

**UNIVERSIDADE DE SÃO PAULO
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**INSTRUMENTOS PARA AVALIAÇÃO CLÍNICA DO USO PROBLEMÁTICO
DE JOGOS ELETRÔNICOS DA POPULAÇÃO PEDIÁTRICA: UMA REVISÃO
DE ESCOPO**

RIBEIRÃO PRETO

2022

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Dissertação apresentada à Faculdade de
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Programa de Pós Graduação: Mestrado
Profissional de Medicina

Área de concentração: Medicina

Orientador: Prof. Dr. João Mazzoncini de
Azevedo Marques

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Título: Instrumentos para avaliação clínica do uso problemático de jogos eletrônicos da população pediátrica: uma revisão de escopo

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DEDICATÓRIA

Dedico este trabalho

Aos meus pais, por sempre acreditarem em mim, e por não me fazerem enxergar barreiras, mas sempre o que estaria por trás delas.

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SILVA, B.R.D. **Instrumentos para avaliação clínica do uso problemático de jogos eletrônicos da população pediátrica: uma revisão de escopo.** 2022. Dissertação (Mestrado Profissional em Medicina) - Faculdade de Medicina de Ribeirão Preto, Universidade de São Paulo, Ribeirão Preto, 2022.

RESUMO

Introdução: Desde 2007 o grupo encarregado por lançar a quinta edição do Manual Diagnóstico e Estatístico de Transtornos Mentais (DSM-V) identificou mais de 250 estudos apontando para uma provável nova entidade nosológica, o Transtorno de Jogos pela Internet, tanto em crianças, como em adolescente e adultos. Desde então há um esforço global no sentido de validar os critérios propostos, através de estudos epidemiológicos e elaboração de escalas voltadas a identificação deste constructo. **Objetivo:** Revisar a existência de escalas validadas no mundo e no Brasil para rastreio do Transtorno de Jogos pela Internet, no sentido de divulgá-las e auxiliar na força-tarefa de validação do constructo diagnóstico. **Método:** Foi realizada revisão de escopo com busca nas bases de dados Scielo, Lilacs, Medline e Pubmed. Foram inclusos apenas estudos publicados em inglês e português, que abordassem especificamente escalas já validadas ao redor do mundo para uso em menores de 18 anos, e que fossem baseadas nos critérios propostos pelo DSM-V, lançado em 2014. Foram excluídos estudos publicados antes de 2014 e que descrevessem escalas baseadas em outros critérios. **Resultados:** Foram identificados 5774 estudos, analisados independentemente por dois revisores (Bruno Roberto Duarte Silva e João Mazzoncini de Azevedo Marques), que resultaram no achado de apenas 05 trabalhos considerados aceitáveis. Os resultados foram então tabulados, discutidos, e um deles apresentou uma escala considerada válida para a aplicação em maiores de 15 anos no Brasil. **Conclusão:** Concluimos que há um estudo contendo uma escala considerada apta para avaliação do Transtorno de Jogos pela Internet em maiores de 15 anos no Brasil, a IGDS-9SF, porém nenhum dos estudos encontrados se apresentou livre de viéses importantes, apontando para a necessidade de elaboração de estudos posteriores no sentido de ampliar o uso das escalas em subpopulações mais diversas e em idades menores que 15 anos. Ressaltou-se

também que, apesar do grande volume inicial de estudos encontrados, o conceito do transtorno ainda carece de mais estudos e maior validação ao redor do mundo, motivo pelo qual sugerimos o fomento ao seguimento de pesquisas relacionadas a este tema.

Palavras chave: Transtorno de Jogos pela Internet. Crianças e Adolescentes. Escalas. Revisão de Escopo.

SILVA, B.R.D. ***Clinical assessment scales for screening problematic videogame use among the pediatric population: a scoping review.*** 2022. Dissertação (Mestrado Profissional em Medicina) - Faculdade de Medicina de Ribeirão Preto, Universidade de São Paulo, Ribeirão Preto, 2022.

ABSTRACT

Introduction: Since 2007, the group responsible for developing the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-V) has identified more than 250 studies pointing to a probable new nosological entity in children, adolescents and adults: the Internet Gaming Disorder. Since then, there has been a global effort to validate the proposed criteria, through epidemiological studies and the elaboration of scales aimed at identifying this disorder. **Objective:** To review the existence of validated scales throughout the world and in Brazil for screening the Internet Gaming Disorder, with the final purpose of disseminating them and assisting in the diagnostic construct validation task force. **Method:** A scoping review was carried out by searching the Scielo, Lilacs, Medline and Pubmed databases. We included studies published only in English and Portuguese, which specifically addressed scales already validated around the world for the use among subjects under 18 years of age, and which were based on the criteria proposed by the DSM-V, released in 2014. Studies published before 2014 and that described scales based on other criteria were excluded. **Results:** 5774 studies were identified, independently analyzed by two reviewers (Bruno Roberto Duarte Silva and João Mazzoncini de Azevedo Marques), which resulted in the finding of only 05 papers considered acceptable. The results were then tabulated, discussed, and one of them presented a scale considered valid for use in people over 15 years of age in Brazil, the IGDS-9SF. **Conclusion:** We concluded that there is a study containing a scale considered suitable for the assessment of the Internet Gaming Disorder among people over 15 years of age in Brazil, but none of the studies found was considered free of important biases, which pointed to the need of the elaboration of further studies about this subject aiming to expand the use of scales in more diverse subpopulations and with subjects under 15 years of age. It was also highlighted that, despite the large initial volume of

studies found, the concept of the disorder still needs more studies and greater validation around the world, which is why we suggest promoting further research related to this topic.

Keywords: Internet Gaming Disorder. Children and Adolescents. Scales. Scoping Review.

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1 INTRODUÇÃO

Em 1994 foi publicada a quarta edição do Manual Diagnóstico e Estatístico de Transtornos Mentais (DSM-IV), manual este proposto pela Associação Americana de Psiquiatria desde 1952 como referência para avaliação diagnóstica dos diversos transtornos psiquiátricos (AMERICAN PSYCHIATRIC ASSOCIATION, 2019). Após seu lançamento, diversos grupos de estudo se reuniram no intuito de revisar os conteúdos propostos e reavaliar a literatura disponível sobre possíveis novos constructos patológicos em saúde mental que pudessem ser configurados posteriormente como novos transtornos mentais dentro da quinta edição do mesmo manual (DSM-V). Em 2007 o grupo de estudos responsável pelos Transtornos por Uso de Substâncias (TUS) também ficou encarregado de investigar os chamados “Vícios Comportamentais”, que levantou mais de 250 estudos discutindo o conceito de “Transtorno por Uso de Jogos na Internet”, sendo o termo “Jogos” melhor entendido como jogos eletrônicos ou videogames, levando em consideração também os jogos eletrônicos utilizados fora da internet (PETRY *et al.*, 2013). Alguns estudos avaliaram estes conceitos através de critérios adaptados dos TUS, outros considerando critérios adaptados do conceito de Jogo Patológico (jogos não eletrônicos), e outros considerando critérios específicos (ANDERSON *et al.*, 2010; YOUNG *et al.*, 1998; ABOUJAOUDE *et al.*, 2006). Dentro de alguns estudos foi possível observar graves desfechos secundários a episódios prolongados de uso de jogos eletrônicos associados à privação de sono e de alimentos, como convulsões, bem como se sabe de relatos da grande mídia noticiando mortes nestas condições (CHUANG *et al.*, 2006; REUTERS, 2007). Diante de características tão distintas e do risco aumentado para desenvolvimento de problemas mediante o uso problemático de jogos eletrônicos, a força tarefa elaboradora do DSM-V sugeriu a inclusão do conceito de “Transtorno do Jogo pela Internet” (TJI) (PETRY *et al.*, 2014).

Apesar de características distintas e de desfechos problemáticos, o uso de métodos de avaliação distintos conforme mencionado anteriormente não possibilitou a elaboração de critérios bem definidos para a realização de diagnósticos precisos do TJI, o que foi evidenciado através de estudos de

prevalência que sugeriram taxas que variaram desde menos de 1% até 10% (FESTL, SCHARKOW e QUANDT, 2013; MENTZONI *et al.*, 2011; CHOO *et al.*, 2010; GENTILE, 2009). Considerando tamanha variabilidade, a força tarefa do DSM-V concluiu que não havia homogeneidade nos critérios propostos para definir precisamente o TJI, levando a equipe a propor critérios diagnósticos baseados em alguns estudos e sugerindo o maior aprofundamento nas pesquisas relacionadas a esta nova entidade nosológica para melhor definição diagnóstica e estatística (PETRY, 2013; TAO, 2010).

O DSM-V (2014) descreve o TJI como sendo o uso persistente e recorrente da internet para envolver-se em jogos, frequentemente com outros jogadores, levando a prejuízo clinicamente significativo ou sofrimento conforme indicado por cinco (ou mais) dos seguintes sintomas em um período de 12 meses:

- Preocupação com jogos pela internet. (O indivíduo pensa na partida anterior do jogo ou antecipa a próxima partida; o jogo pela internet torna-se a atividade dominante na vida diária). Nota: Este transtorno é distinto dos jogos de azar pela internet, que estão inclusos no transtorno de jogo;
- Sintomas de abstinência quando os jogos pela internet são retirados. (Esses sintomas são tipicamente descritos como irritabilidade, ansiedade ou tristeza, mas não há sinais físicos de abstinência farmacológica);
- Tolerância – a necessidade de passar quantidades crescentes de tempo envolvidos nos jogos pela internet;
- Tentativas fracassadas de controlar a participação nos jogos pela internet;
- Perda de interesse por passatempos e divertimentos anteriores em consequência dos, e com a exceção dos, jogos pela internet;
- Uso excessivo continuado de jogos pela internet apesar do conhecimento dos problemas psicossociais;
- Enganou membros da família, terapeutas ou outros em relação à quantidade de jogo pela internet;
- Uso de jogos pela internet para evitar ou aliviar o humor negativo (p. ex, sentimentos de desamparo, culpa, ansiedade);

- Colocou em risco ou perdeu um relacionamento, emprego ou oportunidade educacional ou de carreira significativa devido à participação em jogos pela internet.

