Overview of Gambling Disorder

RCPsych, 2025

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Casino Royale, 1967 © Columbia Pictures

- Some people are able to gamble without significant negative consequences
- But a sizable proportion of people develop ‘gambling disorder’ (also known as pathological gambling, or gambling addiction)
- Officially recognised mental health condition
- Often overlooked and under-treated

What is gambling disorder? ICD-11

Part of ‘disorders due to addictive behaviors’, code 6C50

- Persistent/recurrent gambling (normally over a period of at least 12 months), associated with:
  - *Impaired control*
  - *Increasing priority given to gambling over other activities*
  - *Continuation/escalation despite negative consequences*

Leading to impairment

- 2-item Brief Problem Gambling Screen (BPGS)

Volberg & Williams, 2011

In the past 12 months:

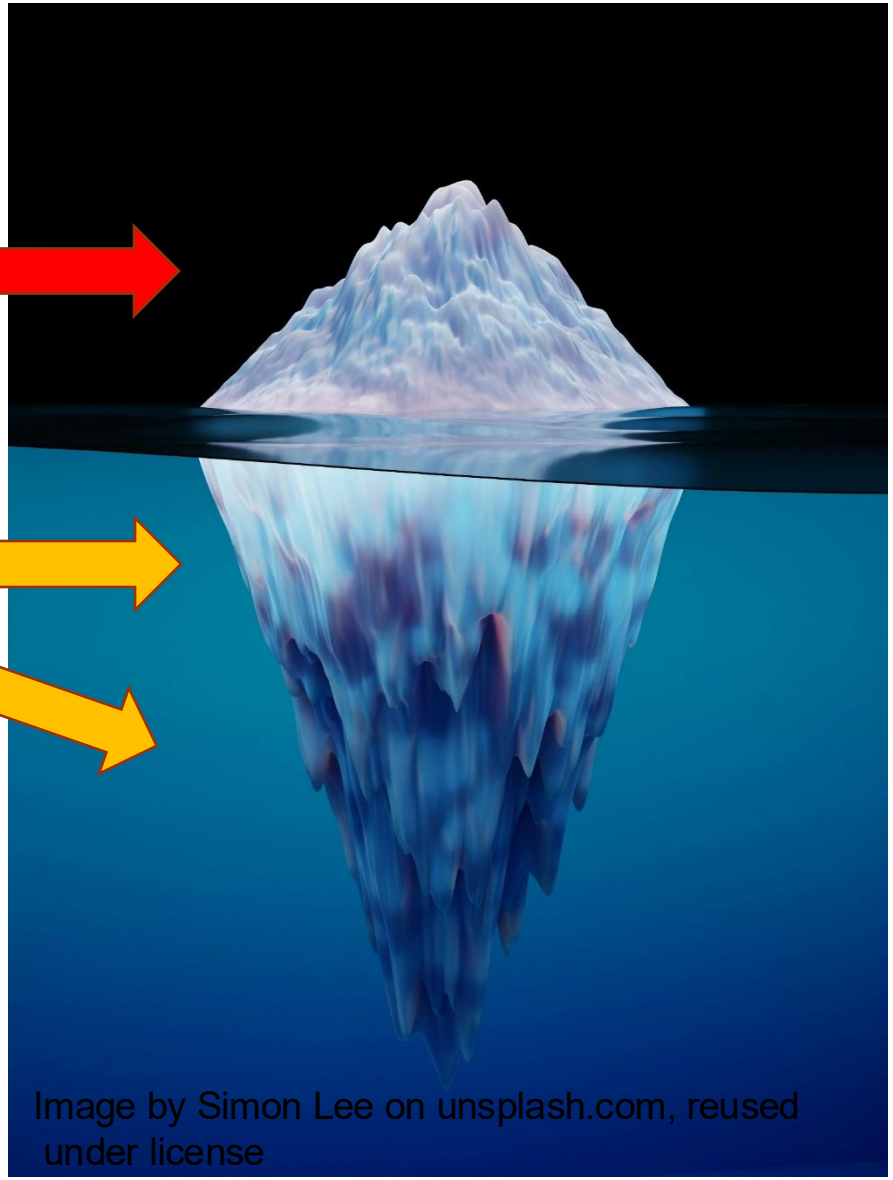
1. Would you say you have been preoccupied with gambling?

