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Practical Approach to Gambling Disorder for Family Physicians

Addiction Medicine Member Interest Group
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Statement

This resource was produced through a grant from the CFPC's Addiction Medicine Member Interest Group to assist family physicians in the care of patients with gambling disorders. However, it is understood that the care provided must be individualized to the characteristics of the patient and guided by the standard of practice of the practice area.

Table of Contents

Introduction

This open-source document is a quick reference booklet to help family physicians at all stages of their careers recognize and treat gambling disorder (GD).

Background

Gambling is a major part of the Canadian population's consumption patterns.[1] In 2018 approximately two thirds of Canadian adults (66 per cent) had engaged in at least one form of gambling in the previous 12 months.[1]

While the majority of people who gamble have low-risk gambling behaviours and do not experience adverse consequences associated with their gambling, others meet diagnostic criteria of GD.[2,3] In the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* (DSM-5) GD is defined as persistent and recurrent problematic gambling behaviour leading to clinically significant impairment or distress.[4] Internationally, the prevalence of GD is estimated to be between 0.12 per cent and 5.8 per cent.[5] In Canada, the prevalence of GD is estimated at 0.6 per cent.[6]

The impact of GD on individuals is significant, including financial difficulties, job loss, marital problems, psychological distress, and suicide.[3,7] Concomitant mental health problems are particularly prevalent among people with GD.[3] It is estimated that 96 per cent of individuals with GD have at least one concomitant mental health disorder, and that 64 per cent have three or more.[3,8] The most common concomitant disorders are depressive disorders, anxiety disorders, and substance use disorders.[3] The harms associated with GD go far beyond the people who have GD.[9-14] Psychological problems reported by significant others of individuals with GD, usually spouses, are often similar to those present in individuals with GD.[15] It has been shown that for one person with a GD, 10 to 17 people in the family may be affected (e.g., spouse, child, co-worker, employer).[16-18]

The economic and societal costs associated with GD are significant.[19] Although these costs are difficult to quantify, in Sweden economists estimated the burden to society associated with gambling exceeds the revenue derived from the gambling industry in the form of taxes by the state.[20] In the United States, for every $46 in profits, gambling costs society $289.[21] In this context, it is not surprising that the harms associated with gambling have become a major health issue, both in Canada and abroad.[22]

Family physicians are generally unfamiliar with GD,[23,24] and many physicians often report feeling helpless when dealing with a patient with GD.[25,26] This is a concern, as there is evidence that people with GD are unlikely to self-report their problematic gambling habits or consult a physician to discuss it.[25,26]

In 2021 the College of Family Physicians of Canada (CFPC) published a guide entitled *Practical Approach to Substance Use Disorders for the Family Physician*.[27] The guide provides a practical approach to the management of alcohol, nicotine, and opioid use disorders. This guide is based on the model of the previous guide and is intended to help Canadian family physicians recognize and treat GD and provide quality care and services to this population.

Types of gambling activities

Know how to identify low-risk and high-risk gambling activities

Gambling activities include, but are not limited to, lotteries, scratch tickets, slot machines, video lottery terminals (VLTs), poker, sports betting, etc.[3] The prevalence of GD depends on the type of gambling activity. For example, the prevalence is much lower is among lottery players than among slot machine and VLT users, or online gamblers.[3,28]

These differences may be due to the level of risk associated with the types of gambling. Forms of gambling that allow for quick bets (e.g., slot machines and VLTs), that may lead to playing more often, for longer periods of time, and/or spending more money are considered **high risk**. It should be noted that online gambling of any type is identified as more harmful and likely to lead to GD, and therefore falls into the **high-risk** category.[16] Games with a slower pace, less visual stimulation, and less spending, such as lotteries and scratch tickets, are considered **lower risk**.

Recognizing gambling disorder

Ask your patients if they have engaged in gambling in the past 12 months. If they have, ask them how many gambling activities and what types of games they are engaged in and the frequency.

The Canadian Centre on Substance Use and Addiction has developed guidelines for low-risk gambling. It is recommended that people involved in gambling follow the next three principles:[2]

1. Avoid gambling more than one per cent of their pre-tax household income per month
2. Avoid gambling more than four days per month
3. Avoid gambling regularly on more than two forms of games

For more information on these guidelines, visit https://gamblingguidelines.ca/.

Gambling disorder screening

If you suspect risky gambling behaviour, you are encouraged to complete a GD screening.

