



Gambling Disorder and Non-Substance Addictions

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NCPA Annual Meeting
October 1, 2022



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Financial Disclosures

Research Support	Connections in Recovery
	Creative Care
Consultant	Kindbridge
	Sportradar

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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.

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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

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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

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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)

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Gambling Disorder

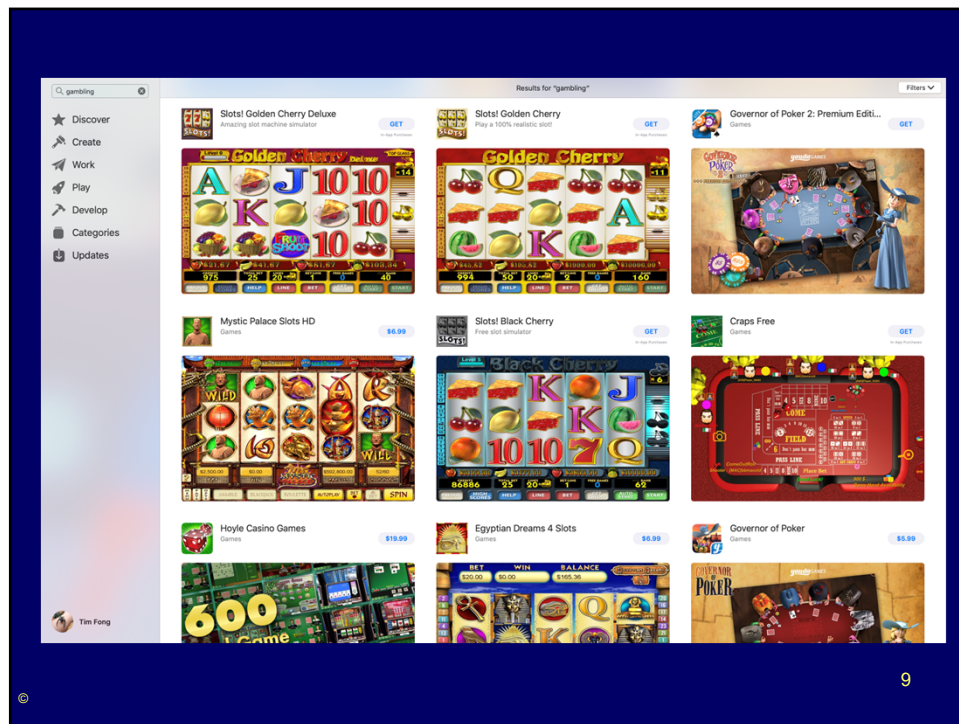
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Gambling News 2022

- 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

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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)

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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:

Preoccupation	Lying
Tolerance	Withdrawal
Chases	Bailed Out
Can't stop	Lost opportunities
	Gambles when distressed

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DSM-5 : Gambling Disorder

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

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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.

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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?

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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?

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California Prevalence Study (2006)

