Internet addiction disorder: Fact or Fad? Nosing into Nosology

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How to cite this article: Swaminath G. Internet addiction disorder: Fact or Fad? Indian J Psychiatry 2008;50:158-60.
more hours of use, and 4) negative repercussions, including arguments, lying, poor achievement, social isolation, and fatigue.\[6\]

In June 2007, the American Medical Association (AMA) declined to recommend to the American Psychiatric Association that they include IAD as a formal diagnosis in the 2012 edition of the DSM, and recommended further research. A better definition of “overuse”, and a way to differentiate an “Internet addiction” from obsession, self-medication for depression or other disorders, and compulsion were still wanting.

“Internet addicts” already fit under existing, legitimate diagnostic labels. For many patients, overuse or inappropriate use of the Internet is merely a manifestation of their disinhibition in mania, enhancing self esteem, social networking, and relief in depression, social phobia, and net compulsions such as shopping, pornography, or gambling in OCD, sexual disorders, impulse disorders, or gambling. IAD is compared to food addiction, in which patients overeat as a form of self-medication for depression, anxiety, etc., without actually being truly addicted to eating.\[8,9\]

In IAD the form (i.e. Internet) is to be distinguished from the content (i.e. online activity such as gaming/gambling, or sexual preoccupations). To continue with the example of gambling: pathological Internet gambling could be regarded as a subtype of pathological Internet use (the category is primarily defined by form – Internet – and subdivided on the basis of content – gambling), or it could be regarded as a subtype of pathological gambling (the category is primarily defined by content and subdivided on the basis of form). This distinction will have implications for etiology, treatment, and prognosis.\[8\]

A person addicted to substances displays a strong compulsion to seek out drug dealers, difficulty in controlling their drug-dealer-seeking behavior, and progressive neglect of alternative pleasures in favor of seeking out drug dealers: they thereby fulfill ICD-10 criteria for a dependence syndrome to drug dealers. But “drug-dealer addiction” does not exist because we recognize that the drug dealer is only the conduit for the addictive substance and not the addictive substance per se.\[8\] Internet addiction is defined as Internet use of more than thirty-eight hours per week. Computer professionals, businessmen, online lecturers, professionals, students using E-learning, and even those of us in journal publication, use the Internet at least forty hours each week increasing the risk of these being classified as Internet addicts.\[8\] All of this suggests not only poor delimitation of IAD from other disorders but also from legitimate usage.

Inclusion of a diagnosis in classification requires careful consideration of the research underlying the disorder. Other considerations such as the sociological must also be taken into account.\[10\] After a series of ten cardiopulmonary related deaths in Internet cafés, a game-related murder, and many children dropping out of school and work to spend time on computers, South Korea considers IAD as one of its most serious public health issues\[6\] and has taken proactive measures such as training counsellors to prevent and to manage the condition.

**FADS: FADE IN/FADE OUT**

Every proposed new diagnosis carries with it the risk of making a false-positive diagnosis, that is, making a diagnosis when no established disorder is present. Hence, the advantages of including the diagnosis in the classificatory system (e.g., increased detection of a treatable disorder with eventual reduction in morbidity and cost to the patient, his or her family, and to society at large), are to be weighed against the risks of making a false-positive diagnosis (e.g., risk of stigmatization, cost, and possibly unnecessary treatment, etc.).\[10\] Some proponents believe that its inclusion would open the doors for private insurance companies to pay for IAD counseling. On the contrary, self-proclaimed sufferers are approaching courts for redress. In one recent American case (Pacenza v. IBM Corp.), the plaintiff argued that he was illegally terminated in violation of the “Americans with Disabilities Act” owing to his Internet addiction triggered by Vietnam war-related “Post-Traumatic Stress Disorder”\[11\]. The case is pending before the court in the Southern district of New York.

