Full length article

Media use and Internet addiction in adult depression: A case-control study

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1. Introduction

1.1. Background

Depression, as a global public health burden, is defined as a cluster of specific symptoms with a large and diverse range of impairment (Chapman & Perry, 2008). The main symptoms include depressed mood, loss of interest and enjoyment in usual activities, and reduced energy (APA, 2013). The decreased activity can lead to a deficit of physical movement that is related to increased media use, screen time, and depressive mood as well (Feng, Zhang, Du, Ye, & He, 2014; Hamer & Stamatakis, 2014).

Research findings about the interactions between media, especially Internet use, and depression are still heterogeneous (Center on Media and Child Health, 2014). While Internet use might become a dysfunctional way of escaping unsolved problems, there is also some evidence that Internet use may be a way to cope with depressive feelings (Carpentier et al., 2008; Morgan & Cotton, 2003; Romer, Bagdasarov, & More, 2013). So far, most studies investigating the relation between depression and media use focused on cohorts of healthy adolescents and young adults (Liu, Wu, & Yao, 2015; Lucas et al., 2011). There is some evidence that high levels of Internet use might increase depressive symptoms (Kraut et al., 2002, 1998; Romer et al., 2013), while other studies found no association between Internet use and psychological burden like depressive symptoms or general well-being (Gross, 2004; Jelenchick, Eickhoff, & Moreno, 2013).

There is an ongoing discussion whether excessive Internet use and depression are independent comorbidities, or depressive disorders do predict Internet addiction (Ko, Yen, Yen, Chen, & Chen, 2012). However, in the field of alcohol and gambling addiction there is evidence from prospective longitudinal studies that addiction is associated with higher risk for the onset of a first...
depressive episode (Afifi, Nicholson, Martins, & Sareen, 2016; Bellos et al., 2016). So conversely, addiction itself might be even a risk factor for the occurrence of depression. Further, high individual's impulsivity is known to increase the vulnerability to both substance addictive disorders (Stevens et al., 2014) and pathological Internet use (Cao, Su, Liu, & Gao, 2007). Pathological Internet users have shown comparably higher impulsivity compared with alcohol-addicted patients (te Wildt et al., 2012).

With all advances in media technology, screen time (e.g., watching television, using the Internet, and playing video games) becomes a central component of our daily lives. As a result, there is a lively scientific discussion about potential side effects of escalated media usage (Young, 1999; te Wildt et al., 2010). Internet addiction and especially online gaming addiction become more and more relevant in many parts of the world. A multinational analysis including 89,281 participants from 31 nations across seven world regions (Cheng & Li, 2014) showed a global prevalence of Internet addiction of 6.0% (95% CI 5.1–6.9). The highest prevalence was reported in the Middle East (10.5%, 95% CI 5.4–16.3) and Asia (7.1%, 95% CI 5.3–8.9). The lowest prevalence rate was 2.6% (95% CI 1.0–4.1), assessed in Northern and Western Europe. The prevalence of Internet addiction in Germany was estimated to approximate 1% for 14–64 years old persons, and 4% for 14–65 years old people (Bischof, Bischof, Meyer, John, & Rumpf, 2013, pp. 1–9). When treating patients with Internet addiction, depression is one of the most common psychiatric comorbidities, followed by anxiety disorders and ADHD (Carli et al., 2013; Ko et al., 2012). Clinical research in this new field of medicine is steadily growing. Internet Gaming Disorder is currently identified in section III of the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) as a condition warranting more clinical research and experience before it might be considered for inclusion in the main section as a formal disorder (Ko, 2014).

1.2. Objectives

There is only little knowledge about the media use and Internet addiction of adult patients suffering from depression. It remains a need for further studies to describe the function of media use in adult depression. Our objective was to investigate the prevalence of Internet addiction in a group of adult depressive patients. Furthermore, depressive patients' specific characteristics in media use should be examined. The corresponding research questions (RQ) were the following:

**RQ 1.** Do depressive patients show higher tendencies of Internet addiction compared with healthy controls? In addition, what is the prevalence of Internet addiction in adult depressive patients?

**RQ 2.** Are those depressive patients, who show an Internet addiction, even more severely burdened with depressive symptoms and psychological stress?

**RQ 3.** Are there predictors for Internet addiction in the group of adult depressive patients?

2. Methods

2.1. Study design

This study was designed as a retrospective, analytical case-control study. Two groups of participants with similar distribution regarding age, sex and school education were compared in order to estimate the magnitude of association between exposure (depression patients vs. healthy controls) and outcome (Internet addiction). Participants were asked to rate their last week's behavior or belief. Our goal was to investigate the specific media use and the prevalence of Internet addiction in a group of adult depressive patients in comparison with a healthy control group.

2.2. Recruitment, setting and participants

An overall of 50 respondents have submitted valuable data. The patient sample consisted of 25 patients with clinical depression (including major and minor depressive episodes with or without recurrence, dysthymia and adjustment disorders). All patients were recruited in the Department of Psychiatry, Social Psychiatry and Psychotherapy, Hannover Medical School, Germany. Depression diagnosis was assessed by diagnostic interview conducted by well experienced psychiatrists. ICD-10 criteria (WHO, 1992) were used to evaluate the diagnosis. Inclusion criteria for depressive patients were: i) fluency in German language, ii) participants aged between 18 and 65 years, iii) at least average level of intelligence, and iv) depressive disorder according to ICD-10 criteria (WHO, 1992).

Exclusion criteria were acute psychotic depression, schizophrenia disorders, bipolar disorders, and substance-related addictions.

The control group consisted of 25 participants recruited by advertisement in the University of Hannover (Department of Medicine and Department of Journalistic and Communication Research). A broad range of psychological problems and symptoms were measured by the Beck Depression Inventory (BDI, cut-off < 11) (Beck & Steer, 1987) and the Symptom Check List—90 Items-Revised (SCL-90-R, cut-off for Global Severity Index (GSI): T-score < 63) (Derogatis & Cleary, 1977). All participants of the control group scored below those cut-off scores. In addition, none of them showed psychiatric disorders nor psychiatric treatment in past and present. Inclusion criteria for the control group were: i) fluency in German language, ii) participants aged between 18 and 65 years, iii) at least average level of intelligence, and iv) no psychiatric disorder according to ICD-10 criteria (WHO, 1992). Exclusion criterion was the existence of any psychiatric disorder in past or present. The control group was recruited with regard to similar distribution of sex, age and school education compared to the depression group. The study followed the tenets of the Helsinki Declaration and was approved by the ethics committee of the Hannover Medical School.

2.3. Data collection and measurements

Both groups received the same set of questionnaires. Patients' characteristics were assessed including gender, age, marital status, number of children, employment status, level of education, somatic and mental comorbidities, current or past psychotherapy, and medical treatment. Moreover, a detailed anamnesis of media use was obtained including frequency and duration of different media use.

2.3.1. Mehrfachwahl-Wortschatz-Intelligenztest (Lehrl, 1999)

To prevent the inclusion of subjects which cannot properly understand the psychometric test instruments, all study participants completed the German Multiple Choice Vocabulary Intelligence Test (Mehrfachwahl-Wortschatz-Intelligenztest, MWt-B) from Lehrl (1999). The MWt-B is a performance test to measure general intelligence levels, especially the crystallized general intelligence. The 37 test items include five similar sounding words, of which only one exists as a meaningful term. The aim is to be able to recognize familiar words and distinguish them from unknown terms. The test result arises from the number of correctly recognized words. With the help of a conversion key, which was developed on the basis of a representative sample of adults in Germany, test results can be transformed into an intelligence quotient.
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