

**Pathological gambling: Impulse control disorder or addiction?**

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## **Gambling problems: Impulse control disorder or an addiction?**

Our understanding of pathological gamblers has undergone profound changes in the past 25 years. Historically, individuals who experienced severe gambling-related problems were viewed as gamblers with problems; today most view these individuals as having significant psychological problems (National Research Council, 1999). This change is analogous to that conceptualized in our understanding of alcoholics and alcoholism. Accordingly, this shift in our understanding has been precipitated by the evolving clinical classifications and descriptive characteristics associated with pathological gambling, and our increased knowledge of the underlying etiology, risk and protective factors, and correlates associated with pathological gambling.

Beginning in 1980, the American Psychiatric Association officially recognized pathological gambling as a clinical disorder (DSM-III). The original classification in DSM-III, based upon the clinical experience of Robert Custer, identified pathological gambling as a loss of control and was associated with a number of different clinical behaviors and consequences (3/7 indicated a diagnosis) (National Research Council, 1999). This early diagnostic criteria was not without its critics (e.g., Lesieur, 1984). Subsequent revisions of the *Diagnostic and Statistical Manual* by the American Psychiatric Association (DSM-III-R, 1987) included direct parallels with substance dependence. In fact, the criteria were identical (copying “gambling” for “use of a substance”) with the added component of chasing one’s losses. Revisions in the DSM-IV (APA, 1994) has led to further modifications and refinements in the criteria for pathological gambling.

While the medicalization of pathological gambling has been somewhat contentious (Rosencrance, 1985; Szasz, 1991), there remains strong empirical support that pathological gambling is a robust phenomenon, albeit complex in its etiology, behavioral correlates and resulting social and economic effects (Shaffer, Hall & Vander-Bilt, 1999).

Currently, pathological gambling is viewed within the domain of Impulse Control Disorders Not Otherwise Classified (DSM-IV, APA, 1994). This classification of five different impulse control disorders, has not been without its critics who have argued that

it would be more appropriate to classify pathological gambling with Substance-Related Disorders (Derevensky, in press; National Research Council, 1999 - see the National Research Council critical review of pathological gambling for a more detailed discussion).

According to the DSM-IV (APA, 1994), several diagnostic features are associated with pathological gambling: (a) Persistent and recurrent maladaptive gambling behavior, and (b) Disruption of personal, family, or vocational pursuits. As well, a number of associated descriptive features and mental disorders are identified. These include:

- Distortions in thinking (denial, superstitions, overconfidence, sense of power or control).
- Money is viewed as both the cause and solution to the individual's problems.
- Pathological gamblers are frequently highly competitive, energetic, restless and easily bored.
- May be overly concerned about approval from others and/or generous.
- Prone to developing other behaviors associated with stress.
- High levels of suicide ideation and increased suicide attempts.
- History of ADHD and inattention during childhood.
- Increased rates of Mood Disorders, ADHD, Substance Abuse or Dependence, other Impulse Control Disorders, and higher rates of Antisocial, Narcissistic and Borderline Personality Disorders.

The progressive course of pathological gambling is reported to generally begin in early adolescence for males and somewhat later for females; gambling patterns may be episodic (there is growing interest in binge gambling-see the work of Nower & Blaszczynski 2003) or regular; there is a continuous developmental course (often accompanied by years of normal gambling behavior); there is a general progression in terms of the frequency of gambling, amount wagered, preoccupation, and attempts at acquiring money; and the urge to gamble and the gambling activity itself generally increases during periods of stress or depression.

The DSM-IV (APA, 1994) criteria suggest that the persistent and recurrent maladaptive gambling behavior is indicated by 5 (or more) of the following:

- 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).

- Needs to gamble with increasing amounts of money in order to achieve the desired excitement.
- Has repeated unsuccessful efforts to control, cut back or stop gambling.
- Is restless or irritable when attempting to cut down or stop gambling.
- Gambles as a way of escaping from problems or of relieving a dysphoric mood (e.g., feelings of helplessness, guilt, anxiety, depression).
- After losing money gambling, often returns another day to get even (“chasing” one’s losses).
- Lies to family members, therapist, or others to conceal the extent of involvement with gambling.
- Has committed illegal acts such as forgery, fraud, theft or embezzlement in order to finance gambling.
- Has jeopardized or lost a significant relationship, job, educational or career opportunity because of gambling.
- Relies on others to provide money to relieve a desperate financial situation caused by gambling.

Finally, the exclusion criteria includes that the gambling is not better accounted for by a manic episode.

While there is considerable literature suggesting that pathological gambling may include characteristics of impulse control disorders (Castellani & Rugle, 1995; Hardoon, Gupta, & Derevensky, 2004; Davis & Brisset, 1995; Rugle, 1998), there is concern that the notion of behavioral disinhibition, dissociation, and sensation seeking common to pathological gamblers (Cloninger, 1987; Gupta & Derevensky, 1998; Hardoon & Derevensky, 2002; Hardoon et al., 2004), also relates to other addictive behaviors and in particular to alcoholism (National Research Council, 1999).

Given a number of parallels between pathological gambling and substance dependence, an examination of the DSM-IV criteria reveals a strikingly large number of similarities. The DSM-IV Criteria for Substance Dependence is defined as a maladaptive

pattern of substance use, leading to clinically significant impairment or distress, as manifested by 3 (or more) of the following occurring during the past 12 months:

- Tolerance (the need for increased amounts of the substance to achieve the desired effect; markedly diminished effect with continued use of the same amount of the substance).
- Withdrawal (withdrawal syndrome; the same substance or one closely related is taken to relieve or avoid symptoms of withdrawal).
- Substance is taken in increasingly larger amounts or over a longer period than intended.
- Persistent desire or unsuccessful efforts to cut down or control substance use.
- A great deal of time spent in activities necessary to obtain the substance, use the substance or recover from its effects.
- Important social, occupational or recreational activities are given up or reduced.
- Substance use is continued despite knowledge of persistent recurrent physical or psychological problem that is caused or exacerbated by the substance.

Similarities in several of these criteria closely parallel those provided by the DSM-IV for pathological gambling. For example, most criteria are remarkably similar (e.g., preoccupation, tolerance, repeated unsuccessful attempts to stop gambling or the use of a substance, restlessness and irritability when attempting to stop, the need to increase the frequency and amount of money wagered or substance used, etc.). While there has been some argument that pathological gambling may be more of a behavioral/cognitive disorder (Ladouceur & Walker, 1996), the similarities are profound.

Given our diagnostic criteria may change based upon new empirical evidence or support in one direction or the other, it is likely that the committee dealing with establishing the criteria for pathological gambling in DSM-V will have an abundance of contradictory evidence both supporting and refuting its inclusion as either an impulse control disorder or substance dependence disorder.

While such decisions may have important implications for the judicial system, treatment providers, prevention experts, and the educational system, it is similarly important to note that pathological gamblers are not a homogenous group. Rather, they

may have distinct pathways to becoming a pathological gambling, with different diagnostic criteria (see Blaszczynski & Nower, 2002), necessitating differential treatment paradigms and preventative approaches. Deciding whether to maintain pathological gambling as a diagnostic category as an impulse control disorder or as a substance dependence problem may well be the result as to whether one sees the glass as half full or half empty. Nevertheless, there remains ample evidence that pathological gambling is a growing public health concern.

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