Siddhanta's International Journal of Advanced Research in Arts & Humanities
Impact Factor : 5.9, ISSN(O) : 2584-2692
Vol. 1, Issue 4, Mar.-Apr., 2024
Available online : https://sijarah.com/

MARITAL ADJUSTMENT, FUNCTIONAL IMPAIRMENT AND SOCIAL SUPPORT AMONG PERSONS WITH OCD AND DEPRESSIVE DISORDER : LITERATURE REVIEW

Rohtash* Dr. Bobinder**

*Research Scholar (Department of Psychology, Sunrise University, Alwar, Rajasthan)

** Professor (Department of Psychology, Sunrise University, Alwar, Rajasthan)

ABSTRACT

Long-term OCD affects 2.3% of people. OCD involves recurrent obsessions and compulsions. Marriage starts a family. Quality of life includes social, emotional, and physical health. The study examines OCD patients' marital adjustment and quality of life. This included PubMed and manual searches. OCD may directly influence couples, producing unhappiness. Disease-related guilt and social status lower spouses' quality of life.

Keywords: Obsessive-Compulsive Disorder, Quality of Life, Marital Adjustment, Dissatisfaction, Stress

MARITAL ADJUSTMENT

Family study has focused on "marital adjustment". The belief that all couples' weddings must be completed may explain this. We may conclude that healthy marriages last, whereas unhealthy ones terminate in divorce. Because happy, well-adjusted marriages have positive partner relations. Marriage adjustment is hard to investigate scientifically. Though simple, marital adjustment might be difficult to understand.

After over 50 years, researchers still debate marital adjustment's concept, term, and significance. After all the work, this is best. Such a description is only possible after so long. After almost 50 years of hard labor, this is the greatest. Many experts say marital adjustment and its origins should be abandoned. (1982; Trost 1985).

Literature Review

German study by *Grabe et al.* A representative sample of 4075 northern Germans aged 18–64 were given German versions of the DSM-IV modified Composite International Diagnostic Interview to measure quality of life and psychosocial function in OCD and subclinical OCD

Siddhanta's International Journal of Advanced Research in Arts & Humanities
Impact Factor : 5.9, ISSN(O) : 2584-2692
Vol. 1, Issue 4, Mar.-Apr., 2024
Available online : https://sijarah.com/

patients. DSM-IV diagnosed subclinical OCD. The lifetime prevalence of OCD and subclinical OCD were 0.5% and 2%. The 12-month prevalence was 0.39 and 1.6%. 5.7 women and 1.2 men had OCD/subclinical OCD. OCD and subclinical OCD impaired psychosocial function and quality of life.

Dr. Selwyn Stanley (2003)

Many studies have examined alcoholics and their spouses, but little is known about how they compare to non-alcoholics. India values this topic. This study compares married couples with one alcoholic spouse to a control group without an alcohol problem. Study analyzes how drinking impacts married couples. Researchers offered both groups marital and life satisfaction examinations and questionnaires. Exams and surveys measured life satisfaction and marital health. Statistics demonstrate that the two couple groups vary significantly on each issue dimension. Research shows this difference amongst relationship groupings. Women of alcoholics scored lowest among the four marriage partners. The findings reveal that both spouses in an alcohol-troubled marriage need treatment to improve their quality of life. This applies whether drinking creates marital issues or not.

A reference sample of couples without an alcoholic husband had higher marital adjustment and quality of life than both spouses in an alcohol-complicated relationship. This applied regardless of the wife's drinking. Married couples without alcohol were compared. This study suggests couple-based marital family therapy to assist couples overcome marriage faults and improve their quality of life. They need these therapies to live well. These medicines are essential for improving their lives. This would help them stay sober, avoid relapse, and salvage their marriage.

