Comorbid Conditions in Individuals Seeking Treatment for Problem Gambling in Brazil: An Exploratory Analysis



Matthew A. Budd¹, Daniel S. McGrath¹, Hyoun S. (Andrew) Kim¹, David C. Hodgins¹, Hermano Tavares²



1. University of Calgary, Department of Psychology, Calgary, AB, Canada, 2.University of São Paulo, Faculty of Medicine, São Paulo, Brazil

Introduction

- Individuals with problem gambling (PG) are at risk for many psychiatric and substance use disorders compared to general population (Lorains et al, 2010)
- Comorbid disorders can affect access to and compliance to treatment (Winters & Kushner, 2003), and may help guide treatment for PG (Blaszczynski & Nower, 2002)
- Comorbidity profiles that account for PG severity may differentiate treatment

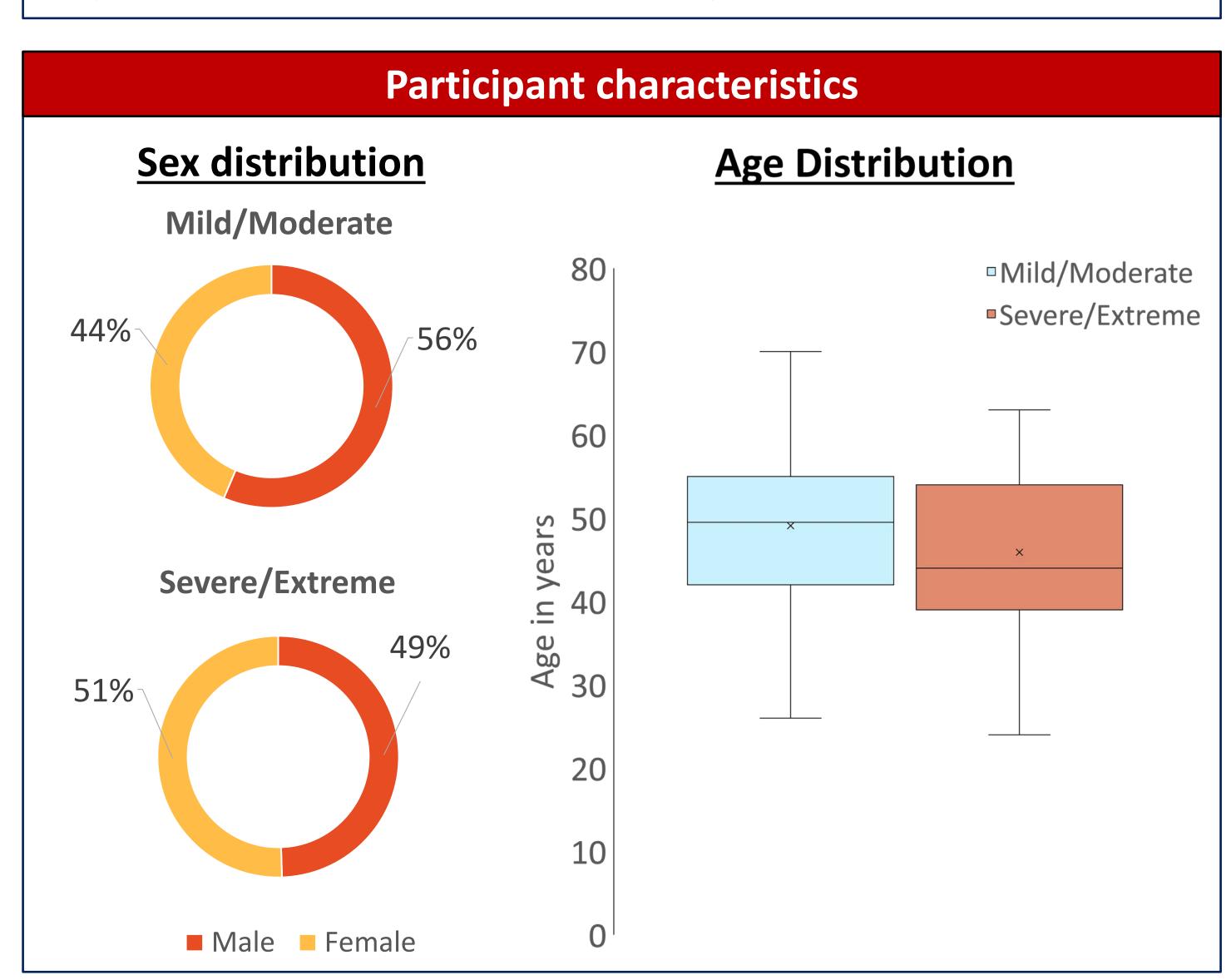
Objective and Hypothesis

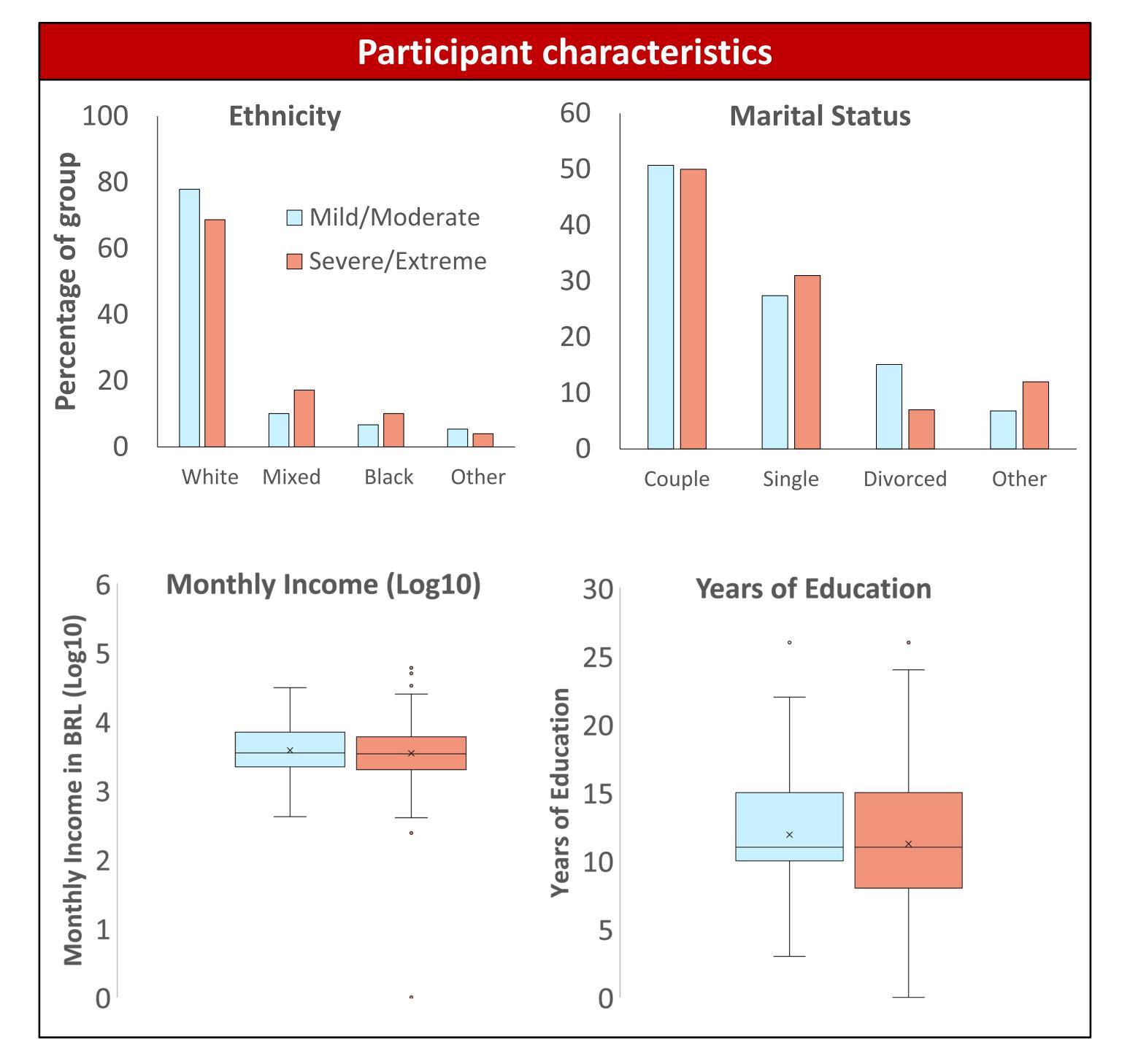
Objective: To evaluate and compare the prevalence of comorbid psychological conditions in individuals with a diagnosis of gambling disorder characterized as either mild/moderate, or severe/extreme.