2. Have you gambled longer, with more money or more frequently than you intended to?

The broader issue of gambling-related harms

Gambling Disorder

‘At-Risk’ / harmful gambling



Rates of gambling disorder across different types of gambling

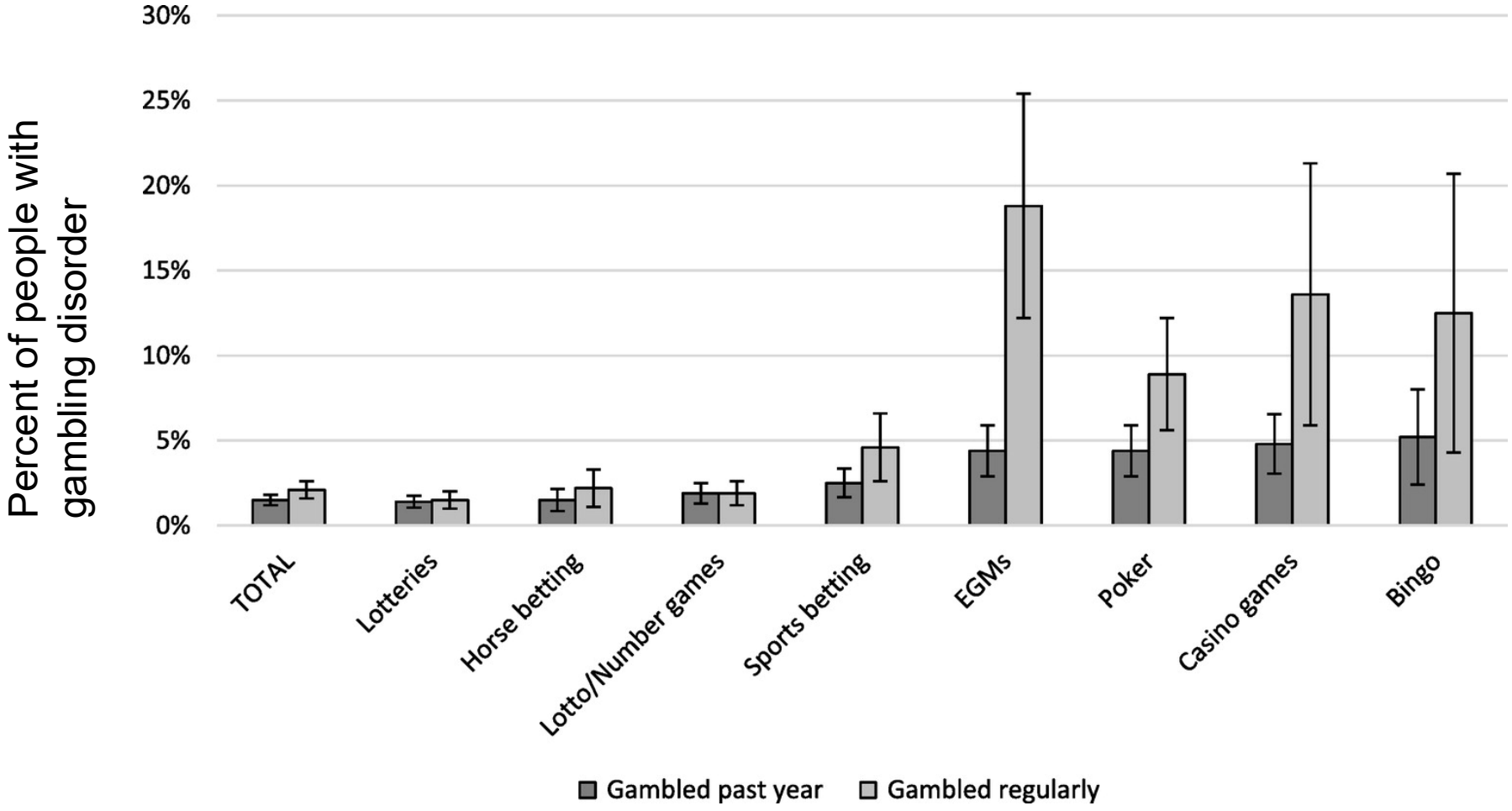
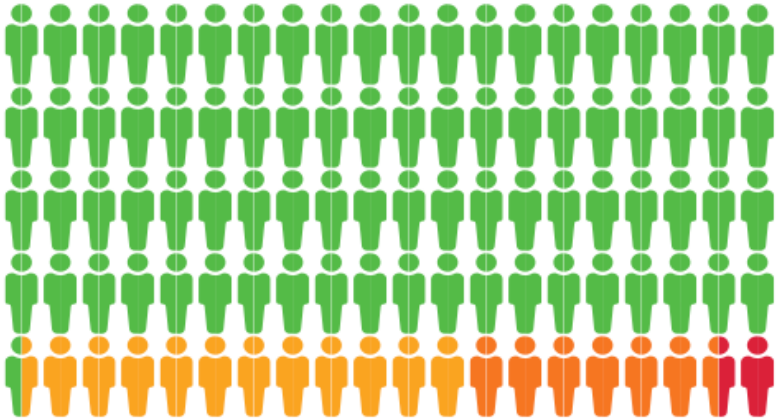


