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Problem Gambling During the COVID-19 Pandemic

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Gambling disorder is a major public health concern.¹ The reported prevalence is between 1.2% and 7.1% in the general population.² Gambling disorder is recognized as a mental disorder in diagnostic systems and has a strong association with completed suicide.³ The *DSM-5* conceptualizes gambling disorder as persistent and recurrent problematic gambling behavior that causes significant impairment and distress.⁴ Criteria include preoccupation with gambling, increasing tolerance, and chasing the losses. Patients often gamble when distressed and may conceal the extent of their problem.⁴

A recent published study³ indicates that gambling disorder independently forms a risk factor for suicide when excluding other psychiatric conditions. Psychiatric comorbidities are common, and a meta-analysis⁵ reported Axis I disorders in up to 75.5% of individuals. Anxiety, depression, attention-deficit/hyperactivity disorder, and substance use disorders can be present.^{3,5}

Gambling can disrupt a person's finances and lead to accumulation of large debt, which also confers a risk for suicidality.³ Interpersonal relationships can become strained, and the risk for substance misuse is elevated. Individuals are more likely to engage in acts of violence, and there is a link between problem gambling, alcohol misuse, and intimate partner violence.^{6,7}

Consequences of COVID-19

The UK Gambling Commission⁸ posted concerning data regarding the impact of coronavirus disease 2019 (COVID-19). It was reported that 64% of "engaged" gamblers from a sample of 81 increased their duration of activity or financial expenditure on at least 1 gambling activity.⁸ The term *engaged* referred to individuals who had participated in 3 or more gambling activities in the previous 4 weeks. The data were statistically significant when compared to all who had gambled during this period.⁸

We predict the socioeconomic consequences of the pandemic will not only exacerbate the symptoms of those

with existing illness but also contribute to new cases occurring. Some of the protective factors that offer stability and reduce harm have been removed, including regular routine and structured daily activity. Many will experience boredom, which can increase gambling behaviors.⁶ For others, the gambling may be a form of escapism to avoid stress and negative thinking.⁹ The services offered by mental health teams and support groups such as Gamblers Anonymous may also be restricted. The financial deprivation, which has affected many, may be a precipitating factor for maladaptive behavior such as problem gambling.

Younger people have more screen time available due to social isolation and the closure of schools. This increased screen time may attract them to online gambling, which is currently the industry's largest sector.² Gambling organizations have secured a strong online presence, and advertisements frequently appear as popup links. Younger age is recognized as a risk factor for developing gambling disorder later in life.^{6,7}

Risk Factors

There are various risk factors for gambling disorder, with males more commonly affected.⁵ Those of lower socioeconomic status, a migration background, and less formal education are more vulnerable.⁵ Anxiety and depressive disorders can be involved in the etiology of gambling disorder but also arise as a consequence.⁵ Buth et al⁵ note that having a comorbid mental disorder increases the likelihood of developing a gambling problem. A family history of gambling disorder and being raised by a single parent are also cited as risk factors.⁵

Assessment

The primary care physician should screen for gambling disorder in those who present with financial difficulty or signs of psychiatric disorder, and screening for debt should form an integral part of an overall risk assessment. Clinicians should assess for comorbid psychiatric conditions and record a drug and alcohol history. It is also important to identify if patients use alcohol or illicit substances during a gambling session.¹⁰ A forensic history is required, as patients may resort to criminality to fund their addiction.

Patients may not acknowledge the extent of their behavioral addiction, with some in denial or experiencing ambivalence. Others may feel shame and embarrassment, which prevents disclosure. It may be appropriate to obtain a collateral history from relatives with patient consent.¹⁰ Brief motivational interviewing can create cognitive dissonance and commitment to make change. A Cochrane review¹¹ found preliminary evidence for some benefits of

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Box 1. Gambling Disorder Resources

American Psychiatric Organization: <https://www.psychiatry.org/patients-families/gambling-disorder/what-is-gambling-disorder>
 National Problem Gambling Clinic London: www.gamblingtherapy.org/en/national-problem-gambling-clinic-cnwl-london
 Gambling Commission: www.gamblingcommission.gov.uk
 Advisory Board for Safer Gambling: www.rgsb.org.uk
 BeGambleAware: www.begambleaware.org
 GamCare: www.gamcare.org
 Citizens Advice: www.citizensadvice.org.uk

motivational interviewing in reducing gambling behavior. The clinician should establish a therapeutic alliance and use a sensitive but proactive approach.

Management

The management of gambling disorder follows a biopsychosocial model. Patients should be encouraged to seek help and referred to specialist agencies, which include mental health teams and third-sector organizations (Box 1). Both the patient and clinician should jointly form a safety plan. Mutual aid groups such as Gamblers Anonymous can help with self-efficacy, coping, and motivation. There should be close liaison between primary and secondary health care services.

Psychological therapies, which include cognitive-behavioral therapy (CBT), have evidence for the management of gambling disorder. Two meta-analyses, which included an article by Cowlshaw et al¹¹ and another by Gooding and Tarrier,¹² confirmed the efficacy of CBT in problem gambling. The review by Cowlshaw et al¹¹ supported the benefits of CBT immediately following therapy. However, there was a paucity of studies that monitored longer-term outcomes with CBT. A possible benefit from integrative therapies was reported, but there was limited evidence available to allow for robust evaluation.¹¹

Face-to-face therapies are not being offered at the time of this writing. Remote therapies for gambling disorder are a credible alternative. Hedman et al¹³ reported that internet-based CBT was equivalent in its effects to traditional CBT and more cost effective. Carlbring and Smit¹⁴ suggested CBT with therapist contact via e-mail and weekly telephone consultation.

The Royal College of Psychiatrists¹⁵ advise in their rapid evidence review that naltrexone can be used in gambling disorder if not contraindicated. This medication should ideally be prescribed by a specialist. Antidepressants such as selective serotonin reuptake inhibitors may be indicated if the gambling disorder is complicated by comorbid anxiety and depression.^{2,15} However, these medications should not be used for treating gambling alone.¹⁵ The efficacy of mood stabilizers, in particular lithium, has been studied in those with comorbid bipolar affective disorder. Lithium appeared to be effective in this group of patients.^{2,16} The glutamatergic agent topiramate combined with a cognitive intervention has shown promising results.^{2,16}

Conclusion

It is important that physicians are aware that gambling behaviors may escalate during and after the COVID-19 pandemic. Physicians should routinely ask about problem gambling when patients present with possible risk factors for the condition. Early identification and management are essential to prevent adverse consequences and significant impairment.

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