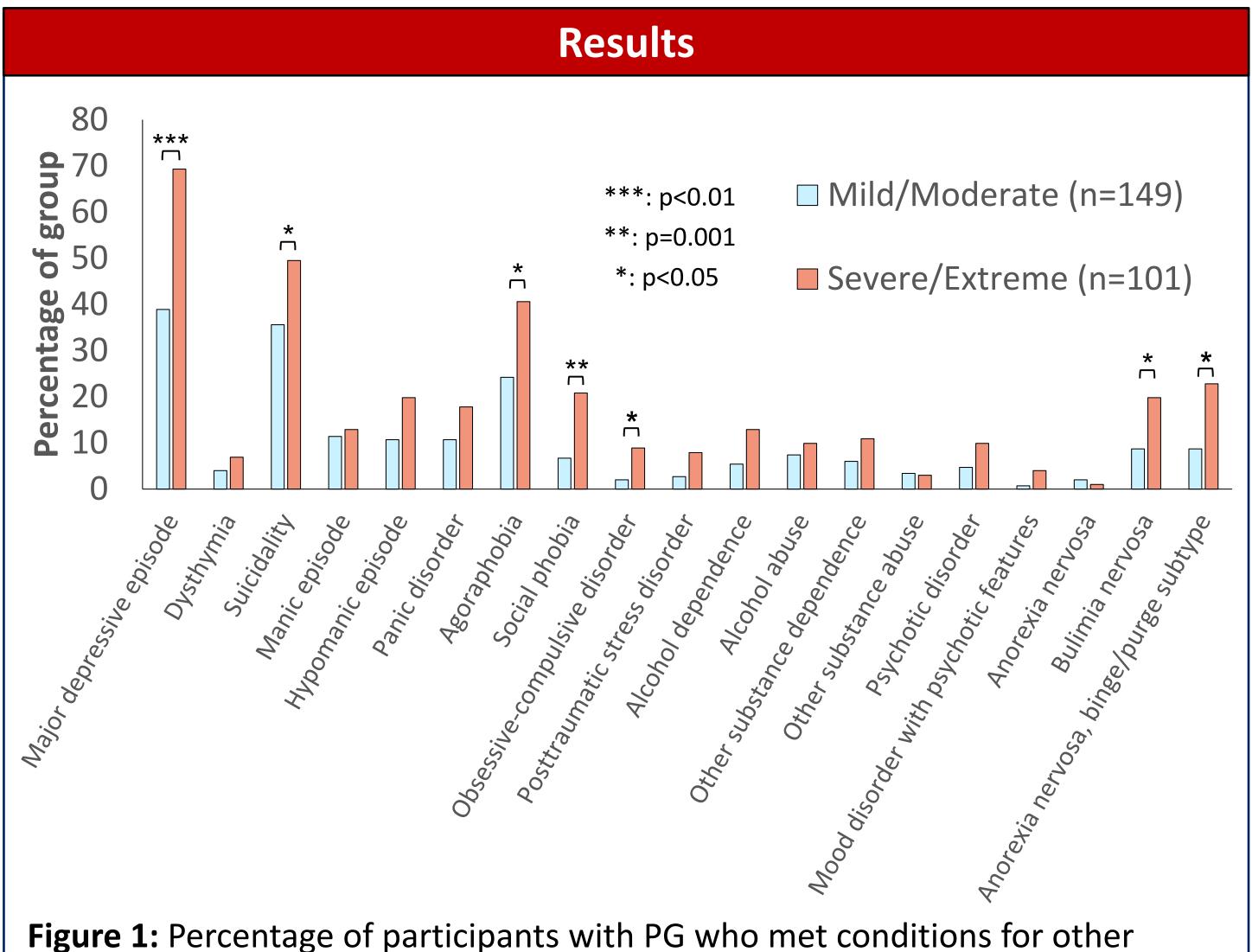
Hypothesis: Individuals with more severe gambling symptoms will experience higher rates of comorbid conditions.

Methods

- ➤ N=250 participants recruited from individuals seeking treatment for gambling at the University of São Paulo Hospital
- Gambling severity quantified via Gambling Severity Assessment Scale (GSAS, Kim et al, 2009), on a 0-to-48 numeric scale
- Severity ratings binned as mild (total GSAS score between 8 and 20), moderate (21-30), severe (31-40), and extreme (41-48)
- Comorbidities assessed via Mini International Neuropsychiatrics Interview (M.I.N.I. version 5.0.0, Sheehan et al., 2006)







psychological conditions (DSM-IV). Individual significance values calculated via

Fisher's exact test. Value of α =0.003 via Bonferroni correction.

