Managing gambling problems in general practice

Gambling disorder is now recognised as an addiction in the DSM V, but most gambling problems are treatable. Here **Professor Malcolm Battersby** outlines the treatment approach taken at the Statewide Gambling Therapy Service and how doctors can approach the issue.

THE latest prevalence survey (2013) in South Australia has shown that 3.1% – ie, 42,000 of the adult SA population – are either problem or borderline problem gamblers. For every problem gambler, research has shown that on average seven others – family, friends and work colleagues – are affected, mainly because of the financial impacts.

Problem gamblers using electronic gaming machines (EGMs) or 'pokies' in SA make up 15% of regular gamblers, yet they contribute 40% of the losses which results in total revenue from pokies of $760 million each year – of which the government receives $290 million.

The resultant associated job losses, financial stress, family breakdown, family violence, loss of the family home, and social impacts leads to depression and anger in family members in addition to the impacts on the gambler themselves including suicidal behaviour and tragically, suicide.

The proportion of problem gambling and associated impacts is higher in rural communities presumably because of the location of the 'pokies' in often the only hotel or club in the community.

Gambling disorder is now recognised as an addiction in the DSM V mainly because genetic and neurobiology research has shown high rates of genetic inheritance in first degree relatives in the development of problem gambling with co-existing alcohol and drug addiction genetic inheritance. Similarly, functional MRI studies have shown enhancement of the same brain pathways when gamblers and substance addicts were presented with cues or triggers to their addiction.

Most people with gambling problems are ashamed and self-stigmatise so will rarely present to their GP with a declared gambling problem. They will often present with a range of non-specific symptoms either of a depressive nature or stress-related symptoms including sleep disturbance, change in appetite, weight, irritability and libido, headache and other somatic symptoms. The key stress is financial and this may be the clue to a gambling problem when the symptoms presenting seem to have no obvious cause.

Broaching the subject may be through including gambling in a simple drug and alcohol screen ie, the DAG. Simply saying 'I usually ask all of my patients about drug, alcohol and gambling issues', then asking about these in the usual way with a gambling question something along the lines of 'do you ever have a bet on the TAB, play the pokies or buy lottery tickets?'. This leaves the gambling word out of the initial question and doesn't sound accusatory and doesn't focus just on the pokies (10-15% of people presenting with gambling problems have the TAB as their main form of gambling).

If they acknowledge one or more of these forms, the simplest next open question is 'is gambling a problem for you?' If you haven't started the conversation with an addiction screening question (DAG) and the opportunity arises, 'is gambling a problem for you or anyone you know?', or simply 'are you worried about anyone with a gambling problem?' allows them to talk about themselves or their partner.

If the patient identifies that gambling might be an issue, quantifying the frequency of their gambling, how many times per week or month and how much per week or month have they been losing on gambling will quickly clarify how much of a problem it is.

Referral to the Statewide Gambling Therapy Service (SGTS) (08) 8204 6982 or the Gambling Help line number 1800 858 858 will provide a more detailed assessment. SGTS has offices at Flinders Medical Centre, Salisbury and Pt Adelaide.

If patients are not ready to seek help, a non-judgemental, supportive approach, use of motivational interviewing techniques and encouraging viewing of websites where they can see testimonials of people who have recovered (www.sagamblingtherapy.com.au) may over time lead to a decision to seek help.

It is important to be able to tell patients that gambling problems are treatable. We think of it as an illness or disorder like any other psychiatric disorder. The most evidence-based treatments are cognitive behavioural.

At the SGTS we have developed treatments based on a graded exposure approach as you would use for a phobia, to tackle the gambling urge itself. This results in extinguishing of the urge entirely so that patients can return to a full life regaining control of gambling and even being able to return to a hotel or club where pokies are available with family and friends and not feel the urge to gamble. Patients are typically seen once per week for four to 10 sessions and carry out homework between sessions, eventually being able to sit in front of a machine with money and not feel a gambling urge. The majority of patients successfully recover choosing either abstinence or controlled or social gambling.

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The AMA(SA) has partnered with the Office for Problem Gambling to help GPs and other doctors to assist patients who may have a gambling problem. More information, as well as helpful resources, can be found at ama.com.au/sa/sa-resource and www.problemgambling.sa.gov.au.

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