Gambling Symptom Assessment Scale (G-SAS) has two underlying factors

What this research is about

The Gambling Symptom Assessment Scale (G-SAS) is a tool used to assess the severity of gambling symptoms. It serves to help clinicians and researchers assess the experience of gambling symptoms in the past 7 days, and track progress during treatment. There are 12 items (i.e., questions) on the G-SAS. Items 1 to 4 measure the severity of gambling urges (intensity, frequent, duration, and control). Items 5 to 7 measure gambling thoughts (frequency, duration, and control). Item 8 measures the duration of gambling behaviour. Items 9 and 10 measure the intensity of excitement before gambling, and excitement from winning. Items 11 and 12 measure emotional distress and personal troubles from gambling.

The factor structure of the G-SAS is unknown. This means that each item on the G-SAS measures gambling symptom severity. But the relationships among the items, and the underlying aspects of gambling symptom severity they contribute to, are unknown. The current study investigated the factor structure of the G-SAS to find how the items related and the underlying aspects of gambling symptom severity. Two factors were uncovered. ‘Gambling impulse’ was represented by a cluster of symptoms including gambling urges, thoughts, excitement and behaviour. ‘Adverse consequences’ was represented by gambling-related emotional distress and personal problems. Patients who scored higher on the G-SAS spent more time and money on gambling, and had lower quality of life. They were also more likely to be diagnosed with pathological gambling.

What you need to know

The Gambling Symptom Assessment Scale (G-SAS) is used to assess gambling symptom severity. The current study investigated the factor structure of the G-SAS to find how the items related and the underlying aspects of gambling symptom severity. Two factors were uncovered. ‘Gambling impulse’ was represented by a cluster of symptoms including gambling urges, thoughts, excitement and behaviour. ‘Adverse consequences’ was represented by gambling-related emotional distress and personal problems. Patients who scored higher on the G-SAS spent more time and money on gambling, and had lower quality of life. They were also more likely to be diagnosed with pathological gambling.

What the researcher did

Participants were 521 patients seeking treatment for problem gambling at an addiction treatment centre in Singapore. Participants completed the G-SAS. They also completed measures of gambling-related indicators (i.e., time and money spent, gambling debt) and quality of life. A psychiatrist then consulted and assessed if they had PG based on the criteria in the text revision of the 4th Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR). The DSM has been used widely by clinicians to diagnose mental disorders, including gambling addiction.
The researchers randomly split the participants into two groups. Data from the first group were analyzed to explore the factors underlying the G-SAS. Data from the second group were used to confirm the findings from the first group.

What the researcher found

Results showed that the G-SAS had 2 underlying factors: (1) ‘gambling impulse’ and (2) ‘adverse consequences’. Specifically, ‘gambling impulse’ was related to gambling urges, thoughts, excitement and behaviour (G-SAS items 1 to 10), ‘Adverse consequences’ was related to emotional distress and personal troubles from gambling (G-SAS items 11 and 12).

Participants with higher G-SAS scores experienced lower quality of life. They also spent more time and money on gambling. However, scores on the G-SAS were not associated with how much gambling debt the participants had. Participants with higher G-SAS scores were more likely to be diagnosed with PG. Similarly, participants diagnosed with PG scored higher on ‘gambling impulse’ and ‘adverse consequences’ of the G-SAS.

How you can use this research

Clinicians and treatment providers may use the G-SAS as a brief screening tool to evaluate gambling symptom severity in relation to gambling impulse and adverse consequences. The information may help inform type of treatment. For instance, patients who have high scores on gambling impulse may require more time aimed at changing their gambling motivations. Future research should test and compare the clinical utility of the G-SAS against other known screening tools.

About the Researcher

Hui Shan Rebecca Ong is a research assistant, P.V. Asharani is the research manager, and Song Guo is a consultant psychiatrist and the head of research at National Addictions Management Service, Institute of Mental Health (NAMS), in Singapore. Chao-Xu Peh is a research assistant/biostatistician in the Research Division at the Institute of Mental Health in Singapore. To contact the researchers about this study, please write to Asharani_PEZHUMMOOTTIL_VASUDEVAN_N@imh.com.sg.

Citation


Keywords

Pathological gambling, assessment, symptoms, psychometrics, Singapore

Gambling Research Exchange Ontario (GREO)

Gambling Research Exchange Ontario (GREO) has partnered with the Knowledge Mobilization Unit at York University to produce Research Snapshots. GREO is an independent knowledge translation and exchange organization that aims to eliminate harm from gambling. Our goal is to support evidence-informed decision making in responsible gambling policies, standards and practices. The work we do is intended for researchers, policy makers, gambling regulators and operators, and treatment and prevention service providers.

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