



Executive Functions and Public Health: A Narrative Review

*Mina Esmaili¹, *Dariush D. Farhud^{2,3}, Kambiz Poushaneh¹, Anita Baghdassarians¹, Hassan Ashayeri⁴*

1. Department of Psychology, Faculty of Psychology and Educational Sciences, Central Tehran Branch, Islamic Azad University Tehran, Iran
2. School of Public Health, Tebran University of Medical Sciences, Tebran, Iran
3. Department of Basic Sciences, Iranian Academy of Medical Sciences, Tebran, Iran
4. Department of Basic Sciences, Faculty of Rehabilitation Sciences, Tebran University of Medical Sciences, Tebran, Iran

***Corresponding Author:** Email: farhud@sina.tums.ac.ir

(Received 15 Feb 2023; accepted 10 Apr 2023)

Abstract

Executive functions (EFs) skills are necessary for regulating the thoughts, emotions, and actions which are associated with many aspects of daily functioning. Executive dysfunction (EDFs) is present in a wide range of mental disorders. New study indicates that EFs may predict health behavior and make it easier to engage in a variety of healthy activities. In this narrative review, EFs and public health are briefly discussed. In general, 133 articles met the inclusion criteria (published 2018-2023) which were reviewed. EFs affect the mental and physical health. Besides individual problems, people with mental problems have heavy costs to society. Mental health cannot be considered separately from general health. Consequently, preventive and therapeutic approaches to mental health should be considered not only at the level of the whole society, but also at the global level.

Keywords: Executive functions; Executive dysfunctions; Public health; Mental health

Introduction

Executive functions (EFs) skills are necessary for top-down regulation of thoughts, feelings, and actions which are associated with many aspects of daily functioning (1). EFs comprise related, but separable, cognitive abilities (2). Currently, consensus is lacking as to the precise components of EF since it is a multi-faceted construct (3). Its most accepted model includes three components: inhibitory control (IC), working memory (WM), and cognitive flexibility (CF) (4). Childhood is a relevant period for developing EFs (5). EFs emerge during childhood and continue to develop into early adulthood (6). Numerous studies found

the relations among EFs, diverse skills and outcomes (1). Executive dysfunction (EDFs) is present in a wide range of mental disorders (7). Indeed, EDFs were posited as a transdiagnostic cognitive deficit linked to psychopathology broadly (2), and are linked to a range of clinical outcomes (1). Based on the WHO report, one out of every ten people worldwide and almost 20% of children and adolescents suffer from a mental disorder. In recent years, suicides resulting from mental disorders have been the world's second most common cause of death (8).



Negative outcomes among people without mental health impose heavy costs on public health services. WHO considers the consequences of mental health problems as a high public health priority which included it in the Comprehensive Mental Health Action Plan (9). Furthermore, physical health problems are associated with EDFs, and early assessment, diagnosis, and treatment are important in reducing the long-term effects of these diseases(10). Therefore, EFs play a role in mental and physical health and given their importance, a study of EFs is essential (11).

In this narrative review, we summarized the relevance of brain executive functions to general health. In addition, the findings have shown that executive function defects affect the health and well-being of society. Therefore, we aimed to find the relationship between executive functions and public health and seek to show the importance of its preventive and therapeutic approaches.

EFs and Public Health

Mental health literature usually uses the term daily life as the activities that people perform daily to achieve a specific goal and as part of their daily routines. In 2019, the National Institute of Mental Health (NIMH) introduced a new label called Severe Mental Illness (SMI) for chronic psychiatric

disorders. A mental, behavioral, or emotional condition that causes considerable functional impairment and seriously restricts or interferes with one or more important life activities is what the institute characterized as SMI. The Diagnostic and Statistical Manual of Mental Illnesses (DSM) states that individuals with psychiatric disorders exhibit impairment in a variety of everyday tasks (12). SMI, including schizophrenia (SC), bipolar disorder (BD), and major depressive disorder (MDD) are associated with EDFs (13). Particularly, the prevalence of MDD is high globally (14) it is the second leading cause of disability worldwide and one of the most prevalent and expensive in mental health care (15). MDD is becoming more prevalent among the elderly worldwide. Considering the importance of mental health and the quality of life of the elderly, it is important to identify the factors related to it (16). The prevalence of borderline personality disorder (BPD) is high. In the psychiatric centers, they make up about 9%-22% of outpatients and 20%-25% of inpatient admissions (17).

This disorder has a very high cost to society, which is estimated to be more than twice the costs associated with depression (17). EDFs are associated with a wide variety of psychiatric disorders (Table 1) (18).