Gail Steketee and Barbara Van Noppen (2003)

The family constellation of obsessive compulsive disorder (OCD) patients includes family members with OCD symptoms and family traits such parental attachment, expressed emotion (EE), and family accommodation. Also discussed are the patient's family members' OCD. Behavioral therapy outcomes are adversely affected by hostile influence, excessive therapist emotional engagement, and patient criticism. Honest relative criticism in an interview improved therapy. This link substantially altered the situation. Family changes were expected to hinder family functioning and increase OCD symptoms in behavioral treatment patients. OCD patients experienced this. Some psycho-educational and supportive treatments help patients and their families, but a review of the little treatment literature suggests that they have not been properly studied. This despite multiple studies proving psycho-educational and supportive treatment is effective. This is true despite data demonstrating these medicines are effective. Family therapy worked in clinical studies, especially those with children. Other trials disagreed. Multi-family group interventions, behavioral contracts for exposure, and ritual elimination are more likely to work. We also know that behavioral treatment should

Siddhanta's International Journal of Advanced Research in Arts & Humanities
Impact Factor : 5.9, ISSN(O) : 2584-2692
Vol. 1, Issue 4, Mar.-Apr., 2024
Available online : https://sijarah.com/

limit family accommodation. The creation, execution, and efficacy of OCD family treatment need rapid study.

Maurizio Fava et al. (2005)

This research compares standardized St. John's wort extract to fluoxetine and a placebo for antidepressant efficacy and safety. The Structured Clinical Interview for the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition detected major depressive disorder. After that, participants received a 12-week double-blind treatment of LI-160 St. John's wort extract (900 mg/d), fluoxetine (20 mg/d), or a placebo. All three groups received the same treatment. This week off to clean and recoup was vital. Treatment effectiveness was assessed using the 17-question Hamilton Rating Scale for Depression.

End point HAMD-17 scores were compared across the three treatment groups using covariance analysis. Covariate was baseline HAMD-17 score. Treatment analyses comprised 135 double-blind individuals. We treated individuals. Patients averaged 37.3 11.0 years old, 57% female, and 19.7 3.2 HAMD-17 scores. Based on covariance analysis, the St. John's wort group had lower mean HAMD-17 scores at the conclusion of the research (n = 45; mean SD, 10.2 6.6) than the fluoxetine group (n = 47; 13.3 7.3; P 0.03) and a tendency toward a similar result for the placebo group (n = 43; 12.6 6.4; P = In contrast, St. John's wort (38%), fluoxetine (30%), and placebo (0%), had greater remission rates (HAMD-17 8). 21 percent. Most consumers claim St. John's wort is safe and easy to tolerate. St. John's wort beat fluoxetine and placebo. It seemed improbable that St. John's wort outperformed a placebo (d = 0.45) due to the 25% smaller sample number.

Richard D. (2005)

Living with OCD, a mental illness, may be stressful. Despite evidence that OCD may influence interpersonal, social, and professional performance, few research have studied its effects on love relationships. Even when OCD impairs performance. Despite OCD sufferers reporting lower relationship satisfaction, no study has linked OCD severity to romantic pleasure. OCD patients' romantic relationship success was studied in this study. After being recognized at a national conference, 64 OCD patients were surveyed regarding OCD, depression, relationship satisfaction, closeness, relationship worry, and self-disclosure.

OCD may hinder romantic relationships, study shows. The results reveal that obsession intensity hurts intimacy, interpersonal satisfaction, and self-disclosure. After adjusting for obsessions, sex, and depressive symptoms, partial correlations indicated that younger OCD onset negatively influenced relationship functioning. This held after controlling for all other factors. This held after considering all other considerations. This was true even if OCD symptoms were initially diagnosed at a young age. Logistic regression showed that early OCD symptoms predict marriage. OCD patients detected early had a much lower marriage rate than those diagnosed later. According to results, people who were afraid to tell their

Siddhanta's International Journal of Advanced Research in Arts & Humanities
Impact Factor : 5.9, ISSN(O) : 2584-2692
Vol. 1, Issue 4, Mar.-Apr., 2024
Available online : https://sijarah.com/

spouse about their obsessions and compulsions offered less private and sensitive data when assessed for depressive symptoms.

