

Primary care providers



Place your bets: Assessing for problem gambling pays off

By Jeffrey Marotta, Ph.D.

If you treat adult patients, you've provided care to someone who has a gambling disorder – whether you knew it or not. Although one in 10 primary care patients may have a gambling problem,¹ you won't find patients volunteering information about their gambling behavior. Instead, they present with secondary symptoms such as depression, anxiety, sleep disturbances, headaches, or other somatic symptoms associated with stress.

Although most health care providers are aware of problem gambling, studies find that very few ask their patients about problem gambling.^{2,3} Physicians can play an integral role in this process by recognizing early signs of problems, motivating patients to seek help, and readily providing useful referral resources such as the number to the Oregon Problem Gambling Helpline (call 877-MYLIMIT or log onto 1877mylimit.org).

How big is the problem?

Persons seeking medical care generally have higher psychiatric co-morbidity rates than the general population. This is true for chemical dependency and for problem gambling. Studies conducted in Oregon found past-year prevalence rates in adults of 1 percent for pathological gambling and an additional 1.7 percent for problem gambling.⁴ However, the prevalence of problem gambling among persons entering a primary care setting appears to be closer to 10 percent (6.2 percent for pathological gambling and 4.2 percent for problem gambling).¹ The incidence rate of problem gambling is expected to grow as gambling becomes more culturally accepted and legalized gambling opportunities expand.⁵

How is problem gambling associated with patient health?

Similar to other addictive behaviors, problem gambling affects not only the gamblers and their family finances, but also their mental and physical well-being. Several studies have documented the relationship between problem gambling and specific health issues found in general medical care.⁶ The three broad categories of co-occurring conditions include mental health problems, chemical dependency problems, and stress-related problems. Problem gamblers are at increased risk of dysthymia, major depression, anti-social personality disorder, phobias and chemical dependency. Studies identify problem gamblers as being at increased risk for cardiac arrest due to sustained stress and hypertension. Additionally, problem gamblers present with higher rates of stress-related physical problems, including migraine headache, tension headache, irritable bowel syndrome, peptic ulcer, GERD, insomnia, sexual dysfunction, myalgias, and neurotic dermatitis.

What is problem gambling?

Gambling is a widespread activity, with 86 percent of the general adult population having some gambling activity over a lifetime.⁵ While the majority of people gamble, a small minority has a gambling problem. Pathological gambling (Table 1) represents the most severe pattern of excessive or destructive gambling behavior and is the only gambling-related disorder for which there are formal diagnostic criteria. Although pathological gambling originally was seen as a chronic and progressive disorder, new evidence suggests there are multiple courses the disorder can follow.⁷ Sometimes the gambling problem is transient; sometimes it plateaus and maintains for years; and sometimes it follows a progressive course. Regardless of the course, it is common for a problem gambler to experience mental and physical health problems.

Table 1. DSM IV Diagnostic Criteria for Pathological Gambling

- A. Persistent and recurrent maladaptive gambling behavior as indicated by five (or more) of the following:
- (1) Is preoccupied with gambling (e.g., preoccupied with reliving past gambling experiences, handicapping or planning the next venture, or thinking of ways to get money with which to gamble)
 - (2) Needs to gamble with increasing amounts of money in order to achieve the desired excitement
 - (3) Has repeated unsuccessful efforts to control, cut back, or stop gambling
 - (4) Is restless or irritable when attempting to cut down or stop gambling
 - (5) Gambles as a way of escaping from problems or of relieving a dysphoric mood (e.g., feelings of helplessness, guilt, anxiety, depression)
 - (6) After losing money gambling, often returns another day to get even (“chasing” after one’s losses)
 - (7) Lies to family members, therapist, or others to conceal the extent of involvement with gambling
 - (8) Has committed illegal acts such as forgery, fraud, theft, or embezzlement to finance gambling
 - (9) Has jeopardized or lost a significant relationship, job, or educational or career opportunity because of gambling
 - (10) Relies 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.

Problem gambling treatment

Research concerning the treatment of problem gambling is early in its development, but has benefited from the body of evidence on other addictive and impulse disorders. Multiple pharmacological approaches to reduce problem gambling behaviors or craving have been evaluated in small pilot studies, including lithium carbonate, carbamazepine, clomipramine, naltrexone, and fluvoxamine. However, there are presently no FDA-approved medications for problem gambling.

Gambler's Anonymous (GA) is a self-help fellowship based on 12-step principles, similar in approach to other addictive disorders. Regular GA participation can be greatly facilitated by directive and supportive physicians or other health care providers.

Most problem gambling treatment programs employ cognitive-behavioral and addiction-based change techniques. As with other psychiatric disorders, a combination of treatment methods is often most useful, such as GA with professional psychosocial treatment. Co-morbid chemical dependency, affective, or anxiety disorders need to be treated and stabilized by health care professionals in conjunction with specialized behavioral treatment for the gambling disorder.

To screen or not to screen

Screening for gambling-related history and symptoms is justified because of the prevalence and potential severity of problem gambling, the potential to improve patient outcomes, and the low costs and low risk associated with asking about problem gambling. Simple asking and advising have been proven to be effective interventions in the allied field of alcohol abuse.⁸ Early intervention of problem gambling through screening and motivating help-seeking may reduce the harm of problem gambling on individuals and their families.

Problem gambling screening procedures

Health care providers see problem gambling as a medical issue and believe that they have a mandate to intervene when such issues arise.³ If patients present with symptoms that could be related to sustained stress, include questions on gambling when you assess for behavioral conditions. If gambling is a frequent activity, then consider using a simple screening tool: the Lie-Bet Questionnaire.⁹ This

questionnaire is valid and reliable for ruling out pathological gambling behaviors.

The Lie-Bet questions

- 1) *Have you ever felt the need to bet more and more money?*
- 2) *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. Patients suspected of manifesting a gambling problem should be encouraged to seek specialized treatment and provided with a referral for such services.

Resources for clinicians

Oregon operates a 24-hour confidential Problem Gambling Helpline at 877-MYLIMIT and 1877mylimit.org (via chat, IM, email). Operators are certified problem-gambling counselors and can answer questions, do crisis intervention and make referrals to state-funded gambling treatment providers (outpatient, crisis-respite and residential) or the minimal intervention GEAR program. About 75 percent of the problem gamblers who enroll in Oregon's treatment programs report significantly reduced or no gambling at 90 days post-discharge.¹⁰

Free clinician brochure download: 1877mylimit.org – click on Resources

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