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**Electronic Screen Syndrome: An Unrecognized Disorder?**

**Screentime and the rise of mental disorders in children.**

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“He’s revved up all the time.”

“He can’t focus at all and is totally defiant. Getting ready for school or bedtime is a daily nightmare.”

“She’s exhausted and has meltdowns even when she’s slept enough.”

“He flies into a rage over the slightest thing. The other kids don’t want to play with him anymore.”

“Her grades have gone downhill this year and we don’t know why.”

The above symptoms or complaints are so common nearly every parent will relate to one or more of them. [Psychiatric](https://www.psychologytoday.com/us/basics/psychiatry) symptoms from various disorders can have a lot of overlap, and this is especially true when it comes to children. This overlapping nature coupled with today’s overstimulating high-tech environment has led to an epidemic of misdiagnosed mental disorders, which in turn lends itself to inappropriate psychotropic medication prescribing and misuse of precious resources.

The two most overdiagnosed disorders in the pediatric population that I’ve encountered over the last 10 years are (by far and away) [childhood](https://www.psychologytoday.com/us/basics/child-development) [bipolar disorder](https://www.psychologytoday.com/us/basics/bipolar-disorder) and [attention deficit hyperactivity disorder](https://www.psychologytoday.com/us/basics/adhd) (ADHD or ADD)—both of which can lead to taking medication with significant side effects.  Visits for youths diagnosed with pediatric bipolar disorder increased *40-fold* from 1994 to 2003.[1]Between 1980 and 2007 the diagnosis of ADHD has increased by nearly 800 percent[2] [3].  And there have been sharp rises in psychotropic prescribing in children over the past two decades, including [antipsychotics](https://www.psychologytoday.com/us/basics/psychopharmacology) and stimulants.[4] [5] [6]

I don’t (completely) blame the drug companies for these trends, nor do I feel parents are looking for an “easy fix.” I think there really *are* more kids with serious mental health issues. And because distressed parents are coming through their doctor’s door desperate for an answer, physicians and other clinicians feel pressure to provide relief. Might something environmental be to blame?

**Electronic Screen Syndrome: An Unrecognized, Modern-Day Disorder**

If you follow my other posts, you may know that I blame a lot of mental health woes on the effects of electronic screen media. I firmly believe that the unnaturally stimulating nature of an electronic screen—irrespective of the content it brings—has ill effects on our mental and physical health at multiple levels.

Screen-related effects can present in many shapes and forms. Although varied, many of the effects can be grouped into symptoms related to mood, [cognition](https://www.psychologytoday.com/us/basics/cognition), and behavior. The root of these symptoms appears to be linked to repeated stress on the [nervous system](https://www.psychologytoday.com/us/basics/neuroscience), making [self-regulation](https://www.psychologytoday.com/us/basics/self-control) and stress [management](https://www.psychologytoday.com/us/basics/leadership) less efficient.

Because of the complicated and varied nature of screens’ effects, I’ve found it helpful to conceptualize the phenomena in terms of a syndrome*—*what I call *Electronic Screen Syndrome* (ESS). ESS can occur in the absence of a psychiatric disorder and mimic it, or it can occur in the face of an underlying disorder, exacerbating it.

ESS is essentially a disorder of *dysregulation*. Dysregulation can be defined as an inability to modulate one’s mood, [attention](https://www.psychologytoday.com/us/basics/attention), or level of arousal in a manner appropriate to one’s environment.

Interacting with screens shifts the nervous system into fight-or-flight mode which leads to dysregulation and disorganization of various biological systems. Sometimes this stress response is immediate and pronounced (say while playing an action video game), and other times the response is more subtle and may happen only after a certain amount of repetition (say while texting). The mechanisms for screens causing a stress response are varied and are a topic for another day. In short, though, interacting with screen devices causes a child to become overstimulated and “revved up.”

