs, from painkillers to stimulants. And I think those are the two really, which are in control scheduled to the same stimulants. And I don't think that they're, clinically isn't as much different. But the thing is with with a patented brand, particularly with something like Concerta, they have a very unique release profile, which is patented to that

brand. And that's where I think sometimes the confusion can come with generic products as well. So it I guess it does depend on the type of medication you're on the way it's, you know, the formulation of is it slow releases immediate release, you know, to make sure that the bioavailability in the body is going to be the same. And then you've got then you've got Excipient as well, the things which are added into it to form the tablet or capsule itself. You know, are we going to have a reaction to that compared to the branded one, you know, so there's, there's a lot of things to consider. But I mean, from my experience, in my own opinion, I do I don't think that there is much difference, but it does depend on why that is a patented brand, like why, you know what makes it unique, that product that it's got that branding that patent is it's something that can be replicated safely and clinically. So Yeah, I guess there's, you know, if it should be ambiguous,



Katy Weber 50:03

yeah. Now, what are your thoughts on drug holidays? Because that's another sort of controversial topic with stimulants, which is, you know, so many doctors that say, Oh, don't do them on the weekends, and you shouldn't Oh, you know, don't get addicted to them and right, and I'm like, Well, are you addicted to like blood pressure medication, if you take



Priyanka Patel 50:21

every day, this is literally what it is. So, you know, we get we think, Okay, we have to take this every day, oh, I don't want to rely on it, oh, I'm going to become addicted to it. But then again, like you've just said, if you have to take medication to keep your blood pressure at check, why don't people tend to turn our eye to that, like, you know, the kind of blind eyes that sorry, you know, it's normal, but when asked is like, oh, you know, you shouldn't rely on that, like, that's not good. And it's just that, Oh, come on, like, you know, this helps us function, you know, what you can do easily, you know, you can just go see some dishes in the sink, wash them up. And that's it. Like, you know, for us, we sit there in chronic stress for about a week, knowing we've got the dishes to wash up, and we just cannot do it. And then we just, you know, we think about it every single day, our mind is just constantly and, you know, that's just one little example. And it's like, if we take something to make the quality of our life better, why do people why are people are judgmental about it. And I think that comes with everything to do with mental health. And I know ADHD specifically isn't a mental health condition. It's, you know, to do with with the brain, essentially, but I think it still is very similar. And, you know, it goes down to stigma as well. And, you know, I, there is little or no risk to addiction with the drugs, if you are using them as directed, as long as you're taking them properly, as long as you're not using them. You know, I read some stuff about people, you know, crushing the, the long release tablets, so they can get like a really quick high. I don't even know if that's a thing. But you know, I know people were doing that with them. Obviously, content identity for the documentary on Disney plus, it was a call remember what it was called. But that's how people were do drugs. Yeah.



Katy Weber 52:02

Yeah. Yeah, there's different there's been there were a whole bunch of them. Yeah. Right. And yeah, yeah. And I think that's probably why it got the stigma of being a controlled substance and being abused, and people are so afraid of it. But at the same time, I think it's true, like you



said, there's so many stereotypes about what the dysfunction is around ADHD. So people are assuming that it's like, oh, well, you're only you're making excuses. And you could if you if you really wanted to do the dishes, or you know, any of these things that your executive function that you're struggling with, if you really wanted to, you would, right, so there's like it, I think it comes down to like, what it is specifically that we struggle with, and where are the prejudices or the the misogyny or the start, you know, all of these sort of cultural stereotypes that are involved in what we're certainly so it's so nuanced. But I think it's why this medication versus you know, yeah, like blood pressure medication is why it's so different. Yeah.

