Peertechz

LIFE SCIENCES GROUP

INTERNATIONAL JOURNAL OF
Sexual and Reproductive Health Care OPEN ACCESS JOURNAL

ISSN: 2690-0815 DOI: https://dx.doi.org/10.17352/ijsrhc

Research Article

"Perrotta Affective Dependence Questionnaire (PAD-Q)": Psychodiagnostic evidence and clinical profiles

Giulio Perrotta*

Psychologist sp.ing in Strategic Psychotherapy, Forensic Criminologist, Legal Advisor sp.ed SSPL, Researcher, Essayist, Institute for the study of psychotherapies - ISP, Via San Martino della Battaglia no. 31, 00185, Rome, Italy

Received: 26 July, 2021
Accepted: 14 August, 2021
Published: 16 August, 2021

***Corresponding author:** Dr. Giulio Perrotta, Psychologist sp.ing in Strategic Psychotherapy, Forensic Criminologist, Legal Advisor sp.ed SSPL, Researcher, Essayist, Institute for the study of psychotherapies - ISP, Via San Martino della Battaglia no. 31, 00185, Rome, Italy,
E-mail: info@giulioperrotta.com

ORCID: https://orcid.org/0000-0003-0229-5562

Keywords: Personality disorders; Affective dependence; Emotional dependence; Love addiction; Behavioral addictions; PAD-Q; PICI-1; MMPI-II

https://www.peertechzpublications.com

Check for updates

Abstract

Purpose: Starting from the concept of "affective dependence" and its international nosographic framework, the *Perrotta Affective Dependence Questionnaire* (*PAD-Q*) aims to study the phenomenon of "affective dependence", defining it as a maladaptive model of the affective-sentimental relationship of a couple, which involves the establishment or persistence of a clinically significant bond, lasting at least six months and characterized by a functional impairment of the relational area, the emotional area and the somatic area. Affective addiction, not being a well-identified psychopathological label in the international nosographic framework, except in the general framework of behavioral addictions, in this context is identified as a maladaptive behavioral model that describes a series of personality traits afferent to several nosographically recognized psychopathological disorders [1].

Methods: Administration of the PICI-1 and PAD-Q. Clinical Interview.

Results: The present research work has demonstrated the reliability, efficiency and effectiveness of the PAD-Q, in relation to the objectives and the PICI-1. In particular, it facilitated a better diagnostic framing of current affective behavioral addiction, thus allowing to focus attention on the dysfunctional traits of patients and on the correct psychodiagnostic framing and their eventual clinical treatment.

Conclusions: The results of the PICI-1 on the selected population sample is perfectly compatible with the results of the PAD-Q, underlining also the trend according to which the higher the age of the population sample the higher the diagnosis of cluster B disorders, up to the highest psychotic percentage in the most mature age group. The same trend is visible in the PAD-Q data, which confirms the greater presence of dysfunctional traits in cluster B disorders.

Contents of the manuscript

Research objectives and methods

The present research is aimed at detecting the psychodiagnostic evidence of the "*Perrotta Affective Dependence Questionnaire*" (*PAD-Q*) [1], in the light of the conclusions found in the drafting of PICI-1 [2-5]. With 35 items, on a 0-5 scale, PAD-Q aims to study the phenomenon of "affective dependence", defining it instead as a maladaptive model of the affective-sentimental relationship of a couple, which involves the establishment or persistence of a clinically significant bond, lasting at least six months and characterized by a functional impairment of the relational area, the emotional area and the somatic area.

This research has been structured according to the following phases:

1) "Clinical interview" on the basis of a previous certified psychopathological diagnosis, to ascertain the persistence of the symptomatology suffered.

2) Marking of the answers, by the examiner, of the clinical questionnaire "PICI-1" on the basis of the symptoms declared during the clinical interview.

Citation: Perrotta G (2021) "Perrotta Affective Dependence Questionnaire (PAD-Q)": Psychodiagnostic evidence and clinical profiles. Int J Sex Reprod Health Care 4(1): 080-084. DOI: https://dx.doi.org/10.17352/ijsrhc.000028

3) Processing of the result after the completion of the second point.