You can use the Lie/Bet questionnaire, which is a rapid screening tool. This validated tool has been shown to be a good screening method for the general population for a period covering the previous 12 months.[29]

Lie/Bet questionnaire:[30]

1. Have you ever felt the need to bet more and more money? (Yes / No)
2. Have you ever had to lie to people important to you about how much you gambled? (Yes / No)

If your patient answers Yes to either of these questions, you are encouraged to investigate further and conduct a diagnostic assessment for GD.

Gambling disorder diagnosis

The DSM-5 diagnostic criteria for GD are as follows:

A. 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.
2. Is restless or irritable when attempting to cut down or stop gambling.
3. Has made repeated unsuccessful efforts to control, cut back, or stop gambling.
4. Is often preoccupied with gambling (e.g., having persistent thoughts of reliving past gambling experiences, handicapping or planning the next venture, thinking of ways to get money with which to gamble).
5. Often gambles when feeling distressed (e.g., helpless, guilty, anxious, depressed).
6. After losing money gambling, often returns another day to get even ("chasing" one's losses).
7. Lies to conceal the extent of involvement with gambling.
8. Has jeopardized or lost a significant relationship, job, or educational or career opportunity because of gambling.
9. Relies on others to provide money to relieve desperate financial situations caused by gambling.

B. Gambling is not better explained by a manic episode

Specify if:

- Episodic: Meeting diagnostic criteria at more than one time point, with symptoms subsiding between periods of GD for at least several months
- Persistent: Experiencing continuous symptoms, to meet diagnostic criteria for multiple years

Specify if:

- In early remission: After full criteria for GD were previously met, none of the criteria for GD have been met for at least three months but for less than 12 months
- In sustained remission: After full criteria for GD were previously met, none of the criteria for GD have been met during a period of 12 months or longer

Specify current severity:

- Mild: Four or five criteria met
- Moderate: Six or seven criteria met
- Severe: Eight or nine criteria met

Non-pharmacological treatment

Non-pharmacological treatment is the foundation of treatment for GD.[34] Individuals with GD can benefit from non-pharmacological treatment provided by a mental health professional (psychologist, social worker, addiction counsellor) in an individual or group format.[3,35,36] The treatment is tailored to the patient's goals and aims for abstinence or controlled gambling.

Evidence-based therapeutic approaches to GD include:

- **Cognitive behavioural therapy (CBT)** combines behavioural and cognitive techniques to help the person identify external triggers for gambling behaviour (e.g., environmental, psychological, contextual), identify automatic thoughts associated with gambling and chance, practise alternative responses to the automatic thoughts, promote alternative behaviours to gambling, and prevent and address relapse.[3,34,36] Individual and group CBT have been identified as key in the treatment of GD. Couple modality using CBT approach have also been evaluated and identified as a promising practice. This modality supports both the gambler and their partner, who is also subject to the negative consequences of GD.[3,32]
- **Motivational interviewing** is an intervention designed to increase intrinsic motivation to change gambling behaviour. It aims to decrease the gambler's ambivalence and to increase commitment to change.[3,35,36]

Outside of the therapeutic setting, gamblers can benefit from support groups.

- **Gamblers Anonymous** is a form of peer support group based on the 12-step philosophy developed by Alcoholics Anonymous.[37] It is the most commonly used form of psychosocial support for individuals with GD.[3] Although empirical support for the Gamblers Anonymous approach is inconsistent[37], these groups are an accessible option for people seeking help for a gambling problem, offering daily meetings in most Canadian cities. Attendance at Gamblers Anonymous meetings is associated with the achievement of abstinence and increased motivation to change behaviour in the short term.[37] However, longitudinal studies show a low rate of retention and maintenance of gains over a one-year period.[3]

Severe GD requires intensive therapy and inpatient treatment may be necessary. Psychiatric hospitalization may also be a necessary avenue, particularly when there are severe concomitant disorders and/or suicidal thoughts. Patients with GD report active suicidal ideations in 17 per cent to 24 per cent of cases.[3] Therefore, it is essential to inquire about suicidality while evaluating persons with GD.

Pharmacological treatment

Currently, there are no pharmacological treatments approved in Canada for the treatment of GD. Several clinical studies have been conducted; however, results are conflicting and data are limited.[31-33] Specific pharmacological treatment of GD is therefore not recommended.