Table 1: Mental or psychiatric disorders related to EDFs

<i>Disorders</i>	<i>References</i>
Alzheimer's disease (AD)	(21), (22), (23), (24), (25)
Parkinson disease (PD)	(26), (27), (28), (29), (30), (31)
Depression	(32), (33),(34),(35),(36), (37), (18)
Schizophrenia spectrum disorders (SP)	(38), (39), (40), (41)
Conduct disorder	(42), (18)
Anxiety	(18), (43), (44), (45)
Oppositional defiant disorder (ODD)	(18), (46)
Obsessive compulsive disorder (OCD)	(47), (48), (49), (50)

For instance, EDFs are associated with a variety of disabilities or disorders, including negative mood, depressive symptoms, anxiety symptoms, low self-esteem, interpersonal problems, higher anhedonia, and internalizing symptoms (19). Based on the statistics in the United States (USA),

psychiatric disorders are the main cause of disability in this country and are one of the costliest treatments. EFs is one of the most common cognitive domains in psychopathology (19). Another point worth noting is EDFs are associated with the neurodevelopmental disorders (Table 2) (20).

Table 2: Neurodevelopmental disorders related to EDFs

<i>Disorders</i>	<i>References</i>
Intellectual Disabilities (ID)	(51), (52)
Developmental Language Disorders (DLDs)	(53), (54)
ADHD	(55), (56), (57), (18), (58)
ASD	(59), (60), (61), (62), (63), (64)
Specific Learning Disorder (SLD)	(65), (66), (67), (68)
Developmental Coordination Disorder (DCD)	(62), (69), (70), (71), (72), (73)

The research findings support the view that the proper functioning of EFs is not only due to mental health (74) but also due to physical health (75). Various physical problems and diseases are associated with EFs (Table 3). High-risk activities that endanger people's health, such as hazardous sexual conduct, substance use disorders (SUD), and anti-social characteristics or behaviors, should be regarded as an additional EDF. In 2015, the Centers

for Disease Control and Prevention (CDC) linked these behaviors to risks associated with infection and unwanted pregnancy (76). SUD is very common in the USA which was shown to correlate with domains of EFs (77). Besides, heart disease (78, 79), stroke (80), diabetes (81), and suicide (82, 84) are due to EFs. CDC identified these diseases as the leading causes of death in the USA in 2016 (84).

Table 3: Physical diseases related to EDFs

<i>Diseases</i>	<i>References</i>
Cancer	(91), (92), (93), (94), (95), (96), (97)
obesity	(98), (99), (100), (101), (102), (103)
blood pressure / hypertension	(85), (104), (105), (106), (10), (107)
rheumatoid arthritis	(108), (109), (110), (111), (112)
Cerebrovascular risk	(113), (114), (115), (116)
neurofibromatosis	(117), (118), (119), (120), (121)
amyotrophic lateral sclerosis	(122), (123), (124), (125)
Acromegaly	(126), (127), (128)
Russell syndrome	(90), (129)

Another point worth noting is, physical health problems such as blood pressure are associated with lower EFs and these physical health problems have significant effects on public health (85). Along with the rise in childhood obesity, blood pressure in children has become more common. The results demonstrate a relationship between childhood hypertension and diminished cognitive abilities in both middle age and youth (23). According to research, EDFs are associated with dysfunctional eating-related behaviors (86). The

WHO reported in 2016 that more than 340 million children were overweight (74). Obesity affects physical health and is one of the major health problems. Therefore, these days, researchers have paid more attention to the association between obesity or weight problems and EFs (74).

Furthermore, because of the importance of these problems, eating disorders are defined in DSM-5 and they are an important public health problem (87). As mentioned, EFs are recognized as an essential factor in engaging in healthy behaviors and



avoiding unhealthy behaviors. EFs are associated with acute and chronic stress, pain, poor sleep, or suppressed emotions (88). Likewise, EDFs are likely to be associated with other unhealthy behaviors like drinking alcohol, cigarette smoking, and eating high-fat foods (89). A systematic review examined the relationship between EFs and health behaviors associated with leading causes of death in the United States. Their findings showed that executive function is related to health behaviors and can predict them (84). EDF is present in many acquired and genetic disorders which has significant consequences on the daily functioning of patients and even their families. On the other hand, EFs play an important role in the development of public health. Therefore, it is essential to evaluate and understand EFs (90).

Discussion

Maintaining cognitive health and preventing the consequences due to its dysfunction is significantly needed in research, clinical and public health (85). Cognitive functions lead to the promotion of mental health and reduction of disorders, such as depression and anxiety, thus helping to promote public health (130). A significant amount of research has been conducted in various areas related to mental health to provide evidence of mental health benefits. However, many public health professionals still ignore it. It is crucial to think of it as a primary objective in public health (126). Accordingly, mental health issues throughout adolescence are a strong indicator of later-life mental health disorders. Besides, the parents with psychological problems, unhealthy family environment and the lack of social support are associated with behavioral problems. Regarding high prevalence of mental and behavioral problems is one of the most important global health challenges. Therefore, early diagnosis, promotion of mental health and prevention of mental disorders is one priority of public health (131). On the other hand, Individuals with EDFs have negative physical health outcomes, for example, obesity, cardiovascular disease, diabetes, etc., and are at greater risk

of premature mortality (100). Moreover, research has shown the relationship between EDFs and physical diseases and problems in childhood. Therefore, early interventions in the field of public health are useful in controlling and reducing its consequences (101).