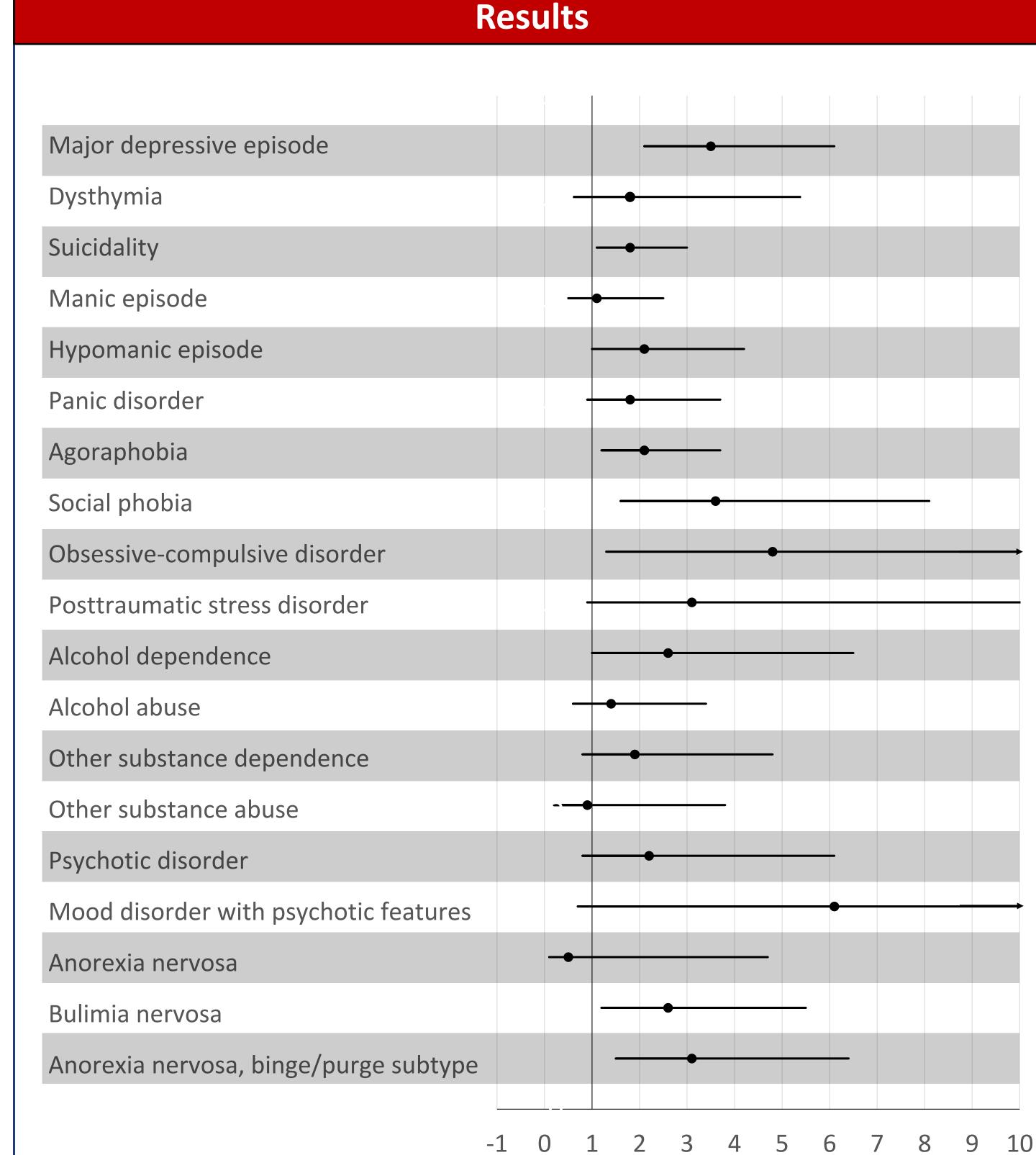


Figure 2: Odds ratios(severe/extreme : mild/moderate) for comorbid disorders among participants with PG. Individual significance values calculated via Fisher's exact test. Value of α =0.003 via Bonferroni correction.

Conclusions/Discussion

- Individuals with more severe PG experience a greater proportion of several mood-, anxiety-, and eating-related disorders
- Further evaluation of types and patterns of past & present gambling engagement, duration of problems, and demographic & personality correlates may help inform risk factor assessments during treatment and highlight causative pathways leading to severe PG



Matthew Budd University of Calgary, Dept of Psychology matthew.budd@ucalgary.ca, 403-220-3118

Odds Ratio (95% Confidence Interval)