

GREG BRIEF: GAMBLING IN THE DSM AND ICD

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A number of factors that may influence the choice to use the Diagnostic and Statistical Manual of Mental Disorders (DSM) or the International Statistical Classification of Diseases and Related Health Problems (ICD) for classifying gambling problems. In order to understand the differences between the DSM and ICD, it is helpful to examine their development and underlying purpose.

DSM DEVELOPMENT AND PURPOSE

The DSM is the official classification for clinical diagnosis in the USA, and has expanded to other countries (such as Canada). The primary focus of the DSM is the classification of mental disorders. It aims to provide clinicians with the necessary criteria to accurately (and reliably) determine a patient's diagnosis by thoroughly describing disorders. The DSM is mainly used by psychiatrists, but it is increasingly used by psychologists and other mental health practitioners.¹ The DSM is created and maintained by the American Psychiatric Association (APA) and generates a substantial portion of the revenue for the American Psychological Association.²

ICD DEVELOPMENT AND PURPOSE

The ICD is used in every country except the USA. It includes classification for mental disorders, as well as conditions and diseases related to all other body systems (e.g., respiratory, circulatory, musculoskeletal, etc). The ICD's development is global, multidisciplinary, and multilingual and, as such, the ICD is distributed broadly, at low-cost (with subsidies for low-income countries) and is available for free online.² The ICD is designed to be used by 'the universal mental health practitioner', and is therefore flexible and simple in the use of language in order to enable all practitioners to use it (including many with fewer formal qualifications in low- and middle-income countries). Indeed, each region or country can 'customize' the ICD to meet their cultural needs.³ Importantly, the ICD provides a code number once a diagnosis has been established, which allows for statistical compilation and reporting (and comparison across jurisdictions).

CHOOSING BETWEEN THE DSM AND ICD

Arguably, the DSM allows for better research classification, whereas the ICD allows for greater clinical discretion in making diagnoses. Since the DSM includes diagnostic (i.e., operational) criteria, it tends to have high statistical reliability (i.e., over time and/or across different clinicians, a person will get the same diagnosis). However, reliability does not mean that the DSM better describes disorders or is more valid in terms of correctly identifying disorders. Although operational criteria improves reliability, it may do so at the expense of validity. For this reason, some people prefer the ICD, as they feel clinical discretion is essential for valid diagnosis.¹ In the United States, clinicians tend to use the DSM to identify the diagnosis, and then code the diagnosis with the ICD number.³ However, there matching issues between classifications in special cases. The table below (reproduced from Tyrer, 2014) summarizes the major differences between the DSM and ICD:

MAIN DIFFERENCES BETWEEN ICD AND DSM	
ICD	DSM
Official world classification	US classification (but used in many other countries)
Intended for use by all health practitioners	Used primarily by psychiatrists
Special attention given to primary care and low- and middle-income countries	Focused mainly on secondary psychiatric care in high-income countries
Major focus on clinical utility (planned for ICD-11) with reduction of number of diagnoses	Tends to increase the number of diagnoses with each succeeding revision
Provides diagnostic descriptions and guidance but does not employ operational criteria	Diagnostic system depends on operational criteria using a polythetic system for most conditions (i.e. combination of criteria that need not all be the same)

GAMBLING CLASSIFICATION

In accordance with the early DSM classification (through to DSM IV) of problem gambling as an impulse control disorder, the ICD-10 listed problem gambling in the category Habit and Impulse Control Disorders. In the new DMS-5, gambling is included in the Substance-Related and Addictive Disorders section, being reclassified as 'disordered gambling' (previously it was termed 'pathological gambling' and listed within impulse control disorders in DSM-IV). Consistent with this change, gambling disorder is now included in the Substance Use and

Related Disorders chapter of the ICD-11 (still in draft) and is subdivided into predominantly offline and predominantly online types.⁴ The ICD-11 and DSM-5 definitions for this disorder are outlined below:

ICD-11 DEFINITION

Gambling disorder is characterized by a pattern of persistent or recurrent gambling behaviour, which may be online (i.e., over the internet) or offline, manifested by:

1. impaired control over gambling (e.g., onset, frequency, intensity, duration, termination, context);
2. increasing priority given to gambling to the extent that gambling takes precedence over other life interests and daily activities; and
3. continuation or escalation of gambling despite the occurrence of negative consequences.

The behaviour pattern is of sufficient severity to result in significant impairment in personal, family, social, educational, occupational or other important areas of functioning. The pattern of gambling behaviour may be continuous or episodic and recurrent. The gambling behaviour and other features are normally evident over a period of at least 12 months in order for a diagnosis to be assigned, although the required duration may be shortened if all diagnostic requirements are met and symptoms are severe.

DSM-5 DEFINITION

- A. Persistent and recurrent problematic gambling behaviour leading to clinically significant impairment or distress, as indicated by the individual exhibiting four (or more) of the following in a 12-month period:
 - 1) Needs to gamble with increasing amounts of money in order to achieve the desired excitement.
 - 2) Is restless or irritable when attempting to cut down or stop gambling.
 - 3) Has made repeated unsuccessful efforts to control, cut back or stop gambling.
 - 4) Is often preoccupied with gambling (e.g., having persistent thoughts of reliving past gambling experiences, handicapping or planning the next venture, thinking of ways to get money with which to gamble).
 - 5) Often gambles when feeling distressed (e.g., helpless, guilty, anxious, depressed).

- 6) After losing money gambling, often returns another day to get even (i.e., “chasing” one’s losses).
- 7) Lies to conceal the extent of involvement with gambling.
- 8) Has jeopardized or lost a significant relationship, job, or educational or career opportunity because of gambling.
- 9) Relies on others to provide money to relieve desperate financial situations caused by gambling.

B. The gambling behaviour is not better explained by a manic episode.

Specify if:

Episodic: Meeting diagnostic criteria at more than one time point, with symptoms subsiding between periods of gambling disorder for at least several months.

Persistent: Experiencing continuous symptoms, to meet diagnostic criteria for multiple years.

Specify if:

In early remission: After full criteria for gambling disorder were previously met, none of the criteria for gambling disorder have been met for at least 3 months but for less than 12 months.

In sustained remission: After full criteria for gambling disorder were previously met, none of the criteria for gambling disorder have been met during a period of 12 months or longer.

Specify current severity:

Mild: 4–5 criteria met.

Moderate: 6–7 criteria met.

Severe: 8–9 criteria met.

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