

“I Found Comfort in Exercising”: Exploring Experiences With Exercise for Adults With Attention-Deficit/ Hyperactivity Disorder

Anusha V. Ramji, Eleanor J. Dommett, and Oliver R. Runswick

Department of Psychology, Institute of Psychiatry, Psychology and Neuroscience,
King's College London, London, United Kingdom

Little is known about how adults with attention-deficit/hyperactivity disorder (ADHD) experience exercise, resulting in a lack of recommendations for supporting this population. We aimed to explore how adults with ADHD experience exercise as a management tool before and after diagnosis and how and why individuals experience issues related to exercise dependence. Fifteen active adults with a diagnosis of ADHD participated in semistructured interviews. Three overarching themes were identified: (a) *exercise as a necessity for ADHD*, reflecting the need to exercise before a formal ADHD diagnosis, and use of exercise as a management tool postdiagnosis; (b) *goals and achievements to live by*, reflecting how exercise patterns revolved around a need to make progress toward targets; and (c) *activity or exercise: a roller coaster journey*, covering the ups and downs of exercise journeys. This article highlights the importance of exercise for adults to manage ADHD and how this can be encouraged and supported.

Keywords: ADHD, dependence, symptom management, lived experience, neurodiversity

Attention-deficit/hyperactivity disorder (ADHD) is a cognitive difference characterized by inattention, impulsivity, and hyperactivity (American Psychiatric Association, 2013; Bertilsdotter Rosqvist et al., 2023). People with ADHD can experience negative life outcomes, such as lower socioemotional functioning and a higher risk of accidental physical injuries (Faraone et al., 2021). ADHD was originally thought to only present in children. The traits of ADHD in adults have only been acknowledged more recently (Ginsberg et al., 2014; Young & Goodman, 2016; Zalsman & Shilton, 2016). If not diagnosed in childhood, traits of ADHD are often mistaken for co-occurring neurotypes and other conditions leading to misdiagnosis (Ginsberg et al., 2014). Global estimates of the prevalence

Ramji  <https://orcid.org/0009-0008-8317-073X>

Dommett  <https://orcid.org/0000-0002-6973-8762>

Runswick (oliver.runswick@kcl.ac.uk) is corresponding author,  <https://orcid.org/0000-0002-0291-9059>

of adult ADHD range between 2.58% (persistent ADHD) and 6.76% (symptomatic ADHD; [Song et al., 2021](#)). The experiences of adults with ADHD are poorly understood, and further research about their experiences is needed ([Fields et al., 2017](#); [Volkow & Swanson, 2013](#); [Weiss & Weiss, 2004](#)).

Pharmacotherapy is a major source of support for people with ADHD neurotype, and stimulant medication is often the first option for adults ([Asherson et al., 2022](#); [Kooij et al., 2019](#); [NICE, 2019](#)). However, substantial side effects to these medications have been reported, such as decreased appetite, restlessness, dry mouth, a higher pulse, hypomania, and insomnia ([Edvinsson & Ekselius, 2018](#); [Vysniauske et al., 2020](#)). Moreover, some individuals either struggle to adhere to medication regimens or are unable to take stimulant medications due to co-occurring health issues ([Chueh et al., 2022](#); [Khan & Aslani, 2021](#)). All stimulant medications carry a risk of misuse, such as selling prescription medications, giving them away, or abusing them ([Martinez-Raga et al., 2017](#)). Nonstimulant medication offers a less effective management alternative to stimulants ([Mechler et al., 2022](#); [Mészáros et al., 2009](#); [Retz et al., 2011](#)), and some side effects and issues of adherence remain ([Himpel et al., 2005](#)). Therefore, nonpharmacological alternatives are being sought to support people with ADHD, with one recommended option being the use of exercise ([Dinu et al., 2023](#); [NICE, 2019](#)).

