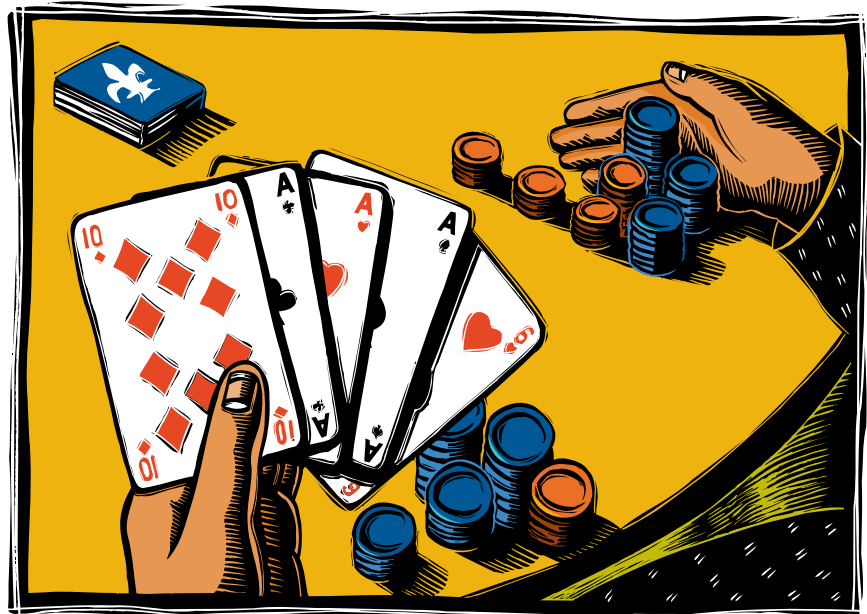


Dealing with the problem gambler

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Remember

- Gambling is a normal recreational activity for many Australians.
- Approximately 40% of the adult population gamble weekly, 20% monthly, 20% less often, and 20% not at all.
- Many people do not regard Lotto or lotteries as gambling, but they are. Gambling can be defined as any exchange of property (usually money) on the outcome of an event usually determined solely, or predominantly, by chance.
- Gambling is divided into gaming (e.g. playing poker machines) and wagering (e.g. betting on horse racing).
- Roughly 0.5% of the adult population will have a serious problem with gambling, and 0.8% will have some difficulties in their life caused by gambling. These estimates may be conservative.
- Most people (80 to 90%) who have a gambling problem have it with poker machines, around 10% with wagering (usually horse racing), and the rest with other forms of gambling (mostly casino games).
- More men have a gambling problem than women, but the gap is closing – the ratio is roughly three men to two women.
- The person who is presenting may not be the gambler. The patient's depression, blood pressure problem, headaches or



anxiety may be associated with his or her partner's gambling.

- It is felt by workers in the field that a discrete entity of the pathological gambler does not exist. The problem is dimensional, with some having mild and some severe problems, and people may move backwards and forwards along this dimension over time.

Assessment

- Ask for the problem. It is suggested that gambling should be explored as part of the drug and alcohol history. Now we should have the 'DAG' history – drugs, alcohol and gambling.
- Gently enquire about a gambling history. If the person acknowledges that he or she gambles, ask about the type of gambling and the frequency. Most problem gamblers are active with their habit at least once a week but usually more often. Binge gamblers do occur but are relatively rare.
- Next enquire about the cost of the patient's gambling and the financial impact.
- If you wish to measure the severity of the problem for the patient, there are scales such as the South Oaks Gambling

Screen.¹ In Australia, scores of 10 or more are accepted as signifying a serious problem. (The rest of the world is less tolerant, requiring five or more for severity.) With a score of five to nine, we tend to say the person is affected by gambling and is at risk of developing a serious problem. This highlights the dimensional aspect of the problem gambler.

- The American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders* has a checklist of 10 items; a score of five or more gives the diagnostic label of pathological gambling (see the box on page 62).²
- A modified form of the South Oaks Gambling Screen can be downloaded from the website of the NSW branch of the Australian Medical Association.³

Management

- Decide whether to assist the gambler yourself or refer on for counselling.
- If you decide to refer the patient, Gamblers Anonymous is one option. Modelled on Alcoholics Anonymous, it is an excellent self-help group for those who fit into this approach. Support for family members is available through Gam-Anon.

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DSM-IV diagnostic criteria for pathological gambling²

A. Persistent and recurrent maladaptive gambling behaviour 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' 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 jeopardised 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 behaviour is not better accounted for by a manic episode.

- Most States and Territories provide counselling services, often funded from gambling revenue. Some psychiatrists and psychologists have developed special interests in this problem.
- If you decide to assist the patient yourself:
 - try to explore what gambling means to him or her
 - use cognitive behavioural techniques (CBT) – most research points to CBT as providing the best chance of success
 - challenge the gambler's cognitions about winning with the facts and figures concerning gambling odds and losses
 - help the gambler to resist gambling urges with procedures such as changing patterns, finding new activities and using relaxation-based approaches to deal with drives to gamble and suggest that the gambler's

finances be controlled, in the short term, by others (such as family members).

- keep in mind that medications (usually antidepressants) may assist but should be only the second-line choice, to be tried when counselling approaches have not succeeded. **MT**

References

1. Lesieur HR, Blume SB. The South Oaks Gambling Screen (SOGS): a new instrument for the identification of pathological gamblers. *Am J Psychiatry* 1987; 144: 1184-1188.
2. American Psychiatric Association. *Diagnostic and statistical manual of mental disorders*. 4th ed. Washington, DC: APA, 1994: 12.
3. Australian Medical Association (NSW). *Problem gambling initiative*. (www.nswama.com.au/gambling/default.htm).