

GAMBLING DISORDER

CONCEPT OF NON-SUBSTANCE BEHAVIOURAL ADDICTION (GAMBLING DISORDER)

Repetitive, persistent behaviours resulting in significant harm or distress that causes functional impairment (*Marks, 1990: concept of Non-Chemical addiction*)

- Rapid escalation of behaviours becoming labelled 'behavioural addictions'
 - New disorders medicalise/pathologize multiple reward seeking behaviours by attaching medical names, diagnostic instruments and suggested treatments.
- Pathological Gambling: DSM-III (1980) to – IV (2000) criteria
 - Impulse control disorder: not elsewhere classified
 - Kleptomania (compulsive shoplifting)
 - Pyromania (compulsive fire-setting)
 - Trichotillomania (compulsive hair-pulling)
 - Intermittent explosive PD
 - Criteria based on substance dependence
 - No reference to internet addiction

The development of the DSM-V introduced a new category:

- Substance-related and addictive behaviours.
- Non-substance-related disorder
- Reclassified pathological gambling as gambling disorder
- Internet gambling disorder included in Section III (Conditions for Further Study)
- Behavioural similarities to substance use disorders
- Has significant public health implications
- Internet gaming recognised by Chinese government as a disorder with policies & treatment services provided
- Big issue: internet and gambling; internet giving people wide access to gambling and promoting gambling-type behaviours

DSM-V: NON SUBSTANCE RELATED DISORDERS

Criterion A: Four or more

1. Preoccupation (*psychological dependence*)
2. Increased amount gambled (*tolerance*)
3. Irritability/restlessness on cessation (*withdrawal*)
4. Escape from stress (*negative reinforcement*)
5. Chasing losses (*erroneous & distorted cognitions*)
6. Lying
7. Repeated failure to cease (*impaired control*)
8. Risked significant relationships
9. Bailout

Big range of behavioural addictions:

- Gambling
- Sex
- Compulsive shopping
- Exercise etc.

CONFIRMATORY THREE STEP APPROACH

This approach is old and tends to ignore any actual impairment caused by gambling:

1. Anecdotal observations consider behaviour *a priori* as addictive
2. Screening instrument developed (often derived from criteria defining another disorder – substance use/gambling disorder)
3. Identify risk factors known to play a role in the development and maintenance of substance use/gambling disorders (impulsivity, attentional biases)
4. Ignores:
 - a. Functional impairment
 - b. Stability of dysfunctional behaviours (evidence that behaviours are transient and context specific)

GAMBLING AND TERMINOLOGY

Gambling: Risking items of value on an outcome of events determined by chance for personal gain

- Electronic gaming machines: Pokies/slots, poker, blackjack, keno, roulette
- Numbers: lottery, lotto, scratch-cards
- Wagering: horses, dogs, sports

All gambling involves risk-taking but not all risk-taking involves gambling

- **Problem Gambling:** personal or social harm resulting from excessive gambling behaviour
 - o May not meet criteria for a formal gambling disorder but nonetheless causes social issues
- Pathological Gambling/Gambling Disorder: Meeting DSM criteria

Why do people gamble?

- Excitement generated by the uncertainty but hope of winning
- Hope of winning large amounts to enhance lifestyle choices
- Fun in a social context and environment

Why do people persist in gambling despite adverse consequences?

- Hope to recoup losses (chasing)
- Emotional escape
- Satisfy emotional needs (narcissism, ego)
- Manage dysfunctional affective states (depression, anxiety)

HOW EXTENSIVE IS GAMBLING AND DISORDERED GAMBLING?

- Prevalence of gambling (in general): 60-85% of general population
- Past year pathological gambling prevalence rate:
 - o 0.2% Norway & UK to 5.3% Hong Kong
- In USA, Australia and Europe:
 - o 0.4-1.1% pathological gamblers
 - o 1-2% problem gamblers (same rates as bipolar/schizophrenia in society)
- Adolescence
 - o 3-14% (Median 5%)
- Among gaming venue patrons
 - o 15-25% pathological gamblers

INTERNET GAMING DISORDER (IGD)

