Reframing video gaming and internet use addiction: Empirical cross-national comparison of heavy use over time and addiction scales among young users

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## Sample

22 945 17-year-old French adolescents (data from the ESCAPAD survey); 3049 from the French-speaking part of Switzerland (data from the ado@internet.ch survey); 4813 Swiss men.(data from the C-SURF study).

## Implications For Stakeholders About

Researchers

# Abstract

Background and aims: Evidence-based and reliable measures of addictive disorders are in general populationbased assessments. One study suggested that heavy use over time UOT) should be used instead of self-reported addiction scales (AS). This study compared UOTand AS regarding video gaming and internet use empirically, using associations with comorbid factors. Design Cross-sectional data fromthe 2011 French Survey on Health and Consumption on Call-up and Preparation for Defence-Day (ESCAPAD), cross-sectional data from the 2012 Swiss ado@internet.ch study and two waves of longitudinal data (2010–13) of the Swiss Longitudinal Cohort Study on Substance Use Risk Factors (C-SURF).
Setting: Three representative samples from the general population of French and Swiss adolescents and young Swiss men, aged approximately 17, 14 and 20years, respectively. Participants: ESCAPAD: n =22 945 (47.4% men); ado@internet.ch: n =3049 (50% men); C-SURF: n =4813 (baseline+follow-up, 100% men). Measurements: We assessed video gaming/internet UOT ESCAPAD and ado@internet.ch: number of hours spent online per week, C-SURF: latent score of time spent gaming/using internet] and AS (ESCAPAD: Problematic Internet Use Questionnaire, ado@internet.ch: Internet Addiction Test, C-SURF: Gaming AS). Comorbidities were assessed with health outcomes (ESCAPAD: physical health evaluation with a single item, suicidal thoughts, and appointment with a psychiatrist;
ado@internet.ch:WHO-5 and somatic health problems; C-SURF: Short Form12 (SF-12 Health Survey) and Major Depression Inventory (MDI). Findings:UOT and ASwere correlated moderately (ESCAPAD: r=0.40, ado@internet.ch: r=0.53 and C-SURF: r=0.51). Associations of AS with comorbidity factors were higher than those of UOT in cross-sectional (AS:
.005 ≤ |b| ≤ 2.500, UOT: 0.001 ≤ |b| ≤ 1.000) and longitudinal analyses (AS: 0.093 ≤ |b| ≤ 1.079, UOT: 0.020 ≤ |b| ≤ 0.329). The results were similar across gender in ESCAPAD and ado@internet.ch (men: AS: 0.006 ≤ |b| ≤ 0.211, UOT: 0.001 ≤ |b| ≤ 0.061; women: AS: 0.004 ≤ |b| ≤ 0.155, UOT: 0.001 ≤ |b| ≤ 0.094). Conclusions: The measurement of heavy use over time captures part of addictive video gaming/internet use without overlapping to a large extent with the results of measuring by self-reported addiction scales (AS). Measuring addictive video gaming/internet use via selfreported addiction scales relates more strongly to comorbidity factors than heavy use over time.

# Outcome

“…[T]he associations of UOT and AS were moderate…Therefore, UOT and AS were associated, but the two measures only slightly overlap….Interestingly, part of addictive video gaming/internet use was captured by heavy UOT…The results of our study showed that associations of video gaming/internet AS with comorbidity factors were all greater than those of UOT.” (Baggio et al. 2016, p. 520)