Gambling Disorder and Non-Substance Addictions

Timothy Fong MD
Professor of Psychiatry
UCLA Gambling Studies Program
AAAP Vice-President
NCPA Annual Meeting
October 1, 2022

Financial Disclosures

Research Support
Connections in Recovery
Creative Care

Consultant
Kindbridge
Sportradar
Goals and Objectives

At the conclusion of this session, participants should be able to:

1. State the clinical characteristics of gambling disorder and hypersexual behaviors
2. Demonstrate improvement in screening and assessment techniques for behavioral addictions
3. Describe current treatment options.

Terms

• Behavioral Addiction
• Non-Substance-Related Disorders
• Process Addictions
• Non-Substance-Addictions
• Compulsive Spectrum Disorders
• Impulse Control Disorders
• Hedonistic Dysregulation Disorder
• Appetitive Disorders
• Addictive Disorders
Behavioral Addictions

- Recognized in DSM-5
  - Gambling Disorder
- Kind of Recognized (conditions for future)
  - Internet Gaming Disorder
- Not recognized
  - Hypersexual disorder / sex addiction
  - ICD-10 (Compulsive Sexual Behavior Disorder)
  - Shopping Addiction
  - Internet Use Disorder

The Gambling Nurse

- 38 year-old female with bipolar disorder and ADHD. Her current meds consist of amphetamine –dextroamphetamine 40 mg, lamotrigine 200 mg, clonazepam 1 mg bid, and aripiprazole 10 mg.
- In the last 12 months, her gambling both at work and at home has resulted in the loss of around $85,000.
- She describes intense urges and cravings to gamble, often brought on by loneliness, stress at work and access to money
- What do you do? (discussion to follow)
Gambling Disorder

Gambling News 2022

• Gambling Activities
  – Sports gambling expansion
    • 30+ states
  – Demand for gambling
    • More revenue than EVER.
  – Blurring lines between gaming and gambling
    • Social Casinos (gambling or gaming?)
      – In-App Purchases
    • Video Games
      – Loot Boxes
  – Financial Trading Software and Apps
DSM-5 : Gambling Disorder

• Formerly known as: pathological gambling, compulsive gambling, gambling addiction
• Formerly housed in Impulse Control Disorder
• Currently housed in Substance Related and Addictive Disorders (May 2013)
### DSM-5 Criteria for Gambling Disorder

A. Persistent and recurrent maladaptive gambling behavior as indicated by four (or more) of the following in a 12-month period:

<table>
<thead>
<tr>
<th>Preoccupation</th>
<th>Lying</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tolerance</td>
<td>Withdrawal</td>
</tr>
<tr>
<td>Chases</td>
<td>Bailed Out</td>
</tr>
<tr>
<td>Can’t stop</td>
<td>Lost opportunities</td>
</tr>
<tr>
<td></td>
<td>Gambles when distressed</td>
</tr>
</tbody>
</table>

B. The gambling behavior is not better accounted for by a Manic Episode
Severity

- **Mild:**
  - Exhibit only 4 or 5 of the criteria, with preoccupation with gambling most frequent criteria

- **Moderate:**
  - Exhibit more of the criteria (6 or 7).

- **Severe:**
  - Individuals with the most severe form will exhibit all or most all of the nine criteria.

DSM-5 Notes

- How to conceptualize those who meet 3 criteria or less?
- What biomarkers can we consider?
- How should stock traders, financial investors, cryptocurrency, real estates investors be considered?
DSM-5 Gambling Disorder

• No changes in DSM-5-TR to GD
• In general, no distinction between forms of gambling
  – Gambling Disorder, Slots
  – Gambling Disorder, Poker
  – Gambling Disorder, Sports Betting
  – Gambling Disorder, Online
  • SHOULD WE DO THIS?