4) Administration of the "PAD-Q".

5) Processing of the result after the completion of the fourth point.

6) Comparison between the results of the "PAD-Q" and the "PICI-1".

Introduction and background

Generally, when we indicate alterations in the emotional-affective tone we refer to a whole series of morbid conditions, which have a dysfunctional tone as a common basis; just think of anxiety disorders, among which we find panic, phobias, separation anxiety (at the basis of many psychotic and personality disorders) and generalized anxiety, eating disorders, obsessive-compulsive disorder, post-traumatic stress disorders, somatic syndromes, mood disorders (such as depression, dysthymia, cyclothymia, and suicidal risk), behavioral and substance addictions, bipolar disorder, paraphilic disorder and also a large part of personality disorders. And it is precisely in personality disorders that dysfunctional affectivity becomes a real addiction, often confused even by technicians and therapists (and wrongly treated in psychotherapies) as a new "behavioral addiction" (the so-called "love addiction"), according to one's perception of reality, until it evolves into the largest form: the "personality addiction disorder". Although affective addiction, due to a lack of experimental data, is not included among the mental disorders diagnosed in the DSM-5 (the Diagnostic and Statistical Manual of Mental Disorders), it is erroneously classified among the "New Addiction", new behavioral addictions, including Internet addiction, pathological gambling, sex addiction, sports addiction, compulsive shopping, and work addiction [6].

In clinical practice, we frequently encounter patients who are unable to break off deeply destructive intimate relationships that cause them suffering and compromise their lives on various levels; this condition is classified as "affective dependence" [7-10]. However, this behavioral expression is common to many personality disorders, such as dependent disorder [6], histrionic disorder [11], borderline disorder [12] and narcissistic disorder [13]. Indeed: in the dependent disorder, the main feature is precisely that of the toxic and destructive bond that reinforces one's personality tendency, as in a vicious circle; in the histrionic disorder, the affective dependence is functional to its tendency to dramatize, to try to capture the impression or attention of others, to continue to feed potentially useful situations to maintain its real or fictitious bond with the third party; in the hypothesis of borderline disorder, affective dependence is necessary to continue to maintain the bond with the person on levels of high instability, favoring first a morbid attachment and then a clear separation, alternating these behaviors in synchrony; finally, in narcissistic disorder, the patient implements modes of affective dependence in the hypothesis of "covert" narcissism, that is, the form that provides low self-esteem and high sensitivity to criticism [14-21].

Starting from the concept of "affective dependence" and its international nosographic framework, the *Perrotta Affective Dependence Questionnaire* (*PAD-Q*) aims to study the phenomenon of "affective dependence", defining it as a maladaptive model of the affective-sentimental relationship of a couple, which involves the establishment or persistence of a clinically significant bond, lasting at least six months and characterized by a functional impairment of the relational area, the emotional area and the somatic area. Affective addiction, not being a well-identified psychopathological label in the international nosographic framework, except in the general framework of behavioral addictions, in this context is identified as a maladaptive behavioral model that describes a series of personality traits afferent to several nosographically recognized psychopathological disorders [1].

Setting and participants

The selected population sample is 688 participants, divided as follows: 70 males and 618 females. All subjects have a certified psychodiagnostic background; however, for reasons of opportunity, it was preferred to learn the previous diagnosis only after the administration and processing of the MMPI-II test results and the PICI-1 clinical interview results, so as not to run the risk of influencing interpretation.

The selected setting, taking into account the protracted pandemic period (already in progress since the beginning of the present research), is the online platform via Skype and Videocall Whatsapp, both for the clinical interview and for the administration.

The present research work was carried out from May 2020 to June 2021 and focused exclusively on the clinical interview for adolescents and adults, as the theoretical differences of the model referring to children does not allow a uniform comparison with the application of MMPI-II.