Individuals with ADHD who exercise more frequently are better able to work with their ADHD and can negate some of the challenges of managing their natural characteristics ([Berger et al., 2014](#)). This relationship has strong mechanistic groundings. The increase in dopamine and norepinephrine postexercise is one mechanism that might lead to better executive functioning in people with ADHD ([Den Heijer et al., 2017](#)). This is substantiated by two recent meta-analyses which indicated the exercise enhances both executive functioning and motor skills in children with ADHD ([Sun et al., 2022](#); [Vysniauske et al., 2020](#)). In adults with ADHD, it has been found that even brief exercise improves the ability to manage impulsivity ([Dinu et al., 2023](#)). Exercise could be an accessible, cost-effective, and side-effect-free management option that could be used as a standalone support tool or alongside medication. However, the evidence base is more limited in adults than it is in children and the experience of adults with ADHD integrating exercise into their lives and utilizing it as a management tool is not understood ([Fritz & O'Connor, 2016](#)).

A key area of consideration when using exercise for ADHD management is the likelihood of exercise addiction and injury ([Ramji et al., 2024](#)). People with ADHD are at a greater risk of addiction ([Berczik et al., 2012](#); [Romo et al., 2018](#); [Schellekens et al., 2020](#)) and particularly of experiencing withdrawal symptoms ([Bidwell et al., 2017](#); [Sweitzer et al., 2018](#)). In the context of exercise specifically, exercise fixation and withdrawal are greater in those with ADHD ([Popat et al., 2021](#)) and individuals who display more severe ADHD are at higher risk of exercise addiction ([Colledge et al., 2022](#)) and withdrawal ([Popat et al., 2021](#); [Ramji et al., 2024](#)). Exercise dependence can negatively shape work, social life, and health ([Berger et al., 2014](#)), but no work has captured the experiences of adults with ADHD exercising in their individual psychosocial contexts ([Mikami & Normand, 2015](#); [Watson et al., 2012](#)).

ADHD research has generally focused on a strictly medical model, and where ADHD is treated as an impairment or disorder, the biomedical underpinning is

identified, and the neurotype is seen as a source of psychopathology centered within the individual. This approach lacks community authorship and integration of lived experiences (Bertilsdotter Rosqvist et al., 2023). In contrast, the social-relational model suggests that a disability is experienced as a complex interplay of restriction of activity caused by a lack of accommodations in society (Goering, 2015), the experiences associated with ADHD itself, and psychoemotional effects caused by exclusion or discrimination (Reeve, 2002; Thomas, 2007). This approach has been used to investigate and understand the experiences of exercise and physical activity in other populations, such as individuals with multiple sclerosis (Adamson et al., 2017; Richardson et al., 2019).

A limited range of previous research has captured the experiences of individuals with ADHD (Ing & Mills, 2019; Schippers et al., 2022; Singh et al., 2010). Findings have demonstrated a range of positives from “being ADHD” (Ramji & Foster, 2023; Redshaw & McCormack, 2022), but also how ADHD can also be a barrier to an individual’s ability to engage with physical activity (Ogrodnik et al., 2023). These findings present some initial considerations for facilitating an active lifestyle for adults with ADHD, but do not consider the changes that may occur over time, and whether it is related to engagement with exercise, before and after, diagnosis.

Research from a social-relational approach on ADHD can add to an understanding that has been developed from the medical model and support the understanding of lived experiences adults have with ADHD, specifically the relationship they have with exercise (Bertilsdotter Rosqvist et al., 2023). Based on the previous literature, we aimed to explore the experiences of adults with ADHD who take part in exercise, how and why it might be used as a support tool, the evolution of these experiences before and after diagnosis, and how and why individuals experience issues related to exercise dependence and withdrawal symptoms if and when they are unable to engage in exercise (Popat et al., 2021; Ramji et al., 2024).

Methods

Research Paradigm and Positionality

In this work, we consider ADHD from the social-relational perspective, but we also consider diagnosis from a medical perspective as a key experience in the life of someone with ADHD. Understanding both medical and sociocultural approaches can allow for perspectives that account for both the biomedical basis of ADHD and the psychosocial experiences of those who live with it (Schippers et al., 2022; Thomas, 2012). This study was underpinned by ontological relativism which suggests that reality is multiple, created, and mind-dependent, as well as epistemological constructionism: Knowledge is constructed and subjective (Smith & Sparkes, 2016). Characteristics of the lead author (and interviewer) as well as the broader research team can inevitably influence the direction and content of interviews, and shape analysis (Budden et al., 2022). Constructionism allowed us to have an active role in analyzing and interpreting that data, and we recognize other researchers may have interpreted the data in a different way (Richardson et al., 2019). Here, rapport was strengthened by the interviewer’s extensive

personal experiences with adults with ADHD and exercise. This allowed for both empathy and knowledge of the process of interviewing, increasing responsiveness in terms of how open participants were to share, and fostering trust during the interview (Carless & Douglas, 2013). Though we recognize it is impossible to be value-free, this was taken into consideration while conducting the interviews, which aimed to avoid the imposition of values, beliefs, and perceptions on participants and ensured that they shared their stories wholly (Berger, 2015). The philosophical underpinnings delineated above relate to the role the investigators in this paper play in coconstruction of knowledge.