Em março de 2022 foi lançado o DSM-V-TR (AMERICAN PSYCHIATRIC ASSOCIATION, 2022), que trouxe revisões em alguns conceitos diagnósticos. Entretanto, o TJI se manteve dentro do capítulo de “Condições para estudos posteriores”, sem modificações nos critérios diagnósticos propostos já mencionados.

A Classificação Internacional de Doenças em sua 11ª edição, também conhecida por CID-11, descreve o Transtorno por Uso de Videogames (TUV), em tradução livre, como sendo um padrão persistente ou recorrente de comportamento de jogar (jogo digital ou videogames), que pode ser online (ex. na internet) ou off-line, manifesto por:

- Controle prejudicado sobre o hábito de jogar (início, frequência, intensidade, duração, término e contexto);
- Aumento na prioridade dada ao hábito de jogar ao ponto de os jogos alcançarem mais prioridade que outros interesses de vida e atividades diárias;
- Persistência ou aumento do hábito de jogar apesar da ocorrência de consequências negativas. O padrão de comportamento tem severidade suficiente para resultar em prejuízo significativo nas áreas do funcionamento pessoal, familiar, social, educacional, ocupacional ou outras de importância semelhante;
- O padrão do hábito de jogar pode ser contínuo ou episódico e recorrente. O hábito de jogar e outros aspectos normalmente são evidentes após um período mínimo de 12 meses para que um diagnóstico seja estabelecido, apesar de a duração requerida poder ser menor se todos os critérios diagnósticos forem cumpridos e se os sintomas forem severos;
- Devem ser excluídos os quadros de Jogo Patológico, Transtorno Afetivo Bipolar Tipo I e Tipo II.

Alguns autores defendem que o TUV ainda não deveria ser considerado um diagnóstico psiquiátrico definido, como está sendo proposto pela Classificação Internacional de Doenças em sua 11ª edição (CID-11), pois

sugerem que a literatura vigente ainda não é consistente o suficiente para tal. Entretanto a intenção do DSM-V em inserir este possível transtorno em seu capítulo 03 consistiu em estimular mais pesquisas no sentido de validar ou não este constructo patológico (AARSETH, 2017; PETRY e O'BRIEN, 2013).

Apesar da ampla literatura mundial a respeito do tema, significativa o suficiente para motivar estudos mais aprofundados sobre esta possível nova entidade nosológica, os estudos no Brasil ainda são escassos, e os que existem em sua maioria se detém à análise dos aspectos comunicativos, educacionais e informáticos relacionados a este uso mais intenso de jogos eletrônicos, colocando os aspectos psicopatológicos deste hábito em segundo plano (LEMOS e DE MELO SANTANA, 2012; PETRY *et al.*, 2014).

Diante da escassez de estudos brasileiros a respeito dos impactos psíquicos decorrentes do uso abusivo de jogos eletrônicos na população pediátrica brasileira e da epidemiologia nacional deste possível constructo diagnóstico, notou-se a necessidade de se identificar quais instrumentos já estão validados para a avaliação deste problema nesta população ao redor do mundo e quais já estão validados para o uso com crianças e adolescentes no Brasil. Tais informações permitirão a definição de melhores protocolos de avaliação clínica sobre este problema em nosso país, proporcionando uma melhor capacidade de investigação dos médicos brasileiros sobre as reais dimensões deste quadro e sobre os possíveis impactos relacionados a este hábito em crianças e adolescentes no Brasil. Não havendo estudos validados para a população pediátrica no Brasil, estas informações também serão úteis no direcionamento para estudos posteriores, no sentido de identificar os melhores instrumentos para os fins descritos, bem como permitir sua validação em um momento futuro.

2 JUSTIFICATIVA

Considerando-se a necessidade da elaboração de mais estudos epidemiológicos a respeito do uso problemático de jogos eletrônicos pela população pediátrica brasileira, bem como suas repercussões psicopatológicas (LEMOS e DE MELO SANTANA, 2012), e levando em consideração a necessidade de se fomentar mais pesquisas a respeito deste quadro no sentido de validar o seu caráter diagnóstico (AARSETH, 2017), mas ressaltando-se também que a falta de padronização dos instrumentos de investigação gera grande variabilidade nos resultados dos estudos epidemiológicos (FESTL, SCHARKOW e QUANDT, 2013; MENTZONI *et al.*, 2011; CHOO *et al.*, 2010; GENTILE, 2009), destacou-se a importância de se revisar quais os instrumentos para avaliação do uso problemático de jogos eletrônicos já estão adequados e validados para uso com crianças e adolescentes ao redor do mundo e no Brasil, motivo pelo qual conduzimos este trabalho de revisão bibliográfica.

3 OBJETIVOS

3.1 Objetivo geral:

Investigar e estudar os dados disponíveis na literatura mundial sobre a existência de instrumentos de avaliação clínica do uso problemático de jogos eletrônicos e sua validade e aplicabilidade em crianças e adolescentes ao redor do mundo e no Brasil.

3.2 Objetivo específico:

Investigar e estudar os dados disponíveis na literatura mundial sobre a existência de instrumentos de avaliação clínica do uso problemático de jogos eletrônicos em crianças e adolescentes, avaliando se estão validados em âmbito mundial e se já houve adequada tradução e adaptação destes à realidade da população pediátrica no Brasil, permitindo a sugestão de elaboração de protocolos clínicos padronizados para a avaliação deste problema em menores de idade no nosso país.

3.3 Objetivos secundários:

Divulgar a existência de instrumentos de avaliação clínica acerca do uso problemático de jogos eletrônicos adequados e aplicáveis na população pediátrica em outros países e no Brasil e, em caso de sua inexistência, propor futuros estudos no sentido de elaborar e validar tais instrumentos;

Fomentar a pesquisa e discussão a respeito desta nova entidade nosológica e de sua abordagem clínica, tanto através da exposição dos estudos encontrados, como através da exposição das lacunas evidenciadas no estudo.

4 MATERIAIS E MÉTODOS

Para a execução deste estudo, foi realizada uma revisão de escopo que, segundo Arksey e O'Malley (2005), tem como objetivo mapear a literatura existente em um campo de interesse, nos aspectos de volume, natureza, e características da revisão primária, também auxiliando a resumir o conhecimento vigente, disseminá-lo, e identificar possíveis lacunas na literatura existente acerca de determinado tema. Segundo Mays (2001), este desenho de estudo é particularmente interessante quando um tópico não foi ostensivamente revisado ou é de natureza complexa ou de natureza heterogênea. Diante de nossa pesquisa prévia à elaboração deste trabalho, observamos grandes lacunas e heterogeneidade nas informações disponíveis na literatura científica vigente. Ademais, foi possível observar que, diante da escassez de estudos secundária ao caráter recente da elaboração do constructo, os estudos encontrados se apresentaram com desenho metodológico heterogêneo, o que reforçou a opção do modelo de Revisão de Escopo como o método de revisão mais adequado para o estudo realizado.

O estudo teve a seguinte pergunta norteadora: “Como é possível avaliar clinicamente e de forma padronizada o uso problemático de jogos eletrônicos em crianças e adolescentes brasileiros?”. A pergunta foi obtida seguindo a estratégia PICO (DA COSTA SANTOS, DE MATTOS PIMENTA e NOBRE, 2007) para a formulação da pergunta norteadora, em que “P” significa Paciente (crianças e adolescentes brasileiros), “I” significa intervenção (a avaliação clínica padronizada), e “O” significa desfechos (escalas que foram validadas e são utilizáveis na prática clínica). Cabe ressaltar que, dependendo do desenho da revisão de literatura, nem todos os componentes da estratégia PICO precisam ser utilizados, motivo pelo qual o componente “C” (comparação) não foi incluso, por não haver população controle. Em nosso caso, como estamos diante da proposta de uma nova entidade nosológica proposta pelo DSM-V e reforçada pelo DSM-V-TR, para a qual não há definições conceituais bem definidas, escalas de rastreio ou estratégias de diagnóstico claras e, por consequência, os dados epidemiológicos ainda não são consistentes, não houve a possibilidade de estabelecer uma população controle.

Foi realizada a busca ostensiva de estudos sobre este tema que tenham sido publicados desde 2014 no SciELO, PubMed, Medline e Lilacs, considerando como ponto de partida a data de publicação dos critérios do DSM-V como norteadores para a elaboração de tais instrumentos. Foram utilizados *Medical Subject Headings (MeSH)*, palavras chave e operadores booleanos no sentido de abranger o maior número de estudos considerados relevantes ou de interesse para a realização desta revisão. De fato, a opção pelo método de busca resultou em um grande volume de documentos, conforme se pode observar na [figura 02](#). Foram escolhidas as seguintes palavras-chave e termos conforme direcionado no período pré-busca: “Internet Gaming Disorder”, “Videogame”, “Pathological Video-game use”, “Children”, “Adolescent”, “Scale”, “Clinical Assessment” e seus equivalentes em português, bem como data de publicação a partir de 2014 .

A estratégia de busca nas bases de dados propostas pode ser observadas na tabela 01.

