

research snapshot

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Income as a risk factor for gambling disorder

What this research is about

For some people, gambling can become a problem, leading to a loss of control and reduced quality of living. A clinical diagnosis of gambling disorder (GD) happens when a person has frequent and repeated gambling episodes. Gambling dominates their life and can impair social, occupational, material, and familial commitments. Because gambling involves monetary wages, it is not surprising that finances and gambling are linked. Financial strain can be a consequence of GD. Yet, GD is more prevalent among people with low income. Thus, income can be a risk factor for GD.

This study has four goals: (1) to determine if income is a risk factor for patients with GD compared to patients with other mental or physical disorders and the general population; (2) to identify if expected income would differ across groups over time; (3) to explore potential differences in the evolution of income over time for people with GD; and (4) to better understand characteristics that may distinguish the group membership of people with GD based on their income trajectories over time.

What the researchers did

The researchers used matched case–control design. Participants were drawn from two registries in Norway: the Norwegian Patient Registry (NPR) and the Statistics of Norway (SSB). The researchers included all patients in the NPR with a diagnosis of GD between 2008 and 2018. The number of patients with GD was 5,131, with most patients being men (81.8%). A control group of patients with a registered diagnosis of any mental or physical disorder other than GD was randomly drawn from the NPR and matched to patients with GD on age and sex. This group included

What you need to know

Gambling disorder (GD) is more prevalent in the context of poverty. This suggests that income might be a risk factor for GD. The goal of this study is to look at whether income is a risk factor for GD. It also looks at the predicted income trajectories for GD patients between 2008 and 2018. The researchers compared patients with GD to patients with other mental or physical disorders and the general population. Patients with GD were more likely to have lower income levels in 2008 compared to the general population. The predicted income for patients with GD was below the national average between 2008 and 2018. The researchers identified seven distinct groups of patients with GD based on their predicted income trajectories.

30,476 patients, with most patients being men (81.6%). A third control group was randomly drawn from the SSB and matched to the sample of patients with GD on age and sex. This group included 30,164 participants, with the majority being men (81.4%).

The researchers analyzed annual income at the individual level. This included the sum of all income from work, property income, taxable transfers, and tax-free transfers received during a calendar year. Participants were categorized by age into 3 groups: 18–38 years, 39–58 years, and 59 years and older.

What the researchers found

Compared to the general population, patients with GD were more likely to have an annual income in the lower brackets (between 100,000 NOK and up to

350,000 NOK). They were also less likely to belong to higher income brackets (over 450,000 NOK).

The results showed an average increase in income for all three groups between 2008 and 2018. But on average, patients with GD started at a lower predicted annual income compared to the other two groups.

The researchers identified seven groups following distinct income trajectories among patients with GD:

- “Lowest income earners” comprised about 17.0% of the patients with GD. While their income increased, they had the lowest levels of annual income across the 11-year period.
- “Average increasing to high income earners” represented about 11.9% of the patients with GD. Their annual income started at an average level and increased steadily to high income levels.
- “Low stable earners” comprised about 25.9% of the patients with GD. Their annual income remained stable but low over time.
- “Average income earners” comprised about 20.0% of the patients with GD. This group’s income remained stable over time. On average, their income was the most similar to the reported annual average yearly earnings in Norway.
- “Low increasing to average earners” comprised about 18.5% of the patients with GD. This group’s annual income was below average but increased to almost the annual national average by 2018.
- “Stable high earners” comprised about 3.9% of the patients with GD. This group’s annual income increased over time.
- “Highest income earners” comprised about 2.9% of the patients with GD. This group followed a high increasing trajectory of income over time.

Women with GD were more likely to belong to the group with the lowest-income trajectory (i.e., “low stable earners”). In contrast, men with GD were more likely to belong to higher-income groups. Younger patients with GD were also more likely to follow the trajectories of groups with lower income (i.e., “lowest income earners”, “low stable earners”, and “Low increasing to average earners”).

How you can use this research

This research can be used to better understand the impacts of income as a risk factor for GD. It can be useful for the prediction and screening of GD.

About the researchers

Lisa-Christine Girard is affiliated with the Department of Psychosocial Science at the University of Bergen and the Department of Special Needs Education at Oslo University in Norway. **Tony Leino** is affiliated with the Department of Health Promotion at the Norwegian Institute of Public Health in Norway. **Mark D. Griffiths** is affiliated with the Department of Psychology at Nottingham Trent University in the UK. **Ståle Pallesen** is affiliated with the Department of Psychosocial Science and the Norwegian Competence Centre for Gambling and Gaming Research at the University of Bergen in Norway. For more information about this study, please contact Lisa-Christine Girard at l.c.girard@isp.uio.no.

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