California Prevalence Study (2006)

n=7,121 respondents, 18 years and older
Problem gambling 2.2%
Pathological gambling 1.5%
~1,000,000 problem/pathological cases
Highest Risk: African-Americans, Disabled, Unemployed, Men
Co-Occurring Disorders is the RULE
Petry, Stinson, & Grant, 2005

- Nationally representative sample: NESARC
- 43,093 household and group quarters residents aged 18 and older
- Data collected in 2001-2002 survey
- Looked at the prevalence and associations of lifetime pathological gambling and other lifetime psychiatric disorders
Percentage of GDs with Co-Occurring Disorders

- major depressive episode (OR = 3.0)
- anxiety disorder (OR = 3.4)
- obsessive-compulsive personality (OR = 4.7)
- drug use disorder (OR = 5.4)
- schizoid personality (OR = 5.5)
- alcohol use disorder (OR = 6.3)
- dependent personality (OR = 6.8)
- avoidant personality (OR = 6.9)
- paranoid personality (OR = 7.0)
- nicotine dependence (OR = 7.2)
- antisocial personality (OR = 8.3)
- histrionic personality (OR = 8.3)
- manic episode (OR = 8.9)

CalGETS Fast Facts

Problem Gamblers’ Depression and Suicidal Thinking is a Public Health Concern

- 20% of Gambler Men
- 18% of Gambler Women

Over the last week, how often have you been bothered by thinking that you would be better off dead or that you want to hurt yourself in some way?


Between July 1, 2019, and June 30, 2020, 606 problem gamblers entered CalGETS outpatient treatment. At intake, 24% of these clients scored in the moderately severe to severe depression range as measured by the Patient Health Questionnaire (PHQ-9) compared to 15% of adult Californians reporting any depression diagnosis.

Among U.S. gamblers seeking treatment, between 20% and 40% report suicidal ideation and/or suicide attempts in the past year. Among gamblers entering CalGETS outpatient treatment, 19% report suicidal thoughts in the past week, which is 10 times higher than adults in California reporting suicidal thoughts in the past year (1.8%).

If you or someone you know has a gambling problem, call 1-800-GAMBLER. National Suicide Prevention Lifeline, call 1-800-273-8255 (TALK).
GD associated w/ increase in cardiovascular disease

• Review of NESARC Data
  – Focus on older adults (55+)

• GD status was associated with elevated odds for incident arteriosclerosis and heart conditions.
  – Increased risk beyond established risk factors
  – Increased incidence of cardiovascular conditions among older adults with pathological gambling features in a prospective study

Pilver CE1, Potenza MN.

UCLA Gambling Sleep Study - Results

• National Epidemiological Survey: (N=3412)
  – Prevalence 0.9% (n=31) for pathological gambling behavior and 2.5% (n=85) for problem gambling behavior
  – GDs were almost 3.5 times more likely to experience a sleep problem compared to individuals who did not have a gambling problem

• Community Survey: (N=120)
  – GDs experience significantly poorer sleep quality and increased daytime sleepiness relative to those that recreationally gamble.

Screening

- During the last year, have you become restless, irritable or anxious when trying to stop/cut down on gambling?
- During the last year, have you tried to keep your family and friends from knowing how much you gambled?
- During the last year, did you have such financial trouble as a result of gambling that you had to get help with living expenses?
Treatment Planning for Gambling Disorder

Similarities to SUD Treatment

• Biopsychosocial Approaches
  – Medications Strategies Similar
  – Various forms of psychotherapies have been tested (CBT, MI, RP)
  – 12-Step, Mutual Help support (GA)

• Treatment Delivery Systems
  – Funding aligned with SUD treatment
  – Providers usually from SUD backgrounds
Differences from SUD Treatment

- Definitions of successful outcome
  - How does harm reduction apply?
  - What is sobriety from gambling?
- What are the targets of treatment?
- How do you overcome shame / stigma?
- Cognitive distortions not seen in SUD
- How do you monitor response to treatment?

