research snapshot
summarize | mobilize

Temporal sequencing of problem gambling and other mental health conditions among Swedish men and women

What this research is about

At times, gambling can become more than just a fun activity; it can impact people and develop into a psychiatric condition. This is when gambling problems occur. Past research has noted that people with problem gambling are more likely to have other mental health conditions. The co-occurrence of two or more conditions is called comorbidity. Past studies have found that women are more likely to show comorbidity, especially with anxiety and affective disorders.

Research that examines comorbidity often looks at individuals who seek treatment. However, many people with gambling problems do not seek treatment. Moreover, people who seek treatment are mainly white and middle-aged people. This limits our understanding of the nature of comorbidity in the general population. There are also research gaps regarding temporal sequencing. This means that there is not enough understanding about which conditions come first (i.e. whether problem gambling occurs before or after other mental health conditions). One study with treatment-seeking adults found that women tended to have other conditions before the onset of problem gambling, but the pattern was opposite for men.

This study aimed to examine the risk for comorbidity in Swedish men and women with and without problem gambling. It also aimed to examine the age of onset and discover which conditions came first.

What the researchers did

The researchers analyzed data from the Swedish Longitudinal Gambling Study (Swelogs). They focused on data that came from the In-Depth (ID) track, which

What you need to know

This study examined the risk of co-occurring mental health conditions in Swedish men and women with and without gambling problems. It also examined whether gambling problems preceded or followed other conditions. Participants were from a longitudinal research study in Sweden. Results revealed that all conditions (depression, suicidal events, anxiety, and alcohol and other substances) were more common in participants with problem gambling. All conditions, aside from alcohol and other substance uses, were more common among women than men. For women, all the comorbid conditions started before gambling. Men started gambling before having any other condition, and depression and suicidal events emerged after they had developed problem gambling.

aimed to collect data on the mental health of study participants using a lifetime perspective. Participants of the ID track were those who showed problem gambling (591 cases). There were a group of controls (participants without problem gambling) who were matched to the cases in terms of sex and age (2400 controls). The researchers examined the first two waves of data collection that had been carried out.

The Swelogs study contained many measures. The South Oaks Gambling Screen-Revised Life Time measure (SOGS-R Life) and the Problem Gambling Severity Index (PGSI) were used to assess gambling problems. To measure psychiatric comorbidity, the study used the Mini International Neuropsychiatric Interview (MINI). The MINI was used to assess for

mood-anxiety, depression, panic syndrome, social phobia, post-traumatic stress disorder, generalized anxiety disorder, alcohol use disorder, and substance use disorders. Most of the questions in the MINI asked about current issues, therefore questions about lifetime problems were added. Three questions about suicide were also added.

What the researchers found

Results revealed that depression, suicidal events, and anxiety were more common in those with problem gambling compared to those without problem gambling. The risk for having had a comorbid condition over a lifetime was doubled or more than doubled among those with problem gambling. The risks for comorbid mental health conditions were also higher for women than for men. Problems with alcohol and other substances were more common in those with problem gambling, but did not vary by gender.

For women, all of the comorbid conditions, except for suicidal events, started before gambling. Problem gambling was the last condition to emerge. In contrast, gambling came before the other conditions for men, and depression and suicidal events emerged after they had developed problem gambling. In particular, having anxiety or depression increased the risk for developing problem gambling for women but not for men. Results also showed that men started to gamble earlier and got gambling problems at a younger age than women.

How you can use this research

This research could be used by prevention and treatment service providers. Knowing the nature of comorbidity and its representation in men and women could impact treatment planning. Service providers could also use this information to develop more effective harm minimization strategies. Future research could examine comorbidity in different subgroups of gamblers and in different cultures.

About the researchers

Kristina Sundqvist is affiliated with Department of Public Health Sciences at Stockholm University in Stockholm, Sweden. **Ingvar Rosendahl** is affiliated with the Department of Clinical Neuroscience, Centre for Psychiatric Research at the Karolinska Institutet, and Stockholm Health Care Services at Stockholm County Council in Stockholm, Sweden. For more information about this study, please contact Kristina Sundqvist at kristina.sundqvist@sorad.su.se

Citation

Funding

Gambling Research Exchange (GREO)

Gambling Research Exchange (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.