

Non-Substance-Related Disorders

Gambling Disorder

Diagnostic Criteria 312.31 (F63.0)

A. Persistent and recurrent problematic gambling behavior leading to clinically significant impairment or distress, as indicated by the individual exhibiting four (or more) of the following in a 12-month period:

1. Needs to gamble with increasing amounts of money in order to achieve the desired excitement.
2. Is restless or irritable when attempting to cut down or stop gambling.
3. Has made repeated unsuccessful efforts to control, cut back, or stop gambling.
4. Is often preoccupied with gambling (e.g., having persistent thoughts of reliving past gambling experiences, handicapping or planning the next venture, thinking of ways to get money with which to gamble).
5. Often gambles when feeling distressed (e.g., helpless, guilty, anxious, depressed).
6. After losing money gambling, often returns another day to get even ("chasing" one's losses).
7. Lies to conceal the extent of involvement with gambling.
8. Has jeopardized or lost a significant relationship, job, or educational or career opportunity because of gambling.
9. Relies on others to provide money to relieve desperate financial situations caused by gambling.

B. The gambling behavior is not better explained by a manic episode.

Specify if:

- **Episodic:** Meeting diagnostic criteria at more than one time point, with symptoms subsiding between periods of gambling disorder for at least several months.
- **Persistent:** Experiencing continuous symptoms, to meet diagnostic criteria for multiple years.

Specify if:

- **In early remission:** After full criteria for gambling disorder were previously met, none of the criteria for gambling disorder have been met for at least 3 months but for less than 12 months.
- **In sustained remission:** After full criteria for gambling disorder were previously met, none of the criteria for gambling disorder have been met during a period of 12 months or longer.

Specify current severity:

- **Mild:** 4–5 criteria met.
- **Moderate:** 6–7 criteria met.
- **Severe:** 8–9 criteria met.

Note: Although some behavioral conditions that do not involve ingestion of substances have similarities to substance-related disorders, only one disorder—gambling disorder—has sufficient data to be included in this section.

Specifiers

Severity is based on the number of criteria endorsed. Individuals with mild gambling disorder may exhibit only 4–5 of the criteria, with the most frequently endorsed criteria usually related to preoccupation with gambling and “chasing” losses (Blanco et al. 2006; Gerstein et al. 1999). Individuals with moderately severe gambling disorder exhibit more of the criteria (i.e., 6–7). Individuals with the most severe form will exhibit all or most of the nine criteria (i.e., 8–9). Jeopardizing relationships or career opportunities due to gambling and relying on others to provide money for gambling losses are typically the least often endorsed criteria and most often occur among those with more severe gambling disorder (Blanco et al. 2006; Gerstein et al. 1999). Furthermore, individuals presenting for treatment of gambling disorder typically have moderate to severe forms of the disorder (Petry et al. 2006; Slutske 2006).

Diagnostic Features

Gambling involves risking something of value in the hopes of obtaining something of greater value. In many cultures, individuals gamble on games and events, and most do so without experiencing problems. However, some individuals develop substantial impairment related to their gambling behaviors. The essential feature of gambling disorder is persistent and recurrent maladaptive gambling behavior that disrupts personal, family, and/or vocational pursuits (Criterion A). Gambling disorder is defined as a cluster of four or more of the symptoms listed in Criterion A occurring at any time in the same 12-month period.

A pattern of “chasing one’s losses” may develop, with an urgent need to keep gambling (often with the placing of larger bets or the taking of greater risks) to undo a loss or series of losses. The individual may abandon his or her gambling strategy and try to win back losses all at once. Although many gamblers may “chase” for short periods of time, it is the frequent, and often long-term, “chase” that is characteristic of gambling disorder (Criterion A6). Individuals may lie to family members, therapists, or others to conceal the extent of involvement with gambling; these instances of deceit may also include, but are not limited to, covering up illegal behaviors such as forgery, fraud, theft, or embezzlement to obtain money with which to gamble (Criterion A7). Individuals may also engage in “bailout” behavior, turning to family or others for help with a desperate financial situation that was caused by

gambling (Criterion A9).

Associated Features Supporting Diagnosis

Distortions in thinking (e.g., denial, superstitions, a sense of power and control over the outcome of chance events, overconfidence) may be present in individuals with gambling disorder (Xian et al. 2008). Many individuals with gambling disorder believe that money is both the cause of and the solution to their problems. Some individuals with gambling disorder are impulsive, competitive, energetic, restless, and easily bored; they may be overly concerned with the approval of others and may be generous to the point of extravagance when winning. Other individuals with gambling disorder are depressed and lonely, and they may gamble when feeling helpless, guilty, or depressed (Ledgerwood and Petry 2010). Up to half of individuals in treatment for gambling disorder have suicidal ideation, and about 17% have attempted suicide (Petry and Kiluk 2002).

