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Introduction

Disordered gambling often co-occurs with substance use disorders (SUD). Petry et al.¹ found that 73.2% and 38.1% of DGs had a co-morbid alcohol or substance use disorder respectively.

Much of the past literature has focused primarily on prevalence rates between DG and SUDs², and neglects the differences that may exist between disordered gamblers (DGs) with and without a co-morbid SUD.

Previous research has been done both on DGs compared to healthy controls as well as those with a SUD versus healthy controls. These populations often differ from healthy controls in terms of depression^{3,4}, anxiety^{1,4}, impulsivity^{5,6}, as well as engagement of other addictive behaviours⁷. Because of this, there is reason to believe that DGs with a co-morbid SUD may be at greater risk for displaying co-occurring mental health disorders as opposed to DGs without a co-morbid SUD.

The current study aimed to compare DGs with a co-morbid substance use disorder (SUD+) and DGs without a co-morbid a substance use disorder (SUD-) to determine if these individuals differ on demographics, gambling severity, addictive behaviours, as well as psychiatric disorders.

Hypotheses

- SUD+ would score higher on gambling severity than SUD-
- SUD+ would display more psychiatric co-morbidities than SUD-
- SUD+ would engage in more addictive behaviours than SUD-

Methods

Participants: 349 Treatment Seeking DGs in São Paulo, Brazil:

- 200 Males (58%) and 142 Females
- Aged 20 – 76 (Mean = 47.34, SD = 12.15)
- Of the 349 DGs, 73 (21%) met criteria for a co-morbid SUD

Measures

- Gambling Symptom Assessment Score (GSAS) – Measures the severity of disordered gambling symptoms
- Mini International Neuropsychiatric Interview (MINI) – Brief structured clinical interview for psychological disorders; corresponds to DSM-IV criteria
- Shorter PROMIS Questionnaire – Measures 16 potentially addictive behaviours
- Structured Clinical Interview for DSM Disorders (SCID) – Structured clinical interview for impulse control disorders

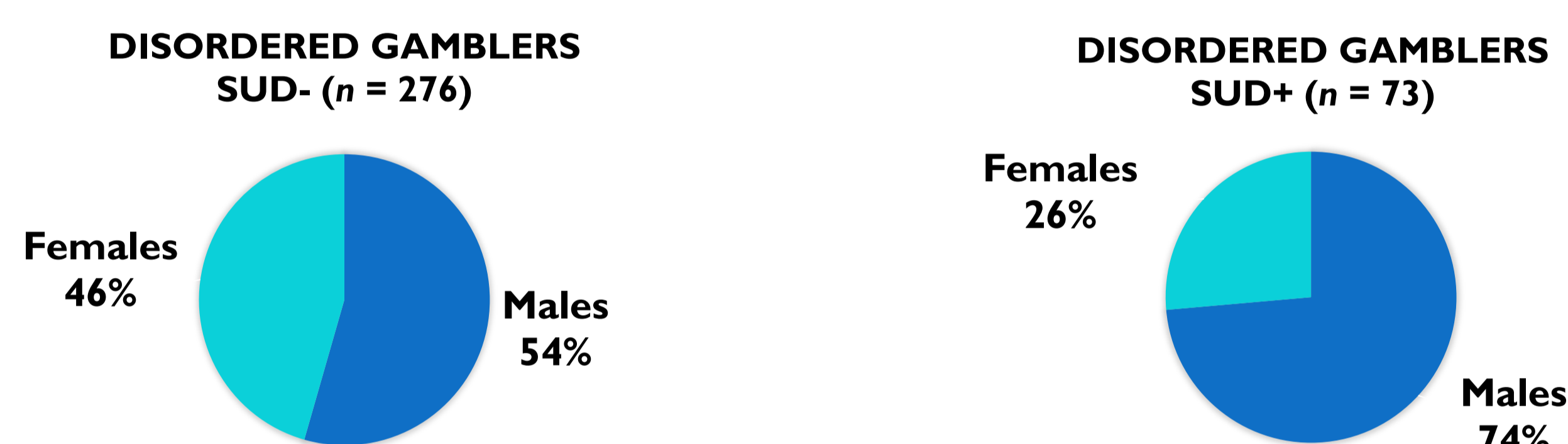
Analyses

Comparison of disordered gamblers without a co-morbid SUD to disordered gamblers with a co-morbid SUD

