Methods: An online survey questionnaire was created by the researchers after approval and validation from experts and sent through various social media platforms. Those who did not consent for the study were excluded. The questionnaire included basic sociodemographic details and questions taken from two scales – (i) Problematic Online Gaming Questionnaire SF for identifying problematic online gaming and (ii) Difficulties in Emotional Regulation Scale (DERS-18) to identify domains of emotional regulation. Descriptive statistics, Pearson correlation, ANOVA were used for statistical analysis.
Results: 108 participants reverted with the completed forms, out of which, 69.4% were regularly engaged in online gaming, 19.4% fell under the domain of problematic online gaming. 4.6% of the participants were engaged in online gaming for more than 8 hours in a day. With regards to various domains of emotional regulation, the mean scores in each subscale of emotional regulation (Nonacceptance of Emotional Responses, Difficulties Engaging in Goal-Directed Behaviour, Impulse Control Difficulties, Lack of Emotional Awareness, Limited Access to Emotion Regulation Strategies and Lack of Emotional Clarity) were more in those with problematic online gaming as compared with non-problematic individuals and was statistically significant ($p<0.05$). There was also a positive correlation between problematic online gaming and sub-domains of emotional regulation ($p<0.01$).
Conclusion: The study clearly depicts the rise in online gaming that has been clearly demonstrated in the recent studies worldwide. The results clearly illustrate the association of online gaming with difficulty in handling emotions but also a means to attenuate negative emotions. It could be potentially being used as an escape mechanism. Though details of the causal link between the two parameters were beyond the scope of the study, it would be worth looking at it in future research.

Structured Literature Review of the Impact of Using Cognitive-behavioural Therapy and Interpersonal Therapy On Depressive Symptoms in People Living With HIV/AIDS.

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Aims: A diagnosis of depression is three times more likely to occur in people living with HIV/AIDS. Management is imperative,as it not only ensures reduced depressive symptoms but also improves quality of life. Interpersonal psychotherapy (IPT) and cognitive-behavioural therapy (CBT) have been linked to reduced depressive symptoms. This paper will investigate to what degree both treatment options can help reduce depressive symptoms in people living with HIV/AIDS.
Methods: Randomized controlled trial articles from the Cardiff University repository, PsycARTICLES, PsycINFO, Cinahl, and PubMed databases were collected and dated not later than ten years from 2024. The participants were individuals with an HIV/AIDS diagnosis and depression as a comorbidity. They also had been exposed to either IPT or CBT psychotherapy. The articles were screened, and data from19 articles with 4805 participants were extracted.
Results: Findings showed that CBT reduced depressive symptoms, and its effects were visible in the long term, which involves more than six months. Similarly, IPT was found to have long-term effects, but the difference in the symptoms in IPT was minimal compared with CBT. No significant difference in the efficiency of either therapy was observed.
Conclusion: Both the psychotherapy modalities were found to have positive impact by reducing depressive symptoms. There is a need for more research into improving the psychotherapy intervention time and mode of delivery.

Exploring the Interplay Between Inflammatory and Metabolic Markers in Depression Treatment Outcomes: A Focus on Interleukin-6 and Ghrelin

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Aims: This study aimed to elucidate the modulating effects of serum ghrelin on the relationships between interleukin-6 (IL-6) and antidepressant treatment outcomes, particularly focusing on 12-week remission and 24-month relapse in patients with depressive disorders.
Methods: We analysed baseline serum levels of ghrelin and IL-6 in 1,086 patients engaged in a naturalistic, stepwise antidepressant treatment protocol. Remission was assessed using the Hamilton Depression Rating Scale (HAMD), with a score of 7 or less defining remission at 12 weeks. Patients achieving a response (HAMD $\leq$14) at this interval were tracked for relapse (HAMD >14) quarterly up to 24 months. Logistic regression models, adjusting for sociodemographic and clinical variables, explored the interactive effects of these biomarkers on treatment outcomes.
Results: Our analysis indicated that while serum ghrelin levels did not directly impact treatment outcomes, they significantly modulated the relationship between high IL-6 levels and the likelihood of non-remission at 12 weeks as well as relapse at 24 months. Notably, elevated IL-6 was strongly associated with these negative outcomes primarily in the context of lower ghrelin levels. The modulatory effects of ghrelin were statistically significant in the context of relapse after controlling for relevant covariates.
Conclusion: The findings from this study underscore the critical interplay between inflammatory and metabolic markers in determining the trajectory of depression treatment outcomes. By demonstrating the significant roles of IL-6 and ghrelin, particularly their interactive effects, this research highlights the potential to enhance personalized antidepressant strategies through the integration of biomarker profiles. Future investigations should focus on unravelling the dynamic mechanisms behind these interactions, which could pave the way for refining prediction models for treatment responsiveness and developing targeted interventions that more effectively address the complexities of managing depression.