Tabela 01 - Descrição da estratégia de busca: combinação dos termos e operadores Booleanos + resultados encontrados por plataforma, antes da exclusão de duplicatas.

| Termos + Operadores Booleanos / Base de Dados | PUBMED | MEDLINE | SCIELO | LILACS |
|--|----------------|----------------|---------------|---------------|
| Internet Gaming Disorder AND 2014-2022 | 900 resultados | 617 resultados | 03 resultados | 73 resultados |
| Videogame AND 2014-2022 | 580 resultados | 401 resultados | 50 resultados | 0 resultados |
| Pathological Videogame use AND 2014-2022 | 159 resultados | 135 resultados | 01 resultado | 0 resultados |
| Internet Gaming Disorder OR Videogame OR Pathological Videogame Use AND Children AND 2014-2022 | 449 resultados | 351 resultados | 0 resultados | 0 resultados |
| Internet Gaming Disorder OR Videogame OR Pathological Videogame Use AND Adolescent AND 2014-2022 | 629 resultados | 518 resultados | 0 resultados | 0 resultados |

| Termos + Operadores Booleanos / Base de Dados | PUBMED | MEDLINE | SCIELO | LILACS |
|---|------------------------|------------------------|----------------------|----------------------|
| Internet Gaming Disorder OR Videogame OR Pathological Videogame Use AND Scale AND 2014-2022 | 316 resultados | 210 resultados | 11 resultados | 01 resultado |
| Internet Gaming Disorder OR Videogame OR Pathological Videogame Use AND Clinical Assessment AND 2014-2022 | 216 resultados | 151 resultados | 02 resultados | 01 resultado |
| TOTAL | 3249 resultados | 2383 resultados | 67 resultados | 75 resultados |

Fonte: Do autor. (2022)

Para contemplar o propósito desta pesquisa, foram inclusos os estudos encontrados que:

- Abrangessem amplamente, no corpo do texto, métodos de avaliação clínica do uso problemático de jogos eletrônicos (instrumentos de rastreio, protocolos de avaliação clínica, entrevistas semiestruturadas ou estruturadas);
- Contivessem métodos de avaliação validados para uso na população pediátrica (0 anos a 18 anos incompletos);
- Estivessem publicados em língua inglesa ou portuguesa;
- Considerassem os critérios propostos pelo DSM-V e DSM-V-TR como norteadores para os métodos de avaliação e, portanto, tivessem sido publicados após o ano de 2014;

Foram excluídos os estudos encontrados que:

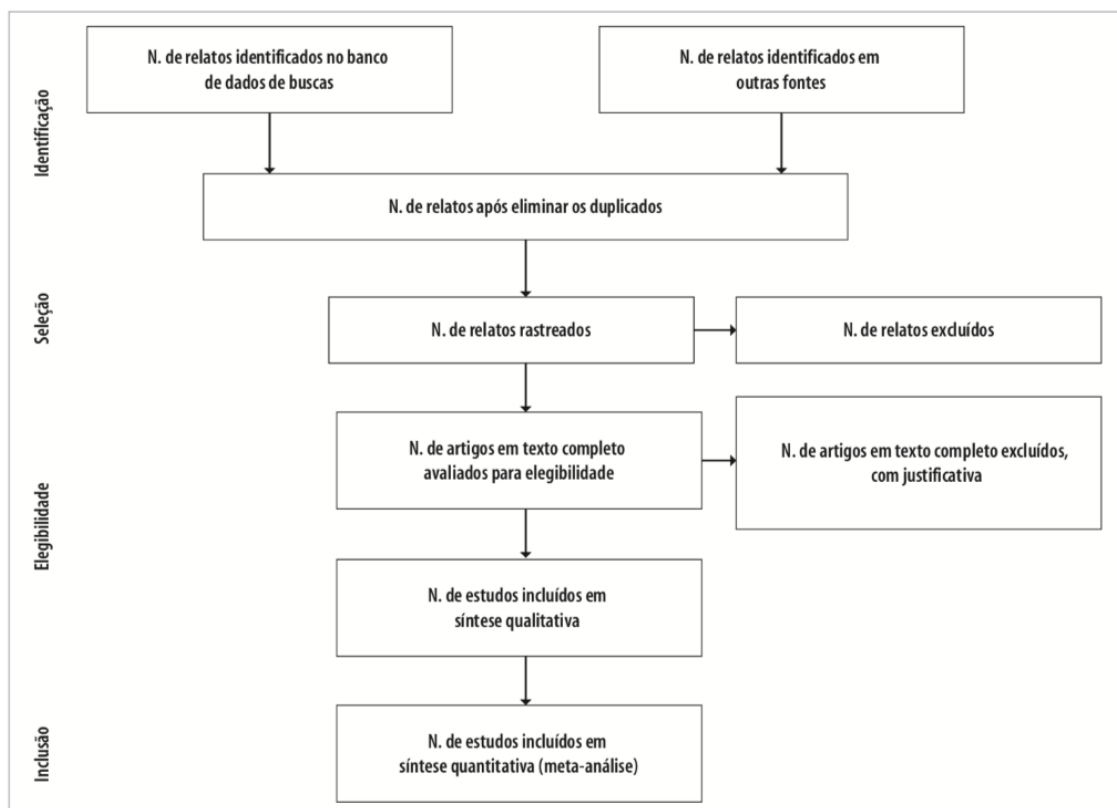
- Não abordassem de forma satisfatória métodos para avaliação clínica do uso problemático de jogos eletrônicos;

- Não abordassem métodos validados para a população pediátrica (0 anos a 18 anos incompletos)
- Propusessem métodos de avaliação não validados;
- Tivessem sido publicados antes de 2014 (data da publicação dos critérios propostos pelo DSM-V);
- Não levassem em consideração os critérios propostos pelo DSM-V como norteadores para os métodos descritos no corpo do texto;
- Tivessem sido publicados em outras línguas que não a inglesa e a portuguesa.

Os estudos rastreados foram inseridos na plataforma Endnote, para que pudessem ser avaliados através do fluxograma de trabalho proposto pelo grupo PRISMA, conforme descrito na Figura 01. O número de estudos identificados nas bases de dados mencionadas foi levantado e, após comparação dos títulos, foram excluídas as duplicatas. Posteriormente foi realizada a avaliação dos títulos através dos critérios de inclusão e exclusão, onde foram levantados os estudos rastreados e os excluídos nesta primeira etapa. Então, os resumos de cada estudo rastreado foram confrontados com os critérios de inclusão e de exclusão e, novamente, foram levantados os estudos selecionados e excluídos nesta segunda etapa. Por fim, os estudos selecionados foram lidos em seu inteiro teor para avaliação do texto, e novamente foram selecionados apenas aqueles que se adequem aos critérios de inclusão e exclusão, avaliando-se também a qualidade e evidência do estudo. Os estudos selecionados nesta última etapa, bem como o resumo de cada um deles, estão expostos na tabela 2.

Os estudos encontrados que foram incluídos e excluídos estão expostos na figura 2 conforme a recomendação do grupo PRISMA, como exposto na figura 1 abaixo:

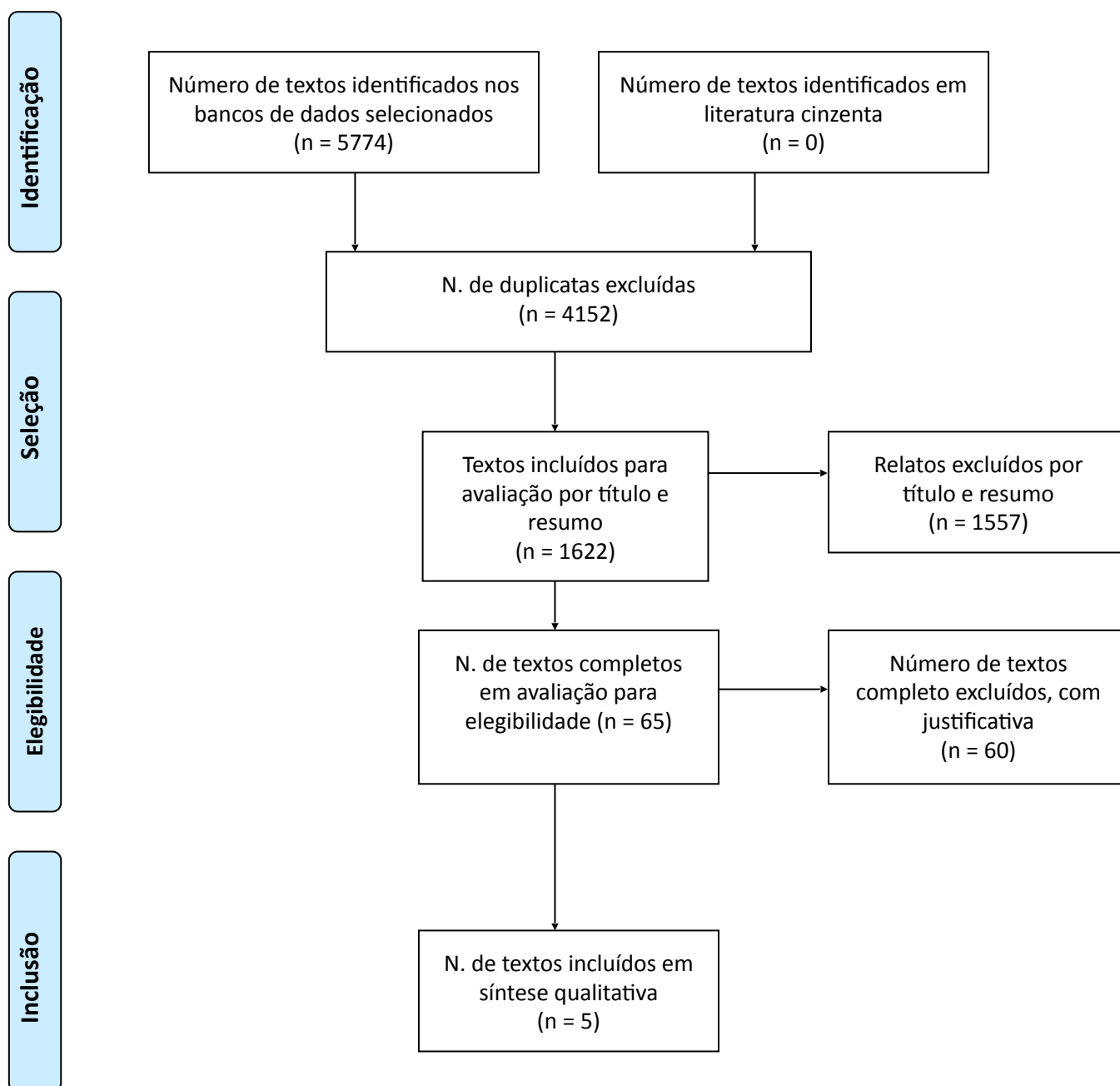
Figura 1 - Fluxo da informação em estudos de revisão de literatura



Fonte: Galvão, Pansani e Harrad (2015).