This was discovered using ANCOVA. Structural equation modeling linked obsessive intensity to relationship satisfaction. Concern and interpersonal pleasure are moderated by proximity. Research proved this. Closer closeness minimizes obsessions' negative impact on relationship pleasure. Relationship pleasure may include sexuality. The data also suggested that sexual activity with a partner makes individuals apprehensive about developing the disease.

Major depressive disorder increases mortality and functional impairment risk, according to many research. One-third of patients may not react to therapy. Pharmacogenetic indicators in CYP450 genes such CYP2D6 and CYP2C19 may predict major depressive disorder treatment success. However, prediction methods must improve. The most commonly prescribed antidepressants' pharmacogenetic distinctions, therapeutic efficacy, and adverse effects are discussed above. Novel approaches for evaluating pharmacological response based on genome-wide association study-discovered genetic markers for pharmacokinetics, pharmacodynamics, and disease pathology are also presented.

A study revealed these genetic markers. Study found genetic markers. The research suggests polygenic risk score analysis may enhance patient care. Multiple treatments exist for complex disorders like severe depressive disorder. This condition is multifaceted. A more extensive examination of the disease's genetic susceptibility background and risk factors for failure treatment may improve risk prediction and therapeutic effectiveness.

These data may come from a patient's family history study. PRS analysis of MDD risk factors and therapy result in MDD with a specific medicine or pharmacological group may one day help identify risk profiles for side effects or therapy failure and aid pick a patient's individualized treatment. This is because it would utilize MDD risk variables and therapy results for a single drug or pharmacological category. Such an investigation would employ MDD risk markers. This approach is being developed due to limited research. This keeps the approach evolving. More GWAS research on treatment outcomes is required to create a meaningful PRS that can predict antidepressant or pharmaceutical class responses.

Daniel P. Chapman (2005)

Public health research and intervention are focusing on chronic diseases. This trend will certainly continue. Untreated depressive disorders nearly often become chronic, and by 2020, only depression will cause more global disease than cardiovascular disease. Thus, measuring community health and treating individuals requires identifying the relationship between mood disorders and chronic illnesses. This study included Medline searches for "mental disorders" and "depression" as well as chronic conditions including asthma, arthritis, cardiovascular

Siddhanta's International Journal of Advanced Research in Arts & Humanities
Impact Factor : 5.9, ISSN(O) : 2584-2692
Vol. 1, Issue 4, Mar.-Apr., 2024
Available online : https://sijarah.com/

disease, cancer, diabetes, and obesity. The search has several subject headings. Mental illness, notably sadness, and chronic disorders increased.

Chronic disease and depressive disorders are risk factors for depression, and depression may increase chronic sickness symptoms. Depression risk factors including chronic disease and depressive disorders may explain this relationship. Chronic illness and past depressive illnesses may also cause depression. The complex relationship between depressive disorders and chronic diseases impacts both treatment and care.

Depression is known to impact chronic illness early stages, development, and outcomes. Early depression diagnosis and treatment need multivariate community-based research and intervention. More research is required to understand how mental diseases other than depression induce chronic illness.

Helena C Kraemer et al. (2006)

This document summarizes the ACNP Task Force's recommendations for clinical investigators and physicians on remission, recovery, relapse, recurrence, and response. Several solutions were presented for remission's impact on these words. Both doctors and academics believe that remission is a viable therapy goal. Remission enhances function and viewpoint. Depression symptoms may not fade or improve for everyone. Response is a poor research endpoint since it depends on the first (sometimes subjective) evaluation of sickness severity. This devalues responding as a goal. A three-week period of mild symptoms without interruption suggests remission.

The DSM-IV-TR defines "minimal symptom status" as three or fewer of the other seven symptoms and no sorrow or diminished interest or pleasure in previously loved activities. Induce remission if the illness returns soon after. Remission is irrevocable otherwise. The patient is in "recovery" if the sickness has not reappeared after four months of remission. This is for "recovery". After healing, only a brief relapse may undo it. Daily functioning and quality of life are essential secondary end goals, but response, remission, recovery, relapse, and recurrence criteria did not include them. Both are essential secondary aims. Use ratings that encompass all nine key depressive episode symptom categories. Because such ratings better show the condition's severity.

