

knowledge snapshot

A review of the prevalence of personality disorders in treatment-seeking problem gamblers



What this article is about

Past research has found that people with gambling problems often have other mental health conditions. In particular, high rates of co-occurring mental health disorders have been found in problem gamblers who seek treatment. These include alcohol and other substance use disorders, mood and anxiety disorders, as well as personality disorders. Gamblers who have co-occurring mental health disorders display more complex clinical profiles than those without other mental health conditions. They have longer gambling histories, more severe gambling problems, and more mental and physical health symptoms.

The aim of this article was to systematically review studies that had estimated the prevalence of personality disorders in treatment-seeking problem gamblers. Co-occurring personality disorders can have a negative effect on treatment completion and success. Problem gamblers with personality disorders are less likely to complete their treatment and more likely to relapse. Another aim was to explore factors that might explain the differences in prevalence estimates across the studies.

What was done?

The researchers searched for relevant studies using several electronic databases. They also searched gambling journals not indexed in the databases, the reference lists of included studies, and previous review articles.

A study had to meet the following criteria to be included in the review: 1) It involved adults recruited from treatment services or clinical trials for problem gambling; (2) It provided an estimate of the prevalence of at least one or more mental health

Why is this article important?

This article is a review of studies that had estimated the prevalence of personality disorders in people seeking treatment for gambling problems. It reviewed 15 studies that were published in 16 articles from 1990 to 2011. Across the studies, almost one half (47.9%) of gamblers had personality disorders. Cluster B personality disorders were the most common (17.6%). Fewer individuals had Cluster C (12.6%) and Cluster A (6.1%) personality disorders. The studies varied widely in their prevalence estimates. This review highlights the need for gambling treatment services to routinely screen for personality disorders among their clients. Treatment plans need to be tailored to client needs and address co-occurring mental disorders.

disorders based on DSM-IV diagnosis; (3) The study was available in English; and, (4) the study was published in a peer-reviewed journal between January 1990 and August 2011.

The researchers focused on studies that had estimated the prevalence of personality disorders. There were 15 studies, published in 16 articles. The researchers extracted data from these studies to conduct a meta-analysis. In general, meta-analysis is used to combine and analyze data from multiple studies in order to produce a more complete picture. The researchers used meta-analysis to assess how varied the studies were in their estimates and to provide the best current estimate. They also performed subgroup analyses to examine factors that might explain the differences across the studies.

What you need to know

Across the studies, almost one half (47.9%) of treatment-seeking problem gamblers had personality disorders. They were most likely to have Cluster B disorders (17.6%). There were fewer individuals with Cluster C (12.6%) and Cluster A (6.1%) disorders.

Of the Cluster B disorders, the most common were narcissistic (16.6%), antisocial (14.0%), and borderline (13.1%) personality disorders. Of the Cluster C disorders, the most common were avoidant (13.4%) and obsessive-compulsive (13.4%) personality disorders. Of the Cluster A disorders, the most common were paranoid (10.1%), schizoid (6.0%), and schizotypal (4.1%) personality disorders. The studies varied widely in their prevalence estimates, but the estimates did not vary by whether the studies occurred in naturalistic settings or not (e.g., clinical trials). They also did not vary by the use of random or self-selected samples.

Only antisocial personality disorder was reported in 10 or more studies. Thus, subgroup analyses could be performed for this disorder only. The results did not reveal any factors that might explain the differences across the studies. Specifically, prevalence estimates did not vary according to (1) the severity of problem gambling; (2) the measure used to assess the disorder (self-report or clinical interview); or, (3) the jurisdiction where the study took place (USA or Europe).

Who is it intended for?

This article is intended for gambling treatment providers and clinicians. It shows that gambling treatment services should routinely screen for personality disorders among their clients. Treatment plans should be tailored to client needs and address co-occurring mental disorders. For example, treatment needs to take into account the specific personality disorders that gamblers have.

About the researchers

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Citation

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Problem gambling, personality disorders, co-morbidity, systematic review, meta-analysis

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