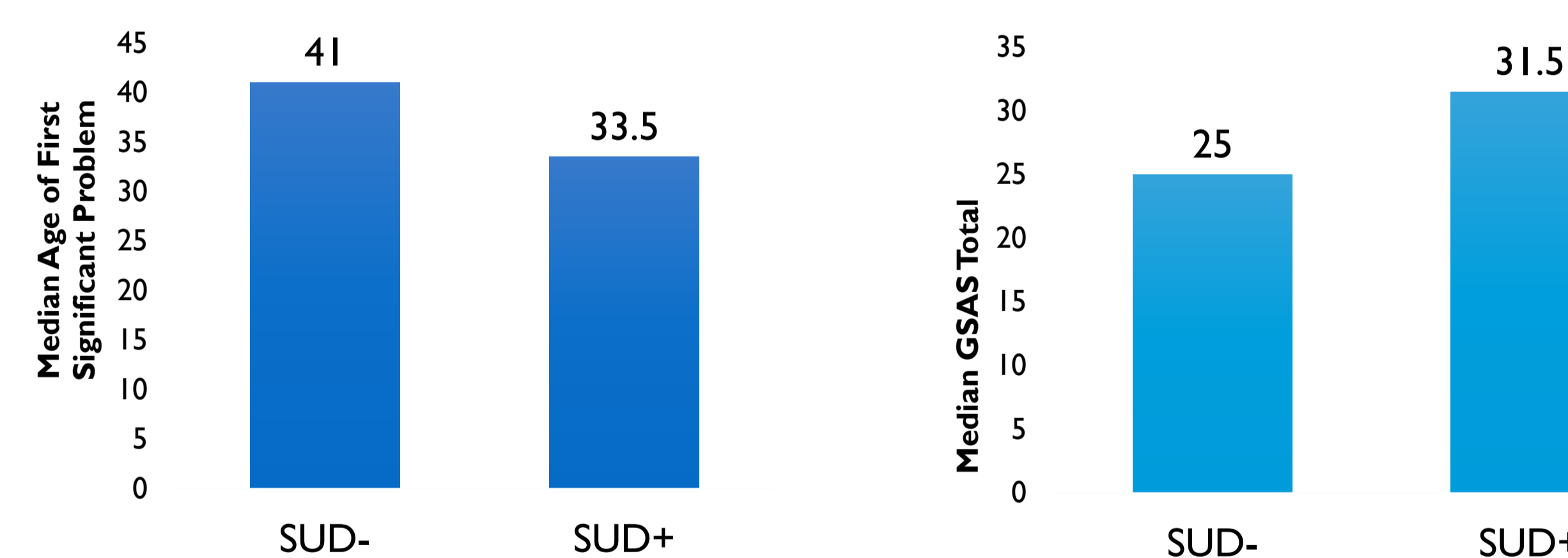
- Chi-square tests (for categorical variables)
- Mann-Whitney U tests (for non-normal, continuous data)