Participants

Data were collected from 15 participants. All were individuals over 18 years who confirmed that they had a diagnosis of ADHD and were currently based in the United Kingdom. Participants were eligible if they had ADHD alone or in combination with anxiety, autism spectrum, or depression (Fayyad et al., 2017). Including individuals with these common co-occurring neurotypes ensures that the sample is more representative of the heterogeneous population of adults with ADHD than previous work that has excluded anyone with co-occurring conditions. Participants were recruited and screened through selecting an option to volunteer to take part in an interview when completing an online survey about exercise and ADHD (see Ramji et al., 2024). Interviews were conducted on a rolling basis until data saturation was reached. Considering critiques about theoretical saturation (Braun & Clarke, 2019), we defined this as the point where no additional insights were being identified and data were repeating so further data collection is redundant (Hennink & Kaiser, 2022). Written informed consent was obtained from the participants, and the study was conducted in compliance with and improved by the Internal Review Board (LRU/DP-21/22-27186).

Interviews

Semistructured interviews were chosen to understand individual experiences with ADHD and exercise. Video interviews were conducted on Microsoft Teams and lasted an average of 76 min with a wide range between 30 min and 2 hr. Conversations explored why participants exercised, the role exercise played in their lives, and how exercise behaviors had varied and interacted with their ADHD over their lifetime in line with events such as receiving diagnosis. The full interview guide can be found in the [Supplementary Materials](#) (available online). All interviews were video recorded because, while we required solely the audio for verbatim transcription, it was not possible to record only the audio on Teams at this point in time.

Data Analysis

The interviews were transcribed through Microsoft Teams, with any changes made if necessary due to grammatical errors or faulty transcription. The analysis then followed Braun and Clarke's (2006, 2019) six phases of reflexive thematic analysis, and in line with recommendations of Braun et al. (2016), the first author conducted a thematic analysis of the data set. This initially involved the first author

immersing themselves in the data by reading and rereading it, developing initial codes using a line-by-line coding approach to highlight interesting features within the data. Next, data applicable to each code were organized to create overarching themes. Computer-aided qualitative data-analysis software (NVivo, Lumivero) was used to simplify the process of coding the interviews to identify common themes. This process involved considering the relationships between the codes and themes both horizontally, in terms of themes across the data set, and vertically, in terms of the temporal nature of how the stories unfolded. Clarke et al. (2017) suggested that analyzing the vertical patterns within data is a useful addition to identifying horizontal patterns when analyzing storied data. For example, Smith and Runswick (2020) identified the vertical patterns when exploring the development of mental ill health over time in athletes. In the present study, we considered the vertical patterns of how the relationship with exercise develops over time and, thus, examined the temporal process of their experiences. Themes were then checked to see whether they work in relation to the codes, themes were reflected on with a critical friend, and important extracts were selected and related back to the research question.

Rigor

Various steps were taken to enhance the study's rigor. First, the primary investigator (also the interviewer) maintained a reflexive journal throughout the research. The purpose of reflexive writing was to understand what is and is not known with regard to the knowledge and values the researchers bring, as well as how this can influence the analysis (Bolton, 2014). Moreover, it helped the primary investigator to understand their influence on data collection and interpretation for analysis. Researchers had discussions to reflect upon findings, encouraging different interpretations of the data to devise the best possible understanding of it, acting like "critical friends" to one another when developing themes (Sparkes & Smith, 2014). This allowed for inherent beliefs of the author with ADHD to be challenged as to what is typical and to ensure that assumptions were not being made about the data.

Results

Three overarching themes were identified: (a) exercise as a necessity for ADHD, (b) goals and achievements to live by, and (c) activity or exercise: a roller coaster journey.