A Figura 2 apresenta o fluxograma com os resultados dos processos de identificação, seleção e inclusão dos documentos desta revisão de escopo.

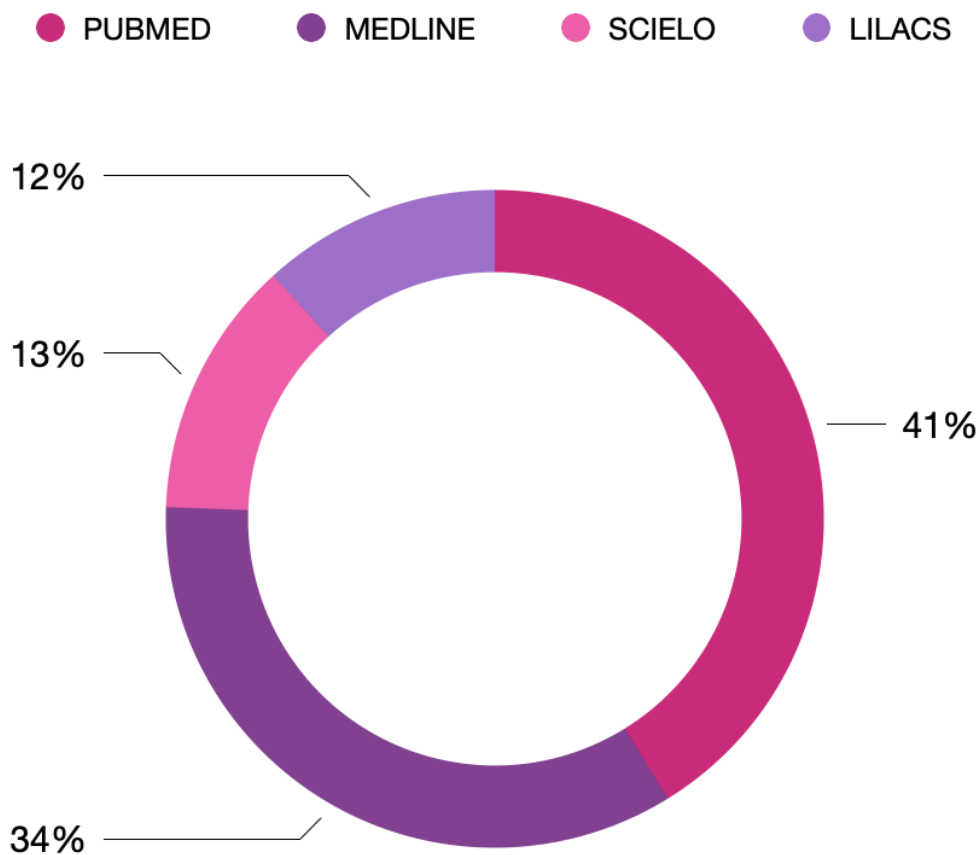
Figura 2 - Fluxograma da seleção dos estudos incluídos na revisão.



Fonte: do autor. (2022)

De forma preliminar, foram identificados 5774 trabalhos nas bases de dados utilizadas, conforme as estratégias de busca observadas na Tabela 01. A porcentagem de trabalhos identificados por plataforma pode ser visto na Figura 3.

Figura 3 - Porcentagem dos estudos encontrados por base de dados.



Fonte: do autor. (2022).

Os trabalhos foram então inseridos na plataforma Endnote, que identificou automaticamente a presença de 4152 duplicatas. O autor não encontrou nenhuma outra duplicata em busca manual.

Na fase de rastreamento e triagem por título e resumo, o uso da plataforma Endnote permitiu aos revisores o trabalho colaborativo de maneira independente e duplo-cega, com registro de exclusões, com a possibilidade de categorizar os motivos para as exclusões.

Para o rastreio dos estudos, após a exclusão de duplicatas, os pesquisadores optaram por realizar a revisão de títulos e resumos de forma duplo-cega e através de sorteio, onde o autor deste trabalho avaliou 20 estudos a cada 01 avaliado pelo Prof. Dr. João Mazzoncini de Azevedo Marques, com posterior confrontação mútua. Havendo discordância entre as

opiniões, seria solicitada a revisão de um terceiro avaliador, o que não se fez necessário, pela concordância completa entre os achados.

Os 65 artigos foram lidos na íntegra pelos dois avaliadores, porém quando confrontados com os critérios de exclusão, observou-se que 60 não estavam de acordo com a metodologia proposta. As justificativas para exclusão, considerando-se os critérios de exclusão, foram consolidados em 04 principais motivos:

- A observância, ao longo da leitura do texto completo, que o estudo não havia incluído menores de 18 anos;

- A observância, ao longo da leitura do texto completo, que a(s) escala(s) utilizada(s) no estudo não eram rigorosamente baseados nos critérios do DSM-V e DSM-V TR;

- O texto não foi considerado qualitativamente satisfatório em sua escrita para ser considerado elegível para inserção final neste estudo. Citamos, como exemplos de componentes que tornaram o texto insatisfatório, motivos como sugerir que o estudo incluía menores de idade, porém não apresentar tais dados de forma clara, apenas mostrando a faixa etária média e o desvio padrão de faixa etária.

- O texto fugiu ao escopo, por exemplo, ao invés de investigar as características dos instrumentos principalmente por se tratarem de artigos que, apesar de versarem sobre o tema proposto e incluírem escalas dos estudos, tinham como foco o estudo de escalas baseadas em outros critérios que não os do DSM-V / DSM-TR ou de escalas elaboradas previamente à publicação dos critérios diagnósticos destes manuais. Este fator foi considerado suficiente para a exclusão dos artigos mencionados, já que a utilização destas escalas foge à justificativa deste trabalho, que se propôs a auxiliar na validação dos critérios propostos pelos referidos manuais, através da identificação, divulgação e/ou sugestão de validação de instrumentos de rastreio do TJI baseados nestes manuais.

Dentre os 65 estudos lidos na íntegra:

- 09 não incluíram menores de 18 anos na população estudada;

- 13 não utilizaram escalas e instrumentos não baseados rigorosamente nos critérios propostos pelo DSM-V e DSM-V-TR;
- 23 foram considerados insatisfatórios em sua escrita para serem incluídos com o devido rigor neste estudo;
- 30 fugiram ao escopo original proposto por este estudo.

Por fim, foram selecionados 05 artigos em concordância dos revisores, que foram considerados aptos em sua qualidade, conteúdo e congruência com os critérios de inclusão, sem apresentarem motivos para sua exclusão.

Os artigos encontrados e síntese de seus achados estão expostos na Tabela 02.

Os estudos rastreados após a exclusão de duplicatas está descrito em tabela no Apêndice 01, e os estudos avaliados em texto completo e excluídos estão descritos em tabela no Apêndice 02.

5 RESULTADOS

O conjunto dos textos selecionados para inclusão neste estudo se encontram descritos na Tabela 02, conforme se observa a seguir.

Tabela 2 - Resumo dos estudos selecionados para discussão final.

| Título do Estudo | Autor/ País/ Ano | População | Número de Sujeitos | Instrumento avaliado | Método | Resultado | Viéses |
|---|--|---|--------------------|----------------------|--|--|---|
| <i>The Internet Gaming Disorder Scale</i> | LEMMENS, VALKENBURG E GENTILE - Países Baixos - 2014 | - 2.444 adolescentes e adultos; - Idades entre 13 a 40 anos | - 2.444 sujeitos | - IGDS | <ul style="list-style-type: none"> - Criação de escala em holandês contendo 27 itens baseados no DSM-V; - Metade a amostra respondeu de forma dicotômica enquanto a outra metade respondeu de forma poltônica; - Alpha de Chronbach Satisfatório para os dois formatos; - Análise Confirmatória Fatorial, com resultados aceitáveis; - Avaliada a correlação da IGDS com outros questionários - UCLA Loneliness Scale, Satisfaction with life scale, Self-Esteem scale, Strengths and difficulties Questionnaire e Subescala Physical Aggression do Questionário de agressividade de Buss and Perry, com p-value sugerindo excelente correlação entre os construtos | <ul style="list-style-type: none"> - A escala foi considerada adequada e confiável para seu uso na população estudada | <ul style="list-style-type: none"> - Viés de seleção - Viés de desejabilidade social - Viés de dificuldade em recordar |