Evidence-Based Treatments for Pathological Gambling

- Medications (No FDA-Approved)
- Brief Interventions
  - Helplines, Self-Help Workbooks, 1-2 sessions,
- Psychotherapy
  - CBT, MI, Psychodynamic, Supportive
- Gambler’s Anonymous

Pharmacological Treatment

- Comprehensive review published by Jon Grant and colleagues: "Pharmacological treatments in pathological gambling" (British Journal of Clinical Pharmacology 2014)

- Antidepressants
- Opioid antagonists
- Mood stabilizers
- Atypical antipsychotics
- Other Agents

Pharmacological Treatment

- Strongest Research Evidence for:
  - Naltrexone
    - PO, no IM
  - Nalmefene
  - Lithium (BP Spectrum)

"Pharmacological treatments in pathological gambling" (British Journal of Clinical Pharmacology 2014)
Pharmacological Treatment

• Mixed Evidence For
  – SSRIs
    • Paroxetine
    • Fluvoxamine
  – Antidepressants
    • Bupropion
  – Mood Stabilizers
    • Valproic Acid

“Pharmacological treatments in pathological gambling”
(British Journal of Clinical Pharmacology 2014)

Pharmacological Treatment

• Negative Evidence for:
  – Topiramate
  – Antipsychotics
    • Olanzapine

“Pharmacological treatments in pathological gambling” (British Journal of Clinical Pharmacology 2014)
Pharmacological Treatment

- Possible evidence / theory for:
  - N-Acetyl Cysteine
  - Stimulants
    - Modafinil
  - "Pharmacological treatments in pathological gambling" (British Journal of Clinical Pharmacology 2014)
  - Tolcapone
  - Varenicline
  - TMS

SELF HELP:
Freedom From Problem Gambling Workbook
GA vs. AA

- GA was spin-off of AA (1957)
- GA considers gambling the problem
- Medical disease model
- More secular than AA
- Meeting styles vary (e.g. closed /open)
- Sponsorships and commitments

Additional Treatment Resources

- Focus on access to capital
  - Payday loans, online loans
- Blocking software / apps (GamBan)
- Self-exclusion programs
- 12-step support (Gambler’s Anonymous)
  - https://www.gamblersanonymous.org/ga/
  - https://gamblersinrecovery.com/
    - 24/7 connection to recovery groups
Areas of Recovery

- Home
  - Secure, safe base of operations
- Health
  - Physical
  - Emotional
- Purpose
  - Structure and meaning
- Community
  - Social capital and meaningful relationships

Summary: Gambling Disorder

- Gambling Disorder is prevalent but hidden
- Use screening tools to inform assessment
- Know local gambling trends
- Medications and psychotherapy work
- Focus on building recovery strength not elimination of gambling behavior
Email from a Patient

Hello Dr. Fong:
I am a 58-year-old male seeking treatment for sexual addiction. I have excellent insurance with Blue Cross PPO and am hopeful that UCLA has treatment options that might assist me. My addiction is related to Internet porn and cybersex. I do not act out by going to strip clubs, hiring escorts, or having affairs. However, my addiction has affected my otherwise wonderful marriage, and I would like to address it. I have gone to SLAA meetings in the past, and plan to start again.
Terminology: A Constellation of Adjectives

Hypersexual impulsivity, sexual compulsivity, sexual addiction, sexual dependence, unrestrained sexual desire, sexual disinhibition, hypersexuality, sexual torridity, sexual sensation seeking, sexual desire disorders, excessive sexual desire disorder, hyperlibido, hyperactive sexual behavior, uninhibited sexual desire, paraphilia-related disorders, non-paraphilic sexual disorders, Don Juanism, erotomania, nymphomania, and satyriasis.

Hypersexual Behaviors

- Non-Paraphilic
  - Pursuit of multiple partners
  - Pornography
  - Masturbation
  - Paying for sexual activities

- Paraphilic
  - Non-conventional
    - Objects, situations, individuals
Models of Hypersexual Behaviors

- Addiction
- Impulse Control Disorder
- Compulsive Spectrum Disorder
- Extension of Existing Psychiatric Disorder (e.g. Mania)
- Sexual Desire Disorder
- Not a Legitimate Disorder at All

ICD-11: Compulsive Sexual Behavior Disorder
Compulsive Sexual Behavior Disorder (CSBD)

• Compulsive sexual behavior disorder is characterized by a persistent pattern of failure to control intense, repetitive sexual impulses or urges resulting in repetitive sexual behavior.

