UNDERSTANDING YOUR DIAGNOSIS

Gambling Addiction

Also called Gambling Disorder

Betting has taken more control than you meant it to. This is a recognized addiction, and it has real treatment.

HOW COMMON	OFTEN STARTS	TREATABLE	YOU ARE NOT ALONE
About 1 in 100 adults	Teens or 20s; later for women	Yes - therapy works well	Millions of US adults

What this is

- Gambling disorder means betting keeps causing harm and is very hard to stop, even when you badly want to stop.
- It is a recognized addiction. Your brain responds to betting much the way other brains respond to alcohol or drugs.
- This is not about being greedy, weak, or careless with money. Willpower on its own does not fix an addiction.
- Debt is a symptom, not the diagnosis. Treating the gambling and sorting out the money are two jobs, done side by side.

What it can look and feel like

- You need to bet bigger or riskier amounts to get the same rush that smaller bets used to give you.
- After a loss you go back to win it back. Chasing losses is the single clearest sign of this condition.
- You think about betting a lot: the last bet, the next bet, and where the money for it will come from.
- You bet more when you feel low, anxious, bored, or lonely, and it helps for a while, and then it stops helping.
- You hide how much you bet. You have lied about it, or cleared an app before someone could look at your phone.
- You have borrowed, sold things, or asked someone to cover a bill, and told yourself that was the last time.
- Trying to stop leaves you restless and irritable, and cutting back has not held the times you have tried.

What is happening in your brain and body

- Betting releases dopamine, a brain chemical for reward. Uncertain wins release far more of it than sure things do.
- A near miss, such as two matching symbols and one just off, lights up win circuits even though you lost.
- Machines and betting apps pay out on an unpredictable schedule, which is the hardest pattern for any brain to quit.
- Over time the parts of your brain that weigh risk and hit the brakes go quieter, so stopping mid-session gets harder.
- Some Parkinson's medicines, called **dopamine agonists**, can start gambling in people who never gambled. Tell your doctor.

What can make it more likely

- Genes explain roughly **half** of the risk, so gambling problems often run in families through no one's fault.
- Starting young, and having betting available on a phone at any hour, both raise the chance of it taking hold.
- Stress, grief, loneliness, and money worry push betting up, because betting works fast on all of them.
- Depression, anxiety, ADHD, and heavy drinking often ride along, and each one makes the gambling harder to stop.

What to expect

- Treatment works. **Cognitive behavioral therapy** roughly doubles the odds of stopping compared with no treatment.
- Setbacks are common and they are not failure. Most people who recover had at least one slip along the way.
- Urges fade fastest when the money is genuinely out of reach, so blocking access early makes everything else easier.
- Sleep, mood, and family trust usually improve within a few months, though repairing the debt takes longer than that.

What helps

Treatment works. Most people get better.

Talking therapies

- **Cognitive behavioral therapy** runs about **8 to 12 sessions** and works on the thoughts and moments that pull you in.
- You learn why a near miss or a hot streak feels meaningful, when the math says nothing has actually changed.
- **Motivational interviewing** is a calm conversation about what you want for your life. No lectures, no shaming.
- Urge practice lets you sit with a craving, without betting, until it passes on its own. Urges really do pass.
- **Couples or family therapy** takes on the broken trust and the money together, which helps both of them last.

Medicines

- No medicine is approved just for gambling, but a few help, and they work best alongside talk therapy.
- **Naltrexone** blunts the urge and the rush. It has the best evidence, especially if drinking runs in your family.
- **Nalmefene**, a close relative of it, lowered gambling severity in a large trial. Nausea and dizziness are common.
- **Antidepressants** help depression or anxiety underneath, but on their own they do not reliably cut the gambling.
- If you take a Parkinson's medicine, ask whether it can be changed. Your prescriber sets every dose with you.

Everyday things that help

- The National Problem Gambling Helpline, **1-800-522-4700**, is free and private, by call, text, or online chat.
- Self-exclude from casinos and betting apps and add a blocker. Making a bet slow makes the urge beatable.
- Hand day-to-day money to someone you trust for a while. This is a tool, not a punishment, and it is temporary.
- **Gamblers Anonymous** and Gam-Anon cost nothing, and Gam-Anon is there for the people who live with you.
- See a nonprofit debt counselor. Easing the money pressure removes one of the strongest pulls back to betting.

Get help right away if

- If you think about ending your life, call or text **988** now, or go to the nearest emergency room.
- Suicide risk is high in gambling disorder. If that thought has crossed your mind, tell someone today.
- Call **1-800-522-4700** if you are about to bet money you cannot afford to lose. Someone answers day or night.

Questions to ask your care team

- *Would **naltrexone** be reasonable for me, and what side effects should I watch for?*
- *Could a medicine I already take be making these urges stronger?*
- *Where can I find a counselor who is trained in gambling disorder near me?*
- *What should I do the next time I bet, and how do I reach you that week?*

Where this information comes from

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NOTE

Sources are listed in APA 7th edition style. This handout is general health information, not medical advice, and it does not replace talking with your own doctor, therapist, or prescriber. Medicine choices and doses are decided with your prescriber. If you are in danger or thinking about hurting yourself, call or text 988 in the United States, or go to your nearest emergency room.