n=7,121 respondents, 18 years and older

Problem gambling 2.2%

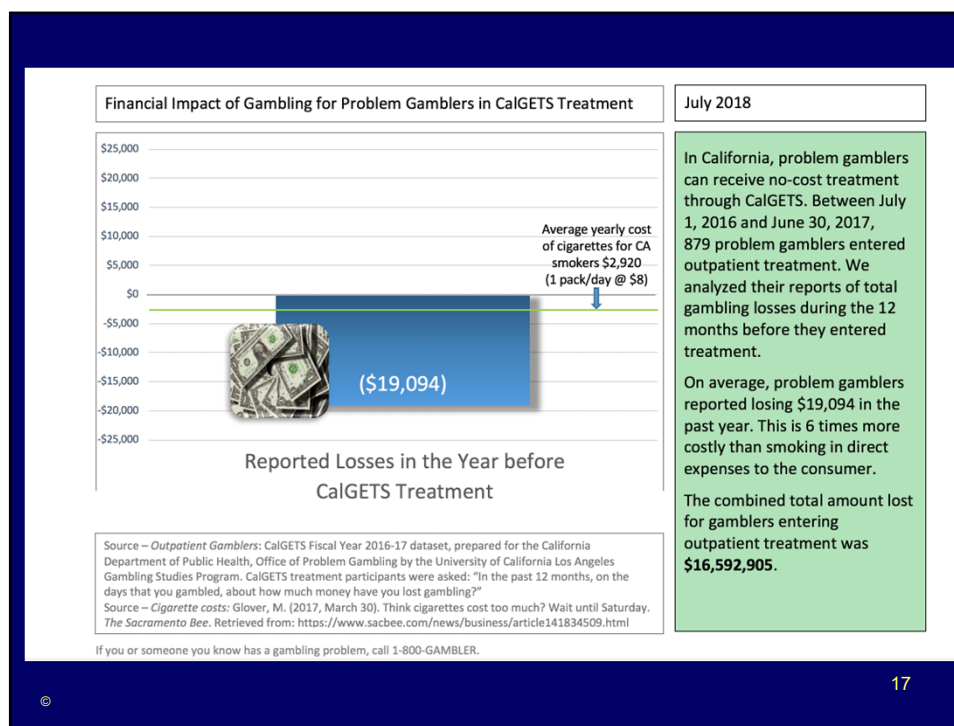
Pathological gambling 1.5%

~1,000,000 problem/pathological cases

Highest Risk: African-Americans,
Disabled, Unemployed,
Men

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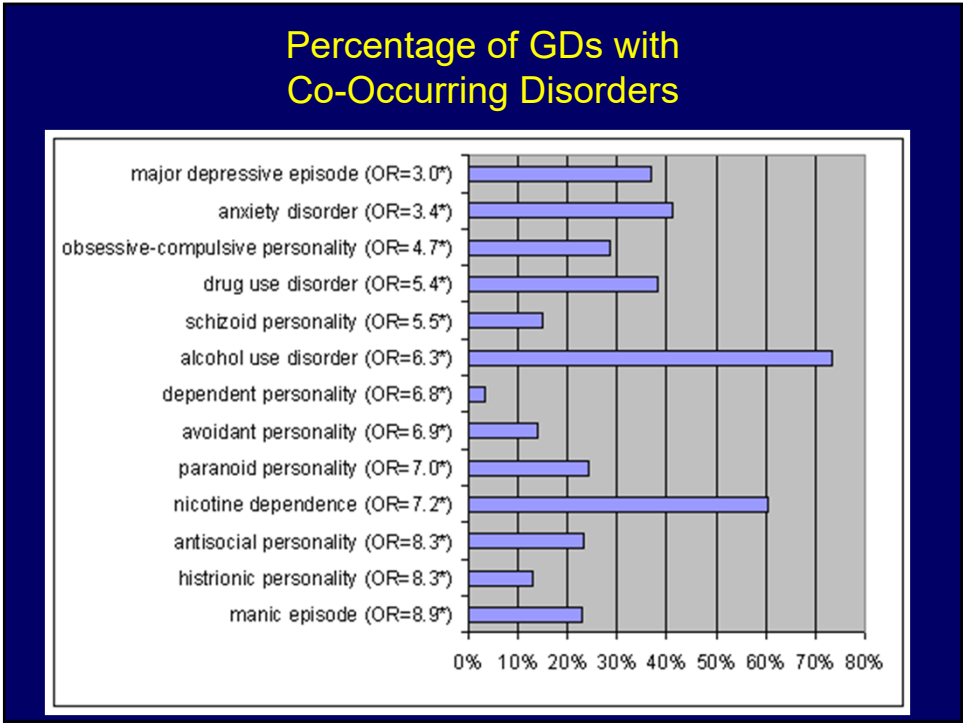
Co-Occurring Disorders is the RULE Petry, Stinson, & Grant, 2005