The selected population sample (688 people) is divided as follows:

Gender of the sample Population	Bunds of age	Sample number
Male	16-30	15
Male	31-50	24
Male	51-65	31
Female	16-30	100
Female	31-50	308
Female	51-65	210

Results

Once the population sample had been selected (688 people), which met the required requirements (age between 16 and 65 years, confirmed psychopathological diagnosis, absence of degenerative neurological pathologies and ability to understand and want to participate in the research), the first practical phase of the research was carried out with the execution of the clinical interview, asking the participants to omit any information (at this stage) about the previous

Citation: Perrotta G (2021) "Perrotta Affective Dependence Questionnaire (PAD-Q)": Psychodiagnostic evidence and clinical profiles. Int J Sex Reprod Health Care 4(1): 080-084. DOI: https://dx.doi.org/10.17352/ijsrhc.000028

psychopathological diagnosis suffered, so as not to induce the writer into any conditioning.

The second and third phases of the research concluded with the initialling and interpretation, in the telematic presence with the interviewed subject, of the PICI-1 clinical interview (TA version).

The fourth and fifth phases of the research concluded with the initialling and interpretation, in the telematic presence with the interviewed subject, of the PAD-Q.

The last phase of the research, the sixth, ended with an informative comparison between the results of the PICI-1TA clinical interview and those of the PAD-Q, noting the following:

Gender	Bunds of age	Sample number	PICI-1 (TA) results (principal diagnosis)
Male	16-30	15	*Cluster A*: 8/15 (53,3%) *Cluster B*: 6/15 (40%) *Cluster C*: 1/15 (6,7%)
Male	31-50	24	*Cluster A*: 8/24 (33,3%) *Cluster B*: 13/24 (54,3%) *Cluster C*: 3/24 (12,3%)
Male	51-65	31	*Cluster A*: 7/31 (22,6%) *Cluster B*: 11/31 (35,4%) *Cluster C*: 13/31 (42%)
Female	16-30	100	*Cluster A*: 67/100 (67%) *Cluster B*: 26/100 (26%) *Cluster C*: 7/100 (7%)
Female	31-50	308	*Cluster A*: 116/308 (37,5%) *Cluster B*: 174/308 (56,2%) *Cluster C*: 18/308 (6,3%)
Female	51-65	210	*Cluster A*: 75/210 (35,7%) *Cluster B*: 115/210 (54,9%) *Cluster C*: 20/210 (9,4%)

Gender	Bunds of age	Sample number	PAD-Q results
Male	16-30	15	*Type I*: 4/15 (26,6%) *Type II*: 4/15 (26,6%) *Type III*: 2/15 (13,3%) *Type IV*: 2/15 (13,3%) *Type V*: 1/15 (6,7%) *Type VI*: 1/15 (6,7%) *Type VII*: 1/15 (6,7%)
Male	31-50	24	*Type I*: 4/24 (16,7%) *Type II*: 4/24 (16,7%) *Type III*: 2/24 (8,3%) *Type IV*: 5/24 (20,8%) *Type V*: 5/24 (20,8%) *Type VI*: 3/24 (12,5%) *Type VII*: 3/24 (12,5%)
Male	51-65	31	*Type I*: 3/31 (9,7%) *Type II*: 4/31 (12,8%) *Type III*: 2/31 (6,4%) *Type IV*: 3/31 (9,7%) *Type V*: 3/31 (9,7%) *Type VI*: 3/31 (9,7%) *Type VII*: 13/31 (42%)
Female	16-30	100	*Type I*: 39/100 (39%) *Type II*: 28/100 (28%) *Type III*: 5/100 (5%) *Type IV*: 8/100 (8%) *Type V*: 6/100 (6%) *Type VI*: 7/100 (7%) *Type VII*: 7/100 (7%)
Female	31-50	308	*Type I*: 40/308 (12,9%) *Type II*: 76/308 (24,6%) *Type III*: 24/308 (7,9%) *Type IV*: 48/308 (15,6%) *Type V*: 38/308 (12,3%) *Type VI*: 64/308 (20,7%) *Type VII*: 18/308 (5,9%)
Female	51-65	210	*Type I*: 35/210 (16,7%) *Type II*: 40/210 (19,1%) *Type III*: 15/210 (7,1%) *Type IV*: 21/210 (10%) *Type V*: 46/210 (22%) *Type VI*: 33/210 (15,6%) *Type VII*: 20/210 (9,5%)