Continua

| Título do Estudo | Autor/ País/ Ano | População | Número de Sujeitos | Instrumento avaliado | Método | Resultado | Viéses |
|---|-------------------------|---|---------------------------|-----------------------------|---|--|---|
| Development and Validation of Videogame Addiction Scale for Children (VASC) | Yilmaz - 2017 - Turquia | - Crianças e adolescentes entre 9 a 12 anos de escolas da Turquia | - 780 sujeitos | - VASC | <ul style="list-style-type: none"> - Elaboração de escala polifônica preliminar de 31 itens; - Linguistas participaram da criação do questionário; - Análise Fatorial Exploratória gerou uma nova escala mais resumida de 21 itens; - Segunda escala submetida a Análise Fatorial Exploratória e Alpha de Chronbach, com resultados satisfatórios; - Realizada a Análise Fatorial Confirmatória que confirmou a estrutura dimensional; | <ul style="list-style-type: none"> - O estudo foi considerado adequado e confiável para uso na população estudada | <ul style="list-style-type: none"> - Viés de seleção - Viés de desejabilidade social - Viés de dificuldade em recordar; - Amostra razoavelmente baixa; - Dificuldades linguísticas para ampliação do seu uso |

Continuação

| Título do Estudo | Autor/ País/ Ano | População | Número de Sujeitos | Instrumento avaliado | Método | Resultado | Viéses |
|--|--|--|--|----------------------|---|--|--|
| Portuguese Validation of the Internet Gaming Disorder Scale-- Short-Form | Pontes e colaboradores - 2016 - Portugal | - Todas os 700 estudantes do sexto ano no ano de uma escola da região do Algarve, com idade média de 13 anos (DP:1,64) | - 700 sujeitos, sendo a proporção entre sujeitos do sexo masculino e feminino praticamente 50% | IGDS-9SF | <ul style="list-style-type: none"> - O instrumento passou pelo processo de tradução, back-translation e confirmação linguística em português de Portugal; - Aplicado o IGDS-9SF como escala politémica (dimensão de 1 a 5); - Avaliação de sintomas de depressão, ansiedade e estresse avaliados pelo instrumento DASS-21; - Realizada a análise descritiva da amostra, Análise Confirmatória Fatorial, validação nomológica através de Modelagem de Equações Fatoriais, os coeficientes de correlação de Pearson e, por fim, a análise de confiabilidade da escala através do Alpha de Chronbach | <ul style="list-style-type: none"> - O método estatístico descrito resultou em uma escala considerada adequada e confiável para seu uso na população estudada | <ul style="list-style-type: none"> - Viés de seleção - Viés de desejabilidade social - Viés de dificuldade em recordar; - Amostra razoavelmente baixa; |

Continuação

| Título do Estudo | Autor/ País/ Ano | População | Número de Sujeitos | Instrumento avaliado | Método | Resultado | Viéses |
|---|----------------------------|--|--------------------|----------------------|--|---|--|
| Adaptation of Internet Gaming Disorder Questionnaire to Turkish: Reliability and Validity Study | ÇAKIROĞLU - 2019 - Turquia | - Crianças e adolescentes entre 10 a 18 anos de idade de 04 escolas particulares de Istambul - Turquia | - 1161 sujeitos | - IGDS | <ul style="list-style-type: none"> - Tradução para o turco por pesquisadores, linguistas e um tradutor profissional; - Avaliada a coesão linguística e adequação da tradução; - Realizado Alpha de Chronbach, com resultado adequado; - Correlação da pontuação total de itens pelo p-value demonstrando correlação altamente significativa; - Análise Fatorial Confirmatória, sugerindo a combinação das subdimensões Saliência e Tolerância | <ul style="list-style-type: none"> - A escala foi considerada adequada e confiável para seu uso na população estudada, levando-se em consideração a combinação dos itens Saliência e Tolerância. | <ul style="list-style-type: none"> - Viés de seleção - Viés de desejabilidade social - Viés de dificuldade em recordar; - Amostra razoavelmente baixa; |

Continuação

| Título do Estudo | Autor/ País/ Ano | População | Número de Sujeitos | Instrumento avaliado | Método | Resultado | Viéses |
|---|---|---|--|----------------------|---|--|---|
| <p><i>Development and psychometric validation of Internet Gaming Disorder Scale-Short-Form (IGDS9-SF) in a Brazilian sample</i></p> | <p>Severo e colaboradores - Brasil - 2020</p> | <p>- Estudantes do ensino médio e superior de uma instituição tecnológica da região Sul do Brasil</p> | <p>- 555 sujeitos, com idade média de 20,3 anos (DP: 5,4 anos)</p> | <p>IGDS-9SF</p> | <p>- Realizada a tradução, avaliação de equivalência semântica, adaptação transcultural, tradução reversa, gerando nova versão da escala; - Nova escala avaliada por psiquiatras, psicólogos e designers de jogos para avaliação da linguística; - Gerada uma pré-escala final, aplicada em uma subamostra, demonstrando-se adequada para seguimento; - Realizada a Análise Fatorial Exploratória e posterior Análise Fatorial Confirmatória, com cargas fatoriais elevadas; - Consistência interna avaliada através do Alpha de Chronbach, que demonstrou alto grau de confiança; - Aplicada a Curva Característica do Operador (ROC) para a sugestão de pontos de corte, que no seu ajuste final chegou a um grau de especificidade de 100%</p> | <p>- Conforme o método utilizado, a escala foi considerada confiável e adequada para seu uso na população estudada</p> | <p>- Viés de seleção - Viés de desajustabilidade social - Viés de dificuldade em recordar; - Amostra extremamente baixa para um país de dimensões continentais e composto de diversas subpopulações com especificidades culturais e linguísticas que possivelmente requerem adaptações da escala, mesmo dentro do próprio país.</p> |

Conclusão

Fonte: do autor. (2022).

5.1

O estudo *The Internet Gaming Disorder Scale* (LEMMENS, VALKENBURG E GENTILE, 2014), realizou um estudo com uma amostra de 2,444 adolescentes e adultos dos países baixos, com idade variando entre 13 a 40 anos de idade.

Foi elaborada uma escala em holandês contendo 27 itens baseados nos nove critérios propostos pelo DSM-V, porém para a resposta da a escala, a mesma foi subdividida em dois tipos: uma dicotômica, com respostas tipo “sim” ou “não”, e outra politômica, com respostas do tipo “nunca” a “todos os dias” (0 a 5). A metade da amostra recebeu a versão politômica da escala, enquanto a outra metade recebeu uma versão dicotômica, conforme proposto pelos critérios do DSM-V.

A confiabilidade e consistência interna das duas escalas foi avaliada através do alfa de Chronbach, que foi satisfatório para ambas (0.94 para a escala politômica e 0.93 para a escala dicotômica).

Foi realizada então a Análise Confirmatória Fatorial das duas escalas, que mostraram resultados aceitáveis para ambas.

Considerando-se o tempo para preenchimento das escalas de 27 itens, foram criadas então duas escalas (uma politômica e uma dicotômica), utilizando-se o critério de maior relevância estatística de cada dimensão avaliada pela Análise Confirmatória Fatorial. As escalas foram reavaliadas através da análise do alfa de Chronbach e da Análise Confirmatória Fatorial, apontando para boa consistência interna e boa equivalência com as versões de 27 itens, sugerindo a possibilidade do uso da versão curta (Short Form) para avaliações psicométricas do TJI.

Por fim, foi avaliada a correlação dos critérios propostos pelo DSM-V entre as escalas de versão curta derivadas destes critérios através do p-value com outras dimensões avaliadas, como tempo gasto com jogos (avaliado através de questionários sociodemográficos), solidão (avaliado através do *UCLA Loneliness Scale*, de RUSSEL, 1996), satisfação com a vida (avaliada através da *Satisfaction with Life Scale* de Pavot e Diener, 1985), auto-estima (avaliada através da *Self-Esteem Scale*, de ROSENBERG *et al.*, 1989), comportamento pró-social (avaliada através do *Strengths and Difficulties*

Questionnaire de Goodman, 1997) e agressividade (avaliada através da Subescala *Physical Aggression* do Questionário de Agressividade de Buss and Perry's, 1992). O p-value de correlação entre os critérios do DSM-V e os achados nas subescalas demonstrou excelente correlação, sugerindo que as versões curtas das escalas são aptas para o uso e apresentam boa correlação com as dimensões investigadas. A escala se encontra no Anexo A.

5.2

O estudo *Development and Validation of Videogame Addiction Scale for Children (VASC)* de Yilmaz (2017), elaborado na Turquia, propôs a criação de uma nova escala, tendo como base outras escalas validadas anteriormente e posteriormente à publicação do DSM-V, como a GAS (LEMMENS, 2009), a *Internet Gaming Disorder Scale* (PONTES e GRIFFITHS, 2014), a *7-item Addiction Scale* (KHAZAAL et al., 2015), a versão francesa da *The 7-item game addiction scale for adolescents* (GAETAN, 2014), a *Chen internet addiction scale (CIASR) in Chinese adolescents* (MAK et al., 2014), a versão brasileira da *The game addiction scale (GAS)* de Lemos et al. (2016) e a *Internet Gaming Disorder - Short psychometric scale* (PONTES e GRIFFITHS, 2015), porém tendo como norteadores os critérios propostos pelo DSM-V.

O estudo foi conduzido com 780 crianças entre 9 e 12 anos, selecionadas de escolas da Turquia.

Foi então elaborado uma escala politômica preliminar de 31 itens. Para levar em consideração as questões linguísticas da escala, 05 especialistas em educação foram convidados a participarem da escrita dos itens.

A escala preliminar foi submetida a Análise Fatorial Exploratória, que gerou uma escala que resultou em uma escala mais resumida, contendo 21 itens. Esta segunda escala foi novamente submetida a Análise Fatorial Exploratória, análise da correlação total de itens e análise da confiança do alfa de Chronbach, através do software IBM SPSS 21, que foram considerados apropriados. Posteriormente, foi realizada a Análise Fatorial Confirmatória através do software Lisrel 8.80, que confirmou a estrutura dimensional encontrada pela Análise Exploratória Fatorial.

