




GAMBLING DISORDER



Outline:

- Definition
 - Epidemiology
 - Etiology
 - Diagnosis
 - Clinical Features
 - Differential Diagnosis
 - Course and Prognosis
 - Treatment
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- **Definition:**


Gambling disorder is characterized by persistent and recurrent maladaptive gambling that causes economic problem and significant disturbance in personal , social and occupational functioning.




- **Maladaptive behaviour include:**


1. Preoccupation with gambling.
2. Need to gamble with increasing amount of money to achieve desired excitement.
3. Repeated unsuccessful efforts to control, cut back, stop gambling.
4. Gambling as a way to escape from problem.
5. Gambling to recoup losses.
6. Lying to conceal the extent of involvement with gambling.
7. Commission of illegal acts to finance gambling.
8. Jeopardising and losing personal and vocational relationship because of gambling.
9. Reliance on others for money to pay off debts.

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- Gambling has been described in various historical scriptures, the Mahabharata describes how a righteous prince, Yudhishtira, gambled away his kingdom, his wife, and his own freedom.

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- EPIDEMIOLOGY:
 - Lifetime prevalence is about 1%.
 - More prevalent in men and young adults
 - Various surveys state that among 10% to 18% of patients with substance abuse are pathological gamblers.


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- Types of gambling-



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- Traditional forms of gambling include casino games, sports betting, card playing, and lotteries.
 - The next level of gambling involvement can be described as problem gambling: those who gamble despite problems in their lives caused by gambling.
 - This category is akin to alcohol abuse and is thought to represent gamblers who are at risk to becoming pathological gamblers. Current epidemiological research suggests that 2 to 3 percent of the U.S. adult population fit into this category

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- The impact of physical and emotional stress can be dramatic.
 - In a study, casino-related deaths (number of pathological gamblers were not reported) from 1982 to 1986 were reviewed: 398 people died inside casinos and of these, 330 were sudden cardiac deaths.
 - As a result of escalating debt, there will be an increasing urgency to gamble along with spending more time and energy involved with the gambling and covering up the gambling—all together, this can create conditions of chronic stress that will lead to hypertension, cardiovascular disease, peptic ulcer disease, and exacerbation of baseline medical problems.




Relation with alcohol and nicotine dependence.

- Rates of alcohol dependence and nicotine dependence are noted to be much higher in pathological gamblers as compared to the general population. Casino environments may be contributing to these increased rates due to the availability of free alcohol and second-hand smoke.
 - These factors, along with traits of impulsivity, stressful situations, and personalities that seek high rewards, are risk factors to developing a substance use disorder.
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- In summary, pathological gamblers are more likely to smoke, drink alcohol, possibly overeat, be sleep-deprived, and suffer from higher levels of acute and chronic stress.
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Comorbidity:

- Mood disorder(Major Depression , Bipolarity)
 - Other Substance use and addictive disorder.
 - ADHD
 - Personality Disorder.
 - Disruptive, Impulse control and conduct disorder.
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Etiology

1. Psychosocial factors:
 - Loss of parent by death
 - Separation , divorce
 - Dissertation before child is 15 years.
 - Inappropriate Parental discipline(Absence, inconsistency , Harshness)
 - Exposure and availability of gambling activities for adolescents.
 - Family emphasis on marital and financial symbols
 - Lack of family emphasis on saving, planning and budgeting.



Psychoanalytical theory :

- Sigmund Freud stated that compulsive gamblers have unconscious desire to lose and gamble to relieve unconscious feeling of guilt.
- Gamblers are narcissist, whose grandiose and omnipotent fantasies lead them to believe that they can control event and can predict outcome.
- Learning theories: Uncontrolled gambling resulting from erroneous perception about control of impulses.



Biological factors: these theories have centered on both serotonergic and noradrenergic receptor systems.

- Male Pathological Gamblers have subnormal MHPG levels in plasma and increased MHPG levels in CSF. Increased urinary output of norepinephrine.
- Chronic Gamblers have low platelet MAO activity- a marker of serotonin activity.




ICD 10 Diagnosis:

- The disorder consists of frequent, repeated episodes of gambling which dominate the individual's life to the detriment of social, occupational, material, and family values and commitments.
- Those who suffer from this disorder may put their jobs at risk, acquire large debts, and lie or break the law to obtain money or evade payment of debts.
- They describe an intense urge to gamble, which is difficult to control, together with preoccupation with ideas and images of the act of gambling and the circumstances that surround the act.
- These preoccupations and urges often increase at times when life is stressful.
- This disorder is also called "compulsive gambling" but this term is less appropriate because the behaviour is not compulsive in the technical sense, nor is the disorder related to obsessive-compulsive neurosis.