Prevalence

The past-year prevalence rate of gambling disorder is about 0.2%–0.3% in the general population (Gerstein et al. 1999; Kessler et al. 2008; Petry et al. 2005). In the general population, the lifetime prevalence rate is about 0.4%–1.0% (Gerstein et al. 1999; Kessler et al. 2008; Petry et al. 2005; Welte et al. 2001). For females, the lifetime prevalence rate of gambling disorder is about 0.2%, and for males it is about 0.6% (Blanco et al. 2006). The lifetime prevalence of pathological gambling among African Americans is about 0.9%, among whites about 0.4%, and among Hispanics about 0.3% (Alegria et al. 2009).

Development and Course

The onset of gambling disorder can occur during adolescence or young adulthood, but in other individuals it manifests during middle or even older adulthood. Generally, gambling disorder develops over the course of years, although the progression appears to be more rapid in females than in males (Tavares et al. 2003). Most individuals who develop a gambling disorder evidence a pattern of gambling that gradually increases in both frequency and amount of wagering (Currie et al. 2006; Kessler et al. 2008). Certainly, milder forms can develop into more severe cases. Most individuals with gambling disorder report that one or two types of gambling are most problematic for them (Petry et al. 2006), although some individuals participate in many forms of gambling. Individuals are likely to engage in certain types of gambling (e.g., buying scratch tickets daily) more frequently than others (e.g., playing slot machines or blackjack at the casino weekly). Frequency of gambling can be related more to the type of gambling than to the severity of the overall gambling disorder. For example, purchasing a single scratch ticket each day may not be problematic, while less frequent casino, sports, or card gambling may be part of a gambling disorder (Petry 2003). Similarly, amounts of money spent wagering are not in themselves indicative of gambling disorder.

Some individuals can wager thousands of dollars per month and not have a problem with gambling, while others may wager much smaller amounts but experience substantial gambling-related difficulties (Walker et al. 2006). Gambling patterns may be regular or episodic, and gambling disorder can be persistent or in remission (Hodgins and el-Guebaly 2000; Slutske 2006; Slutske et al. 2010). Gambling can increase during periods of stress or depression and during periods of substance use or abstinence. There may be periods of heavy gambling and severe problems, times of total abstinence, and periods of nonproblematic gambling. Gambling disorder is sometimes associated with spontaneous, long-term remissions. Nevertheless, some individuals underestimate their vulnerability to develop gambling disorder or to return to gambling disorder following remission. When in a period of remission, they may incorrectly assume that they will have no problem regulating gambling and that they may gamble on some forms nonproblematically, only to experience a return to gambling disorder. Early expression of gambling disorder is more common among males than among females (Barnes et al. 2010; Tavares et al. 2003). Individuals who begin gambling in youth often do so with family members or friends (Langhinrichsen-Rohling et al. 2004). Development of early-life gambling disorder appears to be associated with impulsivity and substance abuse (Slutske et al. 2005). Many high school and college students who develop gambling disorder grow out of the disorder over time, although it remains a lifelong problem for some (Slutske et al. 2003). Mid- and later-life onset of gambling disorder is more common among females than among males (Blanco et al. 2006; Tavares et al. 2003).

There are age and gender variations in the type of gambling activities and the prevalence rates of gambling disorder. Gambling disorder is more common among younger and middle-age persons than among older adults (Gerstein et al. 1999; Kessler et al. 2008). Among adolescents and young adults, the disorder is more prevalent in males than in females (Barnes et al. 2010). Younger individuals prefer different forms of gambling (e.g., sports betting), while older adults are more likely to develop problems with slot machine and bingo gambling (Petry 2003). Although the proportions of individuals who seek treatment for gambling disorder are low across all age groups (Slutske 2006), younger individuals are especially unlikely to present for treatment. Males are more likely to begin gambling earlier in life and to have a younger age at onset of gambling disorder than females, who are more likely to begin gambling later in life and to develop gambling disorder in a shorter time frame (Tavares et al. 2003). Females with gambling disorder are more likely than males with gambling disorder to have depressive, bipolar, and anxiety disorders (Tavares et al. 2003). Females also have a later age at onset of the disorder and seek treatment sooner (Tavares et al. 2003), although rates of treatment seeking are low (<10%) among individuals with gambling disorder regardless of gender (Blanco et al. 2006; Slutske 2006).