Figure from: Binde et al., International Gambling Studies, 2017. Copyright the authors. Reshown under Creative Commons License. EGMs = electronic gambling/gaming machines

Gambling Disorder in the UK

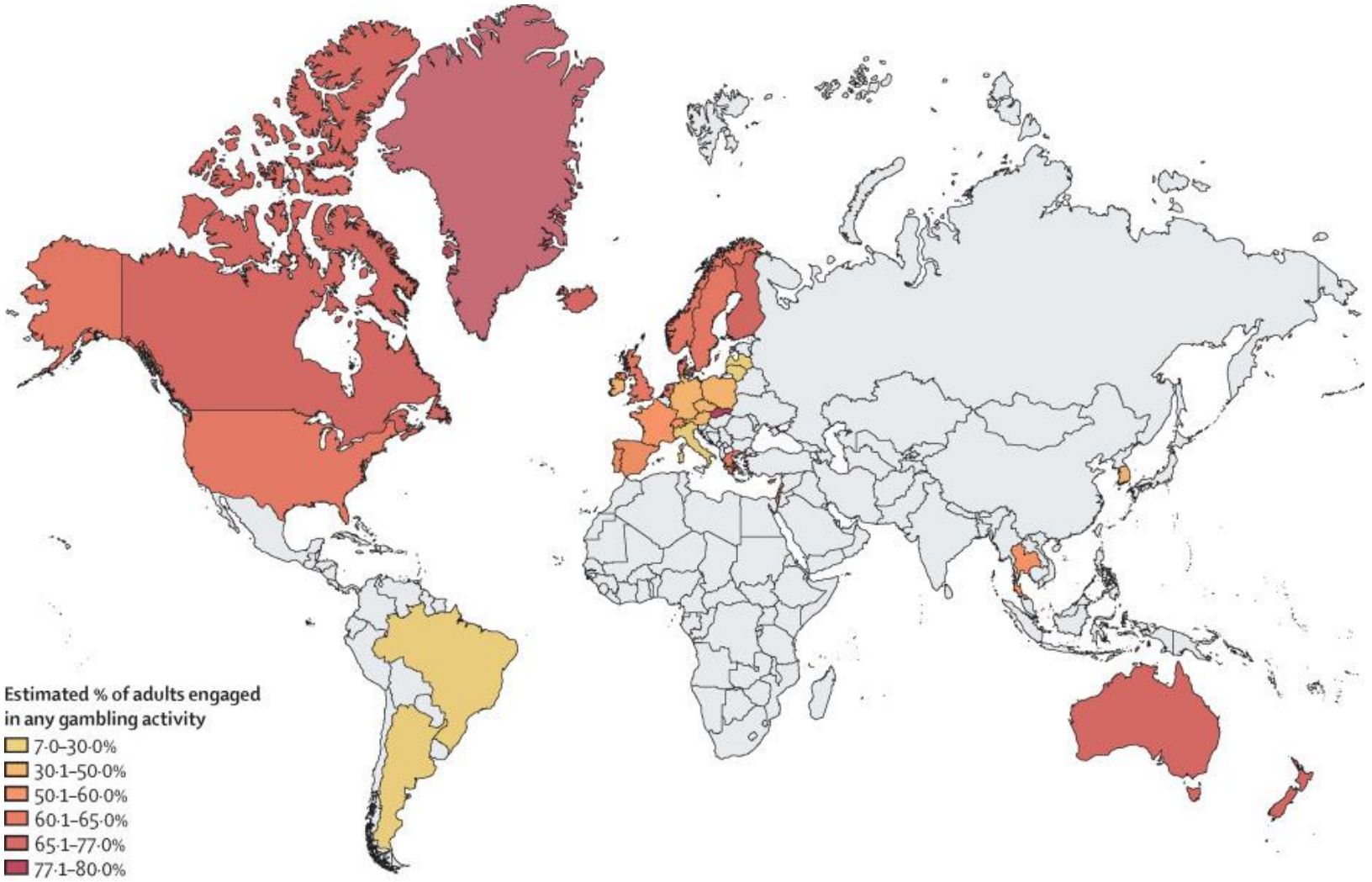
If Great Britain were 100 people: general population