Com valores de resposta variando de 1 a 5, a pontuação da escala pode variar entre 21 a 105 pontos, e o estudo sugeriu um ponto de corte de 90 para apontar para uso problemático de jogos eletrônicos.

O estudo demonstrou que o instrumento elaborado (VASC) é apropriado, porém limitado à população turca, requerendo estudos com populações maiores e considerando outros grupos culturais. A escala se encontra no Anexo B.

5.3

No estudo *Adaptation of Internet Gaming Disorder Questionnaire to Turkish: Reliability and Validity Study* de ÇAKIROĞLU (2019) foram incluídos 1161 crianças e adolescentes entre 10 a 18 anos de idade de quatro escolas privadas de Istambul, Turquia. Foi realizado o estudo socioeconômico da amostra selecionada.

A escala original (*IGD Scale*) foi então traduzida para o Turco pelos pesquisadores, com o apoio de um linguista e um tradutor profissional. Posteriormente a escala foi traduzida novamente para o inglês por um tradutor profissional, e depois a escala final foi avaliada, demonstrando coesão linguística e adequação da tradução.

Foi realizada a avaliação da consistência interna através do alfa de Chronbach, que demonstrou um valor adequado de 0.86. Foi avaliada a correlação da pontuação total de itens, com um *p-value* de $p < 0.0001$, demonstrando correlação altamente significativa. Por fim, foi realizada a Análise Fatorial Confirmatória, que sugeriu a combinação das subdimensões Saliência e Tolerância, permitindo então valores de equivalência fatorial adequadas.

O estudo concluiu que os achados estatísticos e psicométricos da escala adaptada foram considerados adequados para a população pediátrica turca, considerando a combinação das subdimensões mencionadas no parágrafo anterior. O estudo apresentou somente a escala original, que se encontra no Anexo A.

5.4

O estudo *Portuguese Validation of the Internet Gaming Disorder Scale–Short-Form* de Pontes *et al.* (2016) teve como objetivo validar a escala (IGDS-9SF) para a população pediátrica de Portugal.

O estudo incluiu todos os 700 estudantes do sexto ao nono anos de uma escola da região do Algarve, em Portugal. A idade média dos participantes foi de 13 anos (DP: 1.64). A proporção entre meninos e meninas foi basicamente a mesma, próxima a 50% para cada gênero. Foi realizado o estudo sociodemográfico com a amostra selecionada.

Foi então aplicado o instrumento IGDS-9SF com a amostra selecionada, que como escala politômica, levou em consideração a resposta de 5 ou mais itens dimensionais como “muito frequentemente” (ponto 5 num intervalo de 1 a 5) para apontar para um provável quadro de TJI.

Sintomas psiquiátricos como depressão, ansiedade e estresse foram avaliados através do instrumento *Depression Anxiety and Stress Scale–21* (DASS-21), de Lovibond *et al.* (1995), escala já bem estabelecida como válida e aplicável para a população estudada.

Foi realizada então a análise estatística dos dados através da análise descritiva das principais características da amostra, a realização do Análise Fatorial Confirmatória da escala IGDS-9SF, a validação nomológica da referida escala através de Modelagem de Equações Fatoriais, a validação dos critérios da escala em questão utilizando-se os coeficientes de correlação de Pearson e, por fim, a análise da confiabilidade da escala utilizando-se o alfa de Chronbach, todos utilizando-se os softwares MPlus 7.2 e o IBM SPSS Statistics 20.

A Análise Confirmatória Fatorial demonstrou a invariância e adequação dos parâmetros avaliados. A validação nomológica também demonstrou correlação adequada entre o constructo da escala e os aspectos observados na DASS-21. A validação dos critérios através dos coeficientes de correlação de Pearson demonstrou a validade dos critérios, e, por fim, a avaliação do alfa de Chronbach resultou em uma pontuação de 0.87, demonstrando adequada

consistência interna da escala IGDS-9SF na sua tradução para o português de Portugal.

O estudo trouxe como vieses o fato de a escala ser de auto-preenchimento, que possibilita outros vieses, como o de desejabilidade social, dificuldade em recordar informações, dentre outras. O estudo apenas apresentou a escala original, que se encontra no Anexo C.

5.5

O estudo *Development and psychometric validation of Internet Gaming Disorder Scale-Short-Form (IGDS9-SF) in a Brazilian sample* (SEVERO et al., 2020) teve como objetivo a validação da referida escala para a população brasileira.

A população alvo selecionada foi de estudantes do ensino médio e superior de uma instituição tecnológica da região Sul do Brasil, que não dispõe de clínicas especializadas para o tratamento de transtornos do jogo patológico. A amostra incluiu adolescentes e adultos com idade média de 20.3 anos (DP: 5,4 anos), o que consequentemente incluiu adolescentes a partir dos 15 anos de idade, tornando a inclusão deste artigo adequada nesta dissertação.

Inicialmente foi realizada a tradução e avaliação de equivalência semântica através do processo proposto pela recomendação *Guidelines for the Process of Cross-Cultural Adaptation of Self-Report Measures* (BEATON et al., 2000), envolvendo a tradução, adaptação transcultural, resolução de discrepâncias, o processo de tradução reversa (*back-translation*) por tradutor falante nativo do inglês com fluência em português brasileiro, gerando uma nova versão da escala. Esta nova escala foi avaliada por profissionais da psiquiatria, psicologia e designers de jogos eletrônicos com experiência em uso problemático de jogos eletrônicos, para exclusão de discrepâncias linguísticas. Após este processo, foi gerada uma pré-escala final, que foi aplicada com uma pequena amostra, confirmando a equivalência semântica da escala, que foi considerada apta para o prosseguimento no estudo.

Foi então selecionada uma amostra de 555 participantes, e conduzido um estudo sociodemográfico com os mesmos. A aplicação da escala foi

realizada por três psiquiatras em três dias e horários diferentes, com 03 subgrupos da amostra. Foi aplicada também a versão brasileira da *Gaming Addiction Scale* (GAS) de Lemos (2015) para confirmação da validade da IGDS-9SF em sua versão brasileira. Cabe ressaltar que a GAS não é baseada nos critérios propostos pelo DSM-V, motivo pelo qual não se encontra descrita nos resultados deste estudo.

Foi então conduzida a Análise Exploratória Fatorial, demonstrando valor adequado, sendo posteriormente conduzida a Análise Fatorial Confirmatória, que revelou cargas fatoriais adequadas para a escala. Foi então realizada a avaliação da consistência interna da escala através da análise do alfa de Chronbach, que demonstrou alto grau de confiança, com resultado de 0.82, estatisticamente superior que o recomendado de 0.70. Foi então aplicada a Curva Característica de Operação do Receptor (ROC), que sugeriu um ponto de corte ótimo de 16 pontos, sensibilidade da escala de 75,7% e especificidade da escala de 75,7%. Quando aumentado o ponto de corte para 21 pontos (considerando-se os sujeitos com quadro claro de TJI), a sensibilidade da escala subiu para 100% e a especificidade para 86,87%.

A escala foi então considerada válida e confiável para utilização no Brasil, considerando-se a necessidade de ampliação de sua aplicação em outras regiões do país, que tem dimensões continentais, com amostras maiores e faixas etárias mais precoces, visto que apenas adolescentes acima de 15 anos foram inclusos no estudo. A escala se encontra no Anexo D.

6 DISCUSSÃO

Diante dos resultados obtidos, podemos observar que desde a publicação do DSM-V e a proposição do constructo do Transtorno de Jogos pela Internet, há esforços mundiais consistentes e contínuos no sentido de validar este conceito, incluindo seu sentido mais amplo como descrito inicialmente - não apenas jogos online, mas qualquer forma de jogo eletrônico, seja ele online ou offline. Entretanto, podemos observar que o conceito ainda é muito recente, e os estudos publicados até agora não foram suficientes para validar completamente esta nova entidade nosológica. Isto pode ser observado pela publicação recente do DSM-V-TR pela APA (2022), em que o conceito permanece no capítulo de “Condições para Estudo Posterior”, em tradução livre.

Apesar de o conceito do TJI proposto pelo DSM-V ainda não estar bem consolidado, observamos que diversas escalas baseadas nestes critérios já estão elaboradas e em processo de validação ao redor do mundo. Entretanto, as populações estudadas são restritas, com amostras relativamente pequenas, diferenças socioeconômicas e culturais muito grandes, com barreiras linguísticas extensas, o que configuram dificuldades para a capacidade de reprodução em larga escala das mesmas, o que acaba gerando a necessidade da elaboração de ainda mais estudos para a validação dos conceitos e, por fim, das escalas em questão.

Este problema fica ainda mais evidente quando afunilamos o interesse da investigação desta entidade nosológica para população pediátrica ao redor do mundo e no Brasil. Foi possível evidenciar esta dificuldade desde o início do processo de busca nas bases de dados, onde encontramos uma massa substancial de estudos, porém ao delimitarmos a idade alvo para a população pediátrica, poucos trabalhos foram considerados adequados para inclusão neste estudo. Até mesmo o estudo de Severo *et al.* (2020), direcionado à tradução e validação da IGDS-9SF para o português brasileiro e sua aplicação na população brasileira teve diversas limitações, como a seleção de uma amostra extremamente restrita em uma única cidade do país. Considerando-se a extensão geográfica do Brasil, bem como número de

habitantes e a variabilidade socioeconômica e cultural do nosso país, torna-se evidente que os esforços no sentido de ampliar o estudo desta escala em outros grupos populacionais brasileiros para reforçar sua aplicabilidade e segurança no país como um todo. Além disto, no estudo de Severo *et al.* (2020), a restrição da amostra para sujeitos a partir de 15 anos limita ainda mais o seu uso na população pediátrica, uma vez que sabemos que o acesso a tecnologias e jogos eletrônicos tem sido cada vez mais precoce, sendo objeto de estudos e recomendações por diversas sociedades pediátricas brasileiras. Esta limitação aponta também para a necessidade de fomento de mais estudos com amostras de faixas etárias mais precoces, uma vez que não sabemos ainda o quanto o uso cada vez mais precoce de jogos eletrônicos pode impactar negativamente a saúde mental de crianças e adolescentes mais jovens.

