

Demographic and Clinical Features of 150 Pathological Gamblers Referred to a Community Addictions Programme

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Abstract

Introduction: Pathological gambling has been defined as a persistent and recurrent maladaptive gambling behaviour that disrupts personal, family and work life. The present study reports on the sociodemographic features, gambling activity, comorbidity and legal problems in a sample of 150 pathological gamblers who sought treatment from the Community Addiction Management Programme (CAMP), Singapore over a 4-year period from 2002 to 2006. **Materials and Methods:** Data were collected on 150 consecutive subjects who sought treatment at CAMP. Patients were administered a semi-structured interview to elicit demographic data, age of onset, family history, onset games and types of games ever played, largest debt incurred due to gambling, triggers, illegal activities and suicidal attempts by their counsellor. Patients were then assessed by the clinicians to establish the primary and comorbid diagnoses. **Results:** The mean age of the subjects was 42.5 [standard deviation (SD) 10.2] years. The majority of them were males (87.3%) and of Chinese origin (97.3%). The most common comorbid disorders were mood disorders (n = 22, 14.7%), substance abuse (n = 11, 7.3%) and alcohol abuse or dependence (n = 7, 4.7%). Sixteen (10.7%) subjects had a history of suicidal attempts which had been precipitated by gambling-related issues. **Conclusions:** Pathological gambling in our subjects appears to be associated with significant comorbidity and financial problems. These are the preliminary findings and further research is needed regarding the phenomenology, profile, course and response to treatment of pathological gambling disorders.

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Introduction

Pathological gambling has been defined as a persistent and recurrent maladaptive gambling behaviour that disrupts personal, family and work life. The diagnosis is not made if the gambling behaviour is better accounted for by a Manic Episode [Diagnostic and Statistical Manual of Mental Disorders (DSM)-IV criteria].¹ Diagnostic criteria are similar to those for substance dependence and include preoccupation, inability to control or stop gambling, the need to make larger bets, or take greater risks, to produce the desired level of excitement, continuing to gamble despite problems, restlessness and irritability when unable to gamble. Pathological gambling was first designated a psychiatric disorder in 1980 in DSM-III and in DSM-III-R was grouped under the category "disorders of impulse control not elsewhere classified". While some researchers

consider pathological gambling an addiction,² others argue that pathological gambling has more in common with obsessive-compulsive disorder than with addictions and should therefore be viewed as an obsessive-compulsive spectrum disorder.³

Studies in the US and Canada have reported lifetime rates of pathological gambling disorder between 1.0% and 2.0%.^{4,5} A study done in Hong Kong reported that 1.8% of the respondents could be classified as pathological gamblers. The predictors of problem and pathological gambling were gender, education level, family income, and 3 specific forms of gambling: betting on horse racing, soccer games, and casino games.⁶ Results from a Macau study⁷ indicate that 1.78% of respondents were classified as probable pathological gamblers and 2.5% as probable problem gamblers. A recent study conducted by the Ministry of

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Community, Youth and Sports (MCYS) in Singapore on 2004 subjects indicated that 2.1% of respondents were classified as probable pathological gamblers.⁸

Most studies on phenomenology and profiling of pathological gamblers have been done in the West and pathological gamblers have been described as predominantly non-white, unmarried males with little education.⁹ Several studies have reported high rates of comorbidity among pathological gamblers;^{10,11} a recent study by Petry et al¹² on nationally representative data to establish the lifetime prevalence and comorbidity of pathological gambling with other psychiatric disorders reported that almost three-quarters (73.2%) of pathological gamblers had an alcohol use disorder, 38.1% had a drug use disorder, 60.4% had nicotine dependence, 49.6% had a mood disorder, 41.3% had an anxiety disorder and 60.8% had a personality disorder. A large majority of the associations between pathological gambling and substance use, mood, anxiety and personality disorders were overwhelmingly positive and significant even after controlling for sociodemographic and socioeconomic characteristics. Pathological gamblers are also at high risk for committing criminal offences in order to maintain their habitual gambling behaviours; studies have reported that 30% to 40% of pathological gamblers engage in unlawful activities to maintain their gambling.^{13,14}

The present study reports on the sociodemographic features, gambling activity, comorbidity and legal problems in a sample of 150 pathological gamblers who sought treatment from the Community Addiction Management Programme (CAMP) over a 4-year period from 2002 to 2006.