If Great Britain were 16-24 year old gamblers



Source: Gambling Commission UK, National Strategic Assessment 2020 (updated 2021)

Gambling in different countries



Source: Tran et al., Lancet Public Health, 2024. Reshown under Creative Commons License.

Common comorbidities in Gambling Disorder

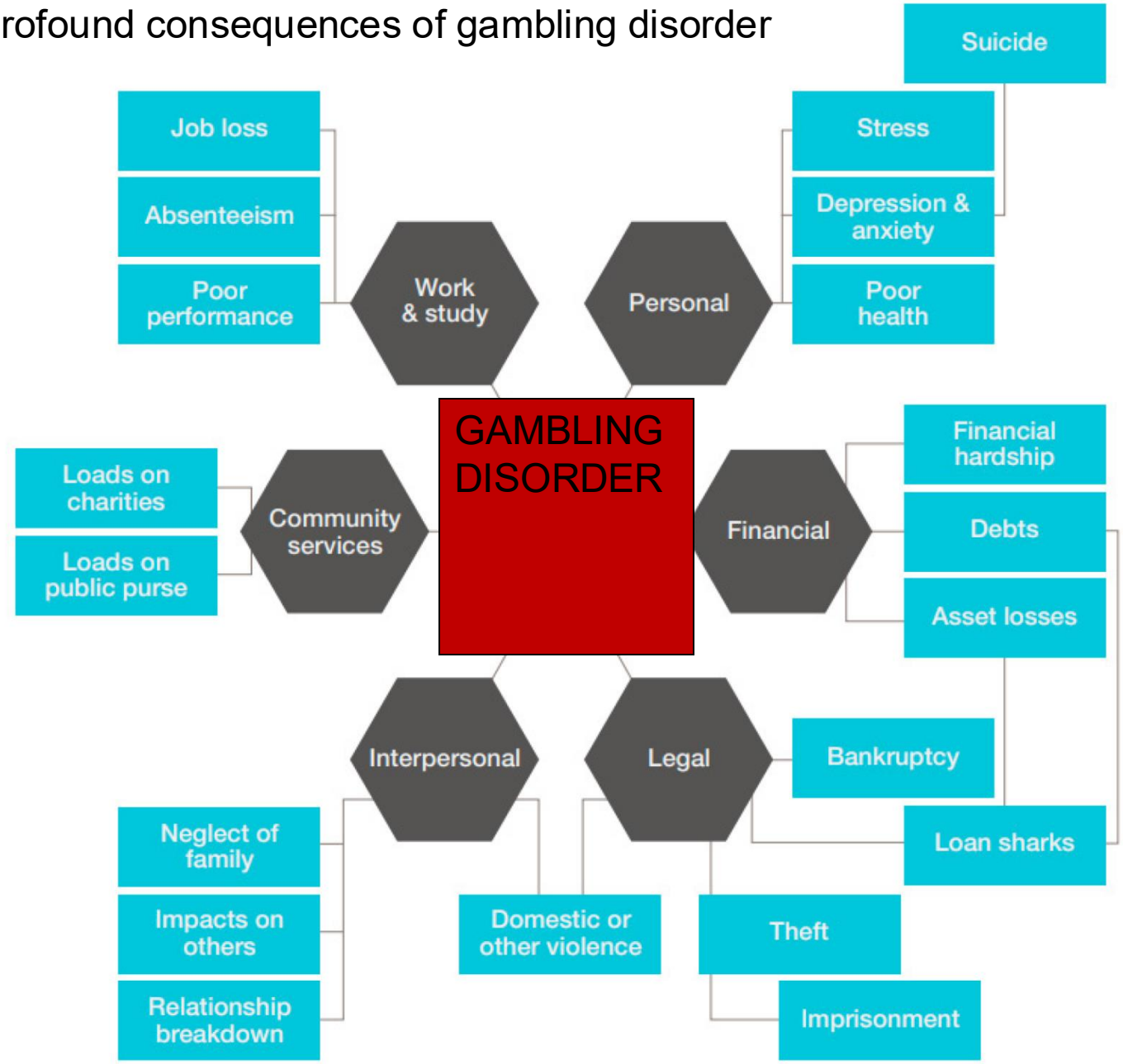
- *Systematic Review and Meta-analysis in treatment-seeking patients (Dowling et al., Aust N Z J Psych, 2015)*

- *75% of patients had one or more comorbidities*

    - *Nicotine dependence (56%)*
    - *Depression (30%)*
    - *Alcohol abuse (18%) and dependence (15%)*
    - *Social phobia (15%), Generalised Anxiety Disorder (15%), panic disorder (14%)*
    - *ADHD (9%)*
    - *Bipolar (9%)*
    - *OCD (8%)*

- *Also overlap with Problematic Usage of the Internet – 18% of gamblers had notable PUI (Chamberlain et al., CNS Specs, 2017)*

Profound consequences of gambling disorder



Source: Corfe et al., Social Market Foundation, 2021; and adaptation (2016) of data from the Australian Productivity Commission (1999). See also: Potenza et al., Nature Reviews, 2019. Potenza et al., Nature Reviews, 2019; Bowden-Jones, BMJ, 2017; Chamberlain et al., Addict Behav, 2017; Dowling et al., Aust N Z J Psych, 2015.

Factors that can influence gambling-related harms

From: Wardle & Rogers, British Medical Journal, 2019.

Be aware! Certain medications can trigger gambling disorder (and other impulsive/compulsive problems)

Main culprits:

Dopamine agonists (especially such as pramipexole and ropinirole)

Aripiprazole (D2/D3 partial agonist)

See e.g. Seeman, Synapse, 2015; Wolfschlag et al., Pharm Medicine, 2023

NHS Southern Gambling Service

- New treatment service, opened in Sept 2022
- Regional service led by Hampshire and Isle of Wight Healthcare NHS Foundation Trust
- Collaboration with University of Southampton

