



# Critical Appraisal of Gaming Disorder and Hazardous Gaming IN ICD-11

Shivangini Singh<sup>1\*</sup>, Pawan Kumar Gupta<sup>2</sup>

<sup>1</sup>Psychiatry Resident, Department of Psychiatry, King Georges Medical University, UP, Lucknow

<sup>2</sup>Additional Professor, Department of Psychiatry, King Georges Medical University, UP, Lucknow

To  
The editor  
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Subject: **CRITICAL APPRAISAL OF GAMING DISORDER AND HAZARDOUS GAMING IN ICD-11**

Respected Sir

Gaming disorder has always been a diagnostic dilemma, till DSM 5 in 2013 characterized gaming disorder for the first time, as the only behavioral addiction, under the category Internet Gaming Disorder (IGD).<sup>1</sup> Over time variable definitions have been given for gaming disorder, the lack of proper operational definition made it difficult to clearly define it and identify people suffering from the disorder. DSM 5 proposed 9 symptoms of internet gaming disorder. Under the proposed criteria, a diagnosis of internet gaming disorder would require experiencing five or more of these symptoms within a year. Symptoms like preoccupation, tolerance, withdrawal symptoms and continuing use despite knowing harmful use could be assessed objectively. However the other 5 symptoms- Inability to reduce playing, loss of interest in previously enjoyed activities due to gaming, deceiving family members or others about the amount of time spent on gaming, use of gaming to relieve negative moods and having jeopardized or lost a job or relationship due to gaming being subjective symptoms lacked the validity. Screening tools were also found to be inconsistent due to this subjective variability of the interpretation of the problem by the individual.<sup>2</sup> No empirical evidence of cut-offs made the criteria highly variable. ICD 11 modified the criteria of IGD and redefined it as Gaming Disorder(GD) (6C50) shifting the focus from the cause of addiction to the actual content of addiction.<sup>3</sup> It emphasized on the end result i.e. the problem of gaming addiction specifying that gaming disorders can be both online and offline and internet per say need not be the only cause for it. ICD 11 requires the fulfilment of only 3 criteria- 1) impaired control over gaming (e.g., onset,

## ARTICLE INFO

### \*Correspondence:

Dr. Pawan Kumar  
Gupta

gpawan2008@  
gmail.com

Psychiatry Resident,  
Department of  
Psychiatry, King Georges  
Medical University, UP,  
Lucknow

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frequency, intensity, duration, termination, context); 2) increasing priority given to gaming to the extent that gaming takes precedence over other life interests and daily activities; and 3) continuation or escalation of gaming despite the occurrence of negative consequences for a period of 12 months. This criteria is based on behaviourally oriented symptoms which can be assessed more objectively by the psychiatrist making it a more well defined criteria. They have narrowed it down to three criteria making it more concise while keeping in mind all the major domains affected by behavioural addictions, improving the application of this criteria. However, terms like- onset, frequency, intensity, duration, termination and context need to be defined further to make the criteria more objective which will help in standardizing the criteria for behavioural disorders.

ICD-11 also gives a separate code QE22 for the diagnosis of a new entity- "Hazardous Gaming"<sup>3</sup>. Instead of being classified under "Mental, behavioural or neurodevelopmental disorders" like other psychiatric illness, ICD 11 places it under another special category – "Factors influencing health status or contact with health services- Problems associated with health behaviours". Hazardous gaming differs from gaming disorder such that it focusses on the hazardous outcome of gaming (online or offline) on the individual as well as others around the individual rather than just focussing on the addictive behavioural problem of the individual.<sup>4</sup> The increased risk for hazardous outcome have been implicated to frequency of gaming, time spent on it, neglect of other activities and risky behaviour associated with it as well as persistent pattern of

gaming despite being aware of the increased risk of harm to the individual or to others.

However, no clear criteria has been mentioned regarding the content, frequency and magnitude of hazardous outcomes that is needed to be classified under this category.

More research is needed to validate both the new criterias put forth by ICD-11 and a more discrete and standardized outline needs to be derived so that they can act as a model for other upcoming behavioural addictions like internet addiction, social media addiction and smart phone addiction which still lack a separate diagnosis in both ICD-11 and DSM-5.

Thank you

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