EFs affect the mental, and physical health which can be one of the health and welfare factors of society. EFs are affected by various factors, and people with EDFs, mental, and physical health problems do not perform well in the family, academic, occupational, and social environments. As a result, they raise public health expenses as well as economic and social concerns. Public health, mental, and physical health are inextricably linked. Managers and authorities from all sectors must include mental, and physical health into public health initiatives in order to support the development of their communities. Because the mental, and physical health problems have a negative effect not only on the individual, but also on the whole of society. Instead of the individual-centered approaches, researchers and professionals should consider preventive, and therapeutic approaches to mental, and physical health at the level of the whole society, and even at the global level, and by combining laws and policies effective on mental, and physical health, seek how to create public health programs in different environments, and situations.

Conclusion

Preventive strategies, and public health are suggested to reduce the incidence or negative effects due to it. Another point worth noting is, more research is needed to better understand the relationship between EFs and public health, as well as EDFs and their consequences. Therefore, it is suggested to conduct more studies on the clinical application of EFs, and public health.

Journalism Ethics considerations

Ethical issues (Including plagiarism, informed consent, misconduct, data fabrication and/or falsification, double publication and/or submission, redundancy, etc.) have been completely observed by the authors.

Acknowledgements

We would like to express our very great appreciation to Dr. Salehe Piriaee for her valuable comments on this article.

Conflict of interest

The authors report no conflicts of interest.

References

1. Doebel S (2020). Rethinking executive function and its development. *Perspect Psychol Sci*, 15:942-956.
2. Romer AL, Pizzagalli DA (2021). Is executive dysfunction a risk marker or consequence of psychopathology? A test of executive function as a prospective predictor and outcome of general psychopathology in the adolescent brain cognitive development study®. *Dev Cogn Neurosci*, 51:100994.
3. Finnanger TG, Andersson S, Chevignard M, et al (2022). Assessment of Executive Function in Everyday Life—Psychometric Properties of the Norwegian Adaptation of the Children's Cooking Task. *Front Hum Neurosci*, 15:761755.
4. Nyongesa MK, Ssewanyana D, Mutua AM, et al (2019). Assessing executive function in adolescence: A scoping review of existing measures and their psychometric robustness. *Front Psychol*, 10:311.
5. Contreras-Osorio F, Guzmán-Guzmán IP, Cerda-Vega E, et al (2022). Effects of the Type of Sports Practice on the Executive Functions of Schoolchildren. *Int J Environ Res Public Health*, 19:3886.
6. Fernández García L, Merchán A, Phillips-Silver J, Daza González MT (2021). Neuropsychological development of cool and hot executive functions between 6 and 12 years of age: a systematic review. *Front Psychol*, 12:687337.
7. Esmaili M, Farhud D, Poushaneh K, et al (2022). Executive Functions: Inferences from Behavior, Brain and Genetics. *International Journal of Behavioral Sciences*, 15:301-311.
8. Organization WH (2019). About mental disorders. World Health Organization. Regional Office for the Eastern Mediterranean. <https://apps.who.int/iris/handle/10665/364126>
9. Saxena S (2018). Excess mortality among people with mental disorders: a public health priority. *Lancet Public Health*, 3:e264-e265.
10. Lande MB, Kupferman JC (2019). Blood pressure and cognitive function in children and adolescents. *Hypertension*, 73:532-540.
11. Khandekar P, Shenoy S, Sathe A (2023). Prefrontal cortex hemodynamic response to acute high intensity intermittent exercise during executive function processing. *J Gen Psychol*, 150(3):295-322.
12. Regev S, Josman N (2020). Evaluation of executive functions and everyday life for people with severe mental illness: A systematic review. *Schizophr Res Cogn*, 21:100178.
13. Afshari B, Shiri N, Ghoreishi FS, Valianpour M (2020). Examination and comparison of cognitive and executive functions in clinically stable schizophrenia disorder, bipolar disorder, and major depressive disorder. *Depress Res Treat*, 2020:2543541.
14. Gutiérrez-Rojas L, Porrás-Segovia A, Dunne H, et al (2020). Prevalence and correlates of major depressive disorder: a systematic review. *Braz J Psychiatry*, 42:657-672.
15. Liu Y, Chen Y, Liang X, et al (2020). Altered resting-state functional connectivity of multiple networks and disrupted correlation with executive function in major depressive disorder. *Front Neurol*, 11:272.
16. Abdoli N, Salari N, Darvishi N, et al (2022). The global prevalence of major depressive disorder (MDD) among the elderly: A systematic review and meta-analysis. *Neurosci Biobehav Rev*, 132:1067-1073.
17. Iliakis EA, Sonley AK, Ilagan GS, Choi-Kain LW (2019). Treatment of borderline personality