Clear ratings help determine remission. Symptom ratings are available for all nine severe depression domains. Ratings may help detect major depression. These theories were tested using logic, internal consistency, and clinical experience because there was no evidence. These recommendations need scientific examination.

Gururaj et al.(2008) compared OCD patients' family burden, quality of life, and disability to schizophrenia patients of equivalent severity.89 Schizophrenia patients had a greater family burden but comparable quality of life and impairment. The study indicated that OCD patients had significant disability, bad quality of life, and family burden comparable to schizophrenia.

Siddhanta's International Journal of Advanced Research in Arts & Humanities
Impact Factor : 5.9, ISSN(O) : 2584-2692
Vol. 1, Issue 4, Mar.-Apr., 2024
Available online : https://sijarah.com/

Steffen Moritz et al. (2008) observed that obsessive-compulsive disorder research increasingly use QoL. Despite the ambiguity, patients' own aspirations should be addressed throughout therapy. Despair alleviation, not symptom decrease, should be the main therapy objective. Generic (illness-unspecific) measurements demonstrate that OCD individuals have poor social, work role functioning, and mental health QoL. Schizophrenia patients have poor ratings. Depression and obsessions lower QoL most. A new research of 105 OCD patients identified significant daily living challenges, limited employment, and stressful social networks. Therapeutic effectiveness and QoL improvement entail addressing work-related difficulties and associated disorders such secondary depression and physical limits. Successful treatment may enhance well-being, although other trials observed no QoL change.

Sidney H. Kennedy (2008)

DSM-4's polythetic "Major Depressive Disorder (MDD)" or ICD-10's "Recurrent Depressive Episodes":

Clinical and Diagnostic Guidelines. 1 in DSM-5. DSM-IV is the oldest category. ICD-10 does not mention etiopathology or treatment response. A "depressed mood" or "loss of interest or pleasure in practically all activities" is the only DSM-IV criterion for a Major Depressive Episode (MDE). Two symptoms are "depression" (anhedonia). These two "core symptoms" screened for major depressive disorder with 83% sensitivity and 92% specificity for "caseness" on a Structured Clinical Interview for DSM-IV (SCID)3 using a 2-item Patient Health Questionnaire (PHQ-2). These two "core symptoms" might diagnose serious depression illness when examined. The original research was reproduced throughout Europe.

Amy J Morgan and Anthony F Jorm (2008)

Subthreshold symptoms harm society and raise severe depression risk, according to research. Managing subthreshold depression without professional support is possible. This may treat subthreshold depression. This study evaluates depression self-help alternatives to find viable therapies that may inspire future research or health promotion. The findings of this study encourage further investigation and health promotion. This project seeks health promotion or research ideas. Health improvement is its goal. We searched PubMed, PsycINFO, and the Cochrane Database of Systematic Reviews for randomized controlled trials of self-help treatment for depression. Our integrated research's citations and references were assessed. Clinically depressed patients were isolated from non-depressed patients. Studies with small sample numbers or that supplemented antidepressants or psychotherapy were eliminated. Most therapy are unproven. The 38 treatments included sadenosylmethionine, St. John's wort, bibliotherapy, computerized interventions, distraction, relaxation training, exercise, enjoyable activities, sleep restriction, and light therapy. We examined depression treatments with the greatest evidence. Some intriguing ideas are ignored academically. Distraction, exercise, humor, music, negative air ionization, and singing quickly lifted poor mood in non-clinical samples. Research suggests that autogenic training, light treatment, omega-3 supplements,

Siddhanta's International Journal of Advanced Research in Arts & Humanities
Impact Factor : 5.9, ISSN(O) : 2584-2692
Vol. 1, Issue 4, Mar.-Apr., 2024
Available online : https://sijarah.com/

pets, and prayer may have long-term benefits. The outcomes of many low-quality research may not apply to self-help without expert guidance. Self-help may assist even if depression symptoms aren't severe enough for a diagnosis. Expert consensus may help if randomized controlled trials cannot evaluate an intervention. Education on effective self-help approaches for addressing subthreshold depression symptoms may delay or prevent severe depressive illness, functional impairment, and drug dependency. More research is needed. Sleep deprivation may help many depressed people. Unhappy but not clinically sad individuals may become depressed without enough sleep.

