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Examining the Gambling Disorder Identification Test (GDIT) as a self-report measure based on DSM-5 criteria

What this research is about

The diagnostic criteria for gambling disorder were revised in the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) in 2013. In addition, gambling disorder was reclassified as an addictive disorder.

There is limited research on the DSM-5 criteria for gambling disorder from an epidemiological or clinical perspective. There are screening tools for self-report of gambling disorder. However, a recent review found that existing screening tools often show inaccuracies in relation to the DSM-5 criteria. As such, the Gambling Disorder Identification Test (GDIT) was developed as a self-report measure. The GDIT has 14 items with multiple response options related to frequency or time spent gambling. Its cut-off scores were established using the DSM-5 criteria.

A previous study of the GDIT found that it showed excellent reliability. The GDIT has yet to be evaluated using Rasch analysis. Rasch analysis is a method based on item response theory that has several advantages. It assesses specific items or response options along a continuum of difficulty or severity. It determines how reliably a measure can be divided into different levels or strata. This is crucial for the GDIT's intended use as a screening tool with diagnostic cut-off scores. Rasch analysis can also help determine if the data collected are suitable for certain types of statistical analyses.

In this study, the researchers built upon previous analyses of the GDIT by examining its properties using Rasch analysis. They assessed if the GDIT items have equal discrimination, explored potential differences based on gender and age, and determined the number of diagnostic levels that GDIT scores could be divided into. Evaluating the items using Rasch analysis provides important insights into how well the GDIT measures what it is intended to measure.

What you need to know

In this study, the researchers evaluated the Gambling Disorder Identification Test (GDIT) as a self-report measure for assessing gambling disorder based on the DSM-5 criteria. The researchers explored the GDIT's properties using Rasch analysis, a method based on item response theory. The findings suggest that the GDIT can effectively identify gambling disorder across a continuum from lower to higher severity. Its multiple response options based on time and frequency can help assess how severe a person's gambling risk is.

What the researchers did

The researchers analyzed data collected for the previous study. People who gambled but were not seeking treatment were recruited from social media. A help-seeking sample was recruited from self-help groups, within healthcare settings, and from the national gambling helpline. Participants completed an online survey that included the GDIT.

The GDIT has 14 items (i.e., questions) across three domains: gambling behaviours, gambling symptoms, and negative consequences. The maximum score is 60. The cut-off scores are as follows: 0 indicates non-gambling, less than 15 indicates recreational gambling, 15 to 19 indicates problem gambling, and over 20 indicates gambling disorder. The GDIT also

includes an appendix asking about participation and spending in a wide range of gambling forms.

Of the 597 participants, 51.8% were classified in the recreational gambling category and 41.2% were classified in the gambling disorder category.

What the researchers found

The researchers tested the GDIT as a measure with three dimensions. Since the GDIT is intended to be used with interpretation based on the total score, a unidimensional model was also tested. The analyses revealed that the GDIT showed item discrimination (i.e., the probability of endorsing an item given a level of gambling severity). The GDIT also showed item response difficulty. Item response difficulty is determined by how likely people will answer an item correctly. There was a progression in the participants' responses to the GDIT items. Items with low difficulty were those related to gambling behaviours. Thus, the 3-item GDIT gambling behaviour subscale may also serve as a brief screening tool for detecting at-risk gambling behaviours.

Some items of the GDIT showed differences in responses due to age and gender. This aligns with a lifespan perspective as gambling behaviours differ across age groups and by gender.

The findings suggest that the GDIT can be used as a self-report measure of gambling disorder based on the DSM-5 criteria. It can be used to evaluate gambling severity across a continuum. A practical implication is that the GDIT can be used as a continuous measure in research studies or clinical settings where it is not suitable to categorize respondents based on the cut-off scores. Additionally, it was found that the GDIT's multiple response options based on time and frequency can accurately measure how severe a person's gambling risk is.

How you can use this research

These findings have significant implications for treatment and research. Treatment providers can use the GDIT to assess and monitor gambling disorder. This can aid in the development of tailored treatment plans. Researchers can further investigate the utility of the GDIT in different research contexts, exploring its potential as a continuous measure for assessing gambling patterns and severity over time.

About the researchers

Olof Molander and **Anne H. Berman** are affiliated with the Department of Clinical Neuroscience at Karolinska Institutet in Solna, Sweden. **Peter Wennberg** is affiliated with the Department of Public Health Sciences in Stockholm University, Stockholm, Sweden. **Nicki A. Dowling** is affiliated with the School of Psychology at Deakin University in Victoria, Australia. Please see the article more information about author affiliations. For more information about this study, please contact Olof Molander at olof.molander@ki.se.

Citation

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