- disorder: is supply adequate to meet public health needs? *Psychiatr Serv*, 70:772-781.
18. Halse M, Steinsbekk S, Hammar Å, Wichstrøm L (2022). Longitudinal relations between impaired executive function and symptoms of psychiatric disorders in childhood. *J Child Psychol Psychiatry*, 63:1574-1582.
 19. Kavanaugh BC, Cancelliere MK, Fryc A, et al (2020). Measurement of executive functioning with the National Institute of Health Toolbox and the association to anxiety/depressive symptomatology in childhood/adolescence. *Child Neuropsychol*, 26:754-769.
 20. Bombonato C, Del Luchese B, Ruffini C, et al (2023). Far Transfer Effects of Trainings on Executive Functions in Neurodevelopmental Disorders: A Systematic Review and Meta-analysis. *Neuropsychol Rev*, 10.1007/s11065-022-09574-z.
 21. Gustavson DE, Reynolds CA, Hohman TJ, et al (2023). Alzheimer's disease polygenic scores predict changes in episodic memory and executive function across 12 years in late middle age. *J Int Neuropsychol Soc*, 29:136-147.
 22. Daigle KM, Pietrzykowski MO, Waters AB, et al (2022). Central Executive Network and Executive Function in Patients With Alzheimer's Disease and Healthy Individuals: Meta-Analysis of Structural and Functional MRI. *J Neuropsychiatry Clin Neurosci*, 34:204-213.
 23. Silva PCD, de Oliveira LLV, Teixeira RLP, Brito MLdA, Filipe ARTM (2022). Executive Functions in Alzheimer's Disease: A Systematic Review. *Journal of Alzheimer's Disease Reports*, 6:81-99.
 24. Ali DG, Bahrani AA, Barber JM, et al (2022). Amyloid-PET levels in the precuneus and posterior cingulate cortices are associated with executive function scores in preclinical Alzheimer's disease prior to overt global amyloid positivity. *J Alzheimers Dis*, 88(3):1127-1135.
 25. de Oliveira Silva F, Ferreira JV, Plácido J, et al (2019). Three months of multimodal training contributes to mobility and executive function in elderly individuals with mild cognitive impairment, but not in those with Alzheimer's disease: a randomized controlled trial. *Maturitas*, 126:28-33.
 26. He C, Rong S, Zhang P, et al (2022). Metabolite changes in prefrontal lobes and the anterior cingulate cortex correlate with processing speed and executive function in Parkinson disease patients. *Quant Imaging Med Surg*, 12(8):4226-4238.
 27. Luca A, Monastero R, Cicero CE, et al (2022). Executive functioning and serum lipid fractions in Parkinson's disease—A possible sex-effect: The PACOS study. *J Neural Transm (Vienna)*, 129:287-293.
 28. Fang Y-J, Tan C-H, Tu S-C, et al (2019). More than an “inverted-U”? An exploratory study of the association between the catechol-o-methyltransferase gene polymorphism and executive functions in Parkinson's disease. *PLoS One*, 14:e0214146.
 29. Solla P, Masala C, Ercoli T, et al (2023). Olfactory Impairment Correlates with Executive Functions Disorders and Other Specific Cognitive Dysfunctions in Parkinson's Disease. *Biology (Basel)*, 12:112.
 30. Borgnis F, Baglio F, Pedroli E, et al (2022). A Psychometric Tool for Evaluating Executive Functions in Parkinson's Disease. *J Clin Med*, 11:1153.
 31. Linortner P, McDaniel C, Shahid M, et al (2020). White matter hyperintensities related to Parkinson's disease executive function. *Mov Disord Clin Pract*, 7:629-638.
 32. Arora PG, Collins TA, Dart EH, et al (2019). Multi-tiered systems of support for school-based mental health: A systematic review of depression interventions. *School Mental Health*, 11:240-264.
 33. Lin C, Lee S-H, Huang C-M, et al (2019). Increased brain entropy of resting-state fMRI mediates the relationship between depression severity and mental health-related quality of life in late-life depressed elderly. *J Affect Disord*, 250:270-277.
 34. Horackova K, Kopecek M, Machů V, et al (2019). Prevalence of late-life depression and gap in mental health service use across European regions. *Eur Psychiatry*, 57:19-25.
 35. Swami V, Vintila M, Goian C, Tudorel O, Bucur V (2020). Mental health literacy of maternal and paternal postnatal depression in a community sample of Romanian adults. *International Perspectives in Psychology: Research, Practice, Consultation*, 9:147.
 36. Sileo KM, Kershaw TS (2020). Dimensions of Masculine Norms, Depression, and Mental

