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Life course of disordered gambling: From childhood factors to adult outcomes

What this research is about

Few studies have looked at the long-time course of gambling disorder. Also, there have been no studies that compare people with a single episode and those with a recurrent course of the disorder. Longitudinal cohort studies that follow participants prior to the onset of gambling are needed to distinguish between the potential causes and consequences.

This study analysed data from a cohort study in Dunedin, New Zealand. The prevalence of gambling disorder based on DSM-5 criteria was low among the cohort members (2.09% and 0.66% at ages 32 and 45, respectively). Thus, the researchers focused on a broader definition of disordered gambling that included people with milder gambling problems. The primary aims of this study included the following:

- (1) To document the long-term course of disordered gambling in the cohort through age 45.
- (2) To examine childhood factors and adult outcomes associated with disordered gambling.
- (3) To compare between people with a single episode and those with a recurrent course of the disorder.

What the researchers did

The researchers used data from the Dunedin Multidisciplinary Health and Development Study. This study formed a cohort of 1,037 children between April 1, 1972 and March 31, 1973. The cohort is primarily white (~93%). Assessments were held at birth and at ages 3, 5, 7, 9, 11, 13, 15, 18, 21, 26, 32, 38, and 45. A total of 938 participants out of the 997 living cohort members (94%) took part in the assessment at age 45.

A single item assessed gambling problems in the past year at ages 18, 21, 26, 32, 38, and 45. Past-year disordered gambling was assessed at ages 21, 32, and

What you need to know

The aim of this study was to document the long-term course of disordered gambling through age 45. Another aim was to examine childhood factors and adult outcomes associated with disordered gambling. The results showed that disordered gambling usually occurred as a single episode. Recurrent disordered gambling was not common. Lower childhood socioeconomic status, general intelligence, and self-control predicted disordered gambling in adulthood. In turn, disordered gambling was associated with poorer outcomes in occupation, education, and finance. It also predicted legal problems. But, these associations were markedly reduced or even non-significant after taking into account childhood factors.

45 with the use of different screening tools. Thus, the researchers created a 5-item measure that could maximise comparison. The items included financial problems; chasing losses; spending more time or money than intended; borrowing money; and hiding evidence or lying about gambling.

The researchers also looked at the participants' involvement in 11 gambling activities at age 45. In addition, three informants (e.g., best friend, partner, or other family member) reported whether the participants had a gambling problem in the past year.

Childhood factors included childhood socioeconomic status, general intelligence, and self-control. These were assessed from birth through age 15.

The researchers examined adult outcomes at age 45 in three domains: (1) occupational and educational

attainment; (2) financial, e.g., credit scores, unemployment, social welfare benefits, practical financial knowledge, and informant-reported financial problems; and (3) legal, i.e., criminal convictions.

What the researchers found

The prevalence of past-year disordered gambling decreased from age 21 to age 45. The incidence of disordered gambling (i.e., new cases) also decreased with age. At age 45, the prevalence was 3.19% based on the 5-item measure (29 participants). Nearly one-third of the participants with past-year disordered gambling at age 45 were new cases (29%).

Lifetime disordered gambling was based on having past-year disordered gambling at any time from ages 18 to 45. Data must be available from at least three waves of assessment for a diagnosis of lifetime disordered gambling to be made. Lower childhood socioeconomic status, lower general intelligence, and lower self-control all predicted lifetime disordered gambling at age 45. In turn, lifetime disordered gambling was associated with poorer adult outcomes in occupation, education, and finance. It also predicted having more criminal convictions.

The associations of adult outcomes with disordered gambling were markedly reduced or even non-significant after taking into account childhood factors. These results suggest that the poorer adult outcomes are not merely because of disordered gambling. They are also because of childhood background factors.

A total of 180 participants had lifetime disordered gambling. Most of them experienced only a single episode (72%). Almost one-third (28%) had recurrent disordered gambling (i.e., more than one episode). Participants with recurrent disordered gambling had lower socioeconomic status during childhood. In terms of adult outcomes, they were rated by their informants as having more financial problems. This held true even after taking into account sex and childhood factors.

How you can use this research

This study could be helpful to gambling research, prevention, and intervention programmes.

About the researchers

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Citation

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