Exercise as a Necessity for ADHD Prediagnosis and for Management Postdiagnosis

This theme reflects the need to exercise despite not having a formal ADHD diagnosis and use of exercise as a self-management tool postdiagnosis. Overall, almost all participants were active in their childhood or young adulthood onward. Sometimes it took a while to realize that exercise supported them in managing ADHD and for it to become a central part of their lives. Participant 7 outlined the role exercise played in their life prior to diagnosis:

The two years leading up to a diagnosis, I was really forensic about self-treatment . . . what can I do to . . . feel better. And the one that worked . . . in a sustained way was exercise . . . that's when it became not only a kind of . . . fun thing to do . . . I treated it like taking your pills every day.

For the most part, it was not hard to integrate exercise into participants' lives at the point of diagnosis as they had already done so, and the only change was that they were later aware that they had ADHD. Moreover, they realized that exercise supported them to work with their ADHD.

I guess in times of more stress or whenever my brain was a little bit you know, all over the place, I found comfort in exercising. Exercise is always something that definitely made me feel like I could spend some of that energy that I had . . . exercise was almost like an escape . . . and it was also, a way to feed my ADHD. It kind of fed it, then it would be happy. (Participant 3)

Formal diagnosis and management advice from medical professionals further highlighted the possible use of exercise to manage ADHD, but it did not necessarily change the relationship between ADHD and exercise for individuals. To others, it indicated how they were unique, and it might have taken time and support—perhaps from parents—to believe that they were “still a perfect being” (Participant 1). Taking the example of one participant who spoke of the value diagnosis had in their life:

Things did change . . . because I suddenly became aware . . . I wasn't a complete useless failure at school. I just didn't have the world designed for me and my brain . . . having the diagnosis also gave me clarity on the reasons why I've been probably self-medicated with exercise . . . I didn't feel guilty going and exercising. (Participant 7)

However, as individuals with ADHD are more susceptible to addiction, it is important to consider the amount of exercise individuals engaged in. Some found it hard to gauge how much was “too much.” This meant different things to each participant such as becoming very thin without eating properly, experiencing a lot of body pain, overtraining, skipping other things to exercise, or when you do not have time to do other things in your life. Thus, it was helpful for some to set limits on the amount of time they exercised or to have some form of structure. “If I start doing exercise that I enjoy . . . then I might just do too much. So, it's finding a happy medium of not doing too little, but not doing too much” (Participant 3).

While several participants discussed the issue of managing training volume, Participant 7 took this further and said, “I think there was an addiction to or . . . at least a . . . search for more . . . of that clarity and . . . loveliness that comes with exercising.” The word addiction suggests “need” and brings out how central exercise could be in participants' lives, but also is exemplified by another statement by Participant 7 on what too much exercise is: “It's a case of being almost so reliant on it in a day that if I don't get the chance to do it, I will become . . . restless or distressed”

Regarding motivation to exercise, often it was “That energy that I have . . . exercise makes me feel that I use that quota and it just makes me feel better”

(Participant 3). Participant 15 called exercise an “important management tool.” Individuals in this sample felt they kept busy in a healthy or positive way through exercise, channeling the energy they had to tire themselves out, ground themselves, and feel better mood wise. The impact on emotions is delineated by statements like “I’ve always got a high from swimming.” or “I do this because it keeps me sane” (Participant 6). Participant 7 went on to call exercise a “mood stabiliser,” which they had inadvertently found prior to diagnosis.

Importantly, some noted changes in their motivations for exercising over time. In the case of Participant 7, “post diagnosis, my exercise did not involve anyone else anymore. It was all about me. It was all about my fulfilment . . . and . . . therapeutic reasons for it.” This participant’s attitude and motivation to exercise changed at the point of diagnosis, and exercise became an important pastime with therapeutic motivations. Not all participants saw exercise in the same fashion. When asked why they exercised, Participant 15 simply mentioned that it is just what they do. Exercise is a big part of their life that they need to maintain the rest. Thus, exercise was perceived in a myriad of ways by participants, and life experience often influenced how they viewed it over time, for example, after important life events like receiving a diagnosis.

Exercise Goals and Achievements to Structure Life

This theme discusses how exercise patterns revolved around a need to excel and make progress toward targets, and it is well described by Participant 9’s statement on exercise, “It’s really about structure or . . . commitment and . . . giving myself goals to maintain.” Exercise helped the participants engaged in goal-directed behavior, persevering till they met the benchmarks they set for themselves. The need for targets and structure was emphasized by the same participant, “Once the goals disappear, what are you going to train for? . . . I can’t work without goals.”

