Overview, Epidemiology, and the DSM-5 Criteria for Gambling Disorder

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Gambling Disorder: Overview

- Gambling Disorder (GD) is characterized in the DSM-5 by a persistent and recurrent maladaptive pattern of gambling behavior.
- It is typically associated with impaired functioning, reduced quality of life, and high rates of bankruptcy, divorce, and incarceration (Hodgins, Stea, & Grant, 2011).
- GD usually begins in adolescence or early adulthood, with males tending to start at an earlier age (Ibanez, Blanco, Moreryra, & Saiz-Ruiz, 2003).
Overview of GD (continued)

• Epidemiological studies confirm that women represent approximately 32% of individuals with GD in the United States (Volberg, 1994).

• GD appears to follow a similar trajectory as substance dependence, with high rates in adolescent and young adult groups, lower rates in older adults, and periods of abstinence and relapse (Leeman & Potenza, 2012).

• GD most commonly co-occurs with substance use disorder, anxiety disorder, and depressive disorder.
Gambling Disorder: America’s Pastime

- 86%-90% of US adults gamble*
- < 10% develop problem gambling
- Fewer still develop a gambling disorder

*Gambling has been “normalized” in the sense that it is widely considered a popular and healthy activity
Prevalence of Disordered Gambling

- **Gambling Disorder (GD)**
  - 1.6%-3.9% adults
  - 3.2%-8.4% adolescents
- **Problem gambling (PG)**
  - 3.5%-5%
- **Any disordered gambling**
  - 5%-9%

*Source: Black & Grant, 2013*
Costs of Gambling Disorder

- $54 billion (Grinols, 2004)*
- Associated with:
  - crime
  - domestic abuse
  - depression
  - bankruptcy
  - suicide

*For each problem gambler, 10-15 other lives are affected
Gambling Disorder Risk Factors

- **Age**: younger > older

- **Sex**: men > women
  - Women start later but have a more rapid course

- **Race**: Minority group members* > Caucasians
  - *Hispanics, African-Americans, Native Americans

- **Education**: lower level > higher level

- **Income**: low income > high income
• “As the opportunity of gambling becomes more commonplace it appears likely that the number of people who will develop gambling problems also will increase.” (NORC, 1999)

• In other words, as gambling venues increase, prevalence of gambling disorder increases.
• The number of casinos and the prevalence of gambling disorder have exploded. From two states in 1975, casino gambling and other forms of gambling are now condoned in 39 states in 2013 – and counting.

• Persons living within 50 miles of a casino are twice as likely to develop problem gambling than others (NCRG, 1999).
DSM-5

Changes in DSM-5 affecting the diagnosis of Gambling Disorder
• DSM-5’s chapters have been rearranged to reflect a lifespan, developmental approach
  • Aligns more closely with the World Health Organization’s ICD-11

• Disorders more frequently diagnosed in childhood appear at the beginning of the manual
  – Neurodevelopmental disorders
    • Intellectual disabilities; autism spectrum disorders
  – Schizophrenia Spectrum Disorder and Related Disorders
• Diagnoses more common in adolescence and young adulthood
  – Bipolar, depressive, and anxiety disorders
• Diagnoses of adulthood and later life appear at the end of the manual
  – Substance-related and addictive disorders (including GD)
  – Neurocognitive disorders
    • Alzheimer’s Disease
    • Korsakoff’s
Diagnostic System Changes

**DSM-III and DSM-IV:**
- Multiaxial diagnostic system
- Global Assessment of Functioning Scale (GAF)

**DSM-5:**
- Combines Axes I, II, and III, with separate notations for:
  - Psychosocial and contextual factors (formerly Axis 4)
  - Disability (formerly Axis 5)

DSM-5 no longer includes the Multiaxial Diagnostic System, including the GAF
Diagnostic System Changes

