



# RESEARCH SYNOPSIS

Desai, R. A., Maciejewski, P. K., Dausey, D. J., Caldarone, B. J., & Potenza, M. N. (2004). Health correlates of recreational gambling in older adults. *American Journal of Psychiatry*, 161(9), 1672-1679. doi:10.1176/appi.ajp.161.9.1672

## RESEARCH QUESTIONS

Are there links between recreational gambling in older adults and health indicators such as alcohol and substance abuse, incarceration, bankruptcy, depression, and subjectively reported health?

## PURPOSE

Research has shown that health and well-being indicators such as alcohol and substance abuse, depression, incarceration, and bankruptcy increase recreational gambling participation. Although the growth rate of gambling participation is now highest among adults over 65, it is unknown whether these health and well-being indicators influence older adults to the same degree.

## PROCEDURE

Data was obtained from the GIB, which used random-digit dialling within the US. Four telephone surveys were removed because they lacked gambling data and 51 were removed because respondents were not recreational gamblers; they instead were problem or pathological gamblers. The final sample was divided into older adults (aged 65 or older) and younger adults (aged 18-64). Both age categories were further sorted into gamblers and non-gamblers according to whether they acknowledged or denied past-year gambling. The final sample included 195 older gamblers, 192 older non-gamblers, 1,291 younger gamblers, and 679 younger non-gamblers.

## MAIN OUTCOME MEASURES

The primary outcome measure was whether or not a respondent had gambled in the previous year. For those who had gambled, secondary outcomes included reasons for gambling (money, excitement, social activity, customer rewards, social setting), maximum frequency of gambling (daily, 1-3/wk, 1-2/month, few days/year, once/year), maximum wins/losses (<\$100, \$100-500, >\$500), and types of gambling performed and preferred. Types of gambling included strategic (e.g., table games, dice, board games, racing), non-strategic (e.g., lotteries, bingo,

pull-tabs), and machine (e.g., internet, electronic game machines).

## KEY RESULTS

Unlike younger adults, older adults' objective health indicators were largely unrelated to their recreational gambling behaviour. More specifically, alcohol use, alcohol abuse, drug abuse, and incarceration were all significantly related to recreational gambling behaviour in younger adults, and bankruptcy and history of depression were marginally related. In contrast, only alcohol use was significantly related to recreational gambling in older adults, although depression was marginally related. The two age groups also differed in their subjective reports of general health. In younger adults, gamblers and non-gamblers did not differ in their subjective reports, whereas older gamblers were 2.5 times more likely to report good or excellent general health than older non-gamblers.

## LIMITATIONS

This study excludes problem gamblers; thus, the results may not extend to a population of older problem gamblers. The use of subjective reports of general health may also be problematic because respondents likely compare themselves to their peers. Therefore, a rating of 'poor general health' may not signify the same thing to each age group. Indeed, the relationship between this measure and gambling appears to be due to lower reports of general health among older non-gamblers. This suggests that there was a confound between level of health and ability to gamble in the older population. The telephone survey also targeted households and was likely not to sample from older adults living within assisted-living settings. Therefore, it is unclear whether the results will extend to those older adults who depend on assisted living.

## CONCLUSIONS

Although many health and well-being factors (e.g., drug and alcohol use and abuse, incarceration, bankruptcy, depression) correlate with recreational gambling in younger adults, these factors play little if any role in determining recreational gambling

behaviour in older adults. Alcohol use is the only factor that is significantly related to recreational gambling in older adults.

**KEYWORDS:** age, depression, drug abuse recreational gambling, seniors, health, comorbidity bankruptcy, substance use, incarceration

**URL:**

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