A sense of purpose was another motivating factor, as was “bragging rights.” As outlined by Participant 7, “You get to tick off a really good achievement, and no one can take that/it away from you. You ran that thing . . . no one can say you did it wrong because you did it . . .” The motivation of being able to achieve without ridicule from others was to some, facilitated by their ADHD. “Occasionally in good conditions I can get in some form of hyperfocus zone” (Participant 9). Importantly, hyperfocus could also be related to other aspects of their lives like buying items for exercise excessively or tracking progress in exercise and needs to be carefully considered in the context of exercise dependence. One participant only started exercising in the past 5–6 years and went from not working out at all to being extremely focused on exercising and success in this area. Exercise seemed to offer a sense of control and peace by creating this structure in their life centered around objectives they had such as running a marathon. Participant 4 said “I find it to be . . . quite . . . a mindful thing . . . it’s . . . about me calming down.” Building on the value of a sense of control in exercise, this might present in the form of targets. The lack of structure during the pandemic—partially created by goals to focus on—made the participants’ ADHD symptoms worse. “During lockdown . . . I wasn’t exercising as much. I wasn’t functioning as well . . . I just started really struggling with stuff that felt

like it should be . . . manageable . . . something . . . perceived as being simple . . . became this really complicated task” (Participant 4).

This illustrates just how integral exercise was to their everyday lives. Furthermore, it highlights the need for the structure and focus created by exercise, “that kind of structure around exercise then lends itself to a structure around other stuff” (Participant 4). One might wonder what motivates this goal-directed behavior in terms of exercise. Participant 4 described that “I’ll have . . . a run that goes . . . so well. Like I’ll feel amazing . . . I’ll feel like I’m flying. And then the next run won’t feel as good, I won’t have gone as far . . . I’ll be trying to replicate that feeling.” This suggests the high of succeeding was partly the reward in and of itself. Moreover, part of this goal-directed behavior was dependent on accountability, which suggests that external factors can explain the ability to engage in goal-directed behavior. This could be in the form of exercising with a friend, telling someone you would be exercising or having a training plan. The value of novelty was also emphasized. Participant 4’s inner monologue was: “I should be pushing further, faster . . . I have to be able to achieve more and more and more.”

The difficulty in achieving these goals they set for themselves made it harder to keep going. Sometimes, participants showed all or nothing thinking, holding themselves to extremely rigid standards and feeling bad when they did not meet them. This could be a barrier with keeping up with exercise. Participants in this group described an addictive-like quality to exercise. For instance, Participant 9 said,

Rowing is quite an addictive sport because you have to do it a lot to be good at it because it’s quite technical . . . it’s a bit of a vicious cycle. You want to become faster; you have to train harder because you’re already the fastest you could be.

This quote links strongly to earlier discussions around exercise dependence. It would be useful to distinguish between helpful and unhelpful states of hyperfocus as people with ADHD experience both. Perhaps the benefits felt by engaging in exercise are strong in the case of people with ADHD hyperfocusing on exercise, leading to increased goal-directed behavior. However, this could also increase risk of dependency on exercise.

Activity or Exercise: A Roller Coaster Journey

This theme covers the ups and downs of some of our participants’ exercise experiences and the use of different ways of conceptualizing exercise to stay active. The inconsistency in exercise routines reflects the roller coaster nature of their habits. This includes how participants view exercise as activity or movement rather than “exercise” at times. Taking the example of Participant 8, “So I’m trying to reframe the way I perceive it as an activity rather than exercise.” Although it was often difficult to initiate exercise, in general, participants would rather have been moving which was an interesting theme we identified. “Movement” made it less of a chore and more natural. The choice of semantics when comparing exercise with the word “activity,” exercise could be associated with more pressure to attain results and given challenges with waiting for rewards.

Growing up, participants' exercise patterns over time were characterized by periods of exercise which could be intense, alternating with periods of no exercise at all. As exemplified by Participant 8, "So exercise was low during those times and the exercise I did do was quite intense when I did manage to like, get motivation up." As with the variability of exercise patterns, their reasons for exercising differed over the course of time like enhancing fitness or overall feeling better. For example, commenting on their relationship with exercise, Participant 5 said, "exercise that I don't push myself to do, that I want to do. And I stop as soon as I get bored of it, as soon as it turns into something that's not fun anymore."

