

ICD-11

6C51 Gaming disorder

Foundation URI: <http://id.who.int/icd/entity/1448597234>

Code: 6C51

Description

Gaming disorder is characterised by a pattern of persistent or recurrent gaming behaviour ('digital gaming' or 'video-gaming'), which may be online (i.e., over the internet) or offline, manifested by: 1. impaired control over gaming (e.g., onset, frequency, intensity, duration, termination, context); 2. increasing priority given to gaming to the extent that gaming takes precedence over other life interests and daily activities; and 3. continuation or escalation of gaming despite the occurrence of negative consequences. The pattern of gaming behaviour may be continuous or episodic and recurrent. The pattern of gaming behaviour results in marked distress or significant impairment in personal, family, social, educational, occupational, or other important areas of functioning. The gaming behaviour and other features are normally evident over a period of at least 12 months in order for a diagnosis to be assigned, although the required duration may be shortened if all diagnostic requirements are met and symptoms are severe.

Exclusions

Bipolar type I disorder(6A60)

Bipolar type II disorder(6A61)

Hazardous gaming(QE22)

Exclusions from above levelsShow all [4] ▼

Diagnostic Requirements

Essential (Required) Features:

- A persistent pattern of gaming behaviour ('digital gaming' or 'video-gaming'), which may be predominantly online (i.e., over the internet or similar electronic networks) or offline, manifested by all of the following:
 - Impaired control over gaming behaviour (e.g., onset, frequency, intensity, duration, termination, context);
 - Increasing priority given to gaming behaviour to the extent that gaming takes precedence over other life interests and daily activities; and
 - Continuation or escalation of gaming behaviour despite negative consequences (e.g., family conflict due to gaming behaviour, poor scholastic performance, negative impact on health).

- The pattern of gaming behaviour may be continuous or episodic and recurrent but is manifested over an extended period of time (e.g., 12 months).
- The gaming behaviour is not better accounted for by another mental disorder (e.g., Manic Episode) and is not due to the effects of a substance or medication.
- The pattern of gaming behaviour results in significant distress or impairment in personal, family, social, educational, occupational, or other important areas of functioning.

Specifiers for online or offline behaviour:

6C51.0 Gaming Disorder, predominantly online

- This refers to Gaming Disorder that predominantly involves gaming behaviour that is conducted over the internet or similar electronic networks (i.e., online).

6C51.1 Gaming Disorder, predominantly offline

- This refers to Gaming Disorder that predominantly involves gaming behaviour that is not conducted over the internet or similar electronic networks (i.e., offline).

6C51.Z Gaming Disorder, unspecified

Additional Clinical Features:

- If symptoms and consequences of gaming behaviour are severe (e.g., gaming behaviours persist for days at a time without respite or have major effects on functioning or health) and all other diagnostic requirements are met, it may be appropriate to assign a diagnosis of Gaming Disorder following a period that is briefer than 12 months (e.g., 6 months).
- Individuals with Gaming Disorder may make numerous unsuccessful efforts to control or significantly reduce gaming behaviour, whether self-initiated or imposed by others.
- Individuals with Gaming Disorder may increase the duration or frequency of gaming behaviour over time or experience a need to engage in games of increasing levels of complexity or requiring increasing skills or strategy in an effort to maintain or exceed previous levels of excitement or to avoid boredom.
- Individuals with Gaming Disorder often experience urges or cravings to engage in gaming during other activities.
- Upon cessation or reduction of gaming behaviour, often imposed by others, individuals with Gaming Disorder may experience dysphoria and exhibit adversarial behaviour or verbal or physical aggression.
- Individuals with Gaming Disorder may exhibit substantial disruptions in diet, sleep, exercise and other health-related behaviours that can result in negative physical

and mental health outcomes, particularly if there are very extended periods of gaming.