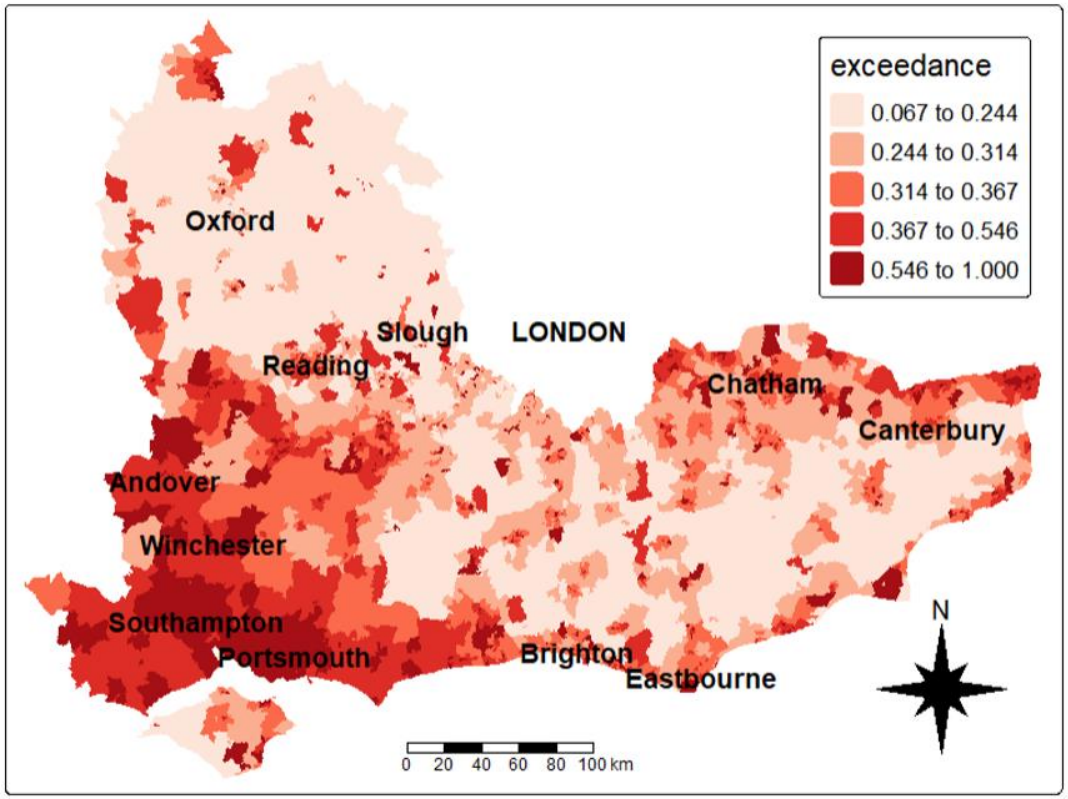

GENTING CASINO
NOW OPEN
12PM - 4AM
CASINO
LATE BAR
BLACKJACK
SLOTS

Gambling venues and their association with incidence of help-seeking gambling disorder (Ioannidis et al., BJPsych Open 2025; in submission) (n=800 self referrals)

Map shows areas of excess risk of gambling disorder referrals

(deeper red = higher risk; note heightened risk in deprived coastal areas e.g. Medway, Southampton, Portsmouth)

- Significant association between presence of gambling venues, shorter drive to nearest venue, and higher rates of gambling disorder referral



Unpublished data – not for reproduction

TREATMENT APPROACHES FOR GAMBLING DISORDER

- Evidence-based treatments
  - Psychotherapy
  - Medication
- Identify other needs and signpost

EVIDENCE-BASED PSYCHOLOGICAL TREATMENTS

- Generally CBT-based approaches are supported (Bowden Jones et al., RCPsych & BMJ, 2017; Hodgins, Stea, Grant, Lancet 2011)
- Motivational interviewing associated with reduced gambling frequency up to 1y after treatment in meta-analysis (≥5 RCTs) (Yakovenko et al., Addict Behav, 2015)
- Imaginal desensitization effective vs control (Grant et al., BJPsych, 2018); benefits maintained at 1y
- Evidence for brief interventions – including benefits at 1y follow-up (e.g. Diskin & Hodkins, Behav Res Ther, 2009); benefits also found at 1y in studies of 'high expenditure gamblers' (Jonsson et al., Addiction, 2020)

