

research snapshot

summarize | mobilize



Minority ethnic status, symptom severity, and psychosocial impairment among people with gambling disorder

What this research is about

Previous research has found higher rates of problem gambling among certain racial-ethnic minority groups. This might be because of different cultural norms and attitudes towards gambling. For example, one study found higher rates of gambling disorder among African-Americans compared to White individuals. Another study reported that African-Americans who gambled were more likely to have co-occurring mental health disorders, such as a substance use disorder or a mood disorder.

In this study, the researchers explored how minority ethnic status (i.e., Black, Asian, and Minority Ethnic status, or BAME) might be linked to clinical presentation, gambling severity, and psychosocial impairment among people with gambling disorder.

What the researchers did

The researchers used data from 475 adults with gambling disorder. The participants all had taken part in clinical trials on pharmacotherapy or psychotherapy. The data were collected using a combined database from ten published studies as well as on-going studies. The participants were recruited in Chicago, IL, and Minneapolis, MN, USA. They were recruited through advertisements on the internet, in public places, and in newspapers.

Data from each participant's first visit was included in the current study. Any participant who was in more than one clinical trial was only included once.

Inclusion criteria for all of the studies were similar. Participants had to have a current gambling disorder. Most studies used the DSM-5 classification. Studies that used the DSM-IV criteria were retrospectively

What you need to know

The researchers examined how minority ethnic status might be linked to gambling symptom severity and other clinical features. A total of 475 adults with gambling disorder were included in this study. These participants had taken part in clinic trials on pharmacotherapy or psychotherapy before. They were assessed for gambling severity, co-occurring mental and physical health problems, quality of life, and psychosocial functioning. Participants who self-identified as Black, Asian, or Minority Ethnic (BAME) were more likely to start gambling at an earlier age than those who self-identified as white Caucasian. There were no differences between the two groups in terms of age when gambling became problematic; disability; current gambling disorder severity; previous suicide attempt(s); quality of life; and percent of salary lost in the past year to gambling. There were also no differences between the two groups in terms of the likelihood of having received treatment for gambling disorder or having attended Gamblers Anonymous.

examined using DSM-5 criteria. Participants were excluded if they had bipolar I disorder, schizophrenia, or substance use disorder within the last three months.

The researchers analyzed demographic data and data collected from a clinical interview. Demographic data included age, gender, marital status, educational level, and racial-ethnic group. Participants self-identified their racial-ethnic group based on an open-ended question.

The clinical interview included the Structured Clinical Interview for DSM and the Structured Clinical Interview for Gambling Disorder. The Minnesota Impulse Disorders Inventory was used to assess whether participants had other impulsive disorders (e.g., kleptomania, binge-eating disorder). Gambling severity was assessed using the Gambling Symptom Assessment Scale. Quality of life was measured using the Quality of Life Inventory. Psychosocial functioning was based on the Sheehan Disability Scale.

The researchers classified participants into two groups. The first group included 41 participants who identified as Black, Asian, or Minority Ethnic (BAME). The second group included 434 participants who identified as white Caucasian (non-BAME).

What the researchers found

On average, participants were about 47 years old. Over half were women (54.3%). There were no differences between the two groups in terms of age, education level, or gender. Among those in the BAME group, participants identified as African-American (43.9%), Latino/Hispanic (19.51%), Asian (19.51%), Indigenous (12.20%), and other (4.88%).

The BAME group started gambling earlier than the non-BAME group. On average, participants in the BAME group started gambling when they were 22 years old (vs. 30 years old for the non-BAME group).

Participants in both groups were just as likely to have other co-occurring mental health problems. Both groups were just as likely to have physical health problems.

Participants in the BAME group were as likely as those in the non-BAME group to have received formal treatment for gambling disorder or to have attended Gamblers Anonymous. About 30% of participants in both groups attended Gamblers Anonymous. Only 10 to 15% of participants received formal treatment.

There were no differences between the two groups in terms of age when gambling became problematic; disability; current gambling disorder severity; previous suicide attempt(s); quality of life; and percent of salary lost in the past year to gambling.

How you can use this research

Practitioners and public health policy makers could use this research to tailor early interventions for Black, Asian, or Minority Ethnic groups. Future research could examine differences in the clinical profiles of different ethnic minority groups.

About the researchers

Jon E. Grant is affiliated with the Department of Psychiatry & Behavioral Neuroscience at the University of Chicago in Chicago, IL, USA. **Samuel R. Chamberlain** is affiliated with the Department of Psychiatry in the Faculty of Medicine at the University of Southampton, UK. Samuel R. Chamberlain is also affiliated with the Southern Health NHS Foundation Trust in Southampton, UK. For more information about this study, please contact Jon E. Grant at jgrant4@bsd.uchicago.edu or iongrant@uchicago.edu.

Citation

Grant, J. E., & Chamberlain, S. R. (2023). Gambling disorder in minority ethnic groups. *Addictive Behaviors*, 136, 107475. <https://doi.org/10.1016/j.addbeh.2022.107475>

Study funding

This study was funded by internal funds from the University of Chicago as well as by a Wellcome Trust Clinical Fellowship.

About Greo

Greo has partnered with the Knowledge Mobilization Unit at York University to produce Research Snapshots. Greo is an independent knowledge translation and exchange organization with almost two decades of international experience in generating, synthesizing, and mobilizing research into action across the health and wellbeing sectors. Greo helps organizations improve their strategies, policies, and practices by harnessing the power of evidence and stakeholder insight.

Learn more about Greo by visiting greo.ca or emailing info@greo.ca.