- High-intensity gaming behaviour may occur as a part of online computer games that involve coordination among multiple users to accomplish complex tasks. In these cases, peer group dynamics may contribute to the maintenance of intensive gaming behaviours. Regardless of the social contributions to the behaviour, the diagnosis of Gaming Disorder may still be applied if all diagnostic requirements are met.
- Gaming Disorder commonly co-occurs with Disorders Due to Substance Use, Mood Disorders, Anxiety or Fear-Related Disorders, Attention Deficit Hyperactivity Disorder, Obsessive-Compulsive Disorder, and Sleep-Wake Disorders.

Boundary with Normality (Threshold):

- Gaming Disorder should not be diagnosed merely on the basis of repeated or persistent gaming (online or offline) in the absence of the other characteristic features of the disorder.
- Daily gaming behaviour as a part of a routine or the use of gaming for purposes such as developing skills and proficiency in gaming, changing mood, alleviating boredom, or facilitating social interaction in the absence of the other required features is not a sufficient basis for assigning a diagnosis of Gaming Disorder.
- High rates and long durations of gaming behaviour (online or offline) occur more commonly among specific age and social groups (e.g., adolescent males), and in particular contexts such as during the holidays or as a part of organized gaming activities for entertainment in the absence of the other required features is also not indicative of a disorder. Cultural, subcultural, and peer-group norms should be considered when making a diagnosis.

Course Features:

- The course of Gaming Disorder is typically progressive, as the individual increasingly prioritizes gaming at the expense of other activities.

Developmental Presentations:

- Gaming Disorder appears to be most prevalent among adolescent and young adult males aged 12 to 20 years. Available data suggest adults have lower prevalence rates.
- Among adolescents, Gaming Disorder has been associated with elevated levels of externalizing (e.g., antisocial behaviour, anger control) and internalizing (e.g., emotional distress, lower self-esteem) problems. Among adults, Gaming Disorder has been associated with greater levels of depressive and anxiety symptoms.
- Adolescents with Gaming Disorder may be at increased risk for academic underachievement, school failure/drop-out, and psychosocial and sleep problems.

Sex- and/or Gender-Related Features:

- Males appear to be more frequently affected by Gaming Disorder during both adolescence and adulthood.
- Though less frequently diagnosed with Gaming Disorder than adolescent boys, girls who meet the diagnostic requirements may be at greater risk of developing emotional or behavioural problems.

Boundaries with Other Disorders and Conditions (Differential Diagnosis):

- **Boundary with Hazardous Gaming:** The category of Hazardous Gaming from the ICD-11 chapter on 'Factors Influencing Health Status or Contact with Health Services' may be assigned to individuals who exhibit problematic patterns of gaming behaviour without the other features of Gaming Disorder. Hazardous gaming refers to a pattern of gaming that appreciably increases the risk of harmful physical or mental health consequences to the individual or to others around the individual that may require some intervention or monitoring but is not considered to constitute a disorder.
- **Boundary with Gambling Disorder:** Unlike Gaming Disorder, Gambling Disorder necessitates the betting of money or other valuables in the hope of obtaining something of greater value. If gaming behaviour is focused on wagers (e.g., internet poker), Gambling Disorder may be a more appropriate diagnosis.
- **Boundary with Bipolar and Related Disorders:** Increased goal-directed activity including impaired ability to control gaming behaviour can occur during Manic, Mixed, or Hypomanic Episodes. A diagnosis of Gaming Disorder should only be assigned if there is evidence of a persistent pattern of gaming behaviour that meets all diagnostic requirements for the disorder and occurs outside of Mood Episodes.
- **Boundary with Obsessive-Compulsive Disorder:** Gaming behaviour can sometimes be described as 'compulsive' by lay people and also by some health professionals. Compulsions observed in Obsessive-Compulsive Disorder are almost never experienced as inherently pleasurable and typically occur in response to intrusive, unwanted, and generally anxiety-provoking obsessions, which is not the case with gaming behaviour in Gaming Disorder.
- **Boundary with Disorders Due to Substance Use:** Co-occurrence of gaming and substance use is common. Intoxication due to some substances may exacerbate problematic gaming behaviour. A diagnosis of Gaming Disorder can be assigned together with a Disorder Due to Substance Use diagnosis if the requirements for both are met.
- **Boundary with the effects of psychoactive substances, including medications:** Use of specific prescribed medications or illicit substances (e.g., dopamine agonists such as pramipexole for Parkinson Disease or Restless Legs

Syndrome or illicit substances such as methamphetamine) can sometimes cause impaired control over gaming behaviour due to their direct effects on the central nervous system, with onset corresponding to use of the substance or medication. Gaming Disorder should not be diagnosed in such cases.