Boredom manifested in a myriad of ways; at points participants felt too bored to even start exercising. Alternatively, participants felt too bored to carry through with exercising for very long, some doing multiple things at once like watching television while exercising. Difficulty doing only one thing at a time relates to challenges with sustaining attention and a need for stimulation such as through novelty or variety. For instance, talking to someone while working out at the gym was "really helpful" for Participant 5 as they otherwise found the gym boring. Additionally, Participant 12 said, "If I'm not interested in something, then it might as well like, be dead to me . . . I'd have to be really into something . . . to . . . keep it up. It's that much more challenging to continue with an activity—i.e., exercise—when you have ADHD and you aren't interested in it." Furthermore, participants tended to throw themselves into new activities and do them intensely for a while and then stopped after losing interest when it was no longer novel. Participant 14 said: "I was interested in . . . new . . . trends . . . like kickboxing or . . . Zumba So if it was new and interesting, I might have taken part in it. But I . . . wouldn't have necessarily stuck to it."

Having classes or activities organized externally like the examples above or through physical education in school made it easier to participate in sports. As Participant 14 said, ". . . once it stopped being organized for me, I didn't really do it." Structure was probably helpful to keep the momentum going though it is unclear what stops participants from consistently engaging in exercise after a certain point. Though team exercise was often disliked, group exercise like yoga could be different as the focus is still on the self and one is simply doing the exercise, with others doing it simultaneously. This was helpful in addressing executive function-related issues of starting exercise.

Participants sometimes had periods of unhealthy exercise, that is, where they were overexercising. This often led to periods of no exercise at all due to burnout or injury. Finding a balance was quite difficult for participants. Participant 14 for example described "I'd either be going like 5–6 times a week or I would not be going at all" when it came to the gym, reflecting an all or nothing attitude. This might also have to do with negative associations they had with exercise.

Growing up, Participant 8, for example, was pressured to lose weight and fit a certain body type. Participant 14 spent a while exercising only to lose weight and fit into their wedding dress. That pressure is unlikely to have cultivated a love for exercise and might explain some of the ups and downs participants like them faced with exercise. Participant 8's statement "I developed a sort of love-hate . . . relationship with it" parallels the extremes of exercise experienced in these roller coaster journeys. Perhaps unhealthy motivations such as looking a certain way spurred starts and stops in exercising.

This suggests that habits were not strong enough to keep up during times of overwhelm. During periods participants did exercise, though it might not have been clear in the moment, it is evident now that exercise led to an improvement in ADHD symptoms and being motivated to engage in such healthy behavior encouraged motivation in other areas like doing university work. Regarding the relationship between ADHD and exercise, Participant 8 described it like this:

It's this circle where the ADHD can be my enemy for exercise or when things don't go as I'd like them. And at the same time, I need the exercise to maintain momentum and the positive aspects of my ADHD.

ADHD could be a barrier to exercising, but exercise could be beneficial for ADHD symptoms. Navigating this relationship is naturally complicated. Accountability could be helpful according to Participant 8 in keeping up exercise until they found the intrinsic motivation to exercise once again, whereas Participant 14 found it helpful to have a personal trainer. This helped to keep some structure in place. Participant 8 was also very focused around making exercising into a habit so that it becomes automatic and no longer requires the motivation to keep up with it. While many individuals experience ups and downs in motivation and engagement in exercise, there are elements of ADHD that could exacerbate this experience and make maintenance more challenging.

Discussion

We aimed to understand the lived experiences of adults with ADHD and the relationship they have with exercise, how and why it might be used as a symptom management tool, the evolution of these experiences before and after diagnosis, and how and why individuals experience issues related to exercise dependence and withdrawal symptoms if and when they are unable to engage in exercise. By conducting interviews with adults with ADHD, we identified three key themes: (a) *exercise as a necessity for ADHD*, reflecting the need to exercise despite not having a formal ADHD diagnosis and use of exercise as a management tool postdiagnosis; (b) *goals and achievements to live by*, reflecting how exercise patterns revolved around a need to excel and make progress toward targets; and (c) *activity or exercise: a roller coaster journey*, covering the ups and downs of some of our participants' exercise journeys and different ways of conceptualizing exercise to stay active.