However, concomitant mental health disorders are particularly prevalent in people with GD.[3] Current data do not allow us to recommend any particular treatment. The algorithm below, provided by Potenza et al. (2019) in Nature Reviews Disease Primers on GD, can guide treatment in the presence of certain concomitant mental health disorders.[3]

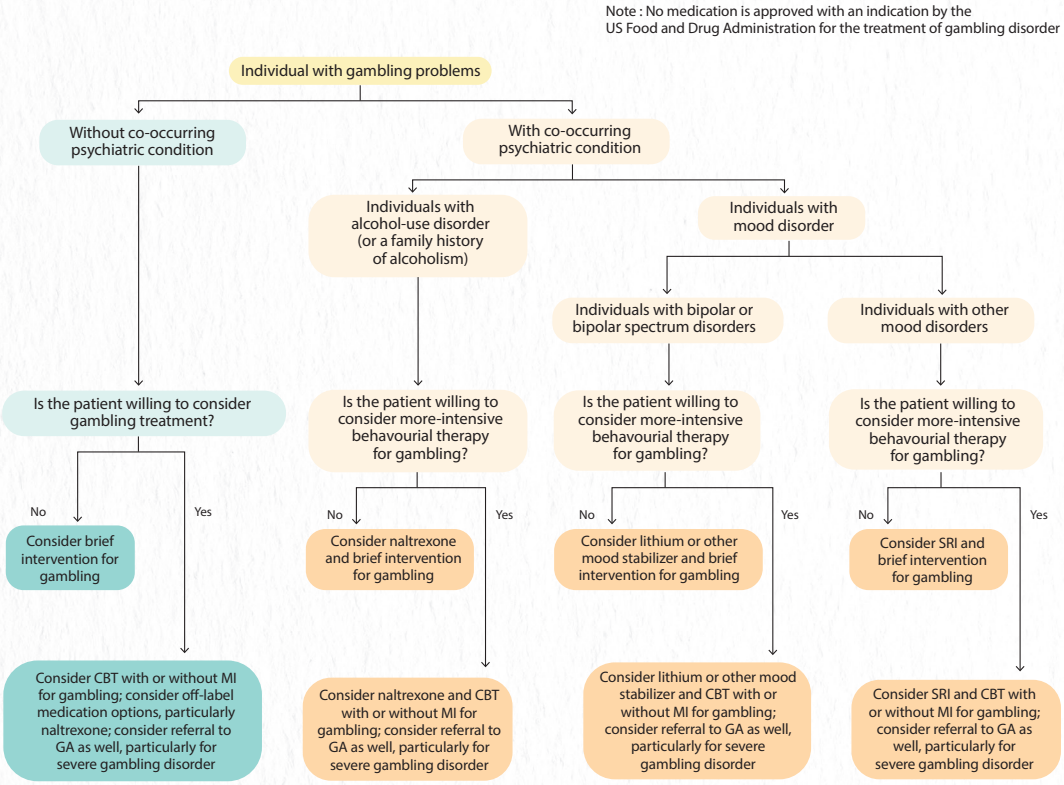

Fig. 4 |**Proposed treatment algorithm for gambling disorder**. The proposed treatment model is based on existing data from clinical trials of behavioural and pharmacological therapies and clinical experience. The presence of comorbid psychiatric disorders and whether the patient is willing to consider treatment are considered. Given the existing gaps in knowledge (including with respect to the combination of behavioural and pharmacological interventions), this algorithm can be refined over time to accomodate additional data. This algorithm focuses on treating the component of the presentation related to gambling disorder, and how best to treat the co-occurring disorders (for example, simultaneously versus sequentially) often involves clinical judgement. CBT, cognitive-behavioural therapy; GA, Gamblers Anonymous; MI, motivational interviewing; SRI, serotonin-reuptake inhibitor.

Did you know that certain medications such as the dopamine modulator (aripiprazole) and dopamine agonists (e.g., pramipexole, ropinirole) may increase the risk of developing GD? If your patient has a new diagnosis of GD, be sure to check for new medications that have recently been prescribed. If you are considering prescribing any of these medications, assess the risk factors and follow up regularly with your patient about side effects.[38]

Resources for patients

A list of support resources for people with GD and their families is available on the Responsible Gambling Council website: https://www.responsiblegambling.org/for-the-public/problem-gambling-help/help-for-canadians/.

Resources for health care providers

Lower-Risk Gambling Guidelines, https://gamblingguidelines.ca/lower-risk-gambling-guidelines/what-are-the-guidelines/.

Center for Addiction and Mental Health (CAMH), https://www.camh.ca/.

Responsible Gambling Council (RGC), https://www.responsiblegambling.org/.

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