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## BRIEFING NOTE: CHANGES IN DSM-5 RE: GAMBLING

### BACKGROUND

One of the most anticipated events in the mental health field was the publication of the [fifth edition](#) of the [American Psychiatric Association's](#) (APA) [Diagnostic and Statistical Manual of Mental Disorders \(DSM\)](#) in May 2013. Many of the changes caused great debate and the change from 'pathological gambling' to disordered gambling was no exception. There was also substantial changes in classification and the number of symptoms required for a diagnosis.

The DSM is the key reference book for mental health professionals, and contains descriptions, symptoms and other criteria for diagnosing mental disorders. According to the APA:

*These criteria for diagnosis provide a common language among clinicians — professionals who treat patients with mental disorders. By clearly defining the criteria for a mental disorder, the DSM helps to ensure that a diagnosis is both accurate and consistent; for example, that a diagnosis of schizophrenia is consistent from one clinician to another, and means the same thing to both of these clinicians, whether they reside in the U.S. or other international settings.*

*Only by having consistent (reliable) diagnoses can researchers compare different treatments for similar patients, determine the risk factors and causes for specific disorders, and determine their incidence and prevalence rates. DSM disorders are also used as the basis for treatment indications by the U.S. Food and Drug Administration (FDA) for clinical Practice Guidelines.*

The DSM diagnosis criteria are used by clinicians to report disorders to insurers for reimbursement, and to public health authorities for causes of illness and death.

The DSM has never been a static document. It has been periodically reviewed and significantly revised since the publication of DSM-I in 1952. New research in neurology, genetics, behavioral sciences, epidemiology and other scientific areas have dramatically expanded society's understanding of mental illnesses and led to changes in the DSM.

### GAMBLING DISORDER

Gambling Disorder is classified under the section 'Substance-Related and Addictive Disorders'. It is now included in this section to reflect evidence that gambling behaviours activate reward systems similar to those activated by drugs of abuse and produce some behavioural symptoms that appear comparable to those produced by the substance use disorders. An individual must meet four (or more) of the following in a 12-month period to be classified as having a gambling disorder:

1. Needs to gamble with increasing amounts of money in order to achieve the desired excitement.
2. Is restless or irritable when attempting to cut down or stop gambling.
3. Has made repeated unsuccessful efforts to control, cut back, or stop gambling.

4. Is often preoccupied with gambling (e.g., having persistent thoughts of reliving past gambling experiences, handicapping or planning the next venture, thinking of ways to get money with which to gamble).
5. Often gambles when feeling distressed (e.g., helpless, guilty, anxious, depressed).
6. After losing money gambling, often returns another day to get even (“chasing” one’s losses).
7. Lies to conceal the extent of involvement with gambling.
8. Has jeopardized or lost a significant relationship, job, or educational or career opportunity because of gambling.
9. Relies on others to provide money to relieve desperate financial situations caused by gambling.

## CHANGES FROM DSM-IV TO DSM-5

Pathological gambling (PG) was the diagnostic code in the DSM-IV (first published in 1994). To be diagnosed as a pathological gambler according to the DSM-IV, an individual had to meet at least five of the 10 diagnostic criteria. In the DSM-IV, PG was classified under the section titled, “Impulse Control Disorders Not Elsewhere Classified,” along with Compulsive Hair Pulling (Trichotillomania); Intermittent Explosive Disorder; Kleptomania; and Pyromania.

The DSM-5 eliminated the criterion “has committed illegal acts such as forgery, fraud theft or embezzlement to finance gambling.” The rationale for this change is the low prevalence of this behavior among individuals with gambling disorder.

## FURTHER READING

1. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders V*. 2013; <http://www.psych.org/practice/dsm/dsm5>.
2. National Center for Responsible Gaming. *The Evolving Definition of Pathological Gambling in the DSM-5*. 2013; [http://www.ncrg.org/sites/default/files/uploads/docs/white\\_papers/wp\\_dsm5\\_final.pdf](http://www.ncrg.org/sites/default/files/uploads/docs/white_papers/wp_dsm5_final.pdf).
3. Recovery Today Online. *DSM-5 - Major Changes to Addictive Disease Classifications*. 2013; <http://www.recoverytoday.net/articles/143-dsm-v-major-changes-to-addictive-disease-classifications>.
4. National Center for Responsible Gaming. *Internet Gambling: An Emerging Field of Research*. 2013; [http://www.ncrg.org/sites/default/files/uploads/docs/white\\_papers/ncrg\\_wp\\_internetgambling\\_final.pdf](http://www.ncrg.org/sites/default/files/uploads/docs/white_papers/ncrg_wp_internetgambling_final.pdf).
5. National Center for Responsible Gaming. *Redefining Pathological Gambling: New Research Highlights*. 2013; <http://blog.ncrg.org/issues-insights/redefining-pathological-gambling-new-research-highlights>.