

# Problem gambling: what do general practitioners need to know and do about it?

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## *GPs can play a crucial role in screening for problem gambling*

Problem gambling is a significant mental health problem in Australia. Estimates of the prevalence of serious gambling problems in Australia range from 1% to 2% of the general adult population, with higher rates in specific groups.<sup>1</sup> An estimated 2.5%–5% of the Australian adult population display at-risk gambling behaviour (according to standard diagnostic criteria).<sup>1</sup> The prevalence of problem gambling exceeds that of stroke and coronary heart disease, and is comparable with the estimated prevalence of type 2 diabetes in Australia.<sup>2</sup>

Further, problem gambling has been shown to be strongly comorbid with other health and mental health problems with high burdens of disease.<sup>3</sup> A large-scale study in the United States found that 73% of pathological gamblers (as defined by the *Diagnostic and statistical manual of mental disorders*,<sup>4</sup> fourth edition [DSM-IV]) had an alcohol use disorder, 38% had a drug use disorder, 60% had nicotine dependence, 50% had a mood disorder, 41% had an anxiety disorder, and 61% had a personality disorder.<sup>5</sup> A recent Australian study found that, compared with non-gamblers, problem gamblers had a relative risk of 18.8 of having a severe mood disorder, and were over four times more likely to have hazardous alcohol use.<sup>6</sup> The

causal nexus between depression, excessive alcohol use and problem gambling is not known, but the associations are very strong. Thus, problem gambling is a significant clinical problem with high prevalence that is strongly associated with other high-burden health problems; it therefore warrants attention in primary care practice.

In 1999, the Australian Medical Association released its pioneering position statement, *Health effects of problem gambling*.<sup>7</sup> The statement noted that medical practitioners need to be aware of “the adverse impacts of problem gambling” and its comorbidities. It recommended that practitioners include gambling as part of lifestyle risk assessment. Despite this recommendation, many Australian general practitioners are not screening for gambling problems in their patients.<sup>8</sup> This may be because they lack the requisite knowledge and tools to deal effectively with problem gambling when it is identified.<sup>8</sup> How can this be remedied?

Internationally, various medical associations have devised policy statements and toolkits to guide medical practitioners in the treatment of problem gamblers and their families. In 2007, the British Medical Association released protocols for the treatment of gambling addiction within the United Kingdom’s National

Health Service.<sup>9</sup> These protocols advise that practitioners develop an awareness of problem gambling, its prevalence within key population groups and its comorbidities, and recommend education and training for GPs. The American Medical Association has endorsed policies on problem gambling, emphasising the importance of patient education about the risks of gambling, and has published a patient information sheet in the *Journal of the American Medical Association*.<sup>10</sup> Some jurisdictions in the US have released clinical protocols to help health professionals screen for and treat problem gambling.

Essentially, there is international agreement that GPs routinely encounter problem gamblers and that an effective response is required. However, what should this response be?

The first step must be effective screening. But how should patients be screened, and who should be screened? The most popular diagnostic tools for problem gambling are the Canadian Problem Gambling Index,<sup>11</sup> the DSM-IV criteria for pathological gambling,<sup>4</sup> and the South Oaks Gambling Screen.<sup>12</sup> However, these tools are too time consuming for routine use in primary care practice. Recently, we developed a one-item screening test for use in primary care practice with *beyondblue* and Victorian Government funding. We have found that answers to the question “Have you ever had an issue with your gambling?” closely predict answers to the full Canadian Problem Gambling Index tool.<sup>6</sup> We wish to extend the screen to include family members of problem gamblers, as they also experience serious difficulties as a result of their family member’s gambling.<sup>13</sup>

As for who should be screened for problem gambling, we recommend screening patients with anxiety and depressive symptoms or high drug or alcohol use, because of the high rates of comorbidity of these conditions. Those who screen positive to the question “Have you ever had an issue with your gambling?” should be referred for further assessment and treatment by appropriately trained specialist practitioners in problem gambling.

There is a developing body of research on treatment for problem gambling.<sup>14</sup> The major therapies include counselling, cognitive behaviour therapy and drug treatments. At present, there is limited evidence from randomised controlled trials for their effectiveness. It is recommended that problem gambling interventions be delivered by specialists.

Family members may also require treatment for psychological problems because of the impact of their family member’s gambling. Most gambling treatment services accommodate both gamblers and their family members.

All Australian jurisdictions have networks of publicly funded practitioners who specialise in the treatment of problem gambling, and a wide range of psychologists and psychiatrists provide treatment in mental health and private practices. However, GPs are well placed to detect and initiate treatment for this debilitating psychological problem.

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