Minutes WG 1 and 5 meeting, thurs 12th sept, Copenhagen.

Present- see list.

Apologies, m potenza, j grant, sc.

Item.

8. NF welcomed the members back and introduced the agenda.

9. MB gave a powerpoint presentation of a recent update of the ipace model, based on a review of the neuroscience, combining vulnerability factors leading to at least 2 stages of disorder (early versus late) resulting in a transition from reward-based to relief seeking motivations over time. Essential ingredients include abnormal cue reactivity linked to craving, executive dysfunction and decision-making problems.

This resulted in a rich discussin and a suggestion that a third stage involving recovery could potentially be modelled. This might require future analysis of remitted patients.

10. Artemisia dores presented a research project examining the near miss effect that just missed funding. Suggestions were made to optimise the design including the use of refined scales. Members expressed an interest to join.

11. quantifying the use of the internet- a powerpoint presentation was made by L dobrescu, resling in a rish discussion of the advanges but also the disadvantages of existing commercially available monitrong scales. Preference was shown for a tailored scale that does not measure juts the tie taken, but also the qulaities of internet use. Confidentiality and GDPR need to be taken into consideration. Two prototype bespoke digital tools for quatifying pui were identified.

12. Reaching consensus on standard sets of tools- led by HJM. This generated rich discussion. We agreed on establishing a core group and subgroups focussing on addictive disorders and cyberbullying/hate speech.

Members f the core goup inc SC, JG, MB, HJR, LC, AM, AD, ZD, CS, ana George, KI, Magda, flores.

Dan king in in the process of reviewing gd scales and has reached agreement on the core criteria for ranking tool.s We agreed to use similar cietria for ranking scles in our core group.

We were keen to overreach ourseves and deliver achievable goals. We agreed to

1. Define a scales directory focussed on key pui behaviours based on expert consensus based on dan kings consensus criteria; a generic pui scale, but also scales fo gambling, gaming, smu, porn use, shopping -buying, cyberbullying and cyberhate.
2. Collection of other constructs that might be important to address – together with examples of good scales to use.domains or constructs include neurocogn factors (subgroup led to by KI), impact or interet on family, social communication. Impulsivity, caompulsivity, genetic loading, cure reactivity, decision making, adhd, psychiatric comorbitiy, global physical activity.
Nf will circulate the names of the members to HJr, wh will initite the expert consensus process. Feedback on progress at the next WG meeting eg Budapest.

13. ppi involvemenet in the design of scales, generated a lively debate. While ppi involevement in development of new scales is valuable, it arguably becomes less worthwhile in scles that have already been developed and robustly validated. A consensus emerged to

present the scales from item 12 to ppi groups, across countries of the action, to see how acceptable they are. As a idea. Using completion rates of the scales will be another way to judge acceptability.

14. LC updated on other WG1 projects. Presented a powerpoint prepared by SC. Reminded us of the WG1 objectives from the MOU.

16 WG1 members across the Action and approx. 15 subprojects.

Approx. 15 publications attributable to the Action.

See powerpoint.

Completed; Expert consensus NF, metaanalysis KI,

Ongoing; delphi project on gd criteria JB, consensus on use fo rating scales for gd-dan king., Croatian study via ESPAD on smartphone use; media articles portraying pui, 2014 versus 2018 , no change in number of articles, neutral manner, shift from introduction of pui to prevention of the disorder, terminology project that includes all standardised terms and similar, has been circulated versus WHO Europe, to help harmonise terminology, and he asked for members to consult with their own ministry of health to see if any further existing standard definitions exist, if so, please let dr pau know.