- 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

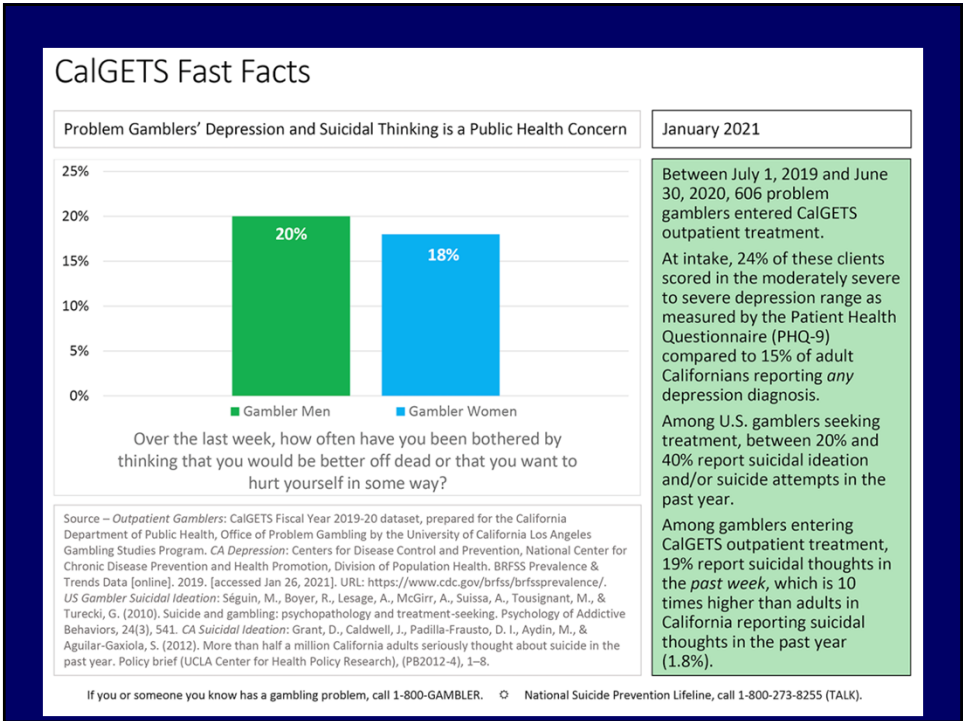
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GD associated w/ increase in cardiovascular disease

- 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

J Addict Med. 2013 Nov-Dec;7(6):387-93. doi: 10.1097/ADM.0b013e31829e9b36.
Pilver CE1, Potenza MN.

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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.

Parhami, Iman, et al. "Pathological gambling, problem gambling and sleep complaints: An analysis of the National Comorbidity Survey: Replication (NCS-R)." *Journal of Gambling Studies* 29.2 (2013): 241-253.

Parhami, Iman, et al. "Sleep and gambling severity in a community sample of gamblers." *Journal of addictive diseases* 31.1 (2012): 67-79.

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Screening

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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?

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Treatment Planning for Gambling Disorder

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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

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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?

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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

Petry, N. M., Ginley, M. K., & Rash, C. J. (2017). A systematic review of treatments for problem gambling. *Psychology of Addictive Behaviors*, 31(8), 951.

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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

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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)

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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)

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Pharmacological Treatment

- Negative Evidence for:
 - Topiramate
 - Antipsychotics
 - Olanzapine

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

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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

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SELF HELP: Freedom From Problem Gambling Workbook



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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

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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

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Areas of Recovery

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

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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

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Behavioral Addictions: Hypersexual Disorder

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Email from a Patient

Hello Dr. Fong:

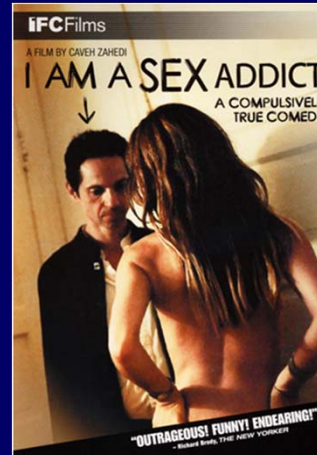
I am a 58-year-old male seeking treatment for sexual addiction. I have excellent insurance with Blue Cross PPO and am hopeful that UCLA has treatment options that might assist me. My addiction is related to Internet porn and cybersex. I do not act out by going to strip clubs, hiring escorts, or having 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.

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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.



