



RESEARCH SYNOPSIS

Slutske, W. S. (2006). Natural recovery and treatment-seeking in pathological gambling: Results of two U.S. national surveys. *American Journal of Psychiatry*, 163(2), 297-302. doi:10.1176/appi.ajp.163.2.297

RESEARCH QUESTIONS

Is pathological gambling a chronic and persistent disorder as it is categorized in the fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders*, or can individuals completely recover (i.e., no longer demonstrate any symptoms)?

PURPOSE

Pathological gambling is described in DSM-IV as a chronic and persisting disorder, but recent community-based longitudinal studies that have highlighted the transitory nature of gambling-related problems have called into question whether this is an accurate characterization. The purpose of this study was to document the rates of recovery, treatment-seeking, and natural recovery among individuals with DSM-IV categorized pathological gambling disorder in two large and representative U.S. national surveys.

PARTICIPANTS

Data was drawn from 2,417 telephone interviews which were conducted with adults included in the 1998-1999 Gambling Impact and Behaviour Study (GIBS) and 43,093 in-person interviews which were conducted with adults included in the 2001-2002 National Epidemiologic Survey on Alcohol and Related Conditions (NESARC) survey. Both studies obtained lifetime and past-year DSM-IV diagnoses of, and treatment-seeking for, pathological gambling.

PROCEDURE

Data drawn from two recent U.S. national surveys, the GIBS and NESARC, were analyzed for rates of recovery, treatment-seeking, and natural recovery rates among individuals.

MAIN OUTCOME MEASURES

The GIBS used the National Opinion Research Center (NORC) DSM-IV Screen for Gambling Problems and the NESARC used the Alcohol Use Disorder and Associated Disabilities Interview Schedule-IV to assess DSM-IV pathological gambling.

KEY RESULTS

The prevalence of recovery was estimated as the percentage of individuals with a lifetime history of DSM-IV pathological gambling who did not endorse any pathological gambling symptoms in the past 12 months. Natural recovery was estimated as the percentage of individuals with a lifetime history of DSM-IV pathological gambling who experienced recovery and had never sought treatment. Gambling Impact and Behaviour Study. Of the 21 individuals with a lifetime history of DSM-IV pathological gambling, 18 (85%) did not meet the diagnostic criteria for DSM-IV pathological gambling, and nine (39%) had zero pathological gambling symptoms within the past 12 months (in other words, 50% of those who did not meet the diagnostic criteria for past year pathological gambling had at least one pathological gambling symptom). Of the nine individuals with a history of DSM-IV pathological gambling who had zero pathological gambling symptoms in the past 12 months, three (31%) reported that they had participated in some form of gambling in the past year. Only two (7%) of the 21 individuals with a history of pathological gambling reported having sought any type of treatment for their gambling problems, and of the nine individuals with a history of DSM-IV pathological gambling who had zero pathological gambling symptoms in the past 12 months, only one had sought treatment for gambling problems. National Epidemiologic Survey on Alcohol and Related Conditions. Of the 185 individuals with a lifetime history of DSM-IV pathological gambling, 111 (63%) did not meet the diagnostic criteria for DSM-IV pathological gambling, and 70 (36%) had zero pathological gambling symptoms within the past 12 months (in other words, 37% of those who did not meet the diagnostic criteria for past-year pathological gambling had at least one pathological gambling symptom). Only 22 (10%; 10 women) of those with a history of pathological gambling either had received professional treatment for their gambling problems (N=12, 5.5%) or had attended at least one Gamblers Anonymous meeting (N=16, 7%). Of the 70 individuals with a history of DSM-IV pathological gambling who

had zero pathological gambling symptoms in the past 12 months, only eight had sought treatment for their gambling problems.

LIMITATIONS

Drawing inferences about recovery from PG from a retrospective cross-sectional survey is problematic in that participants who are currently asymptomatic may be less likely to report previous problems, leading to an undercount of recovered cases. In longitudinal and cross-sectional surveys, it is difficult to know how long a participant should be symptom-free in order to be considered fully recovered. The purpose of this study was to examine outcomes for individuals who met DSM-IV diagnostic criteria for pathological gambling yet 85% of the GIBS participants and 63% of the NESARC participants did not meet this criteria resulting in a rather small sample size. The results of this study suggest that such samples are probably not ideal for some research purposes because samples consisting of pathological gambling participants are

an unrepresentative minority of individuals with pathological gambling in the community.

CONCLUSIONS

In these two large national U.S. surveys, 36%-39% of the individuals with a lifetime history of DSM-IV pathological gambling did not experience any gambling-related problems in the past year. Only 7%-12% of those with a history of DSM-IV PG sought either formal treatment or attended meetings of Gamblers Anonymous indicating that the vast majority of these recoveries were characterized by natural recovery. Clues from natural recovery can potentially inform formal approaches for treating PG.

KEYWORDS: natural recovery, NODSNESARC, pathological gambling, treatment-seeking gamblers

URL:

<http://ajp.psychiatryonline.org/doi/abs/10.1176/appi.ajp.163.2.297>