• Parent Diagnosis is Impulse Control D/O

Symptoms may include repetitive sexual activities becoming a central focus of the person’s life to the point of neglecting health and personal care or other interests, activities and responsibilities; numerous unsuccessful efforts to significantly reduce repetitive sexual behavior; and continued repetitive sexual behavior despite adverse consequences or deriving little or no satisfaction from it.
Compulsive Sexual Behavior Disorder (CSBD)

• The pattern of failure to control intense, sexual impulses or urges and resulting repetitive sexual behavior is manifested over an extended period of time (e.g., 6 months or more), and causes marked distress or significant impairment in personal, family, social, educational, occupational, or other important areas of functioning.

Compulsive Sexual Behavior Disorder (CSBD)

• Distress that is entirely related to moral judgments and disapproval about sexual impulses, urges, or behaviors is not sufficient to meet this requirement.
Clinical Characteristics

- Prevalence
  ~10% of community? (Castro 2022)
  3:1 Male to Female
- 82% sexually abused as children (Carnes, 1991)
- High Prevalence of Co-Occurring Disorders
- Very high severity / harmful consequences by the time treatment is sought; very stigmatized

DSM-5 Proposal for Hypersexual Disorder

- Sexual and Gender Identity Disorders wherein they drafted proposed criteria based on an extensive review of the the empirical literature.
- Kafka published his proposed criteria in the Archives of Sexual Behavior in 2010

**Manifestations of Hypersexual Behavior**

Table 4. Report of Subtypes among Hypersexual Patients (Lifetime & Current)

<table>
<thead>
<tr>
<th></th>
<th>Masturbation</th>
<th>Porn</th>
<th>Phone Sex</th>
<th>Cybersex</th>
<th>Strip Clubs</th>
<th>Adult Sex</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage</td>
<td>90.6%</td>
<td>88.5%</td>
<td>9.4%</td>
<td>23.9%</td>
<td>22.9%</td>
<td>65.6%</td>
</tr>
</tbody>
</table>

© 51

51

© 52

52

26
**Table 6** Onset, course, and escalation trajectories among hypersexual patients (N = 123)*

<table>
<thead>
<tr>
<th>Trajectories</th>
<th>Hypersexual patients</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Onset</strong></td>
<td></td>
</tr>
<tr>
<td>Before age 18</td>
<td>54.1%</td>
</tr>
<tr>
<td>Age 18–25</td>
<td>30.3%</td>
</tr>
<tr>
<td>After age 25</td>
<td>15.6%</td>
</tr>
<tr>
<td>Rapid/acute ≤ 90 days</td>
<td>17.4%</td>
</tr>
<tr>
<td>Gradual, several months, years</td>
<td>82.6%</td>
</tr>
<tr>
<td><strong>Course</strong></td>
<td></td>
</tr>
<tr>
<td>Continuous</td>
<td>48.6%</td>
</tr>
<tr>
<td>Episodic</td>
<td>51.4%</td>
</tr>
<tr>
<td><strong>Escalation</strong></td>
<td></td>
</tr>
<tr>
<td>Amount of time</td>
<td>83.5%</td>
</tr>
<tr>
<td>Frequency or intensity</td>
<td>81.7%</td>
</tr>
<tr>
<td>Venues/manifestations</td>
<td>62.4%</td>
</tr>
<tr>
<td>Associated risk</td>
<td>60.6%</td>
</tr>
</tbody>
</table>

*Missing data reduced this sample from 138 to 127.

