

Declaration of interests

None.

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Keywords Addiction, cognition, DSM-5, gambling, internet gaming, preoccupation.

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INTERNET GAMING AND ADDICTION: A REPLY TO KING & DELFABBRO

We thank Drs King & Delfabbro [1] for their comments on our recent paper [2], and we wholeheartedly agree that gambling and gaming disorders appear distinct on some levels. The DSM-5, and our consensus statement related to internet gaming disorder [2], note that greater study of all aspects of this condition is needed before it can be classified as a psychiatric disorder, addictive or otherwise.

King & Delfabbro [1] emphasize the importance of one particular criterion, preoccupation, and its association with excessive behavioral patterns related to gambling and gaming. We concur that the content and expression of thoughts may differ between gambling and gaming, as they do between gambling and substance use disorders. Some may further contend that the nature and content of thoughts related to preoccupation may differ across preferred forms of gambling activities and use of different substances, and perhaps even between preferred video games. The challenges will be to determine a reliable and valid method for assessing this construct in the context of problematic gaming, and then to examine the similarities and differences with other excessive behaviors or addictions.

As King & Delfabbro [1] emphasize, efficacious treatments for gaming may not be similar to those used for other addictive disorders. Although cognitive strategies have been applied in the treatment of gambling disorder, other approaches also show promise, including more behaviorally oriented and motivational approaches (e.g. [3–5]). Little empirical research has addressed interventions for gaming disorder, and clearly approaches will need to be tailored not only to the condition, but also

developmental considerations, as gaming disorder appears to impact youth and young adults to a large extent [6,7], while the vast majority of individuals who seek treatment for gambling are middle-aged or older [3,4].

King & Delfabbro [1] note that a potential differentiation between gambling and gaming relates to skill. Although we agree that one's success in the outcomes of video games is usually more skill-dependent than in many forms of gambling, the nature of a disorder, and consideration regarding its treatment, generally does not depend upon one's skills, be they perceived or real. Will focusing upon skill be useful in treating gaming? We are not sure. However, we completely agree that a cognitive intervention adapted from gambling treatment that addresses erroneous beliefs related to randomness, chance and probabilities will not be a primary therapeutic approach for reducing gaming.

Just as preoccupation is only one potential aspect of internet gaming disorder, it is only one aspect of other addictions, and psychiatric disorders more generally. Overall functioning is considered in diagnoses, and although irrational beliefs can exist in the context of disordered gambling, these beliefs are not a criterion for that disorder. Diagnostic criteria do not need to cover all mechanisms of a disorder, nor all relevant elements of treatment; instead, their intent is to distinguish reliably and validly between individuals with and without a disorder. Expressions of psychiatric disorders, and their specific symptoms, also vary across cultures and individuals. The goal of psychiatric diagnosis is to transcend some of the inherent individual differences, while classifying clinically problematic expressions. As the field of addictions moves forward, it will be imperative to evaluate empirically similarities and differences across these conditions and their treatment.

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None.

Keywords Addiction, behavioral addiction, diagnosis, gambling disorders, internet gaming, treatment.

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MEETING THE UNIQUE CHALLENGES OF ASSESSING INTERNET GAMING DISORDER

The inclusion of internet gaming disorder (IGD) in the DSM-5 research appendix renews focus upon the conceptualization and assessment of IGD. Problematically, however, although IGD was included because research had highlighted several distinguishing features of the condition, along with the increased risks associated with online gaming [1], these are not reflected adequately in the assessment criteria now stated in DSM-5. Rather, all the criteria listed for IGD in DSM-5 are derived from substance use disorder or gambling disorder, thus neglecting the potentially unique features of problematic online gaming. Games provide a unique context with particular