Conclusions, limits and possible conflicts of interest

The present research work has demonstrated the reliability, efficiency, and effectiveness of the PAD-Q, in relation to the objectives and the PICI-1. In particular, it facilitated a better diagnostic framing of current affective behavioral addiction, thus allowing to focus attention on the dysfunctional traits of patients and the correct psychodiagnostic framing [22-55] and their possible clinical treatment [56,57]. In fact, the results of the PICI-1 on the selected population sample is perfectly compatible with the results of the PAD-Q, underlining also the trend according to which the higher the age of the population sample the higher the diagnosis of cluster B disorders, up to the highest psychotic percentage in the most mature age group. The same trend is visible in the PAD-Q data, which confirms the greater presence of dysfunctional traits in cluster B disorders. In particular, the dysfunctional totality of the selected population sample is recorded, with the following specifics: if the male group between 16 and 30 years recorded only 6.7% of the total among psychotic disorders with a greater prevalence among neurotic disorders (53.3%), in the relative female group remains more or less unchanged both the psychotic (7%) and neurotic (67%) components, with a slight decrease in percentage in the remaining cluster b disorder; The same is found in the male and female groups between the ages of 31 and 50, although where the prevalence is in cluster B disorders (54.3% and 56.2%), with a slight decrease in the psychotic component (12.3% in the male group and 6.3% in the female group); Extremely different values are recorded in the age group between 51 and 65 years, where in the male group there is an exponential growth of the psychotic component (42%) compared to clusters A and B, while in the female group the psychotic component returns to be more or less at the same level (9.4%), with a significant peak in the disorders of cluster B (54.9%). Again, with respect to PAD-Q values, it clearly emerges that: in the 16-30 age group, both the male and female groups present a higher prevalence of types I and II, over 50% for both cases; in the 31-50 age group, the male group presents a higher prevalence in types IV and V, while in the female group there is a higher prevalence of types II and VI, between 40% and 50% for both cases; in the 51-65 age group, the male group presents a clear prevalence of type VII, while in the female group there is a greater prevalence of types II and VI, between 40% and 50% for both cases, confirming what was obtained from the previous data.

Citation: Perrotta G (2021) "Perrotta Affective Dependence Questionnaire (PAD-Q)": Psychodiagnostic evidence and clinical profiles. Int J Sex Reprod Health Care 4(1): 080-084. DOI: https://dx.doi.org/10.17352/ijsrhc.000028

The limits of this research are: PICI-1 is a psychodiagnostic tool used by the therapist to organise psychotherapy aimed at individual needs, as it identifies individual dysfunctional personality traits, even if the diagnosis of DSM-V is based on the presence of specific clinically relevant symptoms; therefore, it is a tool that can be compiled and drafted only by the healthcare professional and not by the patient and only after a clinical interview aimed at diagnosis and therapy (which also includes a meeting with family members and direct subjects).

As PICI-1 and PAD-Q are a free psychodiagnostic tools, this research has no financial backer and does not present any conflicts of interest.

