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Comorbidity: the case of video game addiction and gambling disorder



Gaming disorder is a complex clinical condition with multiple bio-psycho-social factors interacting, being male, of a young age and with poor social skills some of the variables most associated with this addiction. Clinically, there is a notable prevalence of comorbid psychopathology with gambling disorder. A study by the Bellvitge University Hospital and the UAB has concluded that the identification of specific factors that increase the vulnerability of presenting the dual psychopathological condition would allow for the development of individualized intervention plans, screening and diagnostic tools, and preventive programs focused on more vulnerable groups.

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Like other addictions with and without the use of substances, gaming disorder is a complex issue in which multiple bio-psycho-social factors interact. The sociodemographic variables most closely associated with the onset and progression of the problem are early age (generally during adolescence and early adulthood), male gender, some personality traits (such as higher levels of neuroticism, and lower levels of self-awareness and extraversion compared to control samples), poor social skills, low perceived social acceptance, low cooperation levels, and low perceived social support. Other factors predicting the early onset and rapid progression of gaming disorder are lack of maturity, low self-esteem, high impulsivity, low tolerance for frustration, emotional instability, tendency to isolation, introversion, communication difficulties, exposure to negative experiences (or previous traumatic events), continued school failure, family and work conflicts, and the presence of

underlying health conditions.

Clinical associations between gaming disorder and other psychiatric conditions have been well documented by a wide range of studies. The most frequent comorbid disorders are anxiety, depression, attention-deficit-hyperactivity-disorder, and social phobia. One particularly relevant prevalent comorbid condition of gaming disorder is gambling disorder, a pathological condition characterized by impulsive gambling behavior that leads to distress and maladaptive functioning. Both gaming disorder and gambling disorder are categorized as behavioral addictions within the leading diagnostic categories, and some studies have tried to explain the cross-sectional / longitudinal concurrence of the two. This research area has observed that the likelihood of this dual condition is higher among individuals with high levels of novelty/sensation seeking, impulsivity, and reward and punishment sensitivity/dependence. Other risk factors that raise the risk of comorbidity are decreased loss sensitivity, aberrant reward-based learning, and being a young male.

A study conducted by Dr. Susana Jiménez-Murcia (Psychiatric Service of the University Hospital of Bellvitge) and Dr. Roser Granero-Pérez (Department of Psychobiology and Health Sciences Methodology, UAB) aimed to fit a mediational model to explore the contribution of sociodemographic, personality variables and addiction-related variables, contributing to the presence of the dual condition of gaming and gambling disorder. The sample included n=117 patients who met clinical criteria for gaming disorder. The results obtained showed that the comorbid condition was met for 14.5% of the patients. The dual diagnosis was directly related to an older age at onset of the addiction problems, a higher level of the novelty-seeking trait and being in active work. Greater psychopathological distress was related to females, higher levels of harm avoidance and persistence, and lower levels of self-directedness.

The results found by this study corroborated that the prevalence of the comorbid condition of gaming and gambling disorder is high, and that individuals with this dual condition may share common patterns of behavior and mediational mechanisms that constitute risk factors which might require transdiagnostic approaches rather than classical syndrome specific models. The identification of specific factors that increase the vulnerability for presenting the dual pathological condition of gaming and gambling disorder can contribute to specific individualized intervention plans, focused on the particular profile of patients with poly addictions. Clinical settings should consider these features to improve screening/diagnosis tools. Finally, preventive programs should also be focused on the most vulnerable groups to prevent the onset and progression of this complex comorbid condition.

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References

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