Ressaltamos também os esforços de outros grupos de pesquisa ao redor do mundo em elaborar e validar a própria IGDS-9SF e outras escalas em outras populações. Entretanto, observamos que o problema da seleção amostral se reproduz nos estudos, que apresenta grandes limitações na seleção de amostras populacionais maiores e mais diversas, o que gera dificuldade na aplicação da escala dentro dos próprios países onde as escalas foram elaboradas e validadas, como citado por Yilmaz (2017), que ressaltou que o instrumento VASC, apesar de validado, só poderia ser utilizado na população pediátrica turca. ÇAKIROĞLU (2019) realizou a tradução e validação da escala IGD-20, porém também com uma seleção amostral razoavelmente pequena, e incluindo apenas estudantes de escolas particulares de Istambul. Este corte amostral impacta diretamente na aplicabilidade da escala dentro do próprio país, uma vez que variações culturais, econômicas, e linguísticas de subgrupos populacionais podem ser impeditivas para a reprodutibilidade dos resultados do estudo.

Durante a avaliação dos estudos, observamos que apesar de a tendência inicial dos pesquisadores ter sido de elaborar escalas mais extensas, a elaboração posterior de escalas mais curtas como a IGDS-9SF apresentou resultados estatísticos tão satisfatórios quanto as escalas ampliadas. Em nossa opinião, este fator é digno de nota pois considerando os possíveis vieses como

esquecimento ou cansaço na resposta, o uso de escalas mais curtas e mais rápidas de serem respondidas permitem melhor aplicabilidade na prática clínica.

Ressaltamos que além das escalas citadas, foram encontradas diversas outras escalas em nossa busca, porém as mesmas não utilizaram os critérios propostos pelo DSM-V e DSM-V-TR para a elaboração dos quesitos. Isso não diminui a importância destes estudos e escalas, porém como o escopo deste trabalho foi de investigar escalas baseadas nos critérios propostos pelos manuais mencionados para embasar tais critérios e auxiliar nos esforços propostos pelos mesmos para definir o constructo do TJI como uma entidade nosológica de fato, tais estudos não foram passíveis de inclusão.

Por fim, ressaltamos que, dentre todas as escalas encontradas baseadas nos critérios propostos pelos referidos manuais, a IGDS-9SF se mostrou como a mais estudada ao redor do mundo na população geral, bem como os estudos incluídos neste trabalho reforçam que esta escala é a mais adequada para o uso com a população pediátrica ao redor do mundo e no Brasil. É de suma importância considerar que a escala ainda apresenta uma grande limitação para uso em nosso país, pois conforme a metodologia relatada, a mesma incluiu uma amostra consideravelmente pequena para um país de proporções continentais, com subgrupos populacionais tão diversos, e indivíduos menores de 15 anos não foram inclusos no processo, gerando uma demanda por estudos posteriores no sentido de ampliar o escopo etário deste instrumento.

Pontuamos por fim que todas as escalas encontradas ao redor do mundo que foram validadas para o uso na população pediátrica não só brasileira, mas mundial, são escalas de auto-avaliação e escalas de rastreio. Portanto, as mesmas não substituem a avaliação clínica, e apresentam os mesmos vieses, sendo os principais e já mencionados o viés de desajustabilidade social e o viés de dificuldade em recordar informações, dentre outros possíveis vieses.

7 CONCLUSÃO

Através deste estudo concluímos, portanto, que a escala IGDS-9SF foi considerada adequada e confiável para aplicação e avaliação do constructo proposto pelos manuais DSM-V e DSM-V-TR denominado *Internet Gaming Disorder*, ou em tradução livre, Transtorno de Jogos pela Internet. Ressaltamos que a escala não é livre de vieses, sendo os principais o viés de deseabilidade social e de dificuldade de recordação. Reforçamos ainda que a escala só foi validada em uma população extremamente restrita, em uma única cidade de um país de proporções continentais, e apenas para adolescentes a partir dos 15 anos de idade.

Pelos motivos supracitados, concluímos este trabalho reforçando a importância de se perpetuar os esforços em ampliar o conhecimento dos profissionais da saúde a respeito deste novo constructo diagnóstico, uma vez que o uso de escalas não substituiu em nenhum momento a avaliação clínica, sendo esta o padrão ouro para o diagnóstico, e reforçamos também a necessidade da elaboração de estudos futuros ampliando a amostra, a faixa etária e os subgrupos populacionais, para que a IGDS-9SF possa se tornar ainda mais adequada e confiável para o uso com a população pediátrica brasileira como um todo.

Para tal fim, sugerimos a possibilidade de perpetuar os esforços no sentido de ampliar a aplicabilidade da escala mencionada e colaborar com os esforços mundiais no sentido de validar o TJI como um constructo definitivo através de uma pesquisa original em um projeto de doutorado, tendo em vista a diminuição dos vieses linguísticos, populacionais e etários que foram observados na IGDS-9SF, em sua validação para o português brasileiro.

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APÊNDICE A - SUMÁRIO DE TEXTOS RASTREADOS

| Título | Autores | Ano | DOI |
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APÊNDICE 2 - Estudos excluídos após análise de texto completo / motivos

| Artigo Excluído / Motivo da exclusão | Não incluiu população menor de 18 anos | Não levou em consideração os critérios do IGD do DSM-V para elaboração da escala | Texto considerado insatisfatório para incluir o estudo com rigor | Fuga do escopo do estudo |
|---|--|--|--|--------------------------|
| <p>KO, Chih-Hung et al. The clinical utility of the chen internet addiction scale—gaming version, for internet gaming disorder in the DSM-5 among young adults. International journal of environmental research and public health, v. 16, n. 21, p. 4141, 2019.</p> | X | | X | |
| <p>LEI, Wei et al. The psychometric properties of the Chinese version internet gaming disorder scale. Addictive Behaviors, v. 106, p. 106392, 2020.</p> | X | | X | |
| <p>LEUNG, Hildie et al. Measurement invariance across young adults from Hong Kong and Taiwan among three internet-related addiction scales: Bergen social media addiction scale (BSMAS), smartphone application-based addiction scale (SABAS), and internet gaming disorder scale-short form (IGDS-SF9) (study Part A). Addictive behaviors, v. 101, p. 105969, 2020</p> | X | | | |

| Artigo Excluído / Motivo da exclusão | Não incluiu população menor de 18 anos | Não levou em consideração os critérios do IGD do DSM-V para elaboração da escala | Texto considerado insatisfatório para incluir o estudo com rigor | Fuga do escopo do estudo |
|---|--|--|--|--------------------------|
| LIN, Chung-Ying et al. Evaluating the psychometric properties of the 7-item Persian Game Addiction Scale for Iranian adolescents. <i>Frontiers in psychology</i> , p. 149, 2019. | | X | | |
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|--|--|--|--|--------------------------|
| RYU, Hyera et al. Application of diagnostic interview for internet addiction (DIA) in clinical practice for Korean adolescents. Journal of Clinical Medicine , v. 8, n. 2, p. 202, 2019. | | | X | |
| SCHIVINSKI, Bruno et al. Psychometric assessment of the internet gaming disorder diagnostic criteria: An item response theory study. Addictive behaviors reports , v. 8, p. 176-184, 2018. | | | X | |
| STAVROPOULOS, Vasileios et al. Measurement invariance of the internet gaming disorder scale—short-form (IGDS9-SF) between Australia, the USA, and the UK. International journal of mental health and addiction , v. 16, n. 2, p. 377-392, 2018. | X | | X | |
| STAVROPOULOS, Vasileios; GOMEZ, Rapson; MOTTI-STEFANIDI, Frosso. Internet gaming disorder: a pathway towards assessment consensus. Frontiers in psychology , p. 1822, 2019. | | | | X |

| Artigo Excluído / Motivo da exclusão | Não incluiu população menor de 18 anos | Não levou em consideração os critérios do IGD do DSM-V para elaboração da escala | Texto considerado insatisfatório para incluir o estudo com rigor | Fuga do escopo do estudo |
|---|--|--|--|--------------------------|
| <p>BESSER, Bettina et al. Internet-related disorders: development of the short compulsive internet use scale. <i>Cyberpsychology, Behavior, and Social Networking</i>, v. 20, n. 11, p. 709-717, 2017.</p> | X | X | | |
| <p>CHEN, I.-Hua et al. Time invariance of three ultra-brief internet-related instruments: Smartphone application-based addiction scale (SABAS), Bergen social media addiction scale (BSMAS), and the nine-item internet gaming disorder scale-short form (IGDS-SF9)(study Part B). <i>Addictive Behaviors</i>, v. 101, p. 105960, 2020.</p> | X | | | |
| <p>CHEN, Juliet Honglei et al. The development of a screening tool for Chinese disordered gamers: the Chinese Internet Gaming Disorder Checklist (C-IGDC). <i>International Journal of Environmental Research and Public Health</i>, v. 17, n. 10, p. 3412, 2020</p> | | | X | |

ANEXO A - Internet Gaming Disorder Scale

Twenty-Seven Items for the Internet Gaming Disorder Scale

Preoccupation

During the last year . . .

- . . . have there been periods when you were constantly thinking about a game while at school or work?
 - . . . have there been periods when all you could think of was the moment that you could play a game?
 - . . . have there been periods when you were constantly fretting about a game?
-

Tolerance

During the last year . . .

