



Research Rounds is devoted to disseminating insights from peer-reviewed sources to promote increased awareness, acceptance, and adoption of clinically relevant information for those working with problem gamblers and their loved ones.



Measuring Monetary Losses

Monetary losses are often assessed as a proxy of gambling severity. Patients are frequently asked how much money they wager, percentage of income spent on gambling, amount lost, debt associated with gambling, and so forth. Researchers investigated different measures of monetary loss and how these correlated with gambling severity and overall psychosocial well-being.¹

The study found relative monetary measures, compared to absolute monetary variables, are more strongly correlated with measures of gambling severity. The results suggest asking a patient about *the percentage of monthly income lost gambling* is the most clinically valid question providers can use to assess financial losses. Conversely, absolute measures (e.g. how much have you lost, wagered, etc...) do not take into account the patient's income and therefore may be less meaningful in determining the impact of monetary losses. Indeed, as others have suggested, the "critical aspect may not be the absolute quantity of money lost but the proportion of total income or personal expendable income that is lost."²

Clinical Application: When assessing problem gamblers, providers should attempt to get an accurate estimate of the amount a gambler has lost as a percentage of their

monthly income in determining relevant monetary loss. The same inquiry may also be a helpful proxy to measure successful outcomes across treatment.

Adult ADHD and Gambling Disorder

Relationships between ADHD and problem