UPPING THE ANTE: DEMOGRAPHIC AND CLINICAL CORRELATES OF ANTISOCIAL PERSONALITY DISORDER IN GAMBLING DISORDER

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INTRODUCTION

- GD and antisocial personality disorder (ASPD) have a comorbidity rate between 14.6 (Blaszczynski & McConaghy, 1994) and 16.5% (Pietrzak & Petry, 2005).
- Individuals with comorbid GD+ASPD are more likely to be male, younger, divorced, and have fewer years of education.
- Those with GD+ASPD also started gambling earlier, had higher gambling severity, had more medical and drug problems, and scored higher on the paranoid ideation, somatization and phobic anxiety sub-scales of the Brief Symptom Inventory.
- Despite the findings that GD+ASPD potentially have distinct clinical characteristics research on this comorbidity has been neglected.
- Identifying the clinical correlates can provide useful information that could inform treatment approaches specifically tailored for this unique population.

OBJECTIVES

- 1) Identify the rates of ASPD in a sample of treatment seeking, disordered gamblers (N = 311).
- 2) Examine the demographic, psychiatric, and personality characteristics among people with comorbid gambling disorder and antisocial personality disorder (GD+ASPD) compared to gambling disorder without antisocial personality disorder (GD-ASPD).

HYPOTHESES

- 1) Individuals with GD+ASPD would be more likely to be younger, male, single and have fewer years of education.
- 2) Individuals with GD+ASPD would exhibit more addictive behaviours, and greater psychiatric comorbidities.

METHODS

- The sample included 311 treatment seeking disordered gamblers with (*n* = 45) and without (*n* = 266) comorbid ASPD were recruited through the University of São Paulo Hospital in Brazil.
- Psychologists and psychiatrists administered the following measures:
 - A standard demographic questionnaire.
 - <u>Gambling:</u> Gambling Symptom Assessment Scale (GSAS; Kim et al., 2009), and the Gamblers' Beliefs Questionnaire (GBQ; Steenbergh et al., 2002). <u>Psychiatric Comorbidities</u>: Mini-International Neuropsychiatric Interview
 - (MINI; Amorim, 2000).
 - <u>Addictive Behaviours:</u> Short PROMIS Questionnaire (SPQ; Christo et al., 2003).
 - <u>Personality Characteristics</u>: Temperament and Character Inventory (TCI; Cloninger, 1999; Fuentes et al., 2000), and the Barratt Impulsiveness Scale – 11 (BIS-11; Malloy-Diniz et al., 2010; Patton et al., 1995).

STATISTICAL ANALYSIS

- Univariate analyses compared GD+ASPD and GD-ASPD; Chi-square tests for categorical variables; Fisher's Exact Test used when expected cell counts < 5
- Independent samples *t*-tests used for continuous variables; Mann-Whitney U tests conducted if normality violated.
- Backward binary logistic regression conducted to identify importance of each predictor.
- Only variables with *p* < .10 entered: age, sex, age problem gambling started, hypomania, social phobia, agoraphobia, bulimia nervosa, alcohol, food starving, sex, exercise, novelty seeking, harm avoidance, self-directedness, BIS motor.





*= Significant at p < .05. + = Marginally significant. No differences were found for other demographic factors (ethnicity, marital status, monthly income, sexual orientation, years of education, p > .155).

Gambling Behaviours



*= Significant at p < .05 .+ = Marginally significant. No differences were found for other gambling behaviours: hours spent gambling, money lost, G-SAS or GBQ, p > .120



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				95% for Exp (<i>B</i>)	
Wald X ²	р	Exp (<i>B</i>)	Lower	Upper	
7.75	.005	.919	.865	.975	
4.56	.033	.223	.056	.884	
7.16	.007	1.07	1.02	1.12	
5.68	.017	1.15	1.03	1.30	
1.57	.211	.143			
	7.75 4.56 7.16 5.68 1.57	vvalu x p 7.75 .005 4.56 .033 7.16 .007 5.68 .017 1.57 .211	Wald XpExp (b)7.75.005.9194.56.033.2237.16.0071.075.68.0171.151.57.211.143	Waid XpExp (b)Cower7.75.005.919.8654.56.033.223.0567.16.0071.071.025.68.0171.151.031.57.211.143	

CONCLUSIONS

- harm avoidance were the best predictors of ASPD in disordered gamblers.

Having a younger age of onset for problem gambling, meeting criteria for social phobia, engaging more in addictive sexual behaviour, and having higher scores for

GD+ASPD may require treatments specifically tailored to meet their unique needs.