- . . . have you felt the need to continue playing for longer periods of time?
 - . . . have you felt the need to play more often?
 - . . . have you felt unsatisfied because you wanted to play more?
-

Withdrawal

During the last year . . .

- . . . have you been feeling tense or restless when you were unable to play games?
 - . . . have you been feeling angry or frustrated when you were unable to play games?
 - . . . have you been feeling miserable when you were unable to play a game?
-

Persistence

During the last year . . .

- . . . did you want to play less, but couldn't?
 - . . . did you try to play less, but couldn't?
 - . . . were you unable to reduce your time playing games, after others had repeatedly told you to play less?
-

Escape

During the last year . . .

- . . . have you played games to forget about your problems?
 - . . . have you played games so that you would not have to think about annoying things?
 - . . . have you played games to escape negative feelings?
-

Problems

During the last year . . .

- . . . have you skipped work or school so that you could play games?
 - . . . have you played throughout the night, or almost the whole night?
 - . . . have you had arguments with others about the consequences of your gaming behavior?
-

Deception

During the last year . . .

- . . . have you lied to your parents or partner about the time you spent playing games?
 - . . . have you hidden the time you spend on games from others?
-

. . . have you played games secretly?

Displacement

During the last year . . .

- . . . have you been spending less time with friends, partner or family in order to play games?
 - . . . have you lost interest in hobbies or other activities because gaming is all you wanted to do?
 - . . . have you neglected other activities (e.g., hanging out with friends, hobbies or sports) so that you could play games?
-

Conflict

During the last year . . .

- . . . have you experienced serious problems at work or school because of gaming?
 - . . . have you experienced serious conflicts with family, friends or partner because of gaming?
 - . . . have you lost or jeopardized an important friendship or relationship because of gaming?
-

ANEXO B - Videogame Addiction Scale for Children

ÇOCUKLAR İÇİN VİDEO OYUNLARI BAĞIMLILIĞI ÖLÇEĞİ.

Aşağıdaki sorularda size en uygun olan bölüme (X) işareti koyunuz

| Sıra No | Madde | Hiç | Nadiren | Bazen | Genellikle | Her Zaman |
|------------|--|-----|---------|-------|------------|--------------|
| 27 | Günlük hayatımda birçok olumsuzluğa neden olsa bile oyun oynamaktan kendimi alamam. | | | | | |
| 30 | Oyunlara harcadığım süreyi kontrol altına alsam bile birkaç gün sonra tekrar kontrolsüz bir şekilde oynamaya devam ederim. | | | | | |
| 26 | Oyunlara harcadığım süreyi ne yaparsam yapayım kontrol edemeyeceğimi düşünürüm. | | | | | |
| 20 | Çok uzun süre oyun oynadığımı düşünsem bile oynamayı bırakamıyorum. | | | | | |
| 18 | Oyun oynarken çevremdeki başka hiçbir şey ilgimi çekmez | | | | | |
| 25 | Oyunlara harcadığım süreyi azaltmak istememe rağmen her defasında başarısız olurum. | | | | | |
| 14 | Oyun oynarken hayatımdaki sorunları unuttururum. | | | | | |
| 3 | Oyunda rakiplerimi yenmek, seviye atlamak ya da en fazla puanı toplamak bana zevk verir. | | | | | |
| 15 | Oyunda rakiplerimi yenmek ya da üst seviyeye çıkmak onlardan daha güçlü olduğum hissini verir. | | | | | |
| 8 | Oyun oynamanın eğlenceli bir etkinlik olduğunu düşünürüm. | | | | | |
| 17 | Oyunda düşmanlarımı yenmek/seviye atlamak kendime olan güvenimi artırır. | | | | | |
| 13 | Oyun oynarken çok sıkılırım. | | | | | |
| 29 | Oyun oynarken kendimi mutlu hissederim. | | | | | |
| 9 | Oyun oynamak sorumluluklarımı yerine getirmemi engeller. | | | | | |
| 5 | Oyun oynamak düzenli bir şekilde yemek yememi engeller. | | | | | |
| 2 | Oynadığım oyunlar ailemle vakit geçirmeme engel olur. | | | | | |
| 10 | Oyun oynadığım için uyku problemleri yaşıyorum. | | | | | |
| 23 | Arkadaşlarımla, oynadığım oyunlar hakkında konuşurum. | | | | | |
| 28 | Oyunlar sayesinde internette arkadaşlıklar ediniyorum. | | | | | |
| 22 | Oynadığım oyunlar ya da oyun karakterleri rüyalarıma bile girer. | | | | | |
| 16 | Günlük yaşamdaki aktivitelerimde kendimi oyun içerisinde gibi hissederim. | | | | | |

ANEXO C - Internet Gaming Disorder Scale–Short-Form

1. Do you feel preoccupied with your gaming behaviour? (Some examples: Do you think about previous gaming activity or anticipate the next gaming session? Do you think gaming has become the dominant activity in your daily life?)
2. Do you feel more irritability, anxiety or even sadness when you try to either reduce or stop your gaming activity?
3. Do you feel the need to spend increasing amount of time engaged gaming in order to achieve satisfaction or pleasure?
4. Do you systematically fail when trying to control or cease your gaming activity?
5. Have you lost interests in previous hobbies and other entertainment activities as a result of your engagement with the game?
6. Have you continued your gaming activity despite knowing it was causing problems between you and other people?
7. Have you deceived any of your family members, therapists or others because the amount of your gaming activity?
8. Do you play in order to temporarily escape or relieve a negative mood (e.g., helplessness, guilt, anxiety)?
9. Have you jeopardised or lost an important relationship, job or an educational or career opportunity because of your gaming activity?

ANEXO D - Escala de Transtorno do Jogo pela Internet, Versão reduzida 9

Escala de Transtorno do Jogo pela Internet, Versão Reduzida 9 (Pontes & Griffiths, 2015)*

Pontes, H. M., & Griffiths, M. D. (2015). Measuring DSM-5 Internet Gaming Disorder: Development and Validation of a Short Psychometric Scale. *Computers in Human Behavior*, 45

Instruções: As questões abaixo estão relacionadas ao seu uso de jogos durante *o último ano (últimos 12 meses)*.

Entenda como “*jogo*” qualquer atividade relacionada a jogos que foram jogados através de um computador/laptop, videogame ou outros consoles, e/ou qualquer outro tipo de aparelho (por exemplo celular, tablet, etc.) tanto online (pela internet) quanto off-line (sem conexão com a internet).

1- Você se sente preocupado com o seu comportamento em relação aos jogos eletrônicos? (Alguns exemplos: Você fica pensando na partida anterior, ou no que irá fazer na próxima partida? Você acha que o jogo se tornou a principal atividade em sua vida diária?)

| | | | | |
|------------|----------------|-----------------------|---------------------|------------------------------|
| Nunca 1 | Raramente 2 | Algumas vezes 3 | Frequentemente 4 | Muito Frequentemente 5 |
| () | () | () | () | () |

2- Você sente mais irritação, ansiedade ou mesmo tristeza quando você tenta jogar menos ou parar de jogar?

| | | | | |
|------------|----------------|-----------------------|---------------------|------------------------------|
| Nunca 1 | Raramente 2 | Algumas vezes 3 | Frequentemente 4 | Muito Frequentemente 5 |
| () | () | () | () | () |

3- Você sente necessidade de passar cada vez mais tempo jogando para obter satisfação ou prazer?

| | | | | |
|------------|----------------|-----------------------|---------------------|------------------------------|
| Nunca 1 | Raramente 2 | Algumas vezes 3 | Frequentemente 4 | Muito Frequentemente 5 |
| () | () | () | () | () |

4- Você sistematicamente falha quando tenta controlar sua participação em jogos ou parar de jogar?

| | | | | |
|------------|----------------|-----------------------|---------------------|------------------------------|
| Nunca 1 | Raramente 2 | Algumas vezes 3 | Frequentemente 4 | Muito Frequentemente 5 |
| () | () | () | () | () |

5- Você perdeu o interesse em passatempos anteriores e outras atividades de entretenimento como resultado do seu envolvimento no jogo?

| | | | | |
|------------|----------------|-----------------------|---------------------|------------------------------|
| Nunca 1 | Raramente 2 | Algumas vezes 3 | Frequentemente 4 | Muito Frequentemente 5 |
| () | () | () | () | () |

Continua

ANEXO D (Continuação)

6- Você continuou a jogar, mesmo sabendo que esse comportamento estava causando problemas entre você e outras pessoas?

| | | | | |
|------------|----------------|-----------------------|---------------------|------------------------------|
| Nunca 1 | Raramente 2 | Algumas vezes 3 | Frequentemente 4 | Muito Frequentemente 5 |
| () | () | () | () | () |

7- Você já escondeu dos seus familiares, terapeutas ou de outras pessoas a quantidade de tempo que estava jogando?

| | | | | |
|------------|----------------|-----------------------|---------------------|------------------------------|
| Nunca 1 | Raramente 2 | Algumas vezes 3 | Frequentemente 4 | Muito Frequentemente 5 |
| () | () | () | () | () |

8- Você joga para temporariamente escapar, ou aliviar algum sentimento negativo (como por exemplo desamparo, culpa, ansiedade)?

| | | | | |
|------------|----------------|-----------------------|---------------------|------------------------------|
| Nunca 1 | Raramente 2 | Algumas vezes 3 | Frequentemente 4 | Muito Frequentemente 5 |
| () | () | () | () | () |

9- Você colocou em risco ou perdeu um relacionamento importante, um emprego, uma oportunidade de estudo ou de carreira por causa do jogo?

| | | | | |
|------------|----------------|-----------------------|---------------------|------------------------------|
| Nunca 1 | Raramente 2 | Algumas vezes 3 | Frequentemente 4 | Muito Frequentemente 5 |
| () | () | () | () | () |

Conclusão

TOTAL: _____