The Recognition of Gaming Disorders as a Major Public Health Concern

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Description

The integration of "Disorders for Digital Games or Video Games" into the International Statistical Classification of Diseases (ICD-11) by the World Health Organization (WHO) in June 2018 marked a crucial shift in acknowledging pathological gaming as a serious concern in contemporary society. This classification targets the excessive, compulsive, and problematic use of digital or video games, irrespective of an internet connection, necessitating a comprehensive scale for assessment, a significant gap in existing tools.

The absence of a specialized instrument to evaluate pathological digital game dependence prompted the development and validation of a pioneering scale known as Pathological Digital Game Dependence (PDGD). This scale holds immense potential in addressing the pressing need for professional intervention and guidance, particularly among predominantly young individuals grappling with severe dependency on video games.

The ramifications of excessive gaming are multifaceted, extending beyond mere isolation from society and families. Those affected often endure stigmatization and marginalization akin to individuals battling substance addiction. The consequences, including neglect of physical care, compromised hygiene, sleep disturbances, obesity, and a range of physical and emotional ailments, underscore the urgency in addressing this growing global issue. The creation of PDGD involved meticulous steps encompassing the input of experts, validation through statistical analysis, and testing among 200 volunteers divided into a Main group (exhibiting digital game abuse) and a Control group (non-abusers). The scale's construction began with a 20-question questionnaire developed by specialists in the field, subsequently refined through evaluation by another group of experts, ensuring clarity, relevance, and coherence.

The differentiation between the Main and Control groups was based on criteria such as scores on the Internet Addiction Test (IAT) andself-reported daily gaming durations. Statistical analyses, including factor analysis, Bartlett's test, and the Kaiser-Meyer-Olkin criterion, substantiated the scale's validity and relevance in gauging dependency levels. Notably, the factor analysis utilized multiple criteria, such as Factor Load, Screeplot, and Parallel Analysis, to determine relevant factors within the questionnaire. Despite facing challenges in data reduction due to numerous factors, the scale's refinement persisted, aligning with the aim of creating a concise yet effective tool. The PDGD scale's implementation allowed for a clear distinction between the Main and Control groups, affirming significantly higher damage levels in the former, reinforcing the scale's efficacy in identifying and categorizing dependency levels accurately.

This initiative not only responds to an urgent need for a tailored assessment tool but also highlights the critical importance of addressing digital game dependency as a legitimate and complex disorder. By offering a quantifiable means to evaluate dependency levels, the PDGD scale stands as a pivotal asset in guiding interventions and treatments for individuals grappling with pathological gaming, potentially mitigating the societal, physical, and psychological impacts associated with excessive gaming habits.

Exploratory and confirmatory factor analysis found a one-factor structure. The measure had a large correlation with another measure of dissociation establishing its convergent validity, and a negative correlation with the will to exist, live, and survive establishing its divergent validity. It has a large correlation with complex PTSD (CPTSD) and executive function deficits establishing its predictive and criterion validity. It had good reliability and test-retest stability. The measure associated significantly higher with CPTSD compared with the comparable measure of DES-B. The study provided initial evidence of the measure's robust psychometrics.