**DSM-III and DSM-IV:**

– Emphasis on discrete diagnostic categories

  • Alcohol abuse
  • Alcohol dependence

**DSM-5:**

– Emphasis on *dimensional assessment*

  • Mild to Severe

*DSM- 5 Diagnoses have become increasingly dimensional*
Gambling Disorder in DSM-5

• The Substance-Related and Addictive Disorders chapter now includes a non-substance-related disorder, Gambling Disorder

• The inclusion of gambling disorder in this DSM-5 chapter reflects that:
  – the two sets of disorders are characterized by many or most of the same symptoms,
  – they share many etiologic factors,
  – the brain mechanisms that are associated with them appear to be very similar.
Symptoms of Gambling Disorder in DSM-5

Persistent and recurrent problematic gambling behavior leading to clinically significant impairment or distress, as indicated by the individual exhibiting four (or more) of the following in a 12-month period:

1. Needs to gamble with increasing amounts of money in order to achieve the desired excitement (Tolerance)
   - “Every time I go to the casino to play the slots, I spend more and money and time. I guess that’s the way I keep up the excitement.”

2. Is restless or irritable when attempting to cut down or stop gambling (Withdrawal)
   - “Whenever I try to stop gambling, I get very angry and nervous and start yelling at my husband and kids. The only way I know to avoid those bad feelings is to continue to gamble.”
3. Has made repeated unsuccessful efforts to control, cut back, or stop gambling.
   – “I’ve tried again and again to cut down on my gambling but I’ve never been able to do so. Something about it keeps pulling me back.”

4. Is often preoccupied with gambling.
   – “I think about gambling all the time, even when I’m spending time with my family and friends. I can’t seem to get it out of my mind.”

5. Often gambles when feeling distressed.
   – “When I’m upset or depressed, I feel like gambling even more. Gambling helps take my mind off my troubles.”
6. After losing money gambling, often returns another day to get even.
   - “Most of the time, when I’ve lost at the tables, I’ll come back the next day because I want to get even, even though I know I probably won’t be able to do so.”

7. Lies to conceal the extent of involvement with gambling.
   - “If my wife asks me where I’ve been, I’ll lie rather than tell her that I was gambling or how much I lost, because I know how she’ll act when she knows I’ve been betting.”

8. Has jeopardized or lost a significant relationship, job, or educational or career opportunity because of gambling.
   - “My gambling has cost me a lot. I’ve lost a couple of jobs when my salary was attached by a casino I owed money, and I lost my first wife because she got tired of my gambling.”
9. Relies on others to provide money to relieve desperate financial situations caused by gambling.

   “I’ve had to beg my brother or my mother for money to pay for food and my monthly house payment more times than I can remember after I’ve spent all my money betting on the horses.”
Gambling Disorder Specifiers

• As with the substance use disorders, clinicians are asked to specify severity by number of symptoms:
  – Mild (4-5 criteria)
  – Moderate (6-7 criteria)
  – Severe (8-9 criteria)

• Clinicians are also asked to specify whether the gambling disorder is:
  – Episodic
  – Persistent
Dual Diagnosis

- Over 50% of our clients also meet criteria for one or more additional DSM-5 diagnoses in addition to their gambling disorder diagnosis.
- TIP 42 from www.samhsa.gov discusses the most common of these diagnoses in detail. Reading the TIP can substitute for reading the SM prior to testing, although the discussion is based on DSM-IV.
Disorders that Commonly Co-Occur with Gambling Disorder

- Substance Use Disorders
- Depressive Disorders
- Anxiety Disorders
The DSM-5 chapter on Substance-Related and Addictive Disorders includes 10 substance-related disorders:

- Alcohol-Related Disorders
- Caffeine-Related Disorders
- Cannabis-Related Disorders
- Hallucinogen-Related Disorders
- Inhalant-Related Disorders
- Opioid-Related Disorders
- Sedative-, Hypnotic-, or Anxiolytic-Related Disorders
- Stimulant-Related Disorders
- Tobacco-Related Disorder
- Other Substance-Related Disorders.
Alcohol use disorder is a problematic pattern of alcohol use leading to clinically significant impairment or distress, as manifested by:

• at least 2 of 13 listed symptoms occurring within a 12-month period
Symptoms of Alcohol Use Disorder

1. Often taking alcohol in larger amounts or over a longer period than intended
2. A persistent desire or unsuccessful efforts to cut down or control alcohol use
3. Spending a great deal of time in activities necessary to obtain alcohol, use alcohol, or recover from its effects
4. Craving, or a strong desire or urge to use alcohol (New Symptom)
5. Recurrent alcohol use resulting in a failure to fulfill major role obligations at work, school, or home

6. Continued alcohol use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of alcohol

7. Important social, occupational, or recreational activities are given up or reduced because of alcohol use
8. Recurrent alcohol use in situations in which it is physically hazardous

9. Alcohol use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by alcohol

10–11 Tolerance

12–13 Withdrawal
• **Major Depressive Disorder**
  – *Single episode* (mild, moderate, severe; with psychotic features; in partial or full remission)
  – *Recurrent episode* (mild, moderate, severe; with psychotic features; in partial or full remission)

• **Persistent Depressive Disorder (Dysthymia)** (in partial or full remission; early onset, late onset)

• **Disruptive Mood Dysregulation Disorder**
  – Severe recurrent temper outbursts manifested verbally or behaviorally (3 or more a week)

• **Premenstrual Dysphoric Disorder**

• **Substance-Induced Depressive Disorder**
DSM-5 Symptoms of Major Depressive Disorder

The diagnosis of major depressive disorder is given if five or more of the following symptoms have been present during a two-week period and represent a change from previous functioning. At least one of the symptoms is either depressed mood or loss of interest or pleasure:

1. **Depressed mood most of the day**, nearly every day, as indicated by either subjective report (e.g., feels sad or empty) or observation by others (e.g., appears tearful). In children and adolescents, depression may be expressed as an irritable mood.

2. **Markedly diminished interest or pleasure** in all, or almost all, activities most of the day, nearly every day.

3. **Significant weight loss** when not dieting or **weight gain** (e.g., a change of more than 5% of body weight in a month), or decrease or increase in appetite nearly every day.
DSM-5 Symptoms of Major Depressive Disorder

4. Insomnia or Hypersomnia nearly every day
5. Psychomotor agitation or retardation nearly every day
6. Fatigue or loss of energy nearly every day
7. Feelings of unworthiness or excessive or inappropriate guilt nearly every day
8. Diminished ability to think or concentrate, or indecisiveness, nearly every day
9. Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide
Anxiety Disorders in DSM-5

• The DSM-5 Anxiety Disorders include:
  – Separation Anxiety Disorder
  – Selective Mutism
  – Specific Phobia
  – Social Anxiety Disorder
  – Panic Disorder
  – Agoraphobia
  – Generalized Anxiety Disorder
  – Substance-Induced Anxiety Disorder
Anxiety Disorders in DSM-5

—“Anxiety disorders include disorders that share features of excessive fear and anxiety and related behavioral disturbances. Fear is the emotional response to real or perceived imminent threat, whereas anxiety is anticipation of future threat.”

—“The anxiety disorders differ from one another in the types of objects or situations that induce fear, anxiety, or avoidance behavior, and the associated cognitive ideation.” (DSM-5, p. 189)
Anxiety Disorders

• These disorders can seriously interfere with the client’s social, vocational, family, and educational activities

• Although the anxiety disorders are treatable with various cognitive behavioral and psychotropic therapies, they are almost impossible to eliminate completely and they may return, especially when the client is under stress or drinking heavily

• These disorders commonly afflict our clients both when they are using and when they are sober
Substance-Induced Anxiety Disorder in DSM-5

• Substance-Induced Anxiety Disorder is characterized by prominent symptoms of anxiety that are judged to be a direct physiological consequence of a drug of abuse, a medication, or toxin exposure.
References