

Issue Brief

Pathological Gambling: The High Stake Need for Treatment

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At first Joe was like most people, gambling was an occasional source of entertainment but after a while

Joe's gambling developed into more than just a leisurely pastime. For Joe, gambling is now an uncontrollable compulsion. Unable to stop, he falls deeper into debt as he continues to gamble increasing amounts of money. Joe's preoccupation with gambling is beginning to interfere with the rest of his life, he recently started skipping work and lying to his wife to cover up his gambling habit. Without help Joe's gambling problem will only get worse. Unfortunately, because there is a dearth of information regarding effective treatment options, Joe most likely will not get the help he needs until it is too late.

Clinical Diagnosis

The DSM-IV considers pathological gambling to be an impulse control disorder.¹ To receive a pathological gambling diagnosis a person must display "persistent and recurrent maladaptive gambling behavior" in addition to five or more of the following criteria:

- Preoccupation with gambling
- Gambles to escape problems or negative moods
- Tolerance as indicated by a need to gamble increasing amounts of money to achieve the desired level of excitement
- Continues to gamble even after losing money, in attempt to recover loses
- Lies to conceal the extent of gambling
- Solicits others to provide money for a debt or for more gambling

- Commits illegal acts to obtain money for gambling
- Loss of control as indicated by repeated unsuccessful attempts to cut back or stop gambling
- Withdrawal as indicated by irritability during attempts to cut back gambling
- Gambling habits have interfered with a job/ educational opportunity/ significant relationship¹

If a person exhibits some of the above symptoms but does not meet full diagnostic criteria, they are typically described as a "problem gambler."

Diagnoses of pathological gambling are often coupled with co-occurring psychiatric disorders. In a study of pathological gamblers seeking treatment, 62.3% of the gamblers presented a comorbid psychiatric disorder.² The most common diagnoses were personality disorders, substance abuse and adjustment disorders.²

Impact on Others

There are approximately 2.5 million pathological gamblers and 3 million problem gamblers in the United States.³ Pathological and problem gamblers cost society an estimated \$5 billion per year.³ The estimate includes costs such as bankruptcies, arrests, incarcerations, divorce fees, job loss, unemployment benefits, welfare benefits and health insurance coverage for physical and mental health problems. Studies indicate that pathological and problem gamblers are more likely to go on welfare, declare bankruptcy, be arrested and spend time in jail than infrequent or non-gamblers.³ One half to two-thirds of pathological gamblers engage in illegal activity to fund their gambling problems.⁴ Pathological gamblers also have an immense social and emotional effect on people in their lives. In one sample population, more than half (54%) of married pathological gamblers eventually divorced, compared to divorce rates of 18% and 30% among non-gamblers and low-risk gamblers, respectively.³



Increasing Need for Treatment

As opportunities to gamble expand, an increase in pathological gambling seems inevitable and the need for an effective treatment protocol is even more important. Thirty years ago, Nevada was the only state with legalized casinos, betting money at a race track was only legal in Nevada and New York, and just 13 states had lotteries.³ Today, all but two states have some sort of legalized gambling, and while not always legal, online gambling is merely as far away as a computer with an internet connection.⁵ Although certainly not the only factor in the development of problem gambling, some studies suggest that increased access to gambling, especially internet gambling,⁵ may lead to increased rates of problem gambling. One study found that adults living within 50 miles of a casino were statistically more likely than adults within 50-250 miles to report problem or pathological gambling over the course of their lifetime.³

Treatment Options

Current treatment practices, similar to those used for treatment of other addictions, range from self-help, individual and group therapy to pharmacological treatments.³ Gamblers Anonymous, for example, operates much like other addiction treatment support groups (such as Alcoholics Anonymous).³ Pharmacological treatments are still in the early stages of development. Currently, most medications are prescribed in cases where individuals present with a comorbid disorder.⁴

Goals of Treatment Research

To date most evidence suggests that any treatment is better than no treatment at all; however, there is little substantial evidence for the efficacy of any particular treatment over another. Since pathological gamblers come from such varied backgrounds attempting to find a single treatment effective for every gambler may be unrealistic. A better goal for pathological gambling treatment research is to develop a protocol that matches individual gamblers to appropriate treatment programs. In order to accomplish this goal, gambling treatment research needs to develop a means of classifying or grouping problem gamblers based on their needs for treatment and assess the effectiveness of various treatments for each group.

Recommendations for Future Treatment Research

Up to date psychometric tools: Gambling treatment research should use current and valid psychometric tools to diagnose pathological gamblers. The most commonly used assessment instrument is a screen that follows outdated DSM-III criteria. This is despite the development of the NORC Diagnostic Screen (NODS), a diagnostic tool that directly corresponds to current DSM-IV criteria.^{4, 6}

Subtype grouping criteria: The characteristics of gamblers that influence treatment effectiveness should be

criteria used to differentiate various subtypes. For example, age could be linked to effectiveness of treatment, an adolescent gambler could potentially respond to treatment differently than an adult.⁶ Preference in type of gambling activity might also be an important factor and should be investigated further for possible relationship to treatment outcomes. The presence of a co-morbid disorder is often associated with different outcomes in pharmacological treatment studies, and thus co-morbidity should also be considered as a grouping characteristic.⁶ Future research should investigate trends in these types of characteristics as they assess for success in their treatment studies.

Revised treatment comparison studies: Very few gambling treatment studies have compared different types of treatment, such as therapy versus pharmacological, across patient groups in the same trial.⁶ In order to determine the effectiveness of certain treatments relative to others, future studies need to assess multiple methods of treatment across randomly assigned groups of gamblers. When assessing clinical outcomes, studies should use tools that allow for the identification of subgroups within the patient population. Researchers can then note differences in outcomes according to various characteristics of the gamblers. Such a study would not only increase information about specific treatment effectiveness, but also it could lead to revisions in the classification process.

As access to gambling increases, the number of pathological gamblers will inevitably rise and the need for guidelines matching effective treatment options to specific gamblers will intensify. Until a treatment matching protocol is in place, Joe and others like him will face dismal odds of recovering from this devastating disorder.

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