- Health Service Utilization: Results From a Prospective Cohort Study Among Emerging Adult Men in the United States. *Am J Mens Health*, 14:1557988320906980.
37. Rosselli M, Lang M, Arruda F (2019). Executive dysfunction in depressive disorders. In: *Dysexecutive Syndromes*. Ed(s): Springer, pp. 241-259.
 38. Khalil M, Hollander P, Raucher-Chéné D, Lepage M, Lavigne KM (2022). Structural brain correlates of cognitive function in schizophrenia: A meta-analysis. *Neurosci Biobehav Rev*, 132:37-49.
 39. Pietrzykowski MO, Daigle KM, Waters AB, et al (2022). The central executive network and executive function in healthy and persons with schizophrenia groups: a meta-analysis of structural and functional MRI. *Brain Imaging Behav*, 16(3):1451-1464.
 40. Panikratova Y, Abdullina E, Tikhonov D, et al (2022). Resting-state Functional Connectivity within Frontoparietal Network in Schizophrenia Patients and Healthy Individuals with Better and Worse Executive Functions. *Eur Psychiatry*, 65(Suppl 1):S154-S155.
 41. Korczak A, Styła R (2021). Anxiety and executive functions relationships in schizophrenia: A meta-analysis. *Pers Individ Differ*, 177:110643.
 42. Shields AN, Reardon KW, Brandes CM, Tackett JL (2019). The p factor in children: Relationships with executive functions and effortful control. *Journal of Research in Personality*, 82:103853.
 43. Majeed NM, Chua YJ, Kothari M, et al (2023). Anxiety disorders and executive functions: A three-level meta-analysis of reaction time and accuracy. *Psychiatry Research Communications*, 3:100100.
 44. Zografou M, Drigas A (2022). The role of executive functions and ICTs in anxiety management of children with learning disabilities. *Scientific Electronic Archives*, 15:26-29.
 45. Mărcuș O, Martins EC, Sassu R, Visu-Petra L (2022). On the importance of being flexible: Early interrelations between affective flexibility, executive functions and anxiety symptoms in preschoolers. *Early Child Development and Care*, 192:914-931.
 46. Javid M, Mohammadi N, Rahimi C, Hadianfard H (2021). Comparison of Cognitive Emotion Regulation and Cold and Hot Executive Functions in Female Students with and without Oppositional Defiant Disorder. *Quarterly Journal of Child Mental Health*, 8:87-101.
 47. Zartloui E, Laws KR, Bramon E (2019). Endophenotypes of executive functions in obsessive compulsive disorder? A meta-analysis in unaffected relatives. *Psychiatr Genet*, 29:211-219.
 48. Bernardes ET, Saraiva LC, e Souza MdM, et al (2020). Cognitive performance in children and adolescents at high-risk for obsessive-compulsive disorder. *BMC Psychiatry*, 20:380.
 49. Majedi SM, FaghihiMohamadi M (2020). Investigating the role of executive functioning in obsessive-compulsive disorder. *J Adv Pharm Edu Res*, 10(S1):125-131.
 50. Pedroli E, La Paglia F, Cipresso P, et al (2019). A computational approach for the assessment of executive functions in patients with obsessive-compulsive disorder. *J Clin Med*, 8:1975.
 51. Spaniol M, Danielsson H (2022). A meta-analysis of the executive functions inhibition, shifting, and attention in intellectual disabilities. *J Intellect Disabil Res*, 66(1-2):9-31.
 52. Schworer E, Fidler DJ, Kaur M, et al (2022). Infant precursors of executive function in Down syndrome. *J Intellect Disabil Res*, 66:108-120.
 53. Marini A, Piccolo B, Taverna L, Berginc M, Ozbič M (2020). The complex relation between executive functions and language in preschoolers with Developmental Language Disorders. *Int J Environ Res Public Health*, 17:1772.
 54. Andrés-Roqueta C, Garcia-Molina I, Flores-Buils R (2021). Association between CCC-2 and structural language, pragmatics, social cognition, and executive functions in children with developmental language disorder. *Children (Basel)*, 8:123.
 55. Andersen AC, Sund AM, Thomsen PH, et al (2023). Executive function measured by BRIEF in adolescents diagnosed and treated for ADHD: problem profiles and agreement between informants. *Child Neuropsychol*, 1-15.
 56. Benzing V, Schmidt M (2019). The effect of exergaming on executive functions in children with ADHD: A randomized clinical trial. *Scand J Med Sci Sports*, 29:1243-1253.