With every new revision of ICD and DSM the number of categories has increased exponentially. Differentiation between subcategories is not well defined leading to confusion. In an international comparison performed to evaluate the frequency and use of the ICD-10 psychiatric diagnoses to assist in future revision of the ICD-10, an attempt was made to know which diagnostic categories were either not used or were used possibly in an unspecific manner. There were 32 specific diagnostic categories on a four-character level which are not used at all and 121 which were used less frequently than 0.1% in inpatient and outpatient treatment.\[12\]

This suggests a much bloated classificatory system. Future additions without sufficient data could further inflate the system reducing its utility in practice. Though sufficient research data might over time validate IAD, at present it seems a fad illness. True, the Internet contributes to the answering of many questions, but “Internet addiction” as of now raises more questions than can be answered.

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Source of Support: Nil, Conflict of Interest: None declared

### EVENTS AND HAPPENINGS

| Event Date, Venue | Leadership in Mental Health N 10-21st November, 2008; Goa, India A two week course by Sangath and SCARF, in collaboration with the London School of Hygiene & Tropical Medicine, the Centre for International Mental Health, University of Melbourne & Centre for Applied Research and Evaluation International Foundation Visit: http://www.thelancet.com/online/focus/mental_health). Contact: Prof Vikram Patel on Vikram.patel@lshtm.ac.uk. For registration, Melba Pinto on melba@sangath.com. |
| Event Date, Venue | The Richmond Fellowship Asia Pacific Forum Conference 2008 Theme: “Psychosocial Rehabilitation across Cultures” 20th-22nd November, 2008, Convention Centre, NIMHANS, Bangalore, India Conference Secretariat: The Richmond Fellowship Society (I), Bangalore Branch, ‘ASHA’, 501 47th Cross, 9th Main V Block Jayanagar, Bangalore-560 041, India Tele: +91-80 2664 5583 / 2244 6734, Fax: +91-80 2244 1673 E-mail: info@rfaspac2008.com / rfsindia@vsnl.com Website: www.rfaspac2008.com / www.rfsindia.org |
| Event Date, Venue | National Drug Dependence Treatment Centre (NDDTC), All India Institute of Medical Sciences (AIIMS), New Delhi is organizing the XVI National Conference of the Indian Association for Social Psychiatry on November 28-30th, 2008. Venue of the conference is the J.L.N. Auditorium at AIIMS. Theme of the conference is “Social Psychiatry and Clinical Practice”. Contact: Prof. R. K. Chadda, Organizing Secretary, XVI NCIASP 2008, Department of Psychiatry, All India Institute of Medical Sciences, New Delhi- 110029, India. Phone: 011 26593245, 3236; 9868397133, Fax: 011 26589787, 8663, E-Mail: iaspconf.2008@gmail.com, drrakeshchadda@hotmail.com |
| Event Date, Venue | National Sleep Medicine Course 2008 (An academic venture by Teaching Faculty from USA, JAPAN and INDIA) 20th & 21st December 2008 at Biju Pattnaik Film & TV Institute of Orissa, Cuttack Organized By : Dept. of Physiology, V.S.S. Medical College, Burla, Orissa. Course directors, Prof. Deepak Shrivastava, Professor of Medicine, UC Davis School of Medicine, Davis Director, Sen Joaquin General Sleep Center, Stockton, California. Prof. H.N. Mallick, Professor of Physiology, All India Institute of Medical Sciences, New Delhi. For further details contact : Dr. Arpita Priyadarshini, Asst. Professor & Organising Secretary, Office of NSMC III (2008), Plot 936, Mahanadi Vihar, Cuttack-753004, Orissa, India. Tel.: 0671-24452, M. 9437015526, Fax : 0671-24452, Email : drarpita.cuttack@gmail.com |
| Event Date, Venue | 12th International Congress of the International Federation of Psychiatric Epidemiology (IFPE) 16 - 19th April 2009, Vienna, Austria “Well being and mental disorder: epidemiological tools in the global village” Deadline for submission of abstract: October 15, 2008 For further information, Visit congress website: http://www.ifpe2009.at/ or Contact: Harald Berger: harald.b.berger@meduniwien.ac.at |