

Expanding the health-related behavior perspective on problematic internet use in adolescents

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To the Editor,

I read the article entitled “Association of problematic internet use with health-related daily habits in adolescents: evidence from a school-based survey” by Çelik et al., with great interest.¹ The authors provide valuable insights into the prevalence (12.1%) and health behavior correlates of problematic internet use (PIU) among Turkish high school students, identifying significant associations with weekday internet usage time ≥ 2 hours, sleep problem, having infrequent breakfast, frequent salty snacks and frequent sugary-carbonated drinks. I appreciate the authors for addressing a growing public health concern and for their comprehensive evaluation of internet use, sleep, diet and physical activity within the same analytic model.

The study successfully demonstrates the association of PIU with several modifiable health-related behaviors, contributing to our understanding of how adolescents’ daily routines may interact with emerging digital habits. However, a broader clinical and public health perspective could further enrich these findings and help guide more targeted interventions.

Beyond measuring internet time, it is essential to investigate why adolescents engage in internet use and how these motivations relate to developmental and psychosocial stressors

during this critical stage of growth. Identifying what adolescents do online could improve risk estimates. Merely quantifying screen time provides an incomplete picture; the content, context, and emotional purpose of online engagement may be even more influential than the duration itself. Different digital behaviors, such as gaming, social networking, exploring or watching videos, carry different psychosocial and neurobehavioral impacts. For example, adolescents who spend long hours online for academic or social support purposes may experience very different psychosocial outcomes.² Integrating brief platform-specific questions or validated scales for gaming, social media, or other content domains could enhance both the precision and interpretive depth of adolescent PIU research.

Another point is that while the authors report no association between PIU and sleep duration, but a significant increase with “at least one type of sleep problem”, the sleep construct combines diverse symptoms such as difficulty falling asleep, frequent interruption of sleep, difficulty waking up in the morning, feeling sleepy in the morning. Disaggregating these components or including validated tools like the Pittsburgh Sleep Quality Index could reveal symptom-specific associations, consistent with evidence linking PIU to delayed bedtimes and wake-up times, insomnia and excessive daytime sleepiness.³ Additionally, the absence of standardized tools for measuring physical

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activity, and nutrition also weakens the precision of behavioral assessment.

Considering both internet use and other health behaviors as interconnected, rather than isolated, may help future studies identify shared mechanisms such as self-regulation difficulties and circadian misalignment, that underlie both digital overuse and unhealthy health behaviors. Additionally, the cross-sectional nature of the study precludes any causal inference between PIU and health-related behaviors. Adolescents with disturbed sleep or poor dietary habits may be more vulnerable to excessive internet use, rather than the reverse.

Despite these limitations, Çelik et al.¹ provide valuable evidence highlighting PIU as a prevalent condition intertwined with modifiable health behaviors. Future research, expanding internet use to include specific online activity types and a holistic examination of a key health behavior, sleep problems, would help clarify mechanisms and guide more nuanced interventions.

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Conflict of interest

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