

research snapshot

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Clinical profiles of patients with gambling disorder who have or have not committed illegal acts

What this research is about

Gambling disorder (GD) is a behavioural addiction disorder. It is characterized by persistent and recurrent problematic gambling activity. GD leads to significant distress, impairment in social functioning, and poor quality of life. It is also associated with the presence of illegal acts. Such illegal acts may include forgery, fraud, theft, or embezzlement to finance one's gambling. In previous studies, gambling disorder-related illegal acts (GDRIA) are found in 23% to 89% of cases with GD.

This study used network analysis to visualize the clinical profiles of people seeking treatment for GD who had or had not committed illegal acts. The network analysis was used to visually present the relationships between a set of nodes containing clinical information (GD symptoms, psychological symptoms, personality traits, etc.).

What the researchers did

Participants were patients who sought treatment for GD between 2021 and 2022 at the outpatient unit of the Bellvitge University Hospital in Barcelona, Spain. All patients were adults aged 18 years and older. The researchers analyzed data that were collected during the first visit to the clinic. The data were collected using the following questionnaires:

- The Diagnostic Questionnaire for Pathological Gambling, used to assess the presence of GD symptoms according to the DSM-5 criteria. The presence of illegal acts was defined according to the DSM-IV criterion.
- The South Oaks Gambling Screen (SOGS), used to assess the severity of gambling problems.

What you need to know

Illegal acts have been reported in people with gambling disorder (GD). This study used network analysis to visualize the clinical profiles of patients seeking treatment for GD. The network analysis was performed separately for patients with and without illegal behaviours. It was used to visually present the relationships between a set of nodes containing clinical information (GD symptoms, psychological symptoms, personality, etc.). For patients with illegal acts, the most relevant nodes were self-transcendence (a personality trait) and the GD symptom of lying to conceal gambling. For patients without illegal acts, the most relevant node was gambling when feeling distressed.

- The Symptom Checklist-Revised (SCL-90-R), used to assess the presence of psychological symptoms.
- The Temperament and Character Inventory-Revised (TCI-R), used to assess personality traits.
- A semi-structured clinical interview, which gathered additional information about the patients. This included sociodemographic and clinical information (e.g., substance uses). Gambling-related information was also gathered (e.g., age of onset of gambling problems).

What the researchers found

A total of 401 patients were included in this study. Their average age was 41.9 years. Most participants were single (54.6%) and employed (56.9%). Participants were mainly men (91.5%) with a low social status (80.5%). Over half had a primary education (56.9%). Participants were split into two

groups: the GDRIA+ group reported illegal acts, and the GDRIA- group did not report such acts. The GDRIA+ group had a higher proportion of men and younger patients. This group had an earlier onset of GD problems and a longer duration of problematic gambling.

Four clusters of nodes were identified in each group. But the nodes included in each cluster differed. In the GDRIA+ group, the most relevant nodes were the personality trait of self-transcendence and the DSM-5 criterion “A7 - lies to conceal the extent of gambling”. In previous research, people with high levels of self-transcendence show certain clinical aspects, such as delusions and irrational beliefs, high levels of negative emotions, and psychotic tendencies. In the GDRIA+ group, these nodes were also bridge nodes that connected nodes containing other clinical information to each other in the network. These results suggest a need for treatment focusing on self-transcendence and the DSM-5 criterion of lying to conceal gambling to address distress and other clinical aspects in patients with illegal acts. In the GDRIA- group, the most relevant node was the DSM-5 criterion “A5 - often gambles while feeling distressed”.

How you can use this research

This research can be used to better understand the relationship between gambling disorder and illegal acts. The clusters of nodes identified in this study can inform treatment of GD patients with specific profiles.

About the researchers

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