

# research snapshot

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## Who is most likely to treat pathological gamblers?

### What this research is about

People with pathological gambling (PG) often have other mental health disorders. For instance, bipolar disorders, depression, personality disorders, and anxiety are very common among people with PG. Substance use disorders are also quite common. These include alcohol abuse, tobacco use disorder, and prescription drug abuse. There is little research on the type of health care services received by people for their gambling problems and co-occurring disorders.

The current study assessed the characteristics of patients seeking treatment for PG and co-occurring mental health and substance use disorders in the US context. It also estimated the likelihood of patients receiving care by clinician specialty. That is, it estimated how likely it was for patients to receive care from primary care physicians (PCPs), social workers, psychologists, and psychiatrists.

### What the researchers did

The researchers used data from the Massachusetts All-Payer Claims Database (APCD). The APCD represents health claims from public and private health insurance payers in Massachusetts (MA). The APCD includes information on health care services including physician visits, emergency department visits and hospitalizations, and prescription drugs.

The researchers examined data for 869 MA residents with a diagnosis of PG who sought treatment at some time during January 2009 to June 2013. The APCD provided information on these patients' co-occurring mental health and substance use disorders. It also provided information on who treated these patients.

### What you need to know

This study examined health care services received by patients seeking treatment for pathological gambling (PG) and co-occurring disorders. All of the 869 patients were residents of Massachusetts, USA. They were covered by private insurance payers, with many being enrolled in a health maintenance organization (HMO). The likelihood of receiving care by clinician specialty varied significantly by patients' diagnosis and number of co-occurring disorders. If PG was the principal diagnosis, then patients were more likely to receive care from social workers and psychologists compared to primary care providers (PCPs) and psychiatrists. PG patients with co-occurring depression were three times more likely to receive care from PCPs. PG patients with three or more co-occurring diagnoses were more likely to receive care from PCPs. They were less likely to receive care from psychologists and social workers.

The researchers analyzed the number of co-occurring mental health and substance use disorders each patient had. Then, they grouped the patients by the number of co-occurring disorders (i.e., one, two, three, and four or more diagnoses).

The researchers also examined who treated these patients. Clinicians could be therapeutic providers, such as social workers or psychologists who cannot prescribe medications. Clinicians could also be prescribing providers, such as psychiatrists and PCPs. The researchers estimated the likelihood of receiving care by clinician specialty based on the specific co-occurring diagnoses and on the total number of clinical diagnoses as a bundle that the patients had.

### What the researchers found

Patients were mostly males (71%) and aged 45-54 years old (26.7%). Over half (51.4%) of the patients had PG as a principal diagnosis. In addition, less than half (42.9%) of the patients had PG as a primary diagnosis. This means that PG was the disorder that required the most care.

The most common co-occurring disorders among patients who had PG as a principal diagnosis were anxiety disorders (27.8%), mood disorders (25.6%), and substance use disorders (17.8%). The most common co-occurring disorders among patients who had PG as a primary diagnosis were mood disorders (34.7%), anxiety disorders (17%), and substance use disorders (9.3%). Depression was also common among the patients (13.3% and 7.5%, respectively).

The likelihood of receiving care by clinician specialty varied greatly by patients' diagnosis and number of co-occurring disorders. Patients with PG as a principal diagnosis were three times more likely to receive care from psychologists and social workers. They were less likely to receive care from PCPs and psychiatrists. But PG patients with depression were three times more likely to receive care from PCPs.

Compared to patients with one diagnosis, patients with three clinical diagnoses were three times more likely to receive care from a PCP and five times more likely to receive care from a psychiatrist. Patients with four or more co-occurring disorders were almost six times more likely to receive care from a PCP.

### How you can use this research

Because PG patients may seek treatment for their co-occurring disorders rather than gambling problems, mental health and substance use treatment providers should screen for gambling problems among their patients. Health care systems should ensure that care for PG and other co-occurring disorders are coordinated effectively.

### About the researchers

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### Keywords

Behavioral addictions, mental health disorders, treatment provision, clinician specialty, pathological gambling, All-Payer Claims Data

### Gambling Research Exchange Ontario (GREO)

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