References

1. Perrotta G (2021) Perrotta Affective Dependence Questionnaire (PAD-Q): Clinical framing of the affective-sentimental relational maladaptive model. Ann Psychiatry Treatm 5: 062-066. Link: https://bit.ly/3sjhyKp
2. Perrotta G (2020) *Perrotta Integrative Clinical Interview*. 270.
3. Perrotta G (2020) The structural and functional concepts of personality: The new Integrative Psychodynamic Model (IPM), the new Psychodiagnostic Investigation Model (PIM) and the two clinical interviews for the analysis of personality disorders (Perrotta Integrative Clinical Interview or PICI) for adults and teenagers (1TA version) and children (1C version), Psychiatry Peertechz, E-book. Link: https://bit.ly/2SqQevV
4. Perrotta G (2020) First revision of the Psychodiagnostic Investigation Model (PIM-1R) and elaboration proposal of a clinical interview for the analysis of personality disorders (Perrotta Integrative Clinical Interview or PICI-1) for adults, teenagers and children, Psychiatry Peertechz. Link: https://bit.ly/2MQe3dY
5. Perrotta G (2020) Perrotta Integrative Clinical Interview (PICI-1): Psychodiagnostic evidence and clinical profiles in relation to the MMPI-II. Ann Psychiatry Treatm 4: 062-069.
6. Perrotta G (2020) Affective Dependence: from pathological affectivity to personality disorders. Definitions, clinical contexts, neurobiological profiles and clinical treatments. Health Sci 1: 1-7. Link: https://bit.ly/2TXmTdj
7. APA (2013) DSM-V, Diagnostic and Statistical Manual of Mental Disorders, Fifth Ed.
8. Perrotta G (2019) Psicologia generale, Luxco Ed, 1th ed.
9. Perrotta G (2019) Psicologia dinamica, Luxco Ed, 1th ed.
10. Perrotta G (2019) Psicologia clinica, Luxco Ed, 1th ed.
11. Perrotta G (2020) Affective Dependence: from pathological affectivity to personality disorders. Definitions, clinical contexts, neurobiological profiles and clinical treatments. Health Sci 1: 1-7. Link: https://bit.ly/2TXmTdj
12. Perrotta G (2021) Histrionic personality disorder: Definition, clinical profiles, differential diagnosis and therapeutic framework. Arch Community Med Public Health 7: 001-005. Link: https://bit.ly/3cuga0H
13. Perrotta G (2020) Borderline Personality Disorder: definition, differential diagnosis, clinical contexts and therapeutic approaches. Ann Psychiatry Treatm 4: 043-056. Link: https://bit.ly/3hx2B1N
14. Perrotta G (2020) Narcissism and psychopathological profiles: definitions, clinical contexts, neurobiological aspects and clinical treatments. J Clin Cases Rep 4: 12-25. Link: https://bit.ly/2X8wzzF
15. Fisher HE, Xu X, Aron A, Brown LL (2016) Intense, passionate, romantic love: a natural addiction? How the fields that investigate romance and substance abuse can inform each other. Front Psychol; 7: 687. Link: https://bit.ly/2VZprIx
16. Stanley SA (2017) Addiction to Love? Sci Transl Med 9: eaam6067. Link: https://bit.ly/3CS9vsz
17. Gratz KL, Roemer L (2004) Multidimensional Assessment of Emotion Regulation and Dysregulation: Development, Factor Structure, and Initial Validation of the Difficulties in Emotion Regulation Scale. Journal of Psychopathology and Behavioral Assessment 26: 41-54. Link: https://bit.ly/2T5ddxc
18. Cermak T (1986) Diagnosing and Treating Co-dependence. Johnson Books, Minnesota.
19. Kernberg OF (1995) Relazioni d'amore: normalità e patologia. Cortina, Milano.
20. Earp BD, Wudarczyk OA, Foddy B, Savulescu J (2017) Addicted to love: what is love addiction and when should it be treated? Philos Psychiatr Psychol 24: 77-92. Link: https://bit.ly/37KQNEW
21. Zou Z, Song H, Zhang Y, Zhang X (2016) Romantic love vs. drug addiction may inspire a new treatment for addiction. Front Psychol 7: 1436. Link: https://bit.ly/3rcK1B7
22. Perrotta G (2019) The reality plan and the subjective construction of one's perception: the strategic theoretical model among sensations, perceptions, defence mechanisms, needs, personal constructs, beliefs system, social influences and systematic errors. J Clinical Research and Reports 1. Link: https://bit.ly/3b34baH
23. Perrotta G (2020) Psychological trauma: definition, clinical contexts, neural correlations and therapeutic approaches. Curr Res Psychiatry Brain Disord: CRPBD-100006. Link: https://bit.ly/37UD3bz
24. Perrotta G (2020) *Human mechanisms of psychological defence: definition, historical and psychodynamic contexts, classifications and clinical profiles.* Int J Neurorehabilitation Eng 7: 1. Link: https://bit.ly/2L0I5dJ
25. Perrotta G (2020) Dysfunctional attachment and psychopathological outcomes in childhood and adulthood. Open J Trauma 4: 012-021. Link: https://bit.ly/2Mi2ThB
26. Perrotta G (2020) Neonatal and infantile abuse in a family setting. Open J Pediatr Child Health 5: 034-042. Link: https://bit.ly/2KApVQo
27. Perrotta G (2019) Anxiety disorders: definitions, contexts, neural correlates and strategic therapy. J Neur Neurosci 6: 046. Link: https://bit.ly/2WSmiaT
28. Perrotta G (2019) Neural correlates in eating disorders: Definition, contexts and clinical strategies. J Pub Health Catalog 2: 137-148. Link: https://bit.ly/3mWmf8s
29. Perrotta G (2019) Post-traumatic stress disorder: Definition, contexts, neural correlations and cognitive-behavioral therapy. J Pub Health Catalog 2: 40-47. Link: https://bit.ly/3rvaCc6
30. Perrotta G (2019) Sleep-wake disorders: Definition, contexts and neural correlations. J Neurol Psychol 7: 09. Link: https://bit.ly/3hoBiGO
31. Perrotta G (2019) Depressive disorders: Definitions, contexts, differential diagnosis, neural correlates and clinical strategies. Arch Depress Anxiety 5: 009-033. Link: https://bit.ly/2KADvDm
32. Perrotta G (2019) Panic disorder: definitions, contexts, neural correlates and clinical strategies. Current Trends in Clinical & Medical Sciences 1. Link: https://bit.ly/38IG6D5
33. Perrotta G (2019) Obsessive-Compulsive Disorder: definition, contexts, neural correlates and clinical strategies. Cientific Journal of Neurology 1: 08-16. Link: https://bit.ly/3pxNbNu
34. Perrotta G (2019) Behavioral addiction disorder: definition, classifications, clinical contexts, neural correlates and clinical strategies. J Addi Adol Beh 2. Link: https://bit.ly/3rAT9ip