K. Hill et al (2008)

Even if COPD patients are anxious and depressed, prevalence rates are hard to calculate. This may be because several scales and techniques quantify these symptoms. COPD patients, regardless of organ origin, feel anxious and depressed. Anxious dyspnea may worsen. It helps too. Loss and suffering may cause COPD depression. Research ties smoking to anxiety and sadness. Nicotine addiction results from smoking. To determine which therapy reduced anxiety and sadness better, researchers randomly assigned individuals to exercise or drugs. Most physical disorders are impacted by psychological emotions and coping. COPD symptoms including fatigue, insomnia, and breathing problems are connected to anxiety and depression. Understanding patients' psychological histories, coping mechanisms, and how anxiety and depression affect sickness responses may help physicians reduce symptoms and improve quality of life. COPD may cause anxiety and despair. These symptoms lower health-related quality of life and may cause the disease's principal impacts, physical disability and financial hardship. Symptoms lower health-related quality of life. COPD patients may develop psychological issues owing to chronic hypoxia, long-term oxygen therapy, smoking, dyspnea, inactivity, and social isolation. COPD patients typically develop anxiety and sadness, although testing for these symptoms is uncommon. These problems may be treated with medicines and professional exercise.

Bedirhan Üstün and Cille Kennedy (2009)

Disability ("functional impairment") is not operationalized in the ICD or DSM. The DSM analyzes symptoms and functioning concurrently, whereas the ICD separates impairment from mental disease diagnosis. To operationalize sickness and disability, the ICD and DSM require a unified paradigm. No approach's diagnostic threshold should be altered by functional issues. To operationalize sickness and disability, the ICD and DSM require a unified paradigm. ICF domain operationalization may help. It may clarify function thresholds. No approach's diagnostic threshold should be altered by functional issues. Development, spread, continuity, or other independent measures would establish the disorder's mild, moderate, or severe severity to avoid co-linearity. After diagnosis. Separate mental health categories cannot develop. Instead, they should standardize words like symptoms, functioning, and indicators. Thus, mental health and general health information

Siddhanta's International Journal of Advanced Research in Arts & Humanities
Impact Factor : 5.9, ISSN(O) : 2584-2692
Vol. 1, Issue 4, Mar.-Apr., 2024
Available online : https://sijarah.com/

systems will merge. Scientific research, health intervention comparisons, and results will improve.

CONCLUSION

OCD may strain marriages. Studies show OCD spouses are more unhappy emotionally and adjustment-wise. Disease-related guilt and social status lower spouses' quality of life. This study examines OCD couples' marital adjustment and quality of life.

