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ASSESSING FOR PROBLEM GAMBLING PAYS OFF

**I**F YOU'VE SEEN adult patients, you've seen someone who has a gambling disorder — whether you knew it or not. This issue of the *CD Summary* summarizes what we know about the prevalence of gambling problems in Oregon, and their treatment.

Over the past decade Oregon has experienced a proliferation of gambling. Spirit Mountain Casino is now Oregon's top visitor attraction. The Oregon Lottery operates more than 10,000 video-poker machines. An estimated \$1.2 billion are being wagered in Oregon each year.

This increase in gambling is not without consequences. Recent estimates place the annual social costs for gambling-related problems in Oregon at about \$361 million annually.<sup>1</sup> Imprisonment, suicide, family dissolution, and failed health are just some of the incalculable costs in human suffering.

**WHAT IS PROBLEM GAMBLING?**

"Problem" gambling describes any form of gambling that has functional consequences. The causes of problem gambling are complex and may emanate from diverse sources — a mix of individual traits, social and economic circumstances, and a community environment that presents or encourages opportunities for gambling.<sup>2</sup>

"Pathological" gambling represents the most severe pattern of problem-gambling behavior; formal diagnostic criteria for it are found in the Table, *infra*.<sup>3</sup> Pathological gambling is not necessarily a chronic problem. Sometimes the gambling problem is transient; sometimes it plateaus and is maintained at a steady rate for years; and sometimes it follows a progressive course.<sup>4</sup> Regardless of the course, it is common for a problem gambler to experience mental and physical health problems.

**GAMBLING AND HEALTH**

Similar to other addictive behaviors, gambling can help to precipitate a variety of common health problems. Several studies have documented the relationship between problem gambling and specific health issues found in general medical care.<sup>5</sup> Problem gamblers have been shown to be at increased risk of dysthymia, major depression, anti-social personality disorder, phobias, and chemical dependency. Problem gamblers have an elevated risk for cardiac arrest due to sustained stress and hypertension. And problem gamblers are more likely to suffer from migraine headache, tension headache, irritable bowel syndrome, peptic ulcer, gastroesophageal reflux, insomnia, sexual dysfunction, myalgia, and neurotic dermatitis.

**HOW BIG IS THE PROBLEM?**

Population-based studies conducted in Oregon found past-year prevalence rates in adults of 0.9% for pathological gambling and an additional 1.4% for problem gambling.<sup>6</sup> However, the prevalence of problem gambling among persons entering a primary-care setting appears to be much higher — closer to 10% (6.2% for pathological gambling and 4.2% for problem gambling).<sup>7</sup> The incidence rate of problem gambling is expected to grow as gambling becomes more culturally accepted and as legal opportunities for gambling expand.<sup>8</sup>

**SCREENING**

Very few clinicians ask their patients about problem gambling.<sup>9,10</sup> Screening for gambling-related history and symptoms is justified because (1) problem gambling is prevalent — particularly among those seeking primary care; (2) asking about problem gambling costs little and presents little, if any, risk; and (3) there is a good chance that it will lead to better health. Simple asking and advising have been shown to be effective interventions in the allied field of alcohol abuse.<sup>11</sup> Early intervention in problem gambling through screening and motivating patients to seek help may reduce the ill effects of problem gambling on individuals and their families.

**DSM IV Diagnostic Criteria for Pathological Gambling**

**Persistent and recurrent maladaptive gambling behavior as indicated by 5 (or more) of the following:**

- Is preoccupied with gambling (e.g., preoccupied with re-living past gambling experiences, handicapping or planning the next venture, or thinking of ways to get money with which to gamble)
- Needs to gamble with increasing amounts of money in order to achieve the desired excitement
- Has repeated unsuccessful efforts to control, cut back, or stop gambling
- Is restless or irritable when attempting to cut down or stop gambling
- Gambles as a way of escaping from problems or of relieving a dysphoric mood (e.g., feelings of helplessness, guilt, anxiety, depression)
- After losing money gambling, often returns another day to get even ("chasing" after one's losses)
- Lies to family members, therapist, or others to conceal the extent of involvement with gambling
- Has committed illegal acts such as forgery, fraud, theft, or embezzlement to finance gambling
- Relies on others to provide money to relieve a desperate financial situation caused by gambling

**The gambling behavior is not better accounted for by a manic episode.**



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Although 1 in 10 primary-care patients may have a gambling problem,<sup>7</sup> you won't find them volunteering information about their gambling behavior. Instead, they present with secondary symptoms like depression, anxiety, sleep disturbances, headaches, or other symptoms associated with stress. We suggest that you include questions about gambling when you assess for behavioral conditions among patients presenting with symptoms that sound like they are related to sustained stress. If gambling is frequent, then consider using a simple screening tool that is reliable for ruling out pathological gambling behaviors — viz., the Lie-Bet Questionnaire.<sup>12</sup> This questionnaire consists of two — count 'em, two — questions:

- Have you ever felt the need to bet more and more money?
- Have you ever had to lie to people important to you about how much you gambled?

If a patient answers yes to one or both of the questions on the Lie-Bet questionnaire, further assessment is indicated. At this point you can either make an assessment, based on the clinical interview and using the DSM-IV criteria provided in the Table; or provide self-assessments such as the South Oaks Gambling Screen (SOGS) at <http://www.npgaw.org>.

#### TREATMENT

Patients suspected of having a gambling problem should be encouraged to seek specialized treatment and referred for same. In Oregon, treatment directed at problem gambling, for both gamblers and family members, is fully subsidized

by revenues generated by the Oregon Lottery. Oregon operates a 24-hour confidential problem gambling helpline at 877/2 STOP NOW (877/278-6766). Operators are certified problem-gambling counselors and can assist callers with general information about problem gambling, provide crisis-intervention, and motivate callers to utilize referrals. Oregon has 27 outpatient problem-gambling treatment centers, two short-term residential treatment programs, and a structured self-change program that features workbooks and telephone counseling. Over 1,500 individuals are treated each year in Oregon's state-funded problem-gambling treatment centers. About 75% of the problem gamblers who enroll in these treatment programs report significantly reduced or no gambling 90 days after discharge.<sup>12</sup>

Just what is the treatment for problem gambling? A number of psychosocial approaches have been used successfully — including behavioral, cognitive-behavioral, psychodynamic, and addiction-based techniques. While no "best practice" has been defined, most problem-gambling treatment programs employ cognitive-behavioral and addiction-based change techniques. Gambler's Anonymous (GA) is a self-help fellowship based on 12-step principles, similar to that used for other addictions. Although dropout rates are very high among GA members, participation can be greatly facilitated by directive and supportive clinicians. As with other psychiatric disorders, a combination of treatment methods, such as GA with professional psychosocial treatment, may be most successful.

Currently, no medications are approved by the FDA for problem gambling, although research into this approach is ongoing. Co-morbid chemical dependency and affective or anxiety disorders need to be treated along with the gambling disorder. Additional resources for clinicians are available at <http://www.npgaw.org/>.

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