

research snapshot

summarize | mobilize



Internet-related disorders are associated with poor physical health and functioning

What this research is about

The World Health Organization plans to include a chapter about “disorders due to addictive behaviours” in the upcoming ICD-11 (International Statistical Classification of Diseases and Related Health Problems). The ICD-11 will include Internet Gaming Disorder and other internet-related disorders (IRD).

Past research has found that IRD are related to many harms. These include mental health problems, distress, and decreased quality of life. Less research has studied if IRD are related to increased physical health problems.

The current study explored a variety of physical symptoms among patients with IRD. The researchers compared them to people with excessive, but not yet addictive Internet use, and patients with gambling disorder (GD).

What the researchers did

Participants were 286 patients with IRD, 95 people with excessive yet not disordered Internet use, and 106 patients with GD. Participants were over 16 years old and lived in Germany. Most were male, with only 7% being female.

Participants were recruited from an outpatient clinic for behavioural addictions in Germany. Each completed a clinical interview with a trained clinician. The Checklist for Assessment of Internet and Computer game Addiction (AICA-C) was used to diagnose IRD. A structured clinical interview for pathological gambling (SCI-PG) was used to diagnose GD among GD participants. In addition, the Global Assessment of Functioning (GAF) was used to assess participants' level of mental, social, and work

What you need to know

Sleep problems and tiredness were common problems among patients with internet-related disorders (IRD). Patients with IRD and those with gambling disorder (GD) had similar physical, mental, and social/work concerns. Patients with IRD displayed more work-related performance problems than patients with GD. These findings support the World Health Organization's decision to include IRD in the upcoming ICD-11.

functioning. Participants were also screened for any other health problems that they might have.

Participants also completed a number of self-report measures. They reported any lifestyle habits like smoking, alcohol and drug use, physical activity, and diet. Participants completed the Sheehan Disability Scales (SDS), a measure of impairment in work, social, and family life. They completed the Somatic Symptoms Scale (SSS-8), a measure of physical symptoms. Participants filled out the Jenkins Sleep Scale to assess sleep problems. They completed the Work Ability Index that captured work ability, including if they thought they would have a job in the next two years and days of missed work in the past year. Participants also completed the Berlin Inventory of Gambling Behavior-Screening to assess GD.

The researchers compared all three groups regarding lifestyle habits, medical history, physical symptom complaints, sleep problems, and levels of functioning.

What the researchers found

IRD and GD patients were more likely to report medical illnesses than those with excessive internet

use. Common medical illnesses included accidents with injuries, diseases of the skin, and diseases of the muscles, bones, and joints. Compared to IRD patients, GD patients were more likely to report muscle, bone and joint diseases, heart diseases, and lung problems. Nearly two-thirds of IRD patients had a co-existing mental disorder. Rates of mental disorders were also high in the other two groups. About 60% of GD patients and half of those with excessive internet use had a co-existing mental disorder.

Across all groups, many participants reported low levels of paying attention to diet and physical activity. Compared to the other two groups, patients with GD had higher rates of overweight/obesity. There were no differences between the groups in regard to alcohol or drug use. One-third of IRD patients were non-smokers, while over two-thirds of GD patients smoked.

Both IRD and GD patients reported more sleep problems and tiredness, compared to those with excessive internet use. Also, both patients with IRD and GD had poorer levels of functioning in mental, social, and work-related areas. There were no differences between the three groups in the number of missed days of work. But, days of missed work in the past year were high in each group, compared to rates previously reported for other mental health problems.

How you can use this research

The findings suggest that IRD and GD have negative impacts on many areas of life. Clinicians and treatment providers could pay attention to physical problems among IRD and GD patients. These might be considered as either risk factors or consequences of the disorder. Treatment providers could also target sleep problems in IRD interventions.

Future research could study the relationship between IRD or GD and physical health problems over time. This would help explain whether physical health problems are risk factors or consequences of addictive disorders. Future research could also study physical health problems among females and different age groups of IRD and GD patients.

About the researchers

Kai W. Müller, Manfred E. Beutel and Klaus Wölfling are affiliated with the Outpatient Clinic for Behavioral Addictions in the Department of Psychosomatic Medicine and Psychotherapy at the University Medical Center in Mainz, Germany. For more information about this study, please contact Kai W. Müller at muellka@uni-mainz.de.

Citation

Müller, K. W., Beutel, M. E., & Wölfling, K. (2019). Decreased occupational functioning and increased physical health complaints in treatment seekers with internet-related disorders: Compared to patients with gambling disorder. *European Addiction Research*, 25(5), 229-237. <https://doi.org/10.1159/000500543>

About Gambling Research Exchange (GREO)

Gambling Research Exchange (GREO) has partnered with the Knowledge Mobilization Unit at York University to produce Research Snapshots. GREO is an independent knowledge translation and exchange organization that aims to eliminate harm from gambling. Our goal is to support evidence-informed decision making in safer gambling policies, standards, and practices. The work we do is intended for researchers, policy makers, gambling regulators and operators, and treatment and prevention service providers.

Learn more about GREO by visiting greo.ca or emailing info@greo.ca.