The first theme of exercise as a necessity for ADHD reflected the need of the sample to exercise to manage ADHD symptoms both before and after having a formal diagnosis. The experience of the participants supported previous quantitative work that showed adults with ADHD found that exercise enhances mood, energy, motivation, and that these positive effects of exercise on ADHD are a key facilitator to engagement (Dinu et al., 2023; Ogrodnik et al., 2023). This importance of exercise in the case of ADHD had been emphasized by Baillie and Linden (2023), who found that "changes to sport and exercise" was a major theme reflecting the challenges people with ADHD faced during the COVID-19 pandemic. Here, when diagnosed, participants reported few changes in their exercise behaviors and use of exercise for symptom management. However, they did

discuss changes in their understanding in why exercise was helping them and of the meaning of exercise to themselves. The sample was mostly active from childhood or young adulthood, and this may have facilitated the engagement with exercise after diagnosis and suggests that there is an enhanced importance of engaging young people with ADHD with physical activity to support their ability to continue to exercise in the future.

The second theme, goals and achievements to live by, was summarized by the participant who stated that exercise is “really about structure or . . . commitment and . . . giving myself goals to maintain.” This theme reflects the findings of Redshaw and McCormack (2022), who suggested that planning can be challenging for individuals with ADHD, who can often be hard to direct their attention. Goals can be useful in channeling energy, and exercising is one area where participants regularly set themselves goals to give structure to their lives (Ogrodnik et al., 2023). However, evidence has suggested that the executive functions linked to goal-directed behavior are not as strong in people with ADHD, leading to difficulties creating goals and following up on them (Nyman et al., 2010; Sibley et al., 2019; Sonuga-Barke, 2003). Based on the data here one might argue, that rather than “deficits” in goal-directed behavior, some people with ADHD might experience inconsistencies in goal-directed behavior paralleling the inconsistencies in their ability to sustain attention (Tucha et al., 2017), and there can be positives from the ability to hyperfocus on goals. Hyperfocus states share four criteria: (a) enabled by a fun or interesting task, (b) involve intense concentration on that task, (c) result in reduced attention to irrelevant stimuli, and (d) may improve task performance (Ashinoff & Abu-Akel, 2021; Grotewiel et al., 2022). If ADHD can offer some positives to individuals with the neurotype (Redshaw & McCormack, 2022), then rather than causing deficits, hyperfocus might offer some benefits to people with ADHD and could lead to consistency in exercise and achievements in this field.

The first two overarching themes have, thus far, focused on the positive aspects of wanting to engage with exercise. However, underpinning the use of exercise to manage symptoms and create structure in day-to-day life, some participants displayed a *need* to exercise and problems when they are unable to engage in planned exercise. This supports existing literature that suggests that people with ADHD are at a greater risk of addiction and the experience of withdrawal symptoms (Berczik et al., 2012; Popat et al., 2021; Romo et al., 2018; Schellekens et al., 2020). The insights from participants here support the work of Ramji et al. (2024) who suggested that though adults with ADHD from their sample were rarely classified as exercise-dependent, large proportions were classified as “symptomatic” on an exercise dependency scale. This suggests that, while the participants generally reported positives of exercise, when encouraging exercise as an ADHD management tool, there needs to be an awareness of the elevated risks of dependence.

Not all participants here reported an ability to consistently exercise and focus on goals, and the final theme, the roller coaster journey, covers the ups and downs of some of our participants’ exercise experiences and the use of different ways of conceptualizing exercise to stay active. The need to reconceptualize exercise as “activity” relates to core ADHD symptoms which include a constant need to move. For example, as measured by the Adult ADHD Self Report Scale (Kessler et al., 2005) items include, “How often do you feel overly active and compelled to do

things, like you were driven by a motor?” or “How often do you feel restless or fidgety?” suggesting that reframing exercise as activity may be a useful concept to link ADHD symptoms to getting active. The need to reframe and deal with variability in motivation has previously been identified as a barrier to accessing physical activity in this population (Ogrodnik et al., 2023) and is connected to troubles with sustaining interest in activities and finding spurts of intrigue in exercise followed by a loss of enthusiasm for the same. It reflects challenges with maintaining attention for longer periods of times, a need for novelty and variety, and a proclivity for boredom: all characteristics of ADHD (Instanes et al., 2016; Malkovsky et al., 2012; Salomone et al., 2020).

