SUBSTANCE-RELATED AND ADDICTIVE DISORDERS

Gambling Disorder

GD

DSM-5-TR 312.31 | ICD-10-CM F63.0

The only behavioral addiction in the DSM-5-TR addictions chapter: persistent gambling with tolerance, chasing, and mounting loss.

LIFETIME PREVALENCE	TYPICAL ONSET	SEX RATIO	COURSE
~0.4-1.0% (US adults)	Teens-20s (M); 30s-40s (F)	~2:1 male:female	Chronic; telescoping in women

CLINICAL PICTURE

- Escalating stakes are needed to reach the same excitement, and losses are chased with further bets in an attempt to break even the same day.
- Lying to conceal the extent of involvement, borrowing from family, payday loans, credit cycling, and eventual bailouts define the financial arc.
- Women typically begin later but progress from first bet to disorder far faster than men, a telescoping course also seen in alcohol use disorder.
- Electronic gaming machines and online sports betting drive the fastest progression because of continuous, high-frequency, rapid-outcome reinforcement.
- Presentation often follows a crisis: bankruptcy, job loss after workplace theft, marital separation, or a suicide attempt after a catastrophic loss.
- Restlessness and irritability appear during attempted abstinence, and gambling is increasingly used to escape dysphoria rather than to win money.

DIAGNOSTIC CRITERIA AT A GLANCE

- Requires 4 or more of 9 problematic gambling behaviors within a 12-month period, causing clinically significant distress or impairment.
- Items cover tolerance, restlessness on cutting down, failed attempts to stop, preoccupation, gambling when distressed, and chasing losses.
- Further items cover lying to conceal involvement, jeopardizing a relationship, job, or opportunity, and relying on others to relieve debt.
- Severity is graded by symptom count: mild 4-5, moderate 6-7, and severe 8-9; the DSM-IV illegal acts criterion was deleted entirely.
- Episodic and persistent specifiers apply, along with early remission at 3 to under 12 months and sustained remission at 12 months or longer.

NEUROBIOLOGY & PHYSIOLOGY

- Mesolimbic **dopamine** release in the ventral striatum tracks uncertain reward, and near-misses recruit win-related circuitry despite being losses.
- Ventromedial prefrontal and anterior cingulate hypoactivation during risky choice closely parallels findings in substance use disorders.
- **Dopamine agonists** such as pramipexole and ropinirole induce gambling in roughly 5% of treated Parkinson patients, a dose-related D3 receptor effect.
- A cross-sectional study of 3,090 Parkinson patients found impulse-control disorders in about 13.6%, with gambling strongly tied to agonist therapy.
- Heritability is roughly 50-60%, with substantial genetic overlap with alcohol use disorder and antisocial behavior demonstrated in twin studies.
- Opioid and glutamatergic systems modulate craving, providing the rationale for **naltrexone** and **N-acetylcysteine** treatment trials.

PSYCHOLOGICAL MECHANISMS

- Variable-ratio reinforcement schedules produce the most extinction-resistant responding known, which is exactly what gaming machines are engineered around.
- The gambler's fallacy, illusion of control, and selective recall of wins sustain the belief that a system or a streak can overcome the house edge.
- Near-misses are experienced as almost-wins and increase persistence even though objectively they carry the identical outcome as any other loss.
- Escape gambling is negatively reinforced by relief from depression, anxiety, boredom, or loneliness rather than positively reinforced by winning.
- Chasing converts a financial problem into a psychological imperative, since only more gambling can undo the harm that gambling has already caused.

DIFFERENTIAL & COMORBIDITY

- Distinguish from professional gambling, social gambling within means, and gambling inside a **manic episode**, which remits with mood treatment.
- Always ask about **dopamine agonist** use for Parkinson disease or restless legs syndrome; dose reduction usually resolves the gambling entirely.
- Comorbidity exceeds 70%: mood disorders, alcohol and tobacco use disorders, anxiety disorders, ADHD, and antisocial personality disorder.
- Suicide risk ranks among the highest of any addiction, with roughly 1 in 5 treatment-seeking gamblers reporting a lifetime suicide attempt.
- Screen with the two-item **Lie/Bet** tool or the **PGSI**, and ask directly about debt, creditor pressure, and access to household funds.

Treatment EVIDENCE-BASED MANAGEMENT

PHARMACOLOGIC

- No agent is FDA-approved; **naltrexone 50-100 mg/day** has the best evidence, especially with intense urges or a family history of alcoholism.
- **Nalmefene 25-50 mg/day** reduced gambling severity versus placebo in a multicenter trial, with nausea and dizziness limiting the higher doses.
- **SSRIs** show mixed and inconsistent results, and are best reserved for comorbid depression or anxiety rather than for the gambling itself.
- **Lithium** helps gamblers with comorbid bipolar spectrum illness, and **N-acetylcysteine 1200-1800 mg/day** has small positive trial data.
- In Parkinson disease, taper the **dopamine agonist** and shift toward levodopa, watching for dopamine agonist withdrawal syndrome during the taper.

PSYCHOTHERAPY

- **CBT** across 8 to 12 sessions targeting cognitive distortions and high-risk situations roughly doubles abstinence rates versus control conditions.
- Cochrane review evidence supports psychological therapies with large short-term effects, though durability beyond 12 months remains uncertain.
- **Motivational interviewing** and brief advice reduce gambling in less severe cases and improve entry into more intensive formal treatment.
- Imaginal desensitization and cue exposure with response prevention reduce urge intensity and are useful adjuncts to cognitive work.
- Couples or family therapy addresses financial betrayal, rebuilds trust, and establishes a workable, transparent debt repayment structure.

ADJUNCT & SUPPORTIVE

- **Gamblers Anonymous** and Gam-Anon supply peer support; pairing mutual help with professional therapy outperforms either approach alone.
- Financial protection means handing over card access, self-excluding from casinos and betting apps, and freezing credit alongside debt counseling.
- Track outcomes with the **PGSI**, gambling diaries, and verified bank or account statements rather than relying on self-report alone.
- The **NICE** 2025 guideline on gambling-related harms recommends routine screening in mental health, primary care, and debt advice settings.
- Treat comorbid substance use and mood disorders concurrently, since untreated depression is among the strongest predictors of relapse.

CLINICAL PEARLS

- Only behavioral addiction in the DSM-5-TR addictions chapter; gaming sits in Section III.
- 4 of 9 criteria in 12 months; the DSM-IV illegal acts criterion was dropped.
- In Parkinson's, ask about gambling at every dopamine agonist dose increase.

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NOTE

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