P

Priyanka Patel 53:00

Yeah, sorry, I just wanted to add on, because you mentioned something about drug holidays, and my prescriber told me the same thing, because she was like, um, yeah, so you know, you're going to be constantly doing things you need to you need to rest. But don't try not to take it on the weekend, you know, what you were titrated up to your dose. I tried that, and oh, my god, like, I have never been so irritable in my life. The thing is, what I don't know, if the prescribers know, that I assume they would, is, you know, once, when you start taking this medication, that the natural way dopamine is produced in your body, it's like, oh, there's a medication doing that, I don't need to do that anymore. So you know, the natural dopamine releases isn't going to be as high as it normally was the I mean, it wasn't even hard to begin with. So you know, anything that was that it's not really going to be there anymore, because the medication is taking over. And then once you stop that medication, you know, the dopamine release that was normally there is like, Oh, wait, what's happening? Do we need to start up again, like, I'm not prepared, I'm not prepared. I'm not got any dopamine for you. Like, I'm so so sorry. And you end up end up in a in a dopamine crash, essentially, like, you know, withdrawal. That's literally what it is. It's a withdrawal. And, you know, I have found that when I had forgotten to take my medication, sometimes, like, you know, very typical of, you know, ADHD is, you know, forgetfulness is very, very typical. I've had to make some serious interventions to make sure that I don't do that. But today, I missed it. Like, you know, I was so irritable. I remember flying back from holiday, our flight was delayed, there were kids running around, it was hot, there was a flight. And I could just focus on that flight. It was buzzing everywhere, do my head and I was hungry. Like I was so uncomfortable. I was ready to kill I'm telling you. And then when I finally got home, and I took my medication the next day, I still felt really bad. Like, I just got really out of it. And it's just, you know what, it's because our bodies are not used to not having that level of dopamine and Some people might take this as a bad thing, because they're like, Oh, you're addicted to it, like, you know, you rely on it and this and that. And it's like, no, no, no, no, it's exactly the same to any sort of medication where you need to withdraw off, doesn't make it unsafe, it just means that you need to get your body used to it. So, you know, if you want to take drug holidays, it does depend as well on the type of formulation, because if you're on a long acting one, it's gonna be very, very difficult to just stop it one day, because, you know, it all takes time to come in and out of existence, short acting month, I think might be a little bit easier to take a holiday off. But um, you know, you need to withdraw down, because, you know, like the school holidays, it's, you know, the child wants to go have fun, you know, without, you know, feeling like the, you know, have to behave at all, essentially. And I do understand the logic behind it. So I guess it does, it doesn't make sense. But at the same time, it's like, we need this medication to function, it helps us live, there's nothing wrong with having to take it every day if we need it. I think that's the stigma as well,

which we need to fight back against this, like, okay, you can take all this stuff for your physical health, but we need some of this to make sure that we don't go crazy that what's wrong with that, you know, we just want to live healthily, there's nothing wrong with that.



Katy Weber 56:10

I just think it needs a rebrand if we if it was remarketed as like this is productivity and medication. And this will help your workers like sit at their desk from nine to five, and this is going to help people be cogs in the capitalist machinery, then I think it would get a much better, you know, just needs a new PR campaign. That's all.



Priyanka Patel 56:33

Yeah, I agree with that. Yeah.



Katy Weber 56:34

And the other thing I hear a lot about when it comes to drug vacations is that like you can get used to the dosage and so you have to take holidays, so that you can then have it meaning like, otherwise, you have to keep increasing the dosage. So you should take holidays so that your body doesn't get used to it so that it still has impact. Is there any truth to that?



Priyanka Patel 56:57

So that is a little bit, I do actually want to look into this more, because it is something which I'm, you know, intrigued about because, you know, I guess with all kinds of medication, you can become tolerant to it because your body gets used to that dose, and then it's not doing as much anymore. So, you know, don't quote me on this. I don't know too much about this. But I do think that there is an aspect of needing to take some sort of break, you know, after you've been having it for a long time. So the NHS, they follow something called nice guidance. And this is, you know, health care advice, which, you know, all professionals should be following when, you know, treating, monitoring, prescribing. And it does say that if you are using this medication for more than a year, to review with your doctor if you still need it. So I don't know, potentially they would draw you off it they try and see if, you know, they've been waiting for you to manage it with with the coaching or lifestyle interventions. And, you know, I mean, people do manage their ADHD without medication. Like, you know, there are a lot of people who do that. But, you know, some of us we do need it. And if we do need it lifelong, there's nothing wrong with that. But I am curious to see about the tolerance, because I have the feeling that might be some a small aspect to that. And it will be very interesting because you know, that can make it quite difficult to maintain medication maintain doses. If that's if that actually happens.