Across all these themes, participants identified positives associated with their ADHD. This supported the expansion beyond the medical model of ADHD to better capture the experiences of people with this neurotype to ultimately leading to better support for individuals with ADHD (Cairney et al., 2018). According to the neurodiversity framework, neurodiversity is considered a nonpathological variation in the human brain regarding movement, sociability, learning, attention, mood, and other mental functions at a group level (Singer, 2017; Sonuga-Barke & Thapar, 2021). The capabilities of individuals who are neurodivergent are recognized, focusing on their rights to autonomy and support rather than needing to be cured for perceived deficits as highlighted by the medical model. Participants here did not suggest any discrimination was felt in the exercise domain by others and did support previous literature in suggesting that there are positives to be had from ADHD, particularly around hyperfocus (Ramji et al., 2024; Redshaw & McCormack, 2022; Schippers et al., 2022). More holistic perspectives of ADHD incorporating different viewpoints from the neurodiversity and social-relational movements would expand upon our understanding of the neurotype and empower individuals with it rather than boxing them as “disordered.” Exercise in this context could support individuals in being the best versions of themselves and in enjoying their lives despite their experiences of disability.

The idea of the world not being designed for individuals with ADHD that was identified by participants here supports the social-relational model that suggests activity limitations can be caused by lack of accommodation from society. However, the activity limitations experienced by adults with ADHD could be minimized through exercise that helped participants to manage their daily lives (Ogrodnik et al., 2023). The findings here could support exercise programmers and people with ADHD who have little evidence with which to inform their exercise plans. Rather than simply considering the medical model and the acute symptom relief exercise could offer for biomedical reasons, there may be benefit in considering the additional benefits of exercise when developing self-management guidelines (Singh et al., 2010). For example, the use of exercise and sporting events to add structure to life is a novel consideration that has emerged. Involvement in activities that foster longer term goals, such as those offered by sport and exercise and other activities that people with ADHD enjoy, could support the structuring of life with ADHD and support living beyond the present moment (Redshaw & McCormack, 2020). However, this needs to be implemented while also being mindful of the higher risk of dependency and withdrawal associated with ADHD (Popat et al., 2021; Ramji et al., 2024).

As with any study, there are strengths and limitations to this work. We included a diverse sample of individuals with ADHD *and* co-occurring conditions to capture the reality of living with this cognitive difference. However, the sample could have been self-selecting of people who have positive experiences with exercise in ADHD management, and many were passionate about it as a self-management option. We also did not probe into the inattentive, hyperactive, or combined subtypes of ADHD and their potential mapping to results. Future research that aims understanding the relationship between subtypes of diagnosis and lived experienced could help link medical diagnosis to the sociocultural understanding of ADHD. Despite the need to capture experiences with exercise, we were limited to collecting data in a single interview, meaning much of what was captured is retrospective. The participants who were included had already been engaged with exercise, so while these experiences are beneficial to developing nonpharmaceutical interventions through the use of exercise, these individuals may not represent those initially adopting exercise for ADHD management. We employed a rigorous approach to interviewing and analysis; we did not include member checks due to the burden on participants who had already completed several surveys and an interview. This does, however, mean the participants have not had a chance to reflect on our interpretations.

Future work could adopt longitudinal approaches with people who are prescribed exercise to capture that specific journey and should look to understand the key challenges and barriers specific to this population, appreciating the fine balance between promoting a beneficial lifestyle change and the difficulties that could be experienced in implementing this. It would be pertinent for research to explore how ADHD and exercise interact, and what different types and intensities of exercise do for various ADHD symptoms.

The findings presented here are the first to specifically investigate the experiences of exercising with ADHD over time and expand on initial quantitative findings of Popat et al. (2021) and Ramji et al. (2024) who had investigated exercise tendencies and propensities for exercise addiction in people with ADHD. The data offer initial evidence to the more limited study of experience of adults with ADHD integrating exercise into their lives and utilizing it as a management tool both before and after formal diagnosis (Fritz & O'Connor, 2016; Ogrodnik et al., 2023).

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