DSM-5 criteria may lead to an increased recognition of gambling disorder in high-risk populations

What this research is about

Several changes have been made to the diagnosis of gambling disorder (GD) in the 5th edition of the Diagnostic and Statistical Manual for Mental Disorders (DSM-5). First, the criterion related to participating in illegal acts has been removed. Participating in illegal acts (e.g., forgery, fraud, theft) to support gambling is no longer required for GD diagnosis. Secondly, the threshold for the diagnosis of GD has been lowered. In DSM-5, an individual must meet 4 or more criteria (out of 9) to be diagnosed with GD, such as “often gambles in response to stress” and “lies to conceal extent of gambling involvement”. In the previous edition (DSM-4), an individual has to meet 5 out of 10 criteria. Thirdly, GD has been moved under the Substance-Related and Addictive Disorders section, which includes alcohol and drug addictions. Thus, GD is now recognized as a behavioural addiction and not an impulse control disorder. The current review explores recent research studies on how these changes might have an impact on the diagnosis and treatment of GD.

What you need to know

Several changes have been made to the diagnosis of gambling disorder (GD) in the DSM-5. These include: 1) the removal of participating in illegal acts as a criterion for diagnosis; 2) lowering of the diagnostic threshold; and 3) classifying GD as a behavioural addiction. This review explores recent research studies on how these changes might have an impact on the diagnosis and treatment of GD. It suggests that the removal of participating in illegal acts as a criterion has little impact on diagnosis. Lowering the diagnostic threshold will increase the number of individuals being diagnosed with GD. However, this increase will only be modest and may be more notable in high-risk populations.

What the researcher found

Research has found that the illegal acts criterion is usually met by the most severe gamblers. These gamblers are likely to have been diagnosed already with GD. Thus, the criterion of participating in illegal acts is not necessary for diagnosis. Also, some research highlights that participating in illegal acts is a consequence of GD and not a core part of the disorder. Finally, past research has found that participating in illegal acts is associated with dysfunction in other areas of life, such as unemployment and suicide attempts. Thus, while not required for diagnosis, participating in illegal acts may
be a sign that more intensive treatment is required. Overall, the removal of the illegal acts criterion has little impact on the diagnosis of GD.

Lowering the diagnostic threshold to 4 out of 9 criteria in DSM-5 may result in a modest rise in prevalence rate. Also, GD may be increasingly recognized in high-risk populations due to its new classification as a behavioural addiction. Some settings that serve people with higher risk for gambling problems may see more gamblers being diagnosed with GD. These settings include substance abuse treatment clinics and homeless shelters.

How you can use this research

Based on the new DSM-5 criteria, clinicians may see a rise in the number of clients diagnosed with GD. The increase is more likely to occur in high-risk populations, such as drug users and homeless persons. Clinicians in treatment clinics for addictions and homeless services should screen clients for gambling problems. Additional staff training in screening and treatment of GD may be necessary in these settings.

About the Researcher

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