

Pathologic gambling disorder

How to help patients curb risky behavior when the future is at stake

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CME learning objectives

- To be able to recognize pathologic gambling disorder
- To understand pathologic gambling disorder as a brain disease with specific neurobiologic findings
- To become familiar with the biopsychosocial treatments available for pathologic gambling disorder

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Preview: Pathologic gambling disorder and problem gambling are becoming increasingly common in the United States as more states legalize gambling. Although gambling-related disorders can cause devastating consequences, well-studied treatments are few. Fortunately, clinical experience suggests that pathologic gambling disorder is highly treatable. In this article, Drs Sumitra and Miller briefly summarize gambling-related disorders and discuss available, effective treatments.

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As gambling-related disorders proliferate in the United States, more people could benefit from effective treatments. Unfortunately, shame often keeps persons with gambling problems from seeking help. In addition, adequate study of treatment of gambling-related disorders is lacking. Until conclusive research on the pathologic factors of gambling is completed and effective treatments are identified, physicians need to rely on clinical experience, which suggests that pathologic gambling disorder is highly treatable (overall benefit-cost ratio, 20:1) (1).

History and epidemiologic factors

Since about 3000 BC, gambling has been a significant part of human culture. It has found a place in religion, government, academia, literature, and psychology. The last two decades have seen a worldwide trend towards legalized gambling as a means for local governments to cheaply and reliably raise revenues to meet increasing governmental responsibilities and expenditures. Gambling-related disorders have followed suit, and the prevalence of pathologic gambling disorder in US adults is now estimated at 1% to 2% (2,3). However, the prevalence is twice that in areas in which a casino is within a 50-mile radius (4).

Pathologic gambling disorder is a chronic disease with an insidious onset and episodic course. It often begins in early adolescence in males and between ages 20 and 40 years in females. Exacerbations peak during periods of high stress and dysphoric mood. Persons with pathologic gambling disorder often delay seeking treatment because they are ashamed of their problem and struggle to keep it a secret while they attempt to recoup financial losses.

Diagnosis and comorbid disorders

Pathologic gambling disorder is defined in the revised fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR)* as an impulse-control disorder; however, it can be better viewed as an addiction disorder. The mnemonic WAGER OFTEN (see box at the end of this article), created from the *DSM-IV-TR* criteria for pathologic gambling disorder, offers a guide to screening for this disease during brief office visits. Each *DSM-IV-TR* criterion is denoted in the mnemonic by its respective criterion number. Five or more criteria are required for diagnosis.

Differential diagnostic considerations include social gambling, problem gambling, manic or hypomanic episodes, obsessive-compulsive disorder and, rarely, professional gambling. Differentiation of gambling behaviors can be simplified by plotting several core issues along a continuum (table 1).

Problem gambling (not listed as a diagnosis in the *DSM-IV-TR*) represents social gambling that has begun to exceed limits and cross boundaries, thereby causing problems in the gambler's life. Problem gambling can be associated with increased frequency and rising amounts of betting, continued gambling despite negative outcomes, and a progression to higher risk taking when gambling. However, persons with problem gambling do not meet the full criteria for pathologic gambling disorder.

As the illness progresses from problem gambling to pathologic gambling disorder, magical thinking often develops. Such thinking consists of attributing winning to personal skill while attributing losing to bad luck. Gamblers sometimes begin to plan activities and vacations around gambling events. Pathologic gambling disorder may progress in four phases: winning, losing, desperation, and giving up. Two widely used

office screening instruments are the South Oaks Gambling Screen (5) and the Gamblers Anonymous 20 Questions (6).

Certain populations need special consideration. Female gamblers are more likely than male gamblers to live with someone who gambles or drinks, but they are less likely to have alcohol or legal problems themselves (7). Women usually gravitate towards games that require less strategy (eg, slots) and tend to gamble to escape thinking about life problems. Women are also more likely than men to seek mental health treatment (8). With the recent increase in legalized gambling, gambling disorders are probably more prevalent in adolescents than in the general population (4).

Common comorbid conditions include substance abuse and mood and anxiety disorders. Alcohol abuse and drug abuse are often associated with pathologic gambling disorder; estimates of prevalence range from 8% to 47% (9). Alcohol is often served free of charge in casinos (perhaps to lessen the inhibitions of gamblers), a practice that raises the risk of alcohol use disorders. Gamblers are often nicotine-dependent; smoking is associated with increased severity of gambling problems and psychiatric symptoms (10).

Depression is particularly common in female gamblers. Suicide is often contemplated (especially in the losing, desperation, and giving-up phases) and is attempted in a striking 15% to 20% of patients with pathologic gambling disorder (11). Personality disorders, especially antisocial personality disorder, have been
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