RESEARCH QUESTIONS
How do health problems relate to pathological gambling (PG) in an opiate-addicted sample?

PURPOSE
Pathological gamblers (PG) report more mental and physical health problems than do non-pathological gamblers. Similarly, opiate addicts have higher incidences of various health problems. This study examines how health indicators vary as a function of PG in an opiate-addicted population.

HYPOTHESIS
PG patients receiving methadone maintenance treatment for opiate addiction would report more physical and mental stress than would non-PG patients from the same population.

PARTICIPANTS
One hundred and sixty opiate-dependent patients recruited from a methadone maintenance program at a clinic in Hartford, CT. All patients were at least 18 years of age and were literate in English. PG patients differed from non-PG patients in ethnicity (PG patients were more likely to be non-Caucasian), income (PG patients were more likely to report less than $10,000 income), and employment status (PG patients were less likely to be employed full-time).

PROCEDURE
Patients provided demographic information, and completed the South Oaks Gambling Screen (SOGS) with two additional items that probed their recent gambling history (past 2 months) to assess their gambling status. Patients were classified as PG if they scored 5 or higher on the SOGS \( (n = 78) \) and non-PG otherwise \( (n = 72) \). To measure health indicators, patients completed the SF-12v2 Health Survey (SF-12v2), which was a brief self-report questionnaire that measures mental and physical well-being. Mental health was composed of four subscales: Vitality, Social Functioning, Role-Emotional, and Mental Health. Physical health was composed of Physical Functioning, Role--Physical, Bodily Pain, and General Health.

MAIN OUTCOME MEASURES
The key measures were the two summary scores (mental health and physical health) and the eight subscale scores on the SF-12v2. The effects of age, gender, ethnicity, and income were controlled in the analyses.

KEY RESULTS
Income did not influence SF-12v2 scores. After controlling for the effects of age and ethnicity, gambling status remained significant in the model, affecting both the summary mental and physical health scores and six of the eight subscales: Social Functioning, Role-Emotional, Mental Health, Physical Functioning, Role-Physical, and Bodily Pain. In most cases, PG patients scored lower than non-PG patients, which indicated worse overall health in each area for pathological gamblers. The two subscales on which PG and non-PG patients did not differ were Vitality and General Health.

LIMITATIONS
The patient sample was one of convenience because the recruited patients were from the waiting area of a single clinic. Additionally, the high-prevalence of PG in the current sample suggests that there was a self-selection bias in participation. Previous studies report the co-morbidity of PG and opiate addiction at 7-21%, which is much lower than the 50%+ found by the authors of this study. The SF-12v2 is a self-report questionnaire; therefore, there is a possibility that PG patients merely perceive themselves as being less healthy than their non-PG counterparts. Finally, participants were aware that the researchers were studying gambling, which made the study’s hypotheses transparent. This could have influenced participants’ responding.

RESEARCH SYNOPSIS
CONCLUSIONS
The co-morbidity of opiate-addiction and pathological gambling is high (over 50% in this study, although the authors acknowledge that this is likely an overestimate). This study found that among opiate addicts, pathological gamblers report significantly lower levels of physical and mental health than do non-pathological gamblers. This reduced level of health was observed within a population that already reports very low levels relative to the general population. These results suggest that (1) opiate treatment clinics offer a useful starting point for identifying problem gamblers for treatment, and (2) that many opiate-addicts could benefit from additional referrals to medical and mental health professionals to help with their pathological gambling problems.

KEYWORDS: female, health, methadone, pathological gambling, comorbidity opiate

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