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Hypersexual Behaviors

- Non-Paraphilic
 - Pursuit of multiple partners
 - Pornography
 - Masturbation
 - Paying for sexual activities
- Paraphilic
 - Non-conventional
 - Objects, situations, individuals

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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

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ICD-11: Compulsive Sexual Behavior Disorder

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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

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Compulsive Sexual Behavior Disorder (CSBD)

- 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.

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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.

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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.

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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

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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

Arch Sex Behav (2010) 39:377–400
DOI 10.1007/s10508-009-9574-7

ORIGINAL PAPER

Hypersexual Disorder: A Proposed Diagnosis for DSM-V

Martin P. Kafka

Published online: 24 November 2009
© American Psychiatric Association 2009

Abstract Hypersexual Disorder is proposed as a new psychiatric disorder for consideration in the Sexual Disorders section for DSM-V. Historical precedents describing hypersexual behaviors as well as the antecedent representations and proposals for inclusion of such a condition in the previous DSM manuals are reviewed. Epidemiological as well as clinical evidence is presented suggesting that non-paraphilic “excesses” of sexual behavior (i.e., hypersexual behaviors and disorders) can be accompanied by both clinically significant personal distress and social and medical morbidity. The research literature describing comorbid Axis I and Axis II psychiatric disorders and a purported relationship between Axis I disorders and Hypersexual Disorder is discussed. Based on an extensive review of the literature, Hypersexual Disorder is conceptualized as primarily a nonparaphilic sexual desire disorder with

Introduction

Since the publication of the third edition of the *Statistical Manual of Mental Disorders* (DSM-III; American Psychiatric Association, 1980), psychiatric diagnosis has been based on criteria-based and atheoretical in defining disorders. At this juncture, we simply do not have enough evidence to establish causality or pathogenesis for most disorders (Caine, 2003), including sexual behavior disorders. Despite this limitation, there is well over 100 years of history consistently describing excesses of sexual behavior, both paraphilic and nonparaphilic, in terms of behavior that conform to the dictates of custom, mores, and law. I will review the empirical basis for an atheoretical-based diagnostic categorization for a

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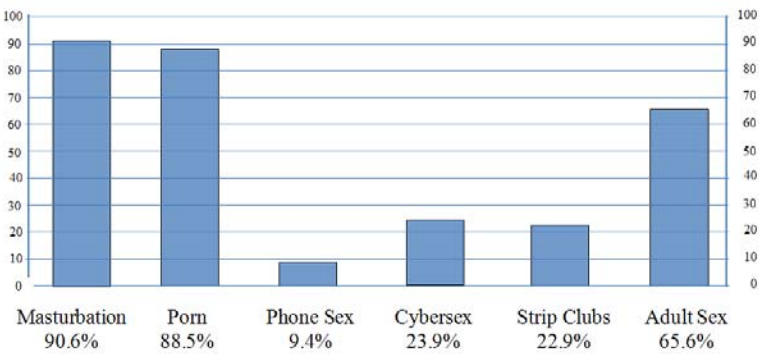
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Reid, R. C., Carpenter, B. N., Hook, J. N., Garos, S., Manning, J. C., Gilliland, R., ... & Fong, T. (2012). Report of findings in a DSM-5 field trial for hypersexual disorder. *The journal of sexual medicine*, 9(11), 2868-2877.

Manifestations of Hypersexual Behavior

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



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

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

*Missing data reduced this sample from 138 to 127.
HD = hypersexual disorder

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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

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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

Malandain, L., Blanc, J. V., Ferreri, F., & Thibaut, F. (2022). Pharmacotherapy of Sexual Addiction. *Current Psychiatry Reports*, 22, 1-8.

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12-step Groups for Hypersexual Disorders

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

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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

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Internet Gaming Disorder (IGD)

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Terminology

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

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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:

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IGD Criteria

Preoccupation	Lying / Deceives
Tolerance	Withdrawal
Lost opportunity	Escape / Relieves
Can't control	Loss of interest
Continued use despite harm	

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APA: IGD

- 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.

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Gaming Disorder (considered an addiction)

- 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.

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Question and Answer

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Get Help for Problem Gambling

Get Help!



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