

# 166 - 6C51 Gaming disorder

## 6C51 Gaming disorder

511 Disorders due to substance use or addictive behaviours Boundary with disorders due to substance use Co-occurrence of gambling and substance use – particularly alcohol – is common. Intoxication due to some substances, including alcohol, can cause disinhibition and impaired judgement, which may exacerbate problematic gambling behaviour. A diagnosis of gambling 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 gambling behaviour due to their direct effects on the central nervous system, with onset corresponding to use of the substance or medication. Gambling disorder should not be diagnosed in such cases. Gaming disorder 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 – is required for diagnosis, manifested in 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; • 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. a 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 Note: the order of specifiers is different than for 6C50 Gambling disorder. 6C51 Disorders due to addictive behaviours | Gaming disorder

Clinical Descriptions and Diagnostic Requirements for ICD-11 Mental, Behavioural or Neurodevelopmental Disorders 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). 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). 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 and fear-related disorders, attention deficit hyperactivity disorder, obsessive-compulsive disorder and sleep-wake disorders.

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- 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) that occur more commonly among specific age and social groups (e.g. adolescent males), and in particular contexts such as during the holidays or as part of organized gaming activities for entertainment in the absence of the other required features, are 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.
- Individuals with both autism spectrum disorder and attention deficit hyperactivity exhibit elevated rates of problematic gaming and gaming disorder. This appears to be related to preferences for particular types of stimuli, and possibly also to the use of gaming to regulate attention.

Developmental presentations

- Gaming disorder appears to be most prevalent among adolescent and young adult males aged 12–20 years. Available data suggest that 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 of academic underachievement, school failure/dropout, and psychosocial and sleep problems.

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Clinical Descriptions and Diagnostic Requirements for ICD-11 Mental, Behavioural or Neurodevelopmental Disorders Sex- and/or gender-related features • Males appear to be more frequently affected by gaming disorder during both adolescence and adulthood. • Although 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 Chapter 24 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; they 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. Disorders due to addictive behaviours | Gaming disorder

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