Materials and Methods

The Ministry of Health funded CAMP as a 5-year pilot programme in 2001, to treat eligible patients suffering from addiction problems. CAMP is currently the main provider of comprehensive addiction treatment in Singapore, with an emphasis on training, prevention and public education.

Those with pathological gambling were provided with either in-patient or out-patient management. In-patient treatment was necessary for patients who were severely depressed or suicidal. Outpatient treatment comprised individual counselling, assessments, psychiatric interventions, group therapy for patients and family members, and recovery support groups such as Gamblers Anonymous.

Data were collected on 150 consecutive subjects who sought treatment at CAMP. The data were anonymised and maintained as an electronic database; its main purpose was to provide reports, evaluate treatment and plan/develop services.

Patients were administered a semi-structured interview by their counsellors to elicit demographic data, age of onset, family history, onset games and types of games ever played, largest debt incurred due to gambling, triggers, illegal activities and suicidal attempts. Patients were then assessed by clinicians using the Structural Clinical Interviews for DSM-IV (SCID-clinical version) to establish the primary and comorbid diagnoses. Only patients who fulfilled the DSM-IV criteria for pathological gambling were included in the database.

Statistical analysis was carried out using SPSS for Windows, version 10.1. Standard descriptive statistics were used to analyse the characteristics of participants.

Results

The mean age of the subjects was 42.5 [standard deviation (SD) 10.2] years. Their ages ranged from 17.4 to 69 years. The majority of them were males (87.3%) and of Chinese origin (97.3%). Among the subjects, 101 (67.4%) had a secondary education or less, 86 (57.3%), were married and 108 (72%) had been employed when they first sought treatment. The demographic characteristics of the subjects are shown in Table 1.

The reported mean age of onset of gambling behaviour was 22.9 (SD 9.0) years (range, 9 to 53). The types of onset games were varied; 30 (20%) reported soccer-betting to be the first form of gambling, while 25 (16.7%) reported 4D (type of lottery) as the onset game. The types of gambling behavior at the time of seeking treatment were also varied. 4 D (n = 70, 46.7%), soccer betting (n = 65, 43.3%), casino games (n = 45, 30%) and horse racing (n = 44, 29.3%) were the most frequent. Most subjects were very specific in the games they chose to gamble on, with a mean of 2.5 (SD 1.3) types of gambling activity per subject. Triggers identified included “chasing losses” (returning to recoup their losses) (n = 32, 21.3%), friends (n = 15, 9.3%) and “the thrill” (n = 11, 7.3%) (Table 2).

Forty (26.7%) subjects had a family history of gambling. Two subjects reported that they had spent the greater part of their day with their caregiver in gambling dens during their childhood. Thirty-seven (24.7%) subjects had gambled during their adolescent years. The largest debt accumulated due to gambling was S\$1.5 million, while 7 (4.7%) subjects reported that no debts had been incurred due to gambling (mean, S\$125,767.8; SD, S\$212,907.4). The majority of them reported having been financially bailed out by their family.

The most common comorbid disorders were mood disorders (n = 22, 14.7%), substance abuse (n = 11, 7.3%) and alcohol abuse or dependence (n = 7, 4.7%). Sixteen (10.7%) subjects had a history of suicidal attempts, which had been precipitated by gambling-related issues. Cross-

Table 1. Demographic Characteristics of Survey Group

Variable	Study group n = 150	
	No.	%
Age, mean (SD) – y	42.5 (10.2)	
Onset age of gambling, mean (SD) – y	22.9 (9.1)	
Gender		
Female	19	12.7
Male	131	87.3
Race		
Chinese	146	97.3
Malay	2	1.3
Indian	2	1.3
Others	0	0
Marital status		
Single	43	28.7
Married	86	57.3
Divorced, Separated	17	11.3
Education		
Primary school	19	12.7
Secondary school	82	54.7
Vocational institute	9	6.0
Junior College	19	12.7
Degree or Higher	16	10.6
Family history of gambling		
Yes	40	26.7
No	97	64.7
History of adolescent gambling		
Yes	37	24.7
No	90	60.0
Employment history		
Employed	108	72.0
Unemployed	36	24.0

analysing the data revealed that significantly more women were suffering from depression ($P = 0.04$, $\chi^2 = 4.4$) as compared to men. Substance abuse was significantly different among the different age groups; those younger than 30 years of age were more likely to abuse substances as compared to those in the older age group ($P = 0.006$, $\chi^2 = 7.5$). None of the subjects reported receiving prior outpatient or in-patient treatment for gambling.