- Not just a social phenomenon in countries with extensive Internet access
- A potential psychiatric disorder
- Prevalence rates in adolescents range from 0.8% - 26.7%
- Above 10% in adolescents in South Korea, China, Taiwan, Hong Kong & Singapore
- Associated with impairment in cognition, psycho-social relationships and daily life
- Gambling-like features risk factor/gateway to gambling through social media
 - o Moved to competitive gaming (e-sports) etc. and online trading

FEATURES OF GAMES CONTRIBUTING TO PROBLEMS

- Structure of game: Breaks in play & in-App purchases
 - o E.g. run out of lives in CandyCrush, and lost in the moment you then purchase more lives instead of waiting
- Accessibility on multiple platforms
- Psychological
 - o Depression, social anxiety
 - o Attention Deficit Disorder
 - o Personality traits: impulsivity, sensation-seeking
- Anonymity and capacity to play unsupervised
- Poor age verification
- Multiple pay options

TREATMENT

Multiple treatments based on single causative models

- Psychodynamic (*Von Hattinger to Bergler*) → people using gambling to punish themselves for various complexes
- Behavioural (*McConaghy & Blaszczynski*) → recognition of strong erroneous beliefs, leads to CBT model below

Cognitive-behavioural (*Ladouceur*) → most popular model

Core Component	Intervention
1. Cognitive Component Erroneous beliefs about gambling are maintained and reinforced through biased interpretation of gambling outcomes <ul style="list-style-type: none"> - People believe they have skills/overestimate their chances of winning 	Cognitive interventions focusing on identifying and correcting cognitive distortions: <ul style="list-style-type: none"> - Illusions of control - Gambler's fallacy - Biased evaluation - Mutual independence - Probabilities - Illusory correlations (<i>superstitions</i>)
2. Behavioural component Learned maladaptive behaviour caused by early experiences & prevailing reinforcement schedules	Classical and operant conditioning techniques to reduce arousal associated with gambling (e.g. positive reinforcement of alternative behaviours, stimulus control, behavioural counselling and avoidance of triggers)

	- Winning reinforces pre-existing beliefs (above illusions)
Assumptions: <ul style="list-style-type: none"> - Problem gamblers are a heterogenous population - Symptoms and signs at presentation may be similar HOWEVER IN REAL LIFE: <ul style="list-style-type: none"> - Different factors come towards gambling 	

- Addictions (*predominant paradigm*)
- Biological (*Potenzam, Comings, Hollander: genetic & neurotransmitters*)

THE PATHWAYS MODEL OF PATHOLOGICAL GAMBLING (*Blaszczynski, 1996; Blaszczynski & Nower, 2002*)

Pathological gamblers are not an homogenous population. Instead, 3 subtypes exist:

1. Common phenomenology
2. Differ in aetiological factors
3. Differ in treatment requirements

There are differences across subtypes:

- **Pathway one:** Characterised by the **absence of psychopathology**. Symptoms are causal symptoms of gambling-related problems: *Amenable to psycho-education, brief interventions and brief CBT*
- **Pathway two:** **Pathologies prior to gambling:** Affective disturbances, poor coping skills, and substance use contribute to gambling (*dissociation and escape*)
- **Pathway three:** **Addictive-type behaviours:** deficits in reward-pathways (dopaminergic) and impulsive: Psychopharmacology and intensive interventions

PATHWAY ONE:

Demographics:

- Motivation to generate excitement, winning
- Briefer history of excessive gambling
- Childhood and family stability

Psychopathology:

- Absence of psychopathology
- Depression/anxiety: secondary to problem gambling
- Substance abuse minimal: onset after gambling problems

PATHWAY TWO:

<u>Ecological Factors</u>	<u>Vulnerability factors</u>	<u>Pathological gambling:</u>
<ul style="list-style-type: none"> ◇ Arousal/excitement ◇ Cognitive schemas 	<ul style="list-style-type: none"> ◇ Childhood disturbance ◇ Personality <ul style="list-style-type: none"> ⇒ Seek sensation, escape ⇒ Boredom proneness ◇ Arousal levels <ul style="list-style-type: none"> ⇒ Hyper-arousal/anxious ⇒ Hypo-arousal/depressed ◇ Poor coping/problem solving skills 	<ul style="list-style-type: none"> ◇ Emotional escape ◇ Excitement