Letter to the Editor Regarding the Article: "Addictive Video Game Use: An Emerging Pediatric Problem?"

Carta ao Editor Relativa ao Artigo: "Dependência de Videojogos: Um Problema Pediátrico Emergente?"

Keywords: Behavior, Addictive; Child; Video Games
Palavras-chave: Comportamento Aditivo; Criança; Vídeojogos

Dear editor,

I have read with great interest the manuscript published in this journal by Nogueira and colleagues,[1] regarding gaming disorder (GD) in a convenience sample of 6th-grade students of two public schools in Cascais, Portugal. As pointed out by the authors,[1] Internet gaming disorder is not an official diagnosis in the DSM but one that needs further study.[1] Nonetheless, in mid-2018, the WHO included the diagnosis of GD in its 11th revision of the ICD-11.[2] Not everyone who engages in gaming has a gaming disorder since it "must be of sufficient severity to result in significant impairment in personal, family, social, educational, occupational or other important areas of functioning".[2]

However, I was disappointed by several aspects of the paper: (i) Lack of information about the total number of students attending the 6th grade at those two schools. How many engaged in gaming? And what were the social and cultural status of the students? (ii) The authors found 6/152 students with the disorder (i.e. had 5 out of 9 DSM-5 items). But the reader does not get to know if any of these 6 students had a significant living impairment. Furthermore, statistics using such small size groups are usually less accurate. This small group could have been studied for psychological factors and gaming characteristics using other methods (e.g. in-depth interviews). (ii) 51/152 were found to be at risk (i.e. 4 out of 9 items). Again, nothing is known regarding the answers to living impairment questions. (iii) Why did the authors use two groups to analyse risk factors since each group had the same 152 students (Table 2)? I believe that the 6 students with the additive use criteria should be removed from the risk behaviour group and the statistics remade, if relevant. (iv) From the analysis of the study design and results the authors cannot prove that addictive video game use is an "emerging problem".

Literature tells us that only a small percentage of gamers are affected by a disorder.[2] We should never forget that risk without suffering (or in this case unspecified severity) may only work "to enforce more rigid standards of "self-discipline" and "personal responsibility" upon society".[3]

REFERENCES

1. Nogueira M, Faria H, Vitorino A, Silva FG, Neto AS. Addictive video game use: an emerging pediatric problem? Acta Med Port. 2019;32:183-8.
2. World Health Organization. 2018. Gaming disorder. [accessed 2019 Mar 30]. Available from: https://www.who.int/features/qa/gaming-disorder/en/.
3. Wilkinson I. 2005. From the sociology of risk to a critical sociology of suffering. [accessed 2019 Mar 30]. Available from: http://www.kent.ac.uk/scarr/events/finalpapers/wilkinson.pdf

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Recebido: 01 de abril de 2019 - Aceite: 01 de abril de 2019
https://doi.org/10.20344/amp.12134

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Dear Editor/Colleague,

The authors acknowledge and comment the Letter to the Editor regarding our manuscript: "Addictive Video Game Use: An Emerging Pediatric Problem?".[1] It is important to share reflections on this videogame (VG) use problem. In fact, the aim of our study was to characterize the VG use in a convenience sample as an exploratory approach to this problem.

i) Information of the total number of students and social status:

The authors did not intend to find the global VG addiction prevalence in Portuguese children. This task would need a bigger and representative sample. Likewise, we did not get the total number of students attending 6th grade in our study schools. We used a convenience sample to study this problem.

Regarding the social status, our approach was to describe parents' educational level, referred in 'sample characteristics'.[1] We did not find significant difference between addictive VG use and parents 'education.

ii) Living impairment:

Since there is no consensus which questionnaire should be used to study VG addiction, we decided to apply nine questions based on the DMS-5 criteria.

Although important to addiction definition, it was not our aim to study living impairment. However, concerning the potential impact we studied the sleeping problems using the Pediatric Daytime Sleepiness Scale and school performance.[1]

We do agree about the interest to study other potential impact variables as we state in the final of the article.

iii) Two groups used in the study

As described in our manuscript the sample is small. We found it important to consider a second group who almost fulfilled the addictive VG criteria showing it is statistically associated with same consequences studied to first group.[1]

iv) 'Emerging problem'

We do not state that this is an emergent problem, we made an interrogation that needs more research. As described in our manuscript this condition may not be as stable as predicted by other authors.[1] Besides, we could help other studies to understand better this problem.

We conclude, as in our manuscript, that further studies are needed and it is important to educate our society with concern to this problem.

REFERENCES

1. Nogueira M, Faria H, Vitorino A, Silva FG, Neto AS. Addictive video game use: an emerging pediatric problem? Acta Med Port. 2019;32:183-8.

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https://doi.org/10.20344/amp.12197

The Prescription of Medicinal Cannabis and the Virtue of Prudence: Without Phobia(S) Nor Philia(S)

A Prescrição de Cannabis Medicinal e a Virtude da Prudência: Sem Fobia(S) Nem Filia(S)

Keywords: Cannabinoids/therapeutic use; Cannabis/therapeutic use; Legislation, Drug; Medical Marijuana; Portugal

Palavras-chave: Canabinoides/uso terapêutico; Cannabis/uso terapêutico; Legislação de Medicamentos; Marijuana Medicinal/efeitos adversos; Portugal

Dear Editor

I read with interest the article by Dinis-Oliveira.[1]

For me, the prescription of cannabis for medicinal purposes makes perfect sense, without any myths. Physician myths act as barriers to drug accessibility, delaying symptomatic control. This subject has already been approached regarding opioids.[2,3]

In my daily practice I deal with patients suffering from either multifactorial chronic cancer pain or spinal cord injuries (with central pain and spasticity) and people having various palliative needs (moderate to severe pain, refractory nausea and vomiting, lack of appetite). I have several patients who, after some time of clinical relationship, confess they are taking cannabidiol-based capsules and oils. These are bought in Portugal or brought from outside, in places whose suitability I ignore, unaware of the quality control measures of the final product. For me, the prescription of medicinal cannabis should occur only within the framework of a national policy of pharmacological regulation and supervision. Strictly speaking, with precise clinical indications, in total respect for the *leges artis*.

In Portugal, the legalization of the use of cannabis for medical purposes was promulgated by Law 33/2018 of July 18th. Decree-Law 8/2019, of January 15th, regulated the principles and objectives related to prescription, dispensation in pharmacy, detention and transportation, scientific research, regulation and supervision of activities related to the use of cannabis for medical purposes and information for health professionals.[4] This decree dictates – in Article 17, number 1 – that the prescription of medicinal cannabis is only allowed when conventional treatments (using authorized medicines) do not produce the expected effects or cause relevant adverse effects.[4]

The Portuguese Authority of Medicines and Health Products (Infarmed IP), issued Deliberation 11/CD/2019 which determines the therapeutic indications of medicinal cannabis.[5] In addition to the four clinical indications that I have listed above, three more are mentioned: Gilles de la Tourette's syndrome; epilepsy and severe seizure disorders in childhood; treatment-resistant glaucoma.[5]

The physician should identify the pharmacological benefits of medicinal cannabis and must respect its various side-effects without fear; shielded by the Aristotelian principle of prudence[6]: a virtue of the physician. Fear, the doctor has not. He is not afraid of patients nor diseases or treatments (including medicinal cannabis). Fear is a soul-eater in Werner Fassbinder's view.[7]

The physician must be a *virtuoso* of prudence; therefore,