Citation: Perrotta G (2021) "Perrotta Affective Dependence Questionnaire (PAD-Q)": Psychodiagnostic evidence and clinical profiles. Int J Sex Reprod Health Care 4(1): 080-084. DOI: https://dx.doi.org/10.17352/ijsrhc.000028

35. Perrotta G (2019) Delusions, paranoia and hallucinations: definitions, differences, clinical contexts and therapeutic approaches. Cientific Journal of Neurology (CJNE) 1: 22-28. Link: https://bit.ly/3ht2nKz

36. Perrotta G (2019) The acceptance in the elaboration of mourning in oncological diseases: definition, theoretical models, and practical applications. Needs analysis and subjective oncological reality. Biomed J Sci & Tech Res 21. Link: https://bit.ly/3htWrBa

37. Perrotta G (2019) Paraphilic disorder: definition, contexts and clinical strategies. J Neuro Research 1: 4. Link: https://bit.ly/3gxr1t3

38. Perrotta G (2019) Internet gaming disorder in young people and adolescent: a narrative review. J Addi Adol Beh 2.

39. Perrotta G (2019) Bipolar disorder: definition, differential diagnosis, clinical contexts and therapeutic approaches. J Neuroscience and Neurological Surgery 5. Link: https://bit.ly/34SoC67

40. Perrotta G (2020) Suicidal risk: definition, contexts, differential diagnosis, neural correlates and clinical strategies. J Neuroscience Neurological Surgery 6: 114. Link: https://bit.ly/3aMqcu5

41. Perrotta G (2020) Pedophilia: definition, classifications, criminological and neurobiological profiles and clinical treatments. A complete review. Open J Pediatr Child Health 5: 019-026. Link: https://bit.ly/38Jzggz