Results

Demographics



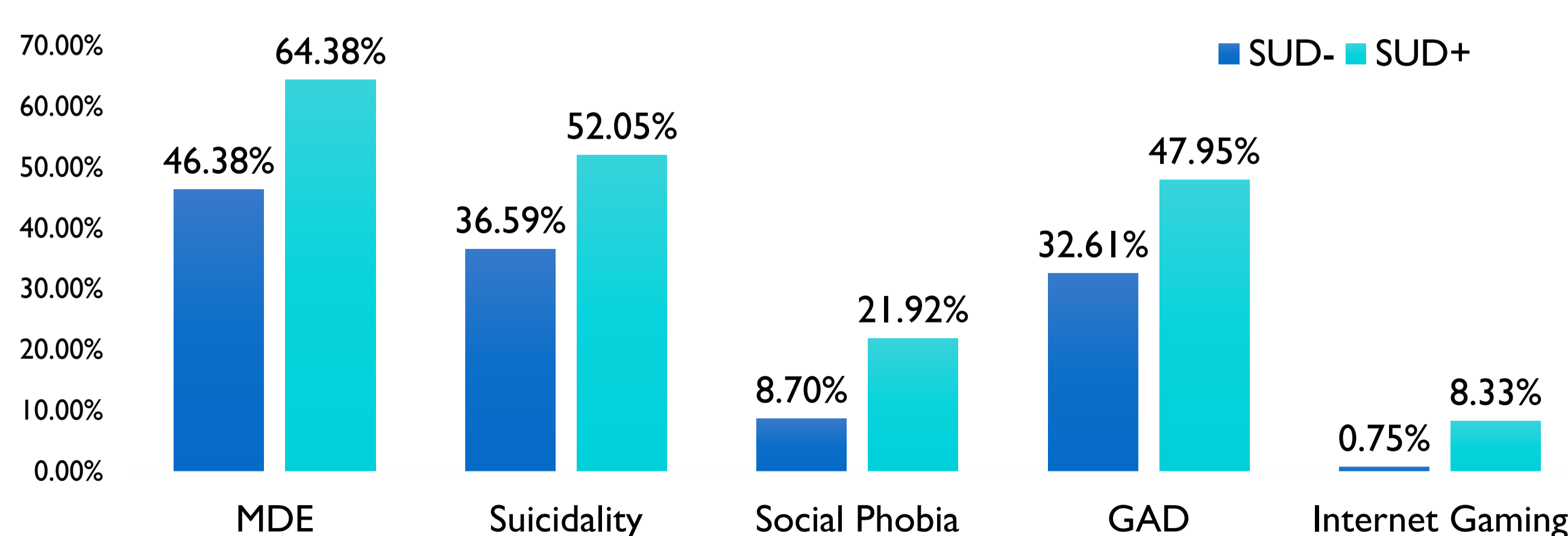
Gender: $\chi^2(1) = 8.6, p = .003$



U = 6940.50, p = .002

U = 6739.00, p = .013

Psychiatric Co-Morbidities

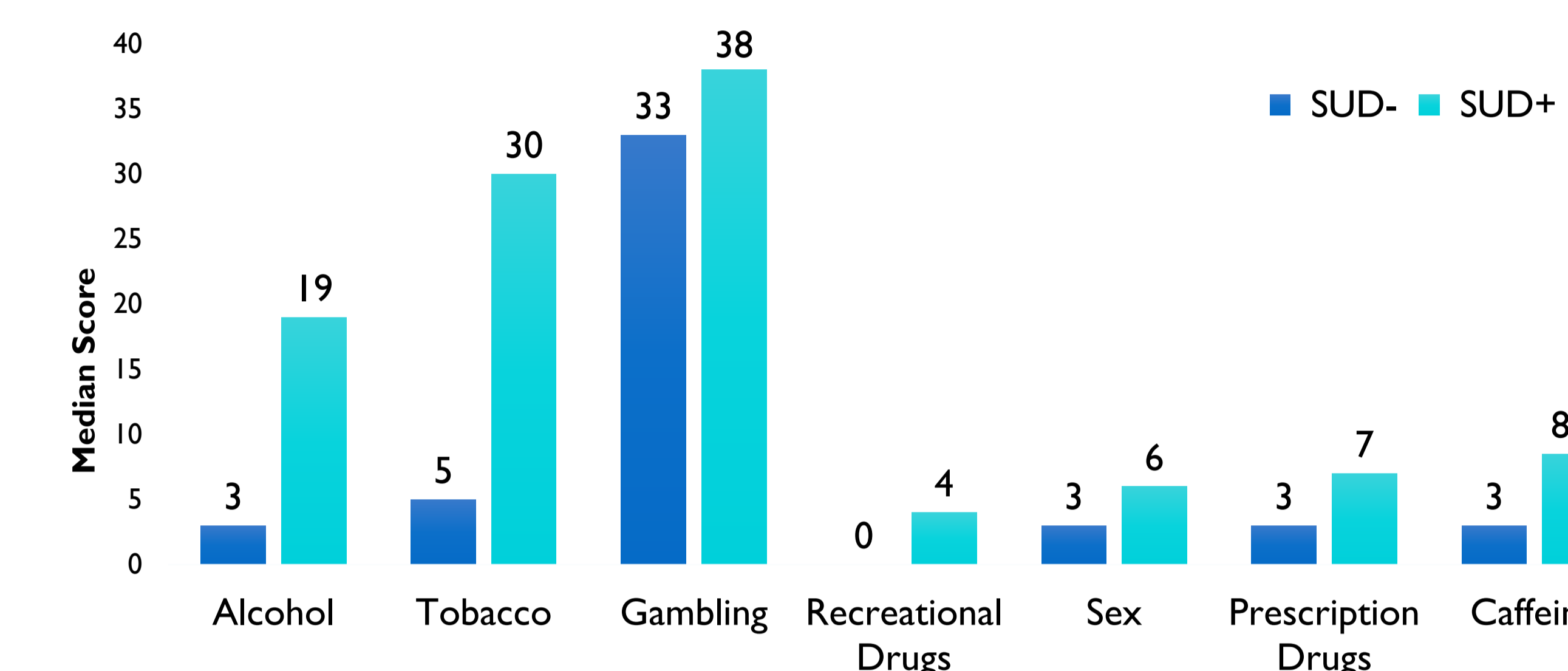


MDE: $\chi^2(1) = 7.49, p = .006$, Suicidality: $\chi^2(1) = 5.76, p = .016$,

Social Phobia: $\chi^2(1) = 9.95, p = .002$,

GAD: $\chi^2(1) = 5.91, p = .015$, Internet Gaming Disorder: *Fishers Exact* p = .001)

Addictive Behaviours



Alcohol: U = 8613.50, p < .001, Tobacco: U = 8165.00, p < .001, Gambling: U = 6874.50, p = .005, Recreational Drugs: U = 7994.50, p < .001, Sex: U = 6508.00, p = .003, Prescription Drugs: U = 7116.00, p = .002, Caffeine: U = 6982.50, p = .003

Discussion

The results supported the hypotheses that DGs with a co-morbid SUD score significantly higher on gambling severity, as well as display more addictive behaviours, and were more likely to have experienced a co-morbid psychiatric disorder.

DGs with co-morbid SUD display a high prevalence for major depressive episodes (64%), current suicidality (52%) and generalized anxiety disorder (48%).

These results may have implications towards treating DGs with a co-morbid SUD. Specifically, people admitted for treatment of disordered gambling be screened for additional psychiatric disorders, including current suicidality.

Future research should explore the underlying mechanisms which lead individuals to develop co-morbid SUD alongside disordered gambling. As well as explore the potential personality trait differences that may be contributing to this co-morbidity.

References

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