EVIDENCE-BASED PHARMACOLOGICAL TREATMENTS

- **Medications are used 'off label' (see RCPsych/BAP guidance) – as with the treatment of many psychiatric conditions**

- **Naltrexone and nalmefene currently have the best evidence from double-blind randomised placebo-controlled clinical trials**

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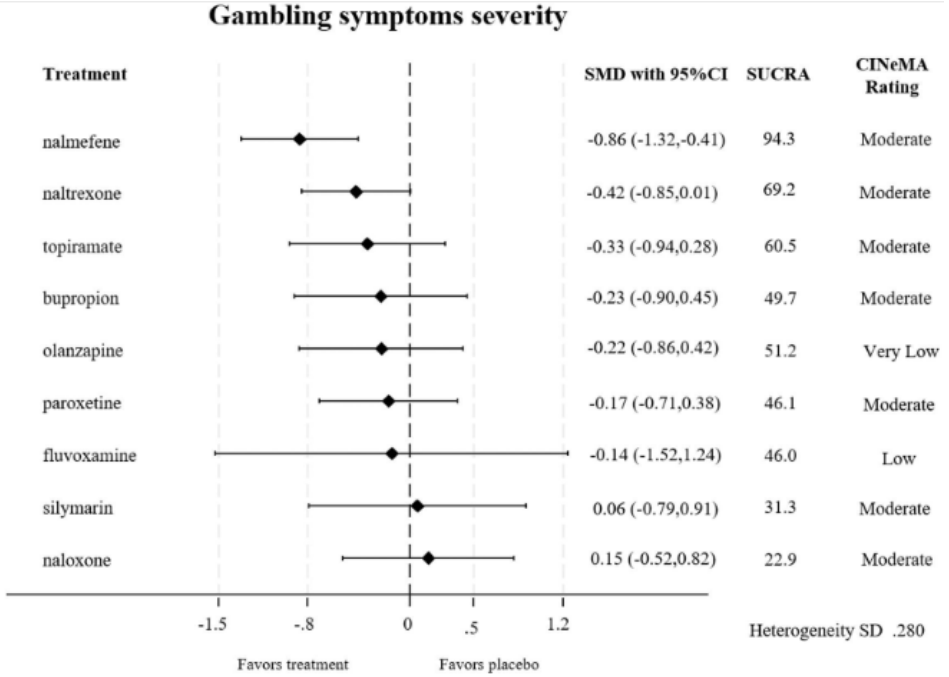
Pharmacological management of gambling disorder: A systematic review and network meta-analysis

Konstantinos Ioannidis [a b], Cinzia Del Giovane [c], Charidimos Tzagarakis [d], Jeremy E. Solly [b e], Samuel J. Westwood [f l], Valeria Parlatini [g k l m l], Henrietta Bowden-Jones [h], Jon E. Grant [i], Samuele Cortese [j n o p q], Samuel R. Chamberlain [a]



Placebo and nocebo effects in gambling disorder pharmacological trials: a meta-analysis

Published online by Cambridge University Press: **20 November 2024**

Konstantinos Ioannidis, Nathan T.M. Huneke, Jeremy E. Solly, Guilherme Fusetto Veronesi, Charidimos Tzagarakis, Valeria Parlatini, Samuel J. Westwood, Cinzia Del Giovane, David S. Baldwin, Jon E. Grant, Samuele Cortese and Samuel R. Chamberlain

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CONCLUSIONS

- Gambling disorder is common but often overlooked and under-treated
- Leads to many negative consequences including high rates of comorbidities
- Complex causal pathways
- Evidence-based psychological and pharmacological options exist
- Research urgently needed in priority topic areas