42. Perrotta G (2020) Gender dysphoria: definitions, classifications, neurobiological profiles and clinical treatments. Int J Sex Reprod Health Care 3: 042-050. Link: https://bit.ly/3vssyFf

43. Perrotta G (2020) Apraxia: definition, clinical contexts, neurobiological profiles and clinical treatments. Global J Medical Clin Case Rep 7: 059-061. Link: https://bit.ly/3wwsiFx

44. Perrotta G (2020) Agnosia: definition, clinical contexts, neurobiological profiles and clinical treatments. Arch Gerontol Geriatr Res 5: 031-035. Link: https://bit.ly/2UwCwZT

45. Perrotta G (2020) Dysarthria: definition, clinical contexts, neurobiological profiles and clinical treatments. Arch Community Med Public Health 6: 142-145. Link: https://bit.ly/3hUjl4R

46. Perrotta G (2020) Epilepsy: from pediatric to adulthood. Definition, classifications, neurobiological profiles and clinical treatments. J Neurol Neurol Sci Disord 6: 014-029. Link: https://bit.ly/3vz3ltv

47. Perrotta G (2020) The concept of altered perception in "body dysmorphic disorder": the subtle border between the abuse of selfies in social networks and cosmetic surgery, between socially accepted dysfunctionality and the pathological condition. J Neurol Neurol Sci Disord 6: 001-007. Link: https://bit.ly/3uWvlHv

48. Perrotta G (2020) Sexual orientations: a critical review of psychological, clinical and neurobiological profiles. Clinical hypothesis of homosexual and bisexual positions. Int J Sex Reprod Health Care 3: 027-041. Link: https://bit.ly/38DtEVa

49. Perrotta G (2020) Cuckolding and Troilism: definitions, relational and clinical contexts, emotional and sexual aspects and neurobiological profiles. A complete review and investigation into the borderline forms of the relationship: Open Couples, Polygamy, Polyamory. Annals of Psychiatry and Treatment, Ann Psychiatry Treatm 4: 037-042. Link: https://bit.ly/2TFODD3

50. Perrotta G (2020) Agraphia: definition, clinical contexts, neurobiological profiles and clinical treatments. J Neuroscience and Neurological Surgery 6. Link: https://bit.ly/2V6KoAU

51. Perrotta G (2020) The pharmacological treatment of epileptic seizures in children and adults: introduction, clinical contexts, psychopharmacological profiles and prospects in the neurogenetic field. Journal of Neuroscience and Neurological Surgery 6. Link: https://bit.ly/3g3hRmV

52. Perrotta G (2020) Aphasia: definition, clinical contexts, neurobiological profiles and clinical treatments. Ann Alz Dement Care 4: 21-26. Link: https://bit.ly/3xw6Py3

53. Perrotta G (2020) Dysfunctional sexual behaviors: definition, clinical contexts, neurobiological profiles and treatments. Int J Sex Reprod Health Care 3: 061-069. Link: https://bit.ly/3ryTgKU

54. Perrotta G (2020) Bisexuality: definition, humanistic profiles, neural correlates and clinical hypotheses. J Neuroscience and Neurological Surgery 6. Link: https://bit.ly/2L6VXmA

55. Perrotta G (2021) Maladaptive stress: Theoretical, neurobiological and clinical profiles. Arch Depress Anxiety 7: 001-007. Link: https://bit.ly/3sDs39Y

56. Perrotta G (2020) The strategic clinical model in psychotherapy: theoretical and practical profiles. J Addi Adol Behav 3: 5. Link: https://bit.ly/3aPMx9X

57. Perrotta G (2020) Accepting "change" in psychotherapy: from consciousness to awareness. Journal of Addiction Research and Adolescent Behaviour 3. Link: https://bit.ly/36Vw80Q

Citation: Perrotta G (2021) "Perrotta Affective Dependence Questionnaire (PAD-Q)": Psychodiagnostic evidence and clinical profiles. Int J Sex Reprod Health Care 4(1): 080-084. DOI: https://dx.doi.org/10.17352/ijsrhc.000028