RESEARCH QUESTIONS
What is the prevalence of recreational and disordered gambling in a sample of adults in an urban primary medical care setting? Is problem gambling associated with poorer physical and emotional health?

PURPOSE
Given the importance of accurately assessing health functioning, particularly in medical settings, additional research is needed to better understand the relationship between health functioning and the full range of gambling behaviors in a general adult medical sample. As such, the current study assessed the rates and factor associated with recreational, problem and pathological gambling among adults in an urban primary care medical setting.

HYPOTHESIS
Problem and pathological gambling would be associated demographic variables (i.e., gender, ethnicity and socioeconomic status). Problem and pathological gamblers would report poorer physical and emotional health compared to recreational gamblers and non-gamblers.

PARTICIPANTS
Participants were 574 patients (25% males; average age = 37 years) at an urban multidisciplinary primary care medical practice in Hartford, CT.

PROCEDURE
After checking into the medical practice, individuals were approached by a research assistant and asked to complete a 3 page self-report questionnaire of demographics, gambling behaviors, and physical and mental health. Eighty percent of those asked agreed to participate.

MAIN OUTCOME MEASURES
The SOGS assessed lifetime gambling. Participants were also asked questions relating to frequency of and amount of money spent on gambling in the last 2 months and the types of gambling activities in which they engaged in during their lifetime. The Short Form Health Survey, Version 2 (SF-12v12) assessed physical and emotional functioning over the past 4 weeks in eight categories: Physical Functioning, Role Limitations due to Physical Health, Bodily Pain, General Health, Vitality, Social Functioning, Role Limitations due to Emotional Health and Mental Health.

KEY RESULTS
Individuals with SOGS scores of 0–2 were classified as recreational gamblers (62%), 3–4 as problem gamblers (5%) and 5 or higher as probable pathological gamblers (11%). Participants who indicated that they had never bet on any of 13 listed gambling categories and had not gambled at all in the previous 2 months were classified as non-gamblers (23%). The most frequently endorsed lifetime gambling activities by the entire sample were lottery tickets (65%), scratch tickets (58%), slot machines (48%), playing cards for money (36%) and playing bingo for money (31%). Consistent with the hypothesis, problem and pathological gamblers were most likely to be male, nonwhite, and unemployed or receiving disability.

Gambling and Health. Results also supported the hypothesis of poorer physical and emotional health for those with gambling problems. More specifically, pathological gamblers reported poorer functioning than problem gamblers on five of eight health categories: Physical Functioning, Role Limitations (Physical), Bodily Pain, Social Functioning and Role Limitations (Emotional). Pathological gamblers also reported significantly worse functioning than non-gamblers and recreational gamblers on all eight health categories. Problem gamblers had poorer functioning than recreational gamblers on three health categories: Physical Functioning, Bodily Pain and Vitality; and worse functioning than non-gamblers on six of eight health categories: Physical Functioning, Role Limitations (Physical), Bodily Pain, General Health, Vitality and Mental Health. Recreational gamblers reported worse functioning than non-gamblers on two Mental Health categories: Vitality and Mental Health as well. In no instance did

RESEARCH SYNOPSIS
recreational gamblers report better functioning than non-gamblers.

**LIMITATIONS**
The SOGS is known to have a high false positive rate and thus may overestimate the number of problem or probable pathological gamblers. A longitudinal design (where participants are followed over time) would be needed to determine whether gambling problems cause poor health.

**CONCLUSIONS**
Medical providers should consider screening for gambling involvement and problems. Primary care settings, with regular long-term follow-up, may be the venue best suited to identify patients with gambling-related problems. Given that the rate of disordered gambling may be increasing and pathological gambling is associated with adverse health complications, medical providers who screen for gambling problems and refer patients for treatment may be better able to provide the most comprehensive care for their patients.

**KEYWORDS:** pathological gambling physical health mental health

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Severity of gambling is associated with physical and emotional health in urban primary care patients.