research snapshot
summarize | mobilize

Evaluating the Gambling Disorder Identification Test (GDIT) as a measure for gambling disorder

What this research is about

The DSM-5 classifies gambling disorder under substance-related and addictive disorders. Most tools for measuring gambling problems were created before the DSM-5 was released. So, they do not measure gambling problems based on the DSM-5 criteria for gambling disorder. It is difficult to estimate the prevalence of gambling disorder using these tools.

A panel of gambling researchers created the Banff Consensus Agreement (BCA) around measuring gambling outcomes in treatment studies in 2004. The BCA recommends the measurement of outcomes in three domains: (1) gambling behaviour (e.g., money spent in the past month, frequency of gambling in days in the past month); (2) problems caused by gambling (e.g., mental health, relationship, financial, and employment problems); and (3) treatment-specific measures of how change occurs.

Most tools that measure gambling problems do not meet the BCA guidelines. So, a group of gambling researchers created the Gambling Disorder Identification Test (GDIT) to meet these guidelines. Gambling experts discussed what items should be included in the GDIT. Then it was reviewed by gambling researchers, clinicians, and people with gambling problems. Finally, this study evaluated the GDIT by testing it on participants who gamble.

What the researchers did

The researchers advertised the study at self-help groups, on social media, and through clinicians at the Stockholm Center for Dependency Disorders. They recruited 603 participants. Some participants gambled recreationally, while others were seeking support for gambling, attending gambling self-help groups, or

What you need to know

Many tools that measure gambling are not based on the DSM-5 criteria for gambling disorder. So, the researchers created the Gambling Disorder Identification Test (GDIT) through expert consensus to match these criteria. This study tested the GDIT on 603 people who gamble and/or experience gambling problems. Overall, the researchers found the GDIT to be a valid and reliable measure. They compared GDIT scores to a clinical interview for gambling disorder. They found that higher scores on the GDIT were linked to more severe gambling disorder. Additionally, participants who scored higher on the GDIT also had higher scores for at-risk and problem gambling on two other screens. Thus, the GDIT can measure problem gambling and gambling disorder severity.

were in treatment for gambling. All participants were at least 18 years old, and 74% of them were men.

Participants completed an online survey which included the GDIT. The GDIT has 14 items that cover 3 domains: (1) gambling behaviour, (2) gambling symptoms, and (3) negative consequences caused by gambling. The GDIT also includes an appendix to ask about the types of gambling activities and gambling spending. GDIT scores range from 0 to 62, and higher scores should indicate more severe gambling disorder.

The survey also included two other gambling screens, the Problem Gambling Severity Index (PGSI) and the Problem and Pathological Gambling Measure (PPGM). One week after completing the survey, participants filled out the GDIT a second time. A subset of participants also completed the Structured Clinical

research impact
turning research into action

greo

Interview for Gambling Disorder (SCI-GD). This interview measures the presence and severity of gambling disorder based on DSM-5 criteria. Gambling disorder severity can be mild, moderate, or severe.

The researchers tested if the GDIT was a valid and reliable measure. They compared the GDIT scores to scores from the clinical interview (SCI-GD) and the other gambling measures (PGSI and PPGM). This allowed them to see what scores on the GDIT correspond to different levels of GD severity.

What the researchers found

Participants' scores on their first and second GDIT were similar. This suggests the GDIT is a reliable and consistent measure. The researchers also found that a 3-domain model for the GDIT fitted the data well. The three domains were consistent for male and female participants. There were some differences between younger and older adults for items in the domain of negative consequences. This suggests that gambling causes different problems for younger and older adults.

The researchers compared the GDIT scores to the responses on the clinical interview for GD. They found that GDIT scores of 20 to 24 indicate mild GD, 25 to 29 indicate moderate GD, and 30+ indicate severe GD. They also compared the GDIT scores to the PGSI and PPGM scores for at-risk and problem gambling. GDIT scores of 10 to 14 corresponded to at-risk gambling and 15 to 19 corresponded to problem gambling.

The last item on the GDIT asks about negative consequences with work or school because of gambling. This item was only weakly linked to gambling disorder. So, problems at work or school might not be as strong of an indicator of gambling disorder as previously expected. However, the GDIT items appear valid and reliable indicators of gambling disorder overall.

How you can use this research

The authors suggest researchers continue to test the GDIT. For example, future studies could test whether GDIT scores change based on the types of gambling participants engage in.

About the researchers

Olof Molander, Peter Wennberg, and **Anne H. Berman** are affiliated with the Karolinska Institutet in Solna, Sweden. Olof Molander and Anne H. Berman are also affiliated with the Stockholm Region Health Services in Stockholm, Sweden. Peter Wennberg and Anne H. Berman are affiliated with Stockholm University in Stockholm, Sweden. Anne H. Berman is affiliated with Uppsala University in Uppsala, Sweden. For more information about this study, please contact Olof Molander at olof.molander@ki.se.

Citation

Molander, O., Wennberg, P., & Berman, A. H. (2021). The Gambling Disorders Identification Test (GDIT): Psychometric evaluation of a new comprehensive measure for gambling disorder and problem gambling. *Assessment*. Advance online publication. https://doi.org/10.1177/10731911211046045

Study funding

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.