6C51.0 Gaming disorder, predominantly online

Foundation URI: <http://id.who.int/icd/entity/338347362>

Code: 6C51.0

Description

Gaming disorder, predominantly online is characterised by a pattern of persistent or recurrent gaming behaviour ('digital gaming' or 'video-gaming') that is primarily conducted over the internet and is manifested by:

- impaired control over gaming (e.g., onset, frequency, intensity, duration, termination, context);
- increasing priority given to gaming to the extent that gaming takes precedence over other life interests and daily activities; and
- continuation or escalation of gaming despite the occurrence of negative consequences. The behaviour pattern is of sufficient severity to result in significant impairment in personal, family, social, educational, occupational or other important areas of functioning.

The pattern of gaming behaviour may be continuous or episodic and recurrent. The gaming behaviour and other features are normally evident over a period of at least 12 months in order for a diagnosis to be assigned, although the required duration may be shortened if all diagnostic requirements are met and symptoms are severe.

Exclusions from above levels Hide all ▲

Bipolar type I disorder(6A60)▶▶

Bipolar type II disorder(6A61)▶▶

Hazardous gaming(QE22)▶▶

Compulsive sexual behaviour disorder(6C72)▶▶

Paraphilic disorders(6D30-6D3Z)▶▶

Acute stress reaction(QE84)▶▶

Uncomplicated bereavement(QE62)▶▶

All Index Terms Hide all ▲

Gaming disorder, predominantly online

Internet gaming disorder▶

Postcoordination ?

Other postcoordination? *(use additional code, if desired.)*

6C51.1 Gaming disorder, predominantly offline

Foundation URI: <http://id.who.int/icd/entity/718071594>

Code: 6C51.1

Description

Gaming disorder, predominantly offline is characterised by a pattern of persistent or recurrent gaming behaviour ('digital gaming' or 'video-gaming') that is not primarily conducted over the internet and is manifested by:

- impaired control over gaming (e.g., onset, frequency, intensity, duration, termination, context);
- increasing priority given to gaming to the extent that gaming takes precedence over other life interests and daily activities; and
- continuation or escalation of gaming despite the occurrence of negative consequences. The behaviour pattern is of sufficient severity to result in significant impairment in personal, family, social, educational, occupational or other important areas of functioning.

The pattern of gaming behaviour may be continuous or episodic and recurrent. The gaming behaviour and other features are normally evident over a period of at least 12 months in order for a diagnosis to be assigned, although the required duration may be shortened if all diagnostic requirements are met and symptoms are severe.

Exclusions from above levelsShow all [7] ▼

All Index TermsShow all [1] ▼

Postcoordination ?

Other postcoordination? *(use additional code, if desired.)*

6C51.Z Gaming disorder, unspecified

Code: 6C51.Z

Exclusions from above levelsHide all ▲

Bipolar type I disorder(6A60)▶

Bipolar type II disorder(6A61)▶

Hazardous gaming(QE22)▶

Compulsive sexual behaviour disorder(6C72)▶

Paraphilic disorders(6D30-6D3Z)▶

Acute stress reaction(QE84)▶

Uncomplicated bereavement(QE62)▶

All Index TermsHide all ▲

Gaming disorder, unspecified

Gaming disorder◀*Foundation URI: <http://id.who.int/icd/entity/1448597234>*

Digital gaming disorder◀*Foundation URI: <http://id.who.int/icd/entity/683330931>*

Video gaming disorder◀*Foundation URI: <http://id.who.int/icd/entity/1107599126>*

Postcoordination ?