

A review of relapse in gambling disorder from a biopsychosocial perspective

What this research is about

People who are diagnosed with gambling disorder (GD) typically experience considerable psychological, social, and financial harms. GD also impacts family members and friends, called 'affected others'. Research attention has been directed towards developing effective treatment options for people experiencing GD, including psychotherapy, peer support, and drug treatments. However, even after successful attempts at quitting gambling, many people still experience urges to gamble. Moreover, it is often the case that people will go through multiple attempts to quit gambling followed by relapses. This highlights the challenges associated with achieving long-term abstinence.

Numerous factors influence the risk of relapse among people experiencing GD. For instance, research suggests that irrational gambling beliefs, co-occurring mental health conditions such as depression, younger age, female gender, more severe gambling symptoms, substance use, and certain personality traits increase the risk for relapse following treatment.

The gambling landscape has evolved significantly in recent years. Gambling is now widely available online, particularly through mobile phone apps. Furthermore, the growth in gambling advertising has raised concerns that it may contribute to risk of relapse among people attempting to quit gambling.

The biopsychosocial (BPS) model proposes that biological, psychological, and social factors influence health and wellness. This model has been found to be useful in identifying risk factors for addictive

What you need to know

It is common for people experiencing gambling disorder (GD) to go through cycles of treatment, quitting gambling, and relapse. The researchers conducted a systematic review of recent research to identify factors linked to relapse. The review drew upon the biopsychosocial (BPS) model. Twenty-six studies published between 2015 and 2026 were included in the review. Most studies originated from Spain. The definition of relapse varied across studies. A broad range of biological, psychological, and social factors were linked to relapse following treatment of GD. The findings highlight the complexity of relapse and could be of interest to researchers, clinicians, and policy makers.

behaviours such as alcohol use. Drawing upon the BPS framework, the researchers conducted a systematic review to examine recent research studies for factors associated with relapse following GD treatment.

What the researchers did

The researchers conducted a systematic review following the PRISMA guidelines. They searched for studies using the following databases: PubMed, Scopus, Web of Science, PsycINFO, and Google Scholar. To be included in the review, studies must be peer-reviewed and published in English between January 1, 2015 and March 1, 2026. Studies must involve a quantitative, qualitative, or mixed-methods design with adult participants. Studies also had to assess GD using diagnostic criteria, such as the DSM-

IV or DSM-5, or a validated measure, such as the Problem Gambling Severity Index (PGSI).

What the researchers found

A total of 26 studies were included in the review, with 21 quantitative studies, 4 qualitative studies, and 1 mixed-methods study. Most studies were conducted in Spain (19 studies), with participants drawn from the same sample group (14 studies). The remaining studies were from Canada (3 studies), Norway (2 studies), France (1 study), and Australia (1 study). Among the 21 quantitative studies, 17 used a prospective cohort or longitudinal design that tracked participants over a period of time. Most studies focused on land-based gambling.

The definition of relapse varied across studies. Relapse was defined as any slip from abstinence in 12 studies, as two or more episodes of gambling or a single session marked by a loss of control in 2 studies, as the return of GD or problem gambling in 2 studies, as three or more episodes in 1 study, and as an episode deemed unacceptable for the treatment goal in 1 study. The other 8 studies did not provide a definition for relapse.

Three studies examined biological factors linked to relapse. The findings for sex and age were mixed. One study found women had a higher relapse rate, whereas another study found a higher relapse rate in men. One study found that younger age was associated with higher risk of relapse, but the sample size of that study was quite small.

Nineteen studies look at psychological factors. Substance use, certain personality traits (i.e., higher harm avoidance, lower self-directedness, and higher self-transcendence), lower cognitive flexibility (i.e., lower ability to shift between tasks and adapt to changes), higher irrational gambling-related beliefs, and a tendency to act impulsively were associated with a higher risk of relapse. Certain mental health conditions also influenced relapse, such as depression and attention-deficit/hyperactivity disorder (ADHD). In terms of gambling-related factors, more severe gambling symptoms before treatment and a preference for non-strategic gambling forms (e.g., slots machines) were associated with relapse. Lower gambling spending

and the absence of gambling-related debt were also associated with a higher risk of relapse.

Sixteen studies looked at social factors. Being single or divorced, lack of family support, lower educational level, lower economic status, unemployment, and gambling-related criminal activity were associated with relapse. Greater exposure to gambling advertising was also associated with relapse in two qualitative interview studies.

How you can use this research

These findings could be of interest to researchers, clinicians, and policy makers seeking to improve long-term recovery outcomes after treatment.

About the researchers

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