

## **Comorbidity of Gambling Disorders and Other Psychiatric Disorders**

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Early clinical studies of gambling disorders found that other psychiatric disorders also occurred relatively consistently in problem gamblers. Unfortunately, studies of comorbidity of gambling disorders are relatively few with small numbers of participants. In addition, comorbidity tends to change based on the population and site of assessment. For example, prison, psychiatric treatment, and substance dependence treatment samples, all have different comorbidity patterns in the National Comorbidity study.<sup>1</sup> This study also found that multiple psychiatric diagnoses are concentrated in approximately 16% of the population.

The Harvard Division of Addictions gambling disorder prevalence meta-analysis<sup>1</sup> established psychiatric comorbidity as a risk factor for gambling disorders. In fact, the meta-analysis considered the question if gambling disorders were truly independent disorders. Their analysis established that adult psychiatric, substance dependence, and prison samples have significantly higher prevalence rates for gambling disorders than community samples of adults. The relative risk varies from four to seven, depending on the population studied.<sup>2</sup>

However, the specific comorbidity associations are more difficult to discern. Substance dependency has been relatively well established as a significant comorbidity with pathological gambling.<sup>3,4</sup> Approximately 50% of pathological gamblers will have a substance use or dependency diagnosis. Affective and anxiety symptoms have also been found to be associated with pathological gambling.<sup>3,5</sup> Personality Disorder comorbidity has also been studied with antisocial personality disorder the strongest association.<sup>3</sup> The

timing of the development of comorbid psychiatric conditions and gambling disorders is still unclear. In addition, the effect of the comorbid disorder on gambling behavior is also unclear.

In a study of social cost of gambling disorder reported elsewhere<sup>6</sup>, participants in GA and gambling disorder treatment listed the types of comorbid problems that they experienced and also identified which comorbid problems made their gambling problems worse. This paper reports on the statistical analysis of the comorbidity questions from this sample.

### **Methods**

An anonymous, voluntary social cost questionnaire was distributed to all state gambling disorder treatment sites and GA meeting sites in the state of Louisiana in January of 1999. Seventy-eight questionnaires were returned in time for statistical analysis. Questions included duration of gambling, career, treatment, employment, civil and criminal justice experience, and amount of gambling related debt. Methods have been completely described in the original report.

### **Results**

**Demographics of GA/Treatment Sample:** Ages for the GA sample ranged from 22 to 70, with a mean age of 45.. Religious affiliations reported were 62% Protestants and 31% Catholic. Gender distribution was 52.6 male and 48.7% female. Self-reported racial configuration was: Caucasian, 80.8%; African-American, 12.8%; American Indian, 3.8%; Asian-Pacific Islander, 1.28%; and other, 1.28%.. Eighteen percent of the sample worked at clerical level positions, 15% worked in a skilled manual labor, and 14% worked in managerial/supervisory positions. Fifteen percent worked in sales, and 8% in

service positions. Four percent were educators, and 3% were students. Four percent were craftsman and another 3% were in professional services. Artists/writers, gaming industry, manufacturing, technical/research, farm and law enforcement professions each had 1.3%.

**Income:** Forty-one percent had a total household income below \$50,000, 47.4% had a total household income between \$50,000 and \$100,000, and 11.5% had a total household income over \$100,000.

**Marital Status:** Fifty-five percent were married and 5% were in common law/cohabitation relationships. Fifteen percent were divorced, 9% were separated, and 15% were never married.

**Education:** Thirty-nine percent had been to college or trade school and 26% had a bachelor's degree or higher.

**Current Employment:** Sixty-five percent were full-time employed and 5% part-time. Eight percent were full-time homemakers and 10% were disabled. Six percent were unemployed, 4% were retired, and less than 2% were students.

**Co-morbidity:** Sixty-one of the 78 respondents (78%) reported other addictive or psychiatric problems. Thirty (38.5%) of the respondents stated that addictive and psychiatric problems had increased the severity of their gambling addiction. See Table One for frequencies of co-morbidity by the SOGS level classification

**Table One****Co-Morbidity in Gamblers Anonymous Sample February 1999**

Co-Morbidity GA Sample N=78	N	% of Total Sample	Lifetime SOGS Level Frequencies			[Row] % Within Comorbidity		
			1	2	3	1	2	3
<b>Compulsive Shopping</b>	16	20.5%	1	2	13	6.3%	12.5%	81.3%
<b>Anorexia/Bulimia/ Eating Disorder</b>	4	5.1%	0	0	4	0	0	100%
<b>Overeating Problem</b>	31	39.7%	1	3	27	3.2%	9.7%	87.1%
<b>Depression/ Psychiatric Problem</b>	46	60%	1	0	45	2.2%	0%	97.8%
<b>Drinking Problem</b>	22	28.2%	1	0	21	4.5%	0%	95.5%
<b>Drug Problem</b>	22	28.2%	1	1	20	4.5%	4.5%	90.9%
<b>Marijuana</b>	13	16.7%	1	1	11	7.7%	7.7%	84.6%
<b>“Uppers”</b>	4	5.1%	0	0	4	0%	0%	100%
<b>“Downers”</b>	12	15.4%	1	0	11	8.3%	0%	91.7%
<b>Narcotics</b>	3	3.8%	0	1	2	0%	33.3%	66.7%
<b>Hallucinogens</b>	1	1.3%	0	0	1	0%	0%	100%
<b>Problem with Other Drugs</b>	4	5.1%	0	0	4	0%	0%	100%
<b>Problem w/ Other Specific Drug</b>	3	3.8%	0	0	3	0%	0%	100%

**Discussion**

Pathological gamblers in treatment of GA in Louisiana clearly have multiple other self-identified problems in addition to their gambling. However, when asked to identify if a comorbid problem increased their gambling problems, there was a clear gender difference. Males endorsed alcohol problems and females depression as the comorbid conditions most likely to increase gambling problems. This study needs to be replicated with larger numbers and independent confirmation of comorbid diagnoses. However, it does provide preliminary evidence for the need for careful attention to diagnose and treat comorbid alcohol and affective disorders in gambling disorder treatment populations.

## References

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