has been diagnosed and partially treated with fluoxetine previous to the Internet gaming addiction.

Significant academic and social impairments were associated with the current disorders. The participation of the patient in the therapy was good, although he didn't do always his homework recommended by the therapist. No pharmacological treatment was initiated during CBT.

The evolution of the Internet gaming disorder was good, with a mean 50% decrease in the outcomes, but the alcohol- use disorder severity decreased with only 33% and increased at follow-up, suggesting a new, alcohol use-focused CBT should be initiated.

We consider it is necessary to collect information from a caregiver or a family member, in order to corroborate his/her observations with the results reported by the patient, and the reflections of the therapist.

The monitoring of patients with multiple addictions (behavioral and/or drug-related) is necessary throughout the duration of treatment, but also after ending the structured psychotherapy, with frequent follow-ups, due to the high risk for relapse.

When multiple addictions (behavioral, and drug-induced) are concomitantly diagnosed, CBT should address to all the disorders, with specific techniques for each one, whenever possible. While some of these addictions could respond rapidly, other could have a slower, or only a partial response.

Further research should focus on designing a guideline for the psychological approach to the Internet gaming disorder, based on the available data regarding the risk factors, co-morbidities, and personal history.

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