IOSR Journal of Dental and Medical Sciences (IOSR-JDMS)
e-ISSN: 2279-0853, p-ISSN: 2279-0861.Volume 24, Issue 7 Ser. 8 (July. 2025), PP 17-18
www.iosrjournals.org

Gaming Disorder, Predominantly Online With Panic Attacks: A Case Report

Dr. Rajesh Kumar Das
Dr. Soumitra Ghosh
Post Graduate Trainee, Department Of Psychiatry, Assam Medical College And Hospital, Dibrugarh.
Head Of The Department And Professor, Department Of Psychiatry, Assam Medical College And Hospital, Dibrugarh

Date of Submission: 19-07-2025 Date of Acceptance: 29-07-2025

I. Background:

The World Health Organization (WHO) has included gaming disorder as a clinical entity in the International Classification of Diseases (ICD-11). This condition is characterized by marked distress or interference with a person's daily functioning due to gaming. One of the primary challenges following this recognition is training healthcare professionals to accurately diagnose and manage gaming disorder in clinical settings.[1]

II. Case Report:

A 24 years old unmarried male, with formal education till class 9 from lower socio-economic background was brought to psychiatric opd with complaints of overindulgence in mobile phone, inability to control mobile gaming from 3 months, irritability and increased anger, decreased sleep from 2 weeks, breathlessness and restlessness from 5 days. Precipitating factor being excessive use of mobile phone. Patient was apparently well 4 months back, when he bought his new smart phone which had a better graphics than the previous one. Even though he was playing the online game free fire daily even before but with the new phone the duration started increasing gradually from an initial daily duration of 1-2 hours to 10-12 hours per day in the last 3 months. He would keep playing the game till late night spending less and less time in other daily activities. He also stopped going for work. During the last 2 months he was also introduced to a gambling or lottery game named 'YONO' which he got to know about from his peer. When he initially logged in and opened account with 100 rs through upi transaction he won an amount of 450 rs, which motivated him to play further, so he started to put 30-50 rs every day. On some occasions he would win but on others he would not be so lucky. However since the amount of loss had not been alarming he kept playing every day. One day he invested 1000 rs in it and lost the whole amount. 3-4 days before admission while playing game, he started having burning sensation in chest, episodes of apprehension, sudden increase in heartbeat, breathing difficulty, dryness of throat, cold feet and hands and an impending feeling of doom. There is previous history of similar mental illness 5 years ago. He is not on any chronic medication nor suffering from diabetes mellitus /hypertension/ischaemic heart disease. Patient has grown up in a joint family. He lived with his parents, elder sister and brother, 3 paternal uncles and their families. Father was a regular user of alcohol and died prematurely at the age of 50 years due to cancer of food pipe. On general examination, he is an ectomorphic built male with no signs of pallor, icterus cyanosis, clubbing, oedema, dehydration. On mental status examination guilt regarding his mobile gaming and preoccupied thoughts of present ailment with aroused attention and concentration was not sustained but memory was intact.

Vitals show pulse rate of 78 bpm, BP- 110/70 mmHg and RR: 16 bpm. Systemic examination finding was within normal limit. On further investigation cbc, lft, serum electrolytes, rbs, rft were within normal limits. Psychometric tests including HAM-A: 22(Mild to Moderate anxiety), The nine-item Internet Gaming Disorder Scale-Short-Form [IGDS9-SF] score: 36 (significant) were administered.[2]

He was provisionally diagnosed as a case of Gaming disorder, predominantly online with panic attacks according to ICD-11. The multidisciplinary approach included psychiatry, psychological, nursing, nutrition, and psychosocial assistance. Treatment was commenced with selective serotonin reuptake inhibitors and benzodiazepines and supportive care. After this multidisciplinary approach, the patient showed a significant improvement in symptoms within few weeks.

III. Discussion:

The global prevalence of gaming disorder was estimated at 3.05% (confidence interval: [2.38, 3.91]). When considering only studies with stricter sampling methods, such as stratified random sampling, this figure was adjusted to 1.96% [0.19, 17.12]. However, these estimates showed significant variability. The choice of screening tool contributed to 77% of this variation, with the highest prevalence rates linked to tools like the Lemmens Internet Gaming Disorder-9, the Gaming Addiction Identification Test, and the Problematic Videogame Playing scales. Factors such as adolescent samples, lower threshold scores, and smaller sample sizes were also associated with higher prevalence. Additionally, males were found to have gaming disorder at a rate approximately 2.5 times higher than females.[3]

According to the DSM-5, Internet Gaming Disorder is indicated by the support of at least five core symptoms (from nine) in over one 12-month period. More specifically, the following nine clinical symptoms: (1)"preoccupation"; (2)"withdrawal"; (3)"tolerance"; (4)"lose control"; (5)"surrender from other activities"; (6)"continuation"; (7)"fraud"(8)"escape" and (9)"negative consequences". People with this condition endanger their academic or work functions because of the amount of time they spend [3]. They will experience one of the most frequent symptoms is withdrawal, worry, and anxiety that cannot be controlled and is associated with somatic symptoms, such as muscle tension, irritability, difficulty sleeping, and anxiety. It lasts for at least six months. The essential picture of this disorder is the existence of general and persistent anxiety, but not limited to or only prominent in any particular environmental condition. (free-floating anxiety). Research shows that when people are engrossed in play on the network, specific pathways in their brain are triggered in the same direct and intense way as the brain of narcotics addicts (amphetamines) that are affected by certain substances. This game encourages neurological responses that affect feelings of pleasure and in extreme circumstances manifest as addictive behaviour.[4]

IV. Conclusion:

This report presents a typical case of gaming disorder, a condition often underdiagnosed and underreported in India. Despite its straightforward diagnosis and treatment, more research is needed to highlight the socio-economic-cultural factors influencing its incidence. Early diagnosis, multi-disciplinary care, and clinical awareness are crucial for improving patient outcomes and reducing morbidity.

Reference:

[1] Long J, Bhad R, Potenza MN, Orsolini L, Phan V, Kanabar M, Achab S. Public Health Approaches And Policy Changes After The Inclusion Of Gaming Disorder In ICD-11: Global Needs. Bjpsych Int. 2022 Aug;19(3):63-66. Doi: 10.1192/Bji.2021.57. PMID: 36287819; PMCID: PMC9540648.

[2] Qin L, Cheng L, Hu M, Liu Q, Tong J, Hao W, Luo T, Liao Y. Clarification Of The Cut-Off Score For Nine-Item Internet Gaming Disorder Scale–Short Form (IGDS9-SF) In A Chinese Context. Frontiers In Psychiatry. 2020 May 25;11:470.

[3] Stevens MW, Dorstyn D, Delfabbro PH, King DL. Global Prevalence Of Gaming Disorder: A Systematic Review And Meta-Analysis. Australian & New Zealand Journal Of Psychiatry. 2021;55(6):553-568. Doi:10.1177/0004867420962851

[4] Nasution FA, Effendy E, Amin MM. Internet Gaming Disorder (IGD): A Case Report Of Social Anxiety. Open Access Maced J Med Sci. 2019 Aug 27;7(16):2664-2666. Doi: 10.3889/Oamjms.2019.398. PMID: 31777629; PMCID: PMC6876823.