Internet addiction disorder: Hype, a myth

Sir,

The article on internet addiction (IA) \cite{1} published in your journal, made for an interesting read. The authors embrace the idea that although IA is a disorder, it should not be diagnosed if such behavior is exclusively contained within the boundaries of, say, bipolar, depressive, or anxiety episodes and it spontaneously resolves after the resolution of such conditions. The authors also argue that the high rate of comorbidity seen in “IA” patients reflects the similarity of behavioral disorders (“such as IA”) with addictive disorders. They relegate the concept that IA is a manifestation of an underlying disorder since addiction as a gestalt may have characteristics beyond each of the individual phenomena commonly seen in substance use disorders such as impulsivity, obsessiveness, and compulsiveness.

In context to the above, I would like to emphasize that in many of the IA studies, the approach to the “IA patient” has been essentially inappropriate. An easy approach is selecting from a population, a subset, such as adolescents,\cite{2} administering IA diagnostic criteria, obtaining a score, and labeling all those who score above the cutoff as “internet addicted.” The lack of a thorough psychopathological evaluation of an IA patient by a qualified mental health professional (MHP) may lead to comorbid/underlying conditions going undiagnosed.
In my view, a methodologically sound approach would be an extensive, direct, face-to-face clinical interview, administering appropriate IA diagnostic instruments, and addressing medical and psychiatric comorbidities by means of structured diagnostic schedules. Such IA patients should be treated for the underlying condition, if any, and followed up to establish the temporal stability of the diagnosis of IA. Evidence exists that in case of obsessive–compulsive disorder (OCD) patients, improvement in the Yale-Brown Obsessive Compulsive Scale scores with the treatment of OCD is accompanied with the improvement of IA test scores as well as resolution of IA with OCD treatment. It remains to be seen whether treatment of other comorbid conditions can also improve and resolve IA. This study, like many other studies, underscores the importance of assessing the IA patient clinically for comorbid/underlying conditions. An accurate diagnosis is essential for administering appropriate treatment, and such diagnosis and treatment in the field of mental health should only be performed by medically qualified and trained MHPs such as psychiatrists or clinical psychologists.

This approach is also significant from the Indian context since India has a huge mental health burden and with progressively increasing access to the internet, patients with hitherto undiagnosed psychopathological disorders may have IA as their presenting symptoms.

In my opinion, IA to a maximum extent is a manifestation of underlying/comorbid psychopathology. Internet addiction is hype, a myth, and at this point of time, it does not merit inclusion as a standalone psychiatric disorder. As Pies, eloquently puts it, “the so-called IA should not be written off as another attempt by psychiatry to ‘medicalize’ unfortunate or self-destructive behaviors.”

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Conflicts of interest
There are no conflicts of interest.

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