What this article is about

Gambling can be addictive. People with gambling disorder frequently and repeatedly gamble. Despite the negative consequences, they are unable to resist or stop gambling. Gambling disorder can affect people’s personal, family, social, and financial wellbeing. Evidence suggests that cognitive-behavioural therapy can reduce gambling behaviour. It can also reduce other symptoms of gambling disorder.

The authors conducted a systematic review. The aim is to examine whether cognitive-behavioural interventions can improve the quality of life of people with problem gambling.

What was done?

The authors followed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines. The authors searched the databases of Medline (PubMed), Scopus, Web of Science, CINAHL, The Cochrane Library Plus, PsycInfo, and ProQuest. They also searched the reference lists of the studies identified in the search. Included studies had to meet the following criteria:
- Randomized clinical trials (RCTs) that used cognitive-behavioural therapy to improve the quality of life of people with problem gambling. RCTs randomly assign participants to a treatment condition or another condition (e.g., a control condition without any treatment).
- Published in either English or Spanish.
- Published before January 2020.
- Considered to have good methodological quality. Study quality was assessed based on the Jadad scale.

Why is this article important?

Gambling disorder can affect people’s personal, family, social, and financial wellbeing. Cognitive-behavioural interventions can be used to help people with gambling disorder. This systematic review looked at whether cognitive-behavioural interventions can improve the quality of life of people with problem gambling. Included articles had to be randomized clinical trials focusing on quality of life among people with problem gambling. They had to be published before January 2020 in English or Spanish. Included studies must also have good methodological quality. The review found that cognitive-behavioural therapy can improve the quality of life of people with problem gambling. Cognitive-behavioural therapy can also help improve other aspects that affect quality of life. It seems to be most effective when it is supported by a manual or when combined with another intervention (Mindfulness or Gambler Anonymous).

Studies were excluded from the review if they focused on preventing gambling problems. Studies were also excluded if they were mixed-method studies where quantitative data were not analyzed separately. A total of 1233 articles were initially found. After screening, 9 studies were included in this review.

What you need to know

None of the included studies were blinded RCTs. That is, none of the studies concealed which condition participants were assigned to. Most of the RCTs were conducted in Australia (44%). This was followed by
The authors found mixed results regarding the effects of cognitive-behavioural therapy on reducing alcohol use. The review also did not find evidence to confirm if combining cognitive-behavioural therapy with drug treatment would be effective.

One study found that improvements from cognitive-behavioural therapy were maintained 3 months after treatment. Another study found that treatment effects were maintained after 6 and 12 months. But more research is needed to understand the long-term effects of cognitive-behavioural therapy.

Overall, the review found that cognitive-behavioural therapy can improve the quality of life of people with problem gambling. The studies assessed quality of life using a variety of measures, including the Quality of Life Enjoyment and Satisfaction Questionnaire (Q-LES-Q); World Health Organization Quality of Life; Satisfaction with Life Scale; Quality of Life Inventory; and Short Form Health Inventory.

The authors discussed how the most effective interventions seemed to be supported by a self-help manual. Interventions were also most effective when mindfulness intervention was completed before cognitive-behavioural therapy. The authors noted that more research is needed on whether cognitive-behavioural therapy is more effective when it is offered in group or individually. In the included studies, cognitive-behavioural therapy was offered in group, individual, or online couple sessions.

On their own, Gamblers Anonymous (GA) support groups are not effective. But one study found GA support groups with cognitive-behavioural therapy could help reduce problem gambling and help people abstain from gambling after 12 months of treatment.

Cognitive-behavioural therapy can help improve other aspects that impact the quality of life of people with problem gambling. In several studies, cognitive-behavioural therapy reduced the frequency of gambling and the desire to gamble. Some studies also found a decrease in the amount of money wagered.

Who is it intended for?
This review can guide researchers in developing future studies on the use of cognitive-behavioural therapy in problem gambling.

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