57. Rosello B, Berenguer C, Raga JM, Baixauli I, Miranda A (2020). Executive functions, effortful control, and emotional lability in adults with ADHD. implications for functional outcomes. *Psychiatry Res*, 293:113375.
58. Nejati V, Derakhshan Z, Mohtasham A (2023). The effect of comprehensive working memory training on executive functions and behavioral symptoms in children with attention deficit-hyperactivity disorder (ADHD). *Asian J Psychiatr*, 81:103469.
59. Johnston K, Murray K, Spain D, Walker I, Russell A (2019). Executive function: Cognition and behaviour in adults with autism spectrum disorders (ASD). *J Autism Dev Disord*, 49:4181-4192.
60. Ameis SH, Haltigan JD, Lyon RE, et al (2022). Middle-childhood executive functioning mediates associations between early-childhood autism symptoms and adolescent mental health, academic and functional outcomes in autistic children. *J Child Psychol Psychiatry*, 63:553-562.
61. Greco G, Choi B, Michel K, Faja S (2023). Here's the story: Narrative ability and executive function in autism spectrum disorder. *Res Autism Spectr Disord*, 101:102092.
62. Yaşar M, Çetin FH, Türkoğlu S, Uçar HN (2023). The relationship between executive functions and chronotype in healthy siblings of children with autism spectrum disorder. *Chronobiol Int*, 40(3):253-261.
63. Gentil-Gutiérrez A, Santamaría-Peláez M, Mínguez-Mínguez LA, et al (2022). Executive Functions in Children and Adolescents with Autism Spectrum Disorder, Grade 1 and 2, vs. Neurotypical Development: A School View. *Int J Environ Res Public Health*, 19:7987.
64. Sadeghi S, Pouretamad HR (2022). Executive functions predict restricted and repetitive behaviors in toddlers under 36 months old with autism spectrum disorder. *Infant Behav Dev*, 67:101721.
65. Firoozehchi ZR, Mashhadi A, Bigdeli I (2023). The comparison of sluggish cognitive tempo, processing speed, and executive functions in female children with specific learning disabilities and typically developing female children: A pilot study. *Appl Neuropsychol Child*, 12:1-8.
66. Crisci G, Caviola S, Cardillo R, Mammarella IC (2021). Executive functions in neurodevelopmental disorders: Comorbidity overlaps between attention deficit and hyperactivity disorder and specific learning disorders. *Front Hum Neurosci*, 15:594234.
67. El Wafa HEA, Ghobashy SAEL, Hamza AM (2020). A comparative study of executive functions among children with attention deficit and hyperactivity disorder and those with learning disabilities. *Middle East Current Psychiatry*, 27:1-9.
68. Alsadat Khalili M, Emadian SO, Hassanzadeh R (2020). Effectiveness of attention training based on Fletcher's program, Delacato's neuropsychological treatment, and computerized cognitive rehabilitation on executive functions in children with special learning disability. *International Clinical Neuroscience Journal*, 8:30-36.
69. Fogel Y, Stuart N, Joyce T, Barnett AL (2021). Relationships between motor skills and executive functions in developmental coordination disorder (DCD): A systematic review. *Scand J Occup Ther*, 30:1-13.
70. Sartori RF, Valentini NC, Fonseca RP (2020). Executive function in children with and without developmental coordination disorder: A comparative study. *Child Care Health Dev*, 46:294-302.
71. Lachambre C, Proteau-Lemieux M, Lepage J-F, Bussières E-L, Lippe S (2021). Attentional and executive functions in children and adolescents with developmental coordination disorder and the influence of comorbid disorders: A systematic review of the literature. *PLoS One*, 16:e0252043.
72. Omer S, Leonard HC (2021). Internalising symptoms in Developmental Coordination Disorder: The indirect effect of everyday executive function. *Res Dev Disabil*, 109:103831.
73. Alesi M, Pecoraro D, Pepi A (2018). Executive functions in kindergarten children at risk for developmental coordination disorder. *European Journal of Special Needs Education*, 34:285-296.
74. Mamrot P, Hanć T (2019). The Association of the Executive Functions with Overweight and Obesity Indicators in Children and

- Adolescents: A Literature Review. *Neurosci Biobehav Rev*, 107:59-68.
75. Mora-Gonzalez J, Esteban-Cornejo I, Cadenas-Sanchez C, et al (2019). Physical fitness, physical activity, and the executive function in children with overweight and obesity. *J Pediatr*, 208:50-56. e1.
 76. Reynolds BW, Basso MR, Miller AK, Whiteside DM, Combs D (2019). Executive function, impulsivity, and risky behaviors in young adults. *Neuropsychology*, 33:212-221.
 77. Dooley WC (2019). Executive Function Deficits in Patients with Mild Cognitive Impairment: Exploring the Impact of Substance Use. MSU Graduate Theses. 3358.
 78. Feldmann M, Bataillard C, Ehrler M, et al (2021). Cognitive and executive function in congenital heart disease: a meta-analysis. *Pediatrics*, 148(4):e2021050875.
 79. Schlosser L, Naef N, Ehrler M, et al (2023). Counting on random number generation: Uncovering mild executive dysfunction in congenital heart disease. *Brain Cogn*, 166:105955.
 80. De La Pena C, Burns S (2021). Associations between the National Institute of Health Stroke Scale (NIHSS) and Measures of Executive Function. *Arch Phys Med Rehabil*, 102:e7.
 81. Vloemans AF, Eilander MM, Rotteveel J, et al (2019). Youth with type 1 diabetes taking responsibility for self-management: the importance of executive functioning in achieving glycemic control: results from the longitudinal DINO study. *Diabetes Care*, 42:225-231.
 82. Roca M, Del Amo AR-L, Riera-Serra P, et al (2019). Suicidal risk and executive functions in major depressive disorder: a study protocol. *BMC Psychiatry*, 19:253.
 83. Fernández-Sevillano J, Alberich S, Zorrilla I, et al (2021). Cognition in recent suicide attempts: Altered executive function. *Front Psychiatry*, 12:701140.
 84. Reimann Z, Miller JR, Dahle KM, et al (2020). Executive functions and health behaviors associated with the leading causes of death in the United States: A systematic review. *J Health Psychol*, 25:186-196.
 85. Ungvari Z, Toth P, Tarantini S, et al (2021). Hypertension-induced cognitive impairment: from pathophysiology to public health. *Nat Rev Nephrol*, 17:639-654.
 86. La Marra M, Villano I, Ilardi CR, et al (2022). Executive functions in overweight and obese treatment-seeking patients: Cross-sectional data and longitudinal perspectives. *Brain Sci*, 12:777.
 87. Silén Y, Sipilä PN, Raevuori A, et al (2020). DSM-5 eating disorders among adolescents and young adults in Finland: A public health concern. *Int J Eat Disord*, 53(5):520-531.
 88. McGarrity LA, Huebner DM, Smith TW, Suchy Y (2020). Minority stress, emotion regulation, and executive function: An experimental investigation of gay and lesbian adults. *Pers Soc Psychol Bull*, 46:365-376.
 89. Masiero M, Cropley M, Pravettoni G (2020). Increasing Smoking Cessation Adherence: Do We Need to Consider the Role of Executive Function and Rumination? *Eur J Psychol*, 16:1-11.
 90. Burgevin M, Lacroix A, Ollivier F, et al (2023). Executive functioning in adolescents and adults with Silver-Russell syndrome. *PLoS One*, 18:e0279745.
 91. Lange M, Joly F, Vardy J, et al (2019). Cancer-related cognitive impairment: an update on state of the art, detection, and management strategies in cancer survivors. *Ann Oncol*, 30:1925-1940.
 92. Koh YQ, Tan CJ, Toh YL, et al (2020). Role of exosomes in cancer-related cognitive impairment. *Int J Mol Sci*, 21:2755.
 93. Magnuson A, Ahles T, Chen BT, Mandelblatt J, Janelins MC (2021). Cognitive function in older adults with cancer: Assessment, management, and research opportunities. *J Clin Oncol*, 39:2138-2149.
 94. Sales MVC, Suemoto CK, Apolinario D, et al (2019). Effects of adjuvant chemotherapy on cognitive function of patients with early-stage colorectal cancer. *Clin Colorectal Cancer*, 18:19-27.
 95. Klaver KM, Duijts SF, Geusgens CA, et al (2022). Neuropsychological test performance and self-reported cognitive functioning associated with work-related outcomes in occupationally active cancer survivors with cognitive complaints. *J Cancer Surviv*, 10.1007/s11764-022-01223-x.