Differential diagnosis. Pathological gambling should be distinguished from:

- (a) gambling and betting (frequent gambling for excitement, or in an attempt to make money; people in this category are likely to curb their habit when confronted with heavy losses, or other adverse effects);
 - (b) excessive gambling by manic patients
 - (c) gambling by sociopathic personalities (in which there is a wider persistent disturbance of social behaviour, shown in acts that are aggressive or in other ways demonstrate a marked lack of concern for the well-being and feelings of other people).
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DSM-IV TR Criteria for Pathological Gambling


- A. PERSISTENT AND RECURRENT MALADAPTIVE GAMBLING BEHAVIOR AS INDICATED BY FIVE (OR MORE) OF THE FOLLOWING:**
- Preoccupation with gambling (e.g., preoccupation with reliving past gambling experiences, handicapping or planning the next venture, or thinking of ways to get money with which to gamble)
 - A need to gamble with increasing amounts of money in order to achieve the desired excitement
 - Repeated unsuccessful efforts to control, cut back, or stop gambling
 - Restlessness or irritability when attempting to cut down or stop gambling
 - Use of gambling as a way to escape from problems or relieve a dysphoric mood (e.g., feelings of helplessness, guilt, anxiety, depression)



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- **After losing money gambling, one often returns another day to get even (“chasing” one's losses)**
 - **Lying to family members, therapist, or others to conceal the extent of involvement with gambling**
 - **Committing illegal acts, such as forgery, fraud, theft, or embezzlement, to finance gambling**
 - **Jeopardizing or losing a significant relationship, job, or educational or career opportunity because of gambling**
 - **Relying on others to provide money to relieve a desperate financial situation caused by gambling.**


B. THE GAMBLING BEHAVIOR IS NOT BETTER ACCOUNTED FOR BY A MANIC EPISODE.



DSM classification:

- The DSM-III classified PG as an impulse control disorder. It began with a statement as “the individual experiencing progressive loss of control” The diagnosis continued to remain classified as an impulse control disorder in DSM-IV and DSM-IV TR.
 - The criteria for DSM-IV were revised. Changes were made to reflect the similarity of the diagnosis to substance dependence, such as the addition of the criterion, “repeated unsuccessful attempts to control, cut back or stop gambling.”
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- The major revision from DSM-IV-TR to DSM-5 was the removal of the diagnosis from impulse control disorders and addition to the category labelled substance-related and addictive disorders that also includes substance use disorders.
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- The key issues were that the earlier DSM manual did not account for the evidence that gambling problems present across the spectrum of impulse control disorders and substance use disorders. The definition of PG was based on the findings in those who sought treatment for their gambling. Subclinical pathological gamblers were missed at the time of diagnosis due to the high diagnostic threshold.



Change made in DSM 5

- Substance use disorders and gambling disorders share many commonalities.
- Features such as “loss of control,” “craving/withdrawal,” and “neglect of other areas in life” are common among the two diagnoses. Several changes were made to the DSM-5 diagnosis of gambling disorder addresses the critiques of DSM-IV TR's definition of PG




Clinical Features:

- Appear overconfident, abrasive, energetic and free spending.
- They show obvious sign of personal stress, anxiety and depression.
- They lie to obtain money and continue gambling while hiding extent of gambling.
- They make no serious attempt to save money.
- Their criminal behaviour is non-violent, forgery, fraud and consciously intend to repay/return money.



Complications:

- alienations from family members and acquaintances.
 - Loss of life accomplishments
 - Suicide attempts
 - Association with fringe and illegal groups.
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Psychological testing and laboratory examination:

- Abnormality in platelet MAO activity.
- High level of impulsivity on neuropsychological test.
- Increase in cortisol levels- saliva of gamblers while they gamble.




Differential Diagnosis:

- Social gambling v/s Pathological gambling
- In pathological gambling- winning –followed by manic like mood change – followed by depressive episodes because of subsequent losses
- Antisocial personality disorder.



Course and prognosis:

- Men- adolescent
 - Women-late life
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Four phase:

1. **Winning phase-** ends with big win –this hooks patients.

women-escape from problems.

2. **Progressive loss phase-** patient move from excellent gambling to stupid one.(who take considerable risk, cash insecurities, borrow money , miss work)

In this stage, Patient structure their lives around gambling.



3. **Desperate Phase**- Patient gamble with large amount of money.

Patients –do not pay money, do not pay debts, become involved with loan sharks, write bad check, embezzle.

4. **Hopeless stage**- Accept that loss can never be made up but gambling continues because of associated arousal and excitement.



Scales that can be used:

- These include the South Oaks Gambling Screen and the Lie/Bet questionnaires.
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Treatment:

- Gamblers seldom come forward voluntary for treatment.
- Gamblers Anonymus:1957- los angeles
Inspirational Group therapy:
- Hospitalization : help by removing patient from their environment
- Insight-Oriented psychotherapy should not be sought until the patient away from gambling for 3 months.
- Family therapy
- Cognitive behavioural therapy





Pharmacological treatment:


- SSRI
 - Bupropion
 - Mood Stabilizer
 - Antiepileptics
 - Atypical Antibiotic
 - Opioid agents naltraxone.
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THANK YOU