

# A survey of potential Internet Gaming Disorder extended to screen use in a community sample

J.M.Alexandre<sup>1,2,3</sup>, C.Rassis<sup>2,3</sup>, F.Serre<sup>1,2</sup>, M.Fatseas<sup>1,2,3</sup>, M.Auriacombe<sup>1,2,3</sup>

<sup>1</sup>Addiction Psychiatry Team, CNRS USR 3413 SANPSY, Univ. Bordeaux, Bordeaux, France

<sup>2</sup>Addiction Clinic, CH Ch. Perrens & CHU Bordeaux, Bordeaux, France

<sup>3</sup>Aquitaine region expert center on pathological Gambling, Bordeaux, France



Université  
BORDEAUX

SANPSY  
UNIVERSITY OF BORDEAUX



## Background

→ DSM-5: Internet Gaming Disorder (IGD) proposed as "Condition for further study"

→ 9 criteria / cut-off proposed = 5 criteria ; Translated (Petry et al. 2014)

→ Extension of the concept of IGD to all screens use?

→ Martignas city council: request to survey local screen use

### Martignas city

- Sub-urban city in Aquitaine, France (Bordeaux area)
- 7400 inhabitants
- Good standard of living (average household income: 42.000 euros/y)



## Objectives

- To describe screen use in a community sample of a medium-sized city in Aquitaine, France
  - All types of screens
  - All screen use modalities
  - Adolescents + Adults and Children (*children data not shown*)
- To explore for potential Screen Use Disorder based on DSM-5 Internet Gaming Disorder
  - All types of screens
  - Adolescents + Adults

## Method

**Task force:** SANPSY Univ. Bordeaux, Addiction Clinic CH Ch. Perrens - CHU Bordeaux, Aquitaine region expert center on pathological Gambling, Martignas city council and population representatives

**Study design:** cross-sectional survey

**Population:** 7400 inhabitants Martignas city

**2 specific questionnaires designed by the task force**

- Adolescents/adults (≥12 y.o.): self-questionnaire
- Children (<12 y.o.): parent-filled questionnaire
- Anonymous
- Close-ended responses; 5-15 minutes to complete
- Note for presentation of the study and confidentiality

**Data:**

- Television, computer, smartphone, tablets, handled game console
- Screens use: availability, frequencies and moments, context, main purposes
- Screens Use Disorder: adaptation of the 9 DSM-5 Internet Gaming Disorder criteria

**Dissemination and retrieval of questionnaires:** Martignas local institutions

**Descriptive analyzes:** SANPSY

**Contact:** jean-marc.alexandre@u-bordeaux.fr  
marc.auriacombe@u-bordeaux.fr



## Results

**Data collected:** Response rate 37% (893/2400 questionnaires)  
835 usable questionnaires, 348 adolescents/adults

**Participants:** N=348, mean age = 26 y.o. (SD=19), 56% women  
Age min: 12 y.o. ; max: 84 y.o.

### Screen use

Widespread access and regular use ("almost every day") of all types of screens in daily life activities ; Regular users: up to 10 hours/day

Table: distribution of subjects by age and screens use:

Age	N	Television	Computer	Smartphone	Tablet	Handled game console
Ados ≤18	191	100%	87%	70%	63%	53%
19-25	23	100%	91%	78%	65%	22%
26-45	57	100%	84%	77%	47%	33%
46-60	52	100%	54%	44%	38%	12%
>60	18	100%	50%	28%	22%	6%
Total	341	100%	80%	66%	55%	39%

### Screen Use Disorder (9 IGD criteria adapted)

- Prevalence of each criteria ranged from 2% to 18% ("unable to cut back")
  - All types of screens and activities
  - Main problems reported: sleep, vision & weight problems, neglecting important activities, arguments with others
- Repartitions of subjects by number of criteria:
  - = 1 criteria: 22% (n=76)
  - ≥ 1 criteria: 38% (n=132)
  - ≥ 2 criterion: 16% (n=56)
  - ≥ 3 criterion: 6% (n=21)
  - ≥ 4 criterion: 2% (n=7)
  - ≥ 5 criterion: 1% (n=5) ← current threshold for IGD

## Discussion

- Level of equipment and regular use important for all types of screens, for recreational & work related activities
- Important proportion of adolescents/adults with at least 1 positive criteria (38%)
- Video games were not the only use of screens reported as problematic
- "Addiction" was rare (≥ 5 critères, 1%)
- Diagnosis would remain rare if threshold was lowered to 4 as for Gambling Disorder

## Conclusion

- Potential Screen Use Disorder should be considered for further studies
- Optimal threshold value for diagnosis to be further studied

Funding: Martignas city and internal funds from Univ. Bordeaux  
Conflicts of interest : none  
Acknowledgement: Matignas city, P. Clavier