Risk and Prognostic Factors

Temperamental

Gambling that begins in childhood or early adolescence is associated with increased rates of gambling disorder (Burge et al. 2006). Gambling disorder also appears to aggregate with antisocial personality disorder (Slutske et al. 2001), depressive and bipolar disorders (Potenza et al. 2005), and other substance use disorders (Kessler et al. 2008; Petry et al. 2005), particularly with alcohol disorders (Slutske et al. 2000).

Genetic and physiological

Gambling disorder can aggregate in families, and this effect appears to relate to both environmental and genetic factors. Gambling problems are more frequent in monozygotic than in dizygotic twins (Eisen et al. 1998). Gambling disorder is also more prevalent among first-degree relatives of individuals with moderate to severe alcohol use disorder than among the general population (Slutske et al. 2000).

Course modifiers

Many individuals, including adolescents and young adults, are likely to resolve their problems with gambling disorder over time, although a strong predictor of future gambling problems is prior gambling problems (Slutske et al. 2003).

Culture-Related Diagnostic Issues

Individuals from specific cultures and races/ethnicities are more likely to participate in some types of gambling activities than others (e.g., pai gow, cockfights, blackjack, horse racing). Prevalence rates of gambling disorder are higher among African Americans than among European Americans, with rates for Hispanic Americans similar to those of European Americans (Alegria et al. 2009). Indigenous populations have high prevalence rates of gambling disorder (Volberg and Abbott 1997; Wardman et al. 2001).

Gender-Related Diagnostic Issues

Males develop gambling disorder at higher rates than females, although this gender gap may be narrowing. Males tend to wager on different forms of gambling than females, with cards, sports, and horse race gambling more prevalent among males, and slot machine and bingo gambling more common among females (Petry 2003).

Functional Consequences of Gambling Disorder

Areas of psychosocial, health, and mental health functioning may be adversely affected by gambling disorder. Specifically, individuals with gambling disorder may, because of their involvement with gambling, jeopardize or lose important relationships with family members or friends. Such problems may occur from repeatedly lying to others to cover up the extent of gambling or from requesting money that is used for gambling or to pay off gambling debts. Employment or educational activities may likewise be adversely impacted by gambling disorder; absenteeism or poor work or school performance can occur with gambling disorder, as individuals may

gamble during work or school hours or be preoccupied with gambling or its adverse consequence when they should be working or studying. Individuals with gambling disorder have poor general health and utilize medical services at high rates (Morasco et al. 2006).

Differential Diagnosis

Nondisordered gambling

Gambling disorder must be distinguished from professional and social gambling. In professional gambling, risks are limited and discipline is central. Social gambling typically occurs with friends or colleagues and lasts for a limited period of time, with acceptable losses. Some individuals can experience problems associated with gambling (e.g., short-term chasing behavior and loss of control) that do not meet the full criteria for gambling disorder.

Manic episode

Loss of judgment and excessive gambling may occur during a manic episode. An additional diagnosis of gambling disorder should be given only if the gambling behavior is not better explained by manic episodes (e.g., a history of maladaptive gambling behavior at times other than during a manic episode). Alternatively, an individual with gambling disorder may, during a period of gambling, exhibit behavior that resembles a manic episode, but once the individual is away from the gambling, these manic-like features dissipate.

Personality disorders

Problems with gambling may occur in individuals with antisocial personality disorder and other personality disorders. If the criteria are met for both disorders, both can be diagnosed.

Other medical conditions

Some patients taking dopaminergic medications (e.g., for Parkinson's disease) may experience urges to gamble. If such symptoms dissipate when dopaminergic medications are reduced in dosage or ceased, then a diagnosis of gambling disorder would not be indicated.

Comorbidity

Gambling disorder is associated with poor general health (Morasco and Petry 2006; Morasco et al. 2006). In addition, some specific medical diagnoses, such as tachycardia and angina, are more common among individuals with gambling disorder than in the general population, even when other substance use disorders, including tobacco use disorder, are controlled for (Morasco et al. 2006). Individuals with gambling disorder have high rates of comorbidity with other mental disorders, such as substance use disorders, depressive disorders, anxiety disorders, and personality disorders (Kessler et al. 2008; Petry et al. 2005). In some individuals, other mental disorders may precede gambling disorder and be either absent or present during the

manifestation of gambling disorder. Gambling disorder may also occur prior to the onset of other mental disorders, especially anxiety disorders and substance use disorders ([Kessler et al. 2008](#)).