REFERENCES

1. Dr Damian Santomauro (2021) " Global prevalence and burden of depressive and anxiety disorders in 204 countries and territories in 2020 due to the COVID-19 pandemic" www.thelancet.com Vol 398 November 6, 2021.
2. Véronique Palardy, Ghassan El-Baalbaki, Catherine Fredett, Elias Rizkallah,Stéphane Guay (2017) "Social Support and Symptom Severity Among Patients With Obsessive-Compulsive Disorder or Panic Disorder With Agoraphobia" Europe's Journal of Psychology ejop.psychopen.eu | 1841-0413, (http://creativecommons.org/licenses/by/3.0).
3. Muhammad Arshad, Dr. M. Naeem Mohsin, Dr. Khalid Mahmood, (2014) "Marital Adjustment And Life Satisfaction Among Early And Late Marriages" Journal of Education and Practice www.iiste.org ISSN 2222-1735 (Paper) ISSN 2222-288X (Online) Vol.5, No.17, 2014.
4. Jinghui Wang, Xiaohang Wu, Weiyi Lai, Erping Long, Xiayin Zhang, Wangting Li, Yi Zhu, Chuan Chen, Xiaojian Zhong, Zhenzhen Liu,Dongni Wang, Haotian Lin "Prevalence of depression and depressive symptoms among outpatients" BMJ Open: first published as 10.1136/bmjopen-2017-017173 on 23 August 2017. Downloaded from http://bmjopen.bmj.com/ on May 16, 2022 at India:BMJ-PG Sponsored. Protected by.
5. Betul Keles, Niall McCrae & Annmarie Grealish (2019) "A systematic review: the influence of social media on depression, anxiety and psychological distress in adolescents" ISSN: (Print) (Online) Journal homepage: https://www.tandfonline.com/loi/rady20.
6. Dr. Anu Dandona (2013) "A Study on Marital Adjustment and Depression of Working and Non-Working Married Women" ISSN: 2321 – 7537 IJEDST (2013), 1(1):46-51, https://www.researchgate.net/publication/317065892.

Siddhanta's International Journal of Advanced Research in Arts & Humanities
Impact Factor : 5.9, ISSN(O) : 2584-2692
Vol. 1, Issue 4, Mar.-Apr., 2024
Available online : https://sijarah.com/

7. Dr.Kalpana .D.Bharambe, Mr.Pravin.A.Baviskar (2013) "A study of marital adjustment in relation to some psycho-socio factor." International Journal of Humanities and Social Science Invention ISSN (Online): 2319 – 7722, ISSN (Print): 2319 – 7714 www.ijhssi.org Volume 2 Issue 6 ǁ June. 2013ǁ PP.08-10.

8. Sajjad Basharpoor, Ali Sheykholeslami (2015) "The Relation of Marital Adjustment and Family Functions With Quality of Life in Women" ejop.psychopen.eu | 1841-0413, (http://creativecommons.org/licenses/by/3.0),.

9. Sneh Lata Rao (2017) "Marital Adjustment and Depression among Couples" The International Journal of Indian Psychology ISSN 2348-5396 (e) | ISSN: 2349-3429 (p) Volume 4, Issue 2, No. 87, DIP: 18.01.045/20170402 ISBN: 978-1-365-71287-6 http://www.ijip.in | January-March, 2017.

10. S. Priyadharshini and Rejani Thudalikunnil Gopalan (2019) "Marital Adjustment, Love, Personal Intimacy, Personality, Dyadic Coping and Spirituality on Marital Stability" 7(4): 1-16, 2019; Article no.AJARR.53298,ISSN: 2582-3248.

11. Dr. S. M. Makvana (2014) " Marital Adjustment among Serving and Non-Serving Married Couples" The International Journal of Indian Psychology: Volume: 01 | Issue: 03 | ISSN 2348-5396.

12. Antoaneta Andreea Muraru, Maria Nicoleta Turliuc (2012) "Family-of-origin, romantic attachment, and marital adjustment: a path analysis model" Procedia - Social and Behavioral Sciences 33 (2012) 90 – 94.

13. Sara Molgora, Valentina Fenaroli , Chiara Acquati , Arianna De Donno,Maria Pia Baldini and Emanuela Saita (2019) "Examining the Role of Dyadic Coping on the Marital Adjustment of Couples Undergoing Assisted ReproductiveTechnology (ART)" ORIGINAL RESEARCH published: 08 March 2019 doi: 10.3389/fpsyg.2019.00415.

14. MS. RINKU RANI (2013) " Marital Adjustment Problems of Working and Non-Working Women in Contrast of Their Husband" Dr. Rinku Rani / International Journal for Research in Education Vol. 2, Issue:7, July 2013 (IJRE) ISSN:2320-091X.

15. Mehfooz Ahmad, Aqeel Khan (2018) "SOCIAL SUPPORT AND MARITAL ADJUSTMENT IN MARRIED WORKING WOMEN" Education, Sustainability And Society (ESS)1(2) (2018) 05-07, DOI : http://doi.org/10.26480/ess.02.2018.05.07.