Katy Weber 58:27

Okay, interesting. Well, thank you. I, I always feel like I have so many questions about medication. But when it comes down to it, like, when I when I actually get a chance to

medication. But when it comes down to it, I'm like, when I when I actually get a chance to research it. I'm like, I don't know what I don't know where to start.

P

Priyanka Patel 58:39

And send me a DM anytime you want. If you if you've got questions like this is, this is what I've been trained to learn about is like how drugs work in the body. So you know if you've got any things you want to know.



Katy Weber 58:50

Oh, my goodness, oh, we're I have so many questions, but I'm gonna keep it for the sake of the brevity of this interview. I want to move on. So I like to ask my guests if you could rename ADHD to something else. Do you have another name?

P

Priyanka Patel 59:03

My life just fell. crumbling up. And now the whole really unprofessional setup is just balancing my laptop on a Dyson air wrap. I've got a ring light, which is balancing on the little legs.



Katy Weber 59:27

Tripod. Alright, what did you all? So if you could rename ADHD to something else, would you call it something else? Do you have another another name for it?

P

Priyanka Patel 59:41

Oh, pretty good question actually. Oh, gosh, I can't think I can't think of anything specific. But I think it would have to be centered about how we don't have a deficit of attention. We do have a tension. We just don't put it on the right things that we are meant to so I don't know, like, you know, I have no idea. I mean, I wouldn't even name it as a disorder festival as well, because I feel like that can make it quite negative. I would like to put some kind of, you know, neurodiversity sort of label on it as well. So I want to have a think about that, actually. Because that's it. That's a really good question. Yeah,



Katy Weber 1:00:22

I know, I asked it. I love getting the responses. But I also like, I don't have the perfect answer either. So that's why I asked everybody else on crowdsourcing because I feel like I don't know what there's so many aspects to it, right? Even just over the emotional aspect to which I think most women especially come to their ADHD diagnosis, from relating to the emotional stuff, the shame, the you know, the the stigma, the depression, so it's like, none of the emotional stuff is even listed in the DSM or

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Priyanka Patel 1:00:49

oh, you know, that's the thing, which they they're looking to potentially do, because that's another part of my read. Oh, oh, my gosh, dopamine deficient divas. For women. Sorry, I just changed my head. You know, I think that's a good one. Um, yeah, it was it. Yes. Because they, they are looking to potentially add the emotional symptoms into there because the emotional lability is insane. Oh my gosh, I'm just thinking about times where it affected me. But, you know, I do think that the emotional aspect to ADHD is not looked into enough or, you know, particularly with women because we just get, you know, labeled as these sort of like, hormonal erratic creatures who cry, and, you know, get stressed that every little inconvenience and, you know, so when we go to the doctor's with these emotional thoughts and feelings, we just aren't taken seriously even if it is to do with ADHD. But that's, that's a whole other topic when it comes to women. And you know, that symptoms are ready to fight every doctor out there about this, right?



Katy Weber 1:01:52

Well, one thing I, especially the hyperactivity element, because I think that that actually is a deterrent for many women because they don't think of themselves as hyperactive at all, because so much of the hyperactivity is internalized. And I heard the term hyper arousal recently as a much better term for the H inter, you know, and I just think it's so perfectly sums up that experience of like being dismissed as overdramatic, like you said, right, like, we feel things so much stronger. Right. Right. But it's so I think the hyper arousal speaks to not only the busy brain and the overthinking and all of that craziness, but at the rumination, like I think I feel like hyper arousal encompasses so much of my experience with hyperactivity than the term hyperactivity. But anyway,

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Priyanka Patel 1:02:38

they sensory overstimulation as well would be tied into that at all, I don't know if you experienced that as well.