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**ESS Characteristics in Children**

Although defining the syndrome and naming criteria is a work in progress, here are some general characterizations of ESS:

1. The child exhibits symptoms related to mood, [anxiety](https://www.psychologytoday.com/us/basics/anxiety), cognition, behavior, or social interactions that cause significant impairment in school, at home, or with peers. Typical signs/symptoms mimic chronic stress and include irritable, depressed or labile mood, excessive tantrums, low frustration tolerance, poor self-regulation, disorganized behavior, oppositional-defiant behaviors, poor [sportsmanship](https://www.psychologytoday.com/us/basics/sport-and-competition), social immaturity, poor eye contact, [insomnia](https://www.psychologytoday.com/us/basics/insomnia)/non-restorative sleep, learning difficulties, and poor [short-term memory](https://www.psychologytoday.com/us/basics/memory).[7]
2. ESS may occur in the absence or presence of other psychiatric, neurological, behavior or learning disorders, and can mimic or exacerbate virtually any mental health-related disorder.
3. Symptoms markedly improve or resolve with *strict* removal of electronic media (an “electronic fast”); three- to four-week electronic fasts are often sufficient but longer fasts may be required in severe cases.
4. Symptoms may return with re-introduction of electronic media following a fast, depending on a variety of factors.   Some children can tolerate moderation after a fast, while others seem to [relapse](https://www.psychologytoday.com/us/basics/relapse) immediately if re-exposed.
5. Vulnerability factors exist and include: male [gender](https://www.psychologytoday.com/us/basics/gender), pre-existing psychiatric, neurodevelopmental, learning, or behavior disorders, co-existing stressors, and total lifetime electronic media exposure.  At particular risk may be boys with ADHD and/or [autism spectrum disorders](https://www.psychologytoday.com/us/conditions/autism-spectrum-disorder).

**The Advantages of Acknowledging and Treating ESS**

I recognize that “discovering” a new diagnosis will be met with skepticism and criticism, but I’m willing to risk that in order to increase awareness.  I’ve observed the [stressful](https://www.psychologytoday.com/us/basics/stress) effects of video games and other electronic media in my practice for over a decade, and over the past decade or so have utilized a prescribed electronic fast in more than 500 children, teens, and young adult patients.

Over the past several years, I’ve extended the program to the general population as well, so it’s not just kids with psychiatric problems that benefit. If ESS occurs in addition to a true underlying psychiatric disorder, the fast—if done correctly—is effective about 80 percent of the time and typically reduces symptoms by at least half. In the general population, there is often a complete *resolution* of symptoms. It really can be quite dramatic.

So what have I seen improve by addressing ESS? Resolution of [aggression](https://www.psychologytoday.com/us/basics/anger). Brighter moods.  Increased compliance. Improved grades. And with these improvements comes, of course, less-stressed parents.

I urge you to keep an open mind. While I’ve been observing the negative effects of video games and other screen-time effects for more than 15 years, the research is now providing robust support for my claims.  Check out Dr. Larry Rosen’s [*iDisorder*](http://amzn.to/1UdTWCE) and Dr. Gary Small’s [*iBrain*](http://amzn.to/1Q0woLJ) for current research, as well as the AMA-commissioned report from the Council of Science and Public Health: [Emotional and Behavioral Effects of Video Games and Internet Overuse](http://www.ama-assn.org/resources/doc/csaph/csaph12a07-fulltext.pdf). Even mainstream media has caught on—a recent [Newsweek cover story](http://www.thedailybeast.com/newsweek/2012/07/08/is-the-internet-making-us-crazy-what-the-new-research-says.html) was titled*: iCrazy: Panic.* [*Depression*](https://www.psychologytoday.com/us/basics/depression)*.* [*Psychosis*](https://www.psychologytoday.com/us/basics/psychosis)*. How Connection* [*Addiction*](https://www.psychologytoday.com/us/basics/addiction) *is Rewiring our Brains.*

And lastly, consider that the upcoming [DSM-5](https://www.psychologytoday.com/us/basics/dsm-1) will have a new childhood diagnosis called [Disruptive Mood Dysregulation Disorder](https://www.psychologytoday.com/us/conditions/disruptive-mood-dysregulation-disorder-children-and-adolescents) which is a syndrome characterized by severe recurrent temper outbursts that are inconsistent with developmental level.

Coincidence? I think not.

*For more on overstimulation and how an electronic fast can dramatically improve how a child feels and functions, check out* [***Reset Your Child's Brain: A Four-Week Plan to End Meltdowns, Raise Grades, and Boost Social Skills by Reversing the Effects of Electronic Screen-Time***](http://amzn.to/1JE5ROJ)*or visit this* [*website*](http://drdunckley.com/videogames)[*.*](http://drdunckley.com/videogames/)

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[7] Author’s note: Other symptoms that can be triggered by ESS include tics, stuttering, panic attacks, OCD and even hallucinations and subtle seizure activity.