**Table 5** Consequences associated among patients with an HD diagnosis (N = 127)*

<table>
<thead>
<tr>
<th>Has happened several times</th>
<th>Has happened once or twice</th>
<th>Hypersexual Behavior Consequences Scale (sample items from the HBCS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.6%</td>
<td>15.7%</td>
<td>Caused job loss</td>
</tr>
<tr>
<td>16.5%</td>
<td>22.8%</td>
<td>Ended a romantic relationship</td>
</tr>
<tr>
<td>5.5%</td>
<td>22.0%</td>
<td>Contracted a sexually transmitted infection</td>
</tr>
<tr>
<td>0.8%</td>
<td>16.5%</td>
<td>Caused legal problems</td>
</tr>
<tr>
<td>29.1%</td>
<td>23.6%</td>
<td>Experienced unwanted financial losses</td>
</tr>
<tr>
<td>67.7%</td>
<td>22.0%</td>
<td>Emotionally hurt a loved one</td>
</tr>
<tr>
<td>66.9%</td>
<td>11.0%</td>
<td>Interfered with ability to experience healthy sex</td>
</tr>
<tr>
<td>73.2%</td>
<td>20.5%</td>
<td>Negatively affected mental health</td>
</tr>
</tbody>
</table>
**Treatment Options**

- Psychopharmacological
- Group Psychotherapy / 12-Step Support
- Cognitive Behavioral Therapy
- Mindfulness Based Stress Reduction
- Cultivating Sexual Health
- Enhancing Cognitive Flexibility / Emotional Regulation
- Stress Management / Coping Skills

---

**Pharmacotherapy**

- SSRI –
  - Multiple case reports; cohort studies
  - Citalopram 20-60mg vs. placebo in 28 men with Compulsive Sexual Behavior (CSB)
    - Significant decrease (p<0.05) in sexual drive, masturbation, pornography use
- Naltrexone – Case reports; case series
  - Dose ranges of 50-150mg daily
- Topiramate
  - Case reports
  - Dosages up to 50mg daily

12-step Groups for Hypersexual Disorders

- Sexual Addicts Anonymous (SAA)
- Sex and Lover Addicts Anonymous (SLAA)
- Sexual Compulsives Anonymous (SCA)
- Sexaholics Anonymous (SA)

Summary: Hypersexual Disorders

- Frequently seen but rarely studied well
- Individual, family and societal consequences can be substantial
- Screening, recognition and assessment is the best intervention for clinicians
- Principles of addiction treatment are commonly applied
Internet Gaming Disorder (IGD)

Terminology

- Internet dependency
- Internet compulsivity
- Pathological Computer Use
- Problematic Internet Use
- Video Game Addiction
- Technology Addiction
- Digital Addiction
- Compulsive Digital Gaming
Diagnostic Criteria

- Persistent and recurrent use of the Internet to engage in games, often with other players, leading to clinically significant impairment or distress as indicated by five (or more) of the following in a 12-month period:

IGD Criteria

- Preoccupation
- Tolerance
- Lost opportunity
- Can’t control
- Continued use despite harm
- Lying / Deceives
- Withdrawal
- Escape / Relieves
- Loss of interest
At this time, the criteria for this condition are limited to Internet gaming and do not include general use of the Internet, online gambling or social media.

The condition can include gaming on the internet, or on any electronic device, although most people who develop clinically significant gaming problems play primarily on the internet.

Gaming disorder is characterized by a pattern of persistent or recurrent gaming behavior (‘digital gaming’ or ‘video-gaming’), which may be online (i.e., over the internet) or offline, manifested by: 1) impaired control over gaming (e.g., onset, frequency, intensity, duration, termination, context); 2) increasing priority given to gaming to the extent that gaming takes precedence over other life interests and daily activities; and 3) continuation or escalation of gaming despite the occurrence of negative consequences. The behavior pattern is of sufficient severity to result in significant impairment in personal, family, social, educational, occupational or other important areas of functioning. The pattern of gaming behavior may be continuous or episodic and recurrent. The gaming behavior and other features are normally evident over a period of at least 12 months in order for a diagnosis to be assigned, although the required duration may be shortened if all diagnostic requirements are met and symptoms are severe.
Question and Answer

freefromproblemgambling.com

Get Help for Problem Gambling

Get Help!
Contact Information
Timothy Fong MD
UCLA Gambling Studies Program
310-825-1479 (office)
310-488-3916 (UCLA Mobile)
tfong@mednet.ucla.edu
uclagamblingprogram.org
Twitter: @fongster98