Katy Weber 1:02:47

So it's a really fascinating field, to look at neuro divergence in terms of like, the, you know, the types of brains and how we're reacting to our environment, and why we are getting ADHD symptoms as a result of the reactions that we're having to our environments, and, you know, a pandemic, and some of the craziness that has been happening over the last few years that so many of us exacerbated so many of our ADHD symptoms. So, yeah, it's super fascinating. That's why I've been talking about it every week for two years counting

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Priyanka Patel 1:03:22

completely agree with you, like I feel I was looking at the autism criteria as well. And I was like, Oh, God, like, I'm not, I'm not doing this again, for myself. Because I do think there is a very huge overlap. And I do feel they can come hand in hand with each other. So, you know, it's not

surprising if people are diagnosed with you know, both. I don't like to say the word disorder. But you know, both conditions, because, you know, it completely makes sense. Right? Yeah,



Katy Weber 1:03:51

I know. And I'm really not sure where one begins on the other ends. And I don't know if you could even decide, but it is I liked. But I do feel like there's a lot of stuff about autism that I feel very called out, you know, or especially on Twitter. I feel like there's a lot of people on Twitter who will be like, when you're talking about ADHD, they're like, No, you're actually talking about autism when you're talking about that stuff when I was like a mi like, and then I would have to go into these deep dives as to whether or not I'm actually autistic and, and then yeah, so yeah, it's constant. But anyway, I really want to make sure people can find you and help you because it sounds like you were doing such incredible work and with this research, and are you getting help and how you know, can especially other mental health professionals, like how can people reach out to you and find you and support you?



Priyanka Patel 1:04:42

Yeah, so my Instagram and Tiktok handle handle sorry, is the same. So it's a little miss underscore add underscore had to get a bit creative because the name I wanted was taken by what it looks like a spam account, which just makes it even worse, but it's So yeah, I use them those two platforms because I like to, I want to, especially Instagram, I make posts about, you know, things which I've researched about and found out. And, you know, I just want to educate people about ADHD as well, because there's loads of great pages out there, which kind of, it's good for awareness to understand, you know, how it impacts us. But I think it's also really interesting and useful to know, the sort of, like the science behind it as well. And I feel as a pharmacist, I have some great insight on to, you know, the medication aspect of it. So, you know, I'm preparing my next post, actually, it's part of my ADHD science theories. So I'm going to be splitting up each of the different medications and, you know, kind of explaining them all in detail, because, you know, I feel a lot of people have questions when it when it comes to medicine. So, yeah, and I'll be posting regular updates about my, my research journey and everything, but it is going to be a very long process, which I know none of us like. But, you know, I appreciate any support, you know, if anyone, I'm all my messages are always open, like, there's women who messaged me all the time for support, like, there's a few women who, unfortunately, are quite lonely, and you know, they just don't have someone who understands them. So you know, I like to be that voice for someone, because I didn't have anyone when I was dealing with all of this. So if I can be that person for someone, I'm more than happy to. And I always put this out there as well. I always say, if you need help with getting your GP to listen to, to you, just just let me know, contact me, I will even be on speakerphone with you at your appointment. Because, you know, I know how hard it can be. And I have so much like anger and passion about all of this, like I will put your GP in place. Trust me. So yeah, I think sorry, I think I went off on a on a tangent there.



Katy Weber 1:06:55

That reminds me, that's a really great job for somebody who's whose wants to be an advocate is like, you know how they have like responsible adults in in interrogation rooms. In the UK, you could be the responsible adult in a doctor's office. especially with the dianosis because I've

joked about that in the past, where I'm like, if you find this entire process of the diagnosis, the making appointments, having to go sit in a waiting room, then you know, going over to like all of the things that are incredibly stressful, about going to even visit a doctor for anything, then you might want to look into ADHD.

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Priyanka Patel 1:07:31

funny about this is like, I don't know about you, but I feel we're the kind of people we can't do this for ourselves. But when it comes to someone else, like if someone needs to bring a doctor to them, or help them clean their house or do some papers, I'm like, Yeah, cool. I'll do it. I'll help you. And I'll be really good at it. But when it comes to me, I'm just like, now I've literally been sitting in a pile of dirty laundry for about a month. I know, I've just helped you do literally your whole house, but I just cannot do mine. It's really weird to explain.