96. Hajj A, Salameh P, Khoury R, et al (2022). Psychometric properties of the 37-item Functional Assessment of Cancer Therapy-Cognitive Function (FACT-Cog) scale. *Future Oncol*, 18:3741-3753.
97. Hagiwara Y, Sawaki M, Uemura Y, et al (2021). Impact of chemotherapy on cognitive functioning in older patients with HER2-positive breast cancer: a sub-study in the RESPECT trial. *Breast Cancer Res Treat*, 188:675-683.
98. Foldi CJ, Morris MJ, Oldfield BJ (2021). Executive function in obesity and anorexia nervosa: Opposite ends of a spectrum of disordered feeding behaviour? *Prog Neuropsychopharmacol Biol Psychiatry*, 111:110395.
99. Ronan L, Alexander-Bloch A, Fletcher PC (2020). Childhood obesity, cortical structure, and executive function in healthy children. *Cereb Cortex*, 30:2519-2528.
100. Laurent JS, Watts R, Adise S, et al (2020). Associations among body mass index, cortical thickness, and executive function in children. *JAMA Pediatr*, 174:170-177.
101. Mamrot P, Hanć T (2019). The association of the executive functions with overweight and obesity indicators in children and adolescents: A literature review. *Neurosci Biobehav Rev*, 107:59-68.
102. Segura-Serralta M, Ciscar S, Blasco L, et al (2020). Contribution of executive functions to eating behaviours in obesity and eating disorders. *Behav Cogn Psychother*, 48(6):725-733.
103. Prunell A, Jurado MÁ, Garcia IG (2020). Clinical binge eating, but not uncontrolled eating, is associated with differences in executive functions: evidence from meta-analytic findings. *Addict Behav Rep*, 13:100337.
104. Louras P, Brown LM, Gomez R, et al (2022). BDNF Val66Met Moderates the Effects of Hypertension on Executive Functioning in Older Adults Diagnosed With aMCI. *Am J Geriatr Psychiatry*, 30:1223-1233.
105. Lucas I, Puteikis K, Sinha MD, et al (2022). Knowledge gaps and future directions in cognitive functions in children and adolescents with primary arterial hypertension: A systematic review. *Front Cardiovasc Med*, 9:973793.
106. Forte G, De Pascalis V, Favieri F, Casagrande M (2019). Effects of blood pressure on cognitive performance: A systematic review. *J Clin Med*, 9:34.
107. Forte G, Casagrande M (2020). Effects of blood pressure on cognitive performance in aging: A systematic review. *Brain Sci*, 10:919.
108. Lwin MN, Serhal L, Holroyd C, Edwards CJ (2020). Rheumatoid arthritis: the impact of mental health on disease: a narrative review. *Rheumatol Ther*, 7:457-471.
109. Chaurasia N, Singh A, Singh IL, Singh T, Tiwari T (2020). Cognitive dysfunction in patients of rheumatoid arthritis. *J Family Med Prim Care*, 9:2219-2225.
110. de Sousa DC, de Almeida SB, de Sá Roriz Filho J, et al (2023). Cognitive Dysfunction Biomarkers in Patients With Rheumatoid Arthritis: A Systematic Review. *J Clin Rheumatol*, 29(3):159-164.
111. Gwinnutt JM, Toyoda T, Jeffs S, et al (2021). Reduced cognitive ability in people with rheumatoid arthritis compared with age-matched healthy controls. *Rheumatol Adv Pract*, 5:rkab044.
112. Oláh C, Kardos Z, Andrejkovics M, et al (2020). Assessment of cognitive function in female rheumatoid arthritis patients: associations with cerebrovascular pathology, depression and anxiety. *Rheumatol Int*, 40:529-540.
113. Veldsman M, Tai X-Y, Nichols T, et al (2020). Cerebrovascular risk factors impact frontoparietal network integrity and executive function in healthy ageing. *Nat Commun*, 11:4340.
114. Veldsman M, Werden E, Egorova N, et al (2020). Microstructural degeneration and cerebrovascular risk burden underlying executive dysfunction after stroke. *Sci Rep*, 10:17911.
115. Tuena C, Mancuso V, Benzi IM, et al (2020). Executive functions are associated with fall risk but not balance in chronic cerebrovascular disease. *J Clin Med*, 9:3405.
116. Bliss ES, Wong RH, Howe PR, Mills DE (2021). Benefits of exercise training on cerebrovascular and cognitive function in ageing. *J Cereb Blood Flow Metab*, 41:447-470.
117. Roy A, Roulin J-L, Gras-Le Guen C, et al (2021). Executive functions and quality of life in children with neurofibromatosis type 1. *Orphanet J Rare Dis*, 16:420.