Discussion

This study is the first that examines the characteristics of pathological gamblers seeking treatment in Singapore. The results from our sample show that most subjects began gambling in their early twenties; however, the onset was as early as 9 years. This onset is earlier than that reported by other studies, which report onset of gambling at about 30 years of age.^{15,16} However, the mean age of patients seeking treatment was 42.5 (SD 10.2) years. Thus, there is a lengthy

Table 2. Triggers and Gambling Activity in the Study Population

Types of gambling activity	Frequency	%
4 D	79	52.7
Toto	39	26
Cards	27	18
Horse-racing	44	29.3
Mahjong	1	20.7
Soccer-betting	65	43.3
Jackpot	37	24.7
Stock market	12	8.0
Casino	45	30
Main triggers identified		
Boredom	5	3.3
Chase losses	32	21.3
Emotional problems	10	6.7
Friends	15	9.3
Stress/frustration	10	6.7
Thrill	11	7.3
Watching games/scenes	5	3.3
Others	4	2.7

delay between onset and decision to seek help. This is explained partly by the time taken to develop a gambling problem and by a delay in seeking help. Gambling addiction is an extremely well hidden disease. Superstitions that are common among gamblers encourage the illusion of control and enhance the continuation of gambling activity. Many seek help only when they cannot be bailed out further, either by their own efforts or through spouses and significant others. Gambling has been normalised by our society as an acceptable activity. Therefore, seeking treatment becomes a “shameful issue” and it is kept a secret for as long as possible. It is hoped that these attitudes will change with the increased public education and publicity given to the disorder.

The subjects engaged in different types of gambling activity, with 4 D, soccer betting, casino games and horse racing being the most frequent. Studies done in areas where there were no casinos have reported that subjects with pathological gambling were disproportionately active in bingo and card games.⁹ Gambling activity thus seems to be determined to a large extent by the availability of games. Our finding that our subjects engaged in 2.5 activities per subject suggests that individuals with pathological gambling tend to be specific in their gambling activity.

A family history of gambling was reported by 26.7% subjects, while 37 (24.7%) subjects had gambled during their adolescent years. Other studies have reported high rates of familial problem gambling¹⁵ and those who gamble as adults report exposure to gambling as children by their families.¹⁷ The family members were however not directly

interviewed. Among the patients, 14.7% suffered from comorbid mood disorders, mainly depression, and 7.3% had substance use disorders. Seven (4.7%) subjects were diagnosed with alcohol abuse or dependence. A recent review by Kim et al¹⁸ concluded that there is a close link between gambling and mood disorders. The prevalence of manic disorder reached approximately one-fourth of the pathological gambling disorder population. The prevalence of depression was much higher, reaching to over half of the population in some studies. It has also been suggested that the correlation between pathological gambling and mood disorders appears to be largely influenced by overlapping genetic factors.¹⁹ A study that evaluated the prevalence and correlates of substance abuse histories in patients with pathological gambling concluded that pathological gamblers with substance abuse treatment histories may present with more persistent and severe gambling dysfunction and psychiatric problems than those without such histories.²⁰ The assessment of clinical comorbid psychopathology is therefore important for guiding rational pharmacological treatment approaches for pathological gamblers.

This study has several limitations. The major limitation of our study is it is mainly a descriptive study based on a database, and detailed information on triggers, treatment history and marital problems are lacking. Our sample of pathological gamblers may not reflect the larger population of patients who suffer from the disorder. Being a tertiary care centre, only subjects who have severe problems and those who are treatment-seeking are referred to CAMP. Our results may also under-estimate the true extent of comorbidity as well as legal and financial problems faced by our subjects as in many cases, as subjects may not have wanted their family to be involved in the treatment process and data were therefore entirely based on patient self-reporting.

Pathological gambling in our subjects appears to be associated with significant comorbidity and financial problems. These are the preliminary findings and further research is needed into the phenomenology, profile, course and response to treatment of pathological gambling disorder.

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