Katy Weber 1:08:01

Right? Yeah. Well, it's all about where the dopamine is. Yeah. Well, thank you so much. This has been really delightful. And I appreciate your perspective on so many things to not only the cultural Indian background, I don't get a lot of Indian guests. And I know it's you know, because there is a lot of stigma. I think it's also I didn't even get to talk to you about your I know, you had said some wonderful things about how your father reacted to and yeah,

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Priyanka Patel 1:08:29

yeah, in my life, really. So I did make a little tick tock about that. You know, it's on my page. If anyone was gonna



Katy Weber 1:08:35

write I do I highly recommend it. Because I think it's so wonderful to to know that your parents have been so supportive, because I know that's not everybody's experience. But yeah, that is a journey in itself, right as educating your family. But yeah, well, anyway, it's been so wonderful. Thank you so much. I really appreciated your time.

P

Priyanka Patel 1:08:57

Sorry, thank you so much for having me as well like this. You know, it means a lot to be given a platform to be able to speak about these things. You know, it's, it's really empowering to also come across other people who are so like minded, and to really understand, you know, because I feel like we, you know, we can it can be really lonely. And you know, when you find your people you're like, oh my god, like this is just so nice. And to be able to be you know, speak to someone like like yourself, who you know, you've done amazing things and you're doing really well at what you do as well. You know, it's amazing, so, thank you honestly.



Katy Weber 1:09:38

It is, it is so validating, right. I always say talking to another ADHD woman feels like an unbuttoning too tight pair of pants. It just feels like so it just feels like oh my god, this is so comfortable. We speak a different language, but I also feel like you know that rage that that desire, that Justice mentality that so Many of us have, I think can be really difficult because it makes us want to quit if we're not seeing change immediately. So I feel like when we have these conversations, and I think of how many people how much more this is spreading exponentially every year and how much more information is out there, this is a huge shift that needs to be steered and turned around and we are doing it right.



Priyanka Patel 1:10:23

To pull just need to give a massive kick. Before you know, we need to get this rolling. Now it's been long enough,



Katy Weber 1:10:31

right? But I feel like I feel like it is happening slowly but surely that we are affecting change if we kind of step back and take a macro look at how much is changing and how many people are advocating and putting information out there. And like I was diagnosed because, you know, I feel like it's like those, those shampoo commercials from the 80s of like, she told two friends and she told two friends that she did. Right. I'm like,



Priyanka Patel 1:10:54

Oh, my God, that's yeah, that's a great analogy,



Katy Weber 1:10:56

right? It does. It does feel like we are slow. Even though it's agonizingly slow, it does feel like we can kind of really change the system one, one day at a time.



Priyanka Patel 1:11:08

Yeah, it was. It's always difficult trying to make changes in society. And you know, you're always going to be met with skeptics, you know, even when you feel like you've reached a peak or something good. You know, I guarantee you, there's people out there who still don't believe, you know, cancer is real. You know, even though there's been so much research and studies and you know, it's a therapies and all that, like, it's just it is life, but I think it makes us feel good knowing that we're doing something to make a positive change. And yeah, that's that's all that I want really is like, even if I helped one woman, you know that I will die a happy woman. I really will.



Katy Weber 1:11:44

Right? Yeah, I think that too. It's like, you know, if, if one woman if I can save one woman from going through what I went through, I feel like it will have all been worth it. So I'm gonna wrap them in bubble wrap. It's okay for you. I'll help you. So true. All right. Well, thank you again. It's been absolutely lovely. Well, alright, bye. And there you have it. Thank you for listening. And I really hope you enjoyed this episode of the women and ADHD podcast. Also, you know, we ADHD ears crave feedback. And I would really appreciate hearing from you the listener. If you're a fan of the podcast, please take a moment to leave me a review on Apple podcasts or audible. And if that feels like too much, and I get it, then just take a few seconds right now to give me a five star rating, or share this episode on your own social media to help reach more women who maybe have yet to discover and lean into this gift of neuro divergence assay, and they may still be struggling and don't even know why. And if you'd like to find out more about me and my one on one coaching for women with ADHD, head over to [womenandadhd.com/coaching](http://womenandadhd.com/coaching) and you can always find that link in the show notes. I'll see you next week when I interview another amazing woman who discovered that she is not lazy, or crazy or broken. But she has ADHD and she is now on the path to understanding her neurodiversity and finally using this gift to her advantage. Take care till then