118. Smith TF, Kaczorowski JA, Acosta MT (2020). An executive functioning perspective in neurofibromatosis type 1: from ADHD and autism spectrum disorder to research domains. *Childs Nerv Syst*, 36:2321-2332.
119. Beussart-Corbat M-L, Barbarot S, Farges D, Martin L, Roy A (2021). Executive functions in preschool-aged children with neurofibromatosis type 1: Value for early assessment. *J Clin Exp Neuropsychol*, 43:163-175.
120. Glad DM, Casnar CL, Yund BD, et al (2020). Adaptive behavior and executive functioning in children with neurofibromatosis type 1 using a mixed design. *J Dev Behav Pediatr*, 41:637-643.
121. Haebich KM, Dao DP, Pride NA, et al (2022). The mediating role of ADHD symptoms between executive function and social skills in children with neurofibromatosis type 1. *Child Neuropsychol*, 28:318-336.
122. Benbrika S, Doidy F, Carlier L, et al (2021). Longitudinal study of cognitive and emotional alterations in amyotrophic lateral sclerosis: Clinical and imaging data. *Front Neurol*, 12:620198.
123. Sukockienė E, Allali G, Janssens J-P, Iancu Ferfoglia R (2019). Does executive functioning contribute to locomotion in amyotrophic lateral sclerosis patients? *Amyotroph Lateral Scler Frontotemporal Degener*, 20(1-2):123-125.
124. Vidovic M, Aust E, Hermann A, Günther R (2021). The palmomental reflex in amyotrophic lateral sclerosis—a clinical sign of executive or motor dysfunction? *Amyotroph Lateral Scler Frontotemporal Degener*, 22:588-591.
125. Costello E, Rooney J, Pinto-Grau M, et al (2021). Cognitive reserve in amyotrophic lateral sclerosis (ALS): a population-based longitudinal study. *J Neurol Neurosurg Psychiatry*, 92:460-465.
126. Solomon E, Brănișteanu D, Dumbravă A, et al (2019). Executive functioning and quality of life in acromegaly. *Psychol Res Behav Manag*, 12:39-44.
127. García-Casares N, Fernández-Andújar M, González-Molero I, et al (2021). Cognitive Functioning and Cortical Brain Thickness in Acromegaly Patients: A Pilot study. *Arch Clin Neuropsychol*, 36:780-790.
128. Hatipoğlu E, Hacıoğlu Y, Polat Y, et al (2022). Do neurosteroids have impact on depression and cognitive functions in cases with acromegaly? *Growth Horm IGF Res*, 66:101496.
129. Burgevin M, Lacroix A, Brown G, et al (2021). Intellectual functioning in Silver-Russell syndrome: first study in adults. *Appl Neuropsychol Adult*, 28:391-402.
130. Ding Y, Xu J, Huang S, Li P, Lu C, Xie S (2020). Risk perception and depression in public health crises: evidence from the COVID-19 crisis in China. *Int J Environ Res Public Health*, 17:5728.
131. Kaman A (2021). Mental health and behavioural problems in children and adolescents in Germany: A public health perspective based on evidence from large epidemiological studies. <https://ediss.sub.uni-hamburg.de/handle/ediss/8993>