

research snapshot

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Identifying signs of gambling problems across a continuum

What this research is about

Problem gambling refers to any type of repetitive gambling that results in harms. From a public health perspective, problem gambling ranges on a continuum from low to high levels of severity. Most gambling research has focused on people with severe problems located at the higher end of the continuum. Little attention has been paid to the majority of gamblers at the lower end who experience less severe problems.

A few measures have been developed to assess problem gambling. For example, the Problem Gambling Severity Index (PGSI) is a measure with nine items, or indicators, of problematic gambling behaviours and harms. However, there is no consensus across the different measures regarding indicators that can distinguish low levels of severity from high levels. The aims of this study were, thus, to map how problematic gambling behaviours and harms are located on a continuum and identify indicators of low levels of severity. It examined items from three measures that are widely used in gambling research.

What the researchers did

The researchers analyzed data that were collected in the Quinte Longitudinal Study (QLS). The QLS followed a cohort of adults living in the Bay of Quinte region in Ontario, Canada, for a period of five years from 2006 to 2011. The current study examined data from the first survey in 2006. It focused on the 1305 participants who completed three measures of problem gambling and were found to have some gambling problems (scores greater than zero).

The three problem gambling measures were: 1) the Problem Gambling Severity Index (PGSI); 2) the NORC

What you need to know

Problematic gambling behaviours and harms range on a continuum from low to high levels of severity. The aims of this study were to map how they are located on the continuum and identify signs of low levels of severity. The researchers examined data from 1,305 adults who completed three widely used measures to assess their gambling problems. Most of the items across the three measures clustered around a narrow region of the continuum. These items mainly addressed addiction-like symptoms, such as craving and withdrawal. Items at the most severe end of the continuum were about harms. There were just a few items to indicate low levels of severity, including feeling guilty and betting more than one can afford. The results show a need to find more signs that indicate less severe problem gambling.

DSM Screen for Gambling Problems (NODS); and 3) the Problem and Pathological Gambling Measure (PPGM). The PGSI has nine items, the NODS has 17 items, and the PPGM has 14 items.

The researchers used Rasch analysis to examine the data and map how the items from the three measures would be placed on a continuum of gambling harm. Rasch analysis is a statistical method based on Item Response Theory, which expects that severe symptoms appear after and in addition to less severe symptoms. In this case, some survey items would be selected less frequently than others: The ones selected less frequently would only apply to people at higher levels of the continuum, while the items

selected more frequently would apply to people at higher and lower levels of the continuum.

What the researchers found

Items from the three measures spanned a broad range of the continuum. But most of the items clustered within a narrow region of the continuum. The items were related to craving, tolerance, withdrawal symptoms, and some negative consequences (interpersonal and financial problems). This result reflects current emphasis on symptoms that are similar to those of other addictive disorders, such as substance use. It also suggests that commonly used measures are more suited to identify higher levels of severity.

There was a cluster of items located at the highest end. These items addressed harms, including work or school problems (from the NODS and PPGM), health problems (from the PPGM), repeated neglect of family (from the PPGM), and committing illegal acts to fund gambling (from the NODS and PPGM).

There were few items that indicated low levels of severity. These items included feeling guilty about gambling (from the PGSI), betting more than one can afford (from the PGSI), attempts to cut down gambling (from the NODS and PPGM), and gambling more than intended (from the PPGM).

Some differences existed across subgroups. At low levels of severity, women were more likely to endorse betting more than one can afford and feeling guilty about gambling compared to men. Feeling guilty about gambling was also more likely to be endorsed by adults aged 55 and over compared to younger adults, and by people with higher incomes compared to people with lower incomes.

How you can use this research

The findings suggest a need to develop a broader pool of signs that indicate less severe problem gambling. Researchers could consider items related to how one thinks and feels about gambling (e.g., not being able to stop gambling) and problematic behaviours (e.g., spending too much time or money on gambling). A better understanding of low levels of severity could

inform screening and secondary prevention for people who show early signs of problem gambling.

About the researchers

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Citation

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