16. Nazung Lepcha, Barkha Devi, Prerna Karki (2021) "Marital Satisfaction and Marital Coping Style adopted by Working and Non-working Pregnant Women attending Antenatal Outpatient Department in Sikkim" International Journal of Nursing & Midwifery Research Volume 8, Issue 1 - 2021, Pg. No. 22-30 Peer Reviewed & Open Access Journal.

17. Bedirhan Üstün, Cille Kennedy (2009) "What is "functional impairment"?Disentangling disability from clinical significance".

18. Mette Kjaergaard Nielsen, Kaj Sparle Christensen, Mette Asbjoern Neergaard, Pernille Envold Bidstrup, and Mai-Britt Guldin (2020) "Exploring Functional Impairment in Light of Prolonged Grief Disorder: A Prospective, Population-Based Cohort Study" published: 09 December 2020,doi: 10.3389/fpsyt.2020.537674.

19. Gustav Torisson, Lars Stavenow,Lennart Minthon, Elisabet Londos (2017) "Importance and added value of functional impairment to predict mortality: a cohort study in Swedish medical inpatients" BMJ Open: first published as 10.1136/bmjopen-2016-014464 on 30 May 2017. Downloaded from http://bmjopen.bmj.com/ on May 15, 2022 at India:BMJ-PG Sponsored. Protected by.

20. Rebecca T. Brown, MD, MPH, L. Grisell Diaz-Ramirez, MS,, W. John Boscardin,PhD, Anne R. Cappola, MD, ScM, Sei J. Lee, MD, MAS, and Michael A. Steinman, MD (2021) "Changes in the Hierarchy of Functional Impairment From Middle Age to Older Age" Journals of Gerontology: Medical Sciences cite as: J Gerontol A Biol Sci Med Sci, 2021, Vol. XX, No. XX, 1–8 https://doi.org/10.1093/gerona/glab250 Advance Access publication September 8, 2021.

21. André HAJEK and Hans-Helmut KÖNIG (2020) "Personality and functional impairment. Evidence from the Survey of Health, Ageing and Retirement in Europe" doi:10.1111/psyg.12751 PSYCHOGERIATRICS 2021; 21: 861–868.

22. Ann-Sofie Bergman, Ulla Melin Emilsson and Ulrika Järkestig Berggren (2021) "Persons with certain functional impairments apply for parenting support: a study of personal assistance assessments in Sweden" NORDIC SOCIAL WORK RESEARCH 2022, VOL. 12, NO. 1, 46–58 https://doi.org/10.1080/2156857X.2020.1756387.

23. Jan Scott, Elizabeth M. Scott, Daniel F. Hermens, Sharon L. Naismith, Adam J. Guastella, Django White, Bradley Whitwell, Jim Lagopoulos and Ian B. Hickie (2014)

Siddhanta's International Journal of Advanced Research in Arts & Humanities
Impact Factor : 5.9, ISSN(O) : 2584-2692
Vol. 1, Issue 4, Mar.-Apr., 2024
Available online : https://sijarah.com/

"Functional impairment in adolescents and young adults with emerging mood disorders" The British Journal of Psychiatry (2014),205, 362–368. doi: 10.1192/bjp.bp.113.134262.

24. Mohammad Ayoob, Osama Alsaeed, Waseem Rashid (2015) "Impact of Perceived Social Support on Quality of Life in Patients with Obsessive Compulsive Disorder" International Journal of Science and Research (IJSR) ISSN (Online): 2319-7064 Index Copernicus Value (2015): 78.96 | Impact Factor (2015): 6.391.

25. Elisabeth S. Linde†, Tibor V. Varga and Amy Clotworthy (2021) "Obsessive Compulsive Disorder During the COVID-19 Pandemic" SYSTEMATIC REVIEW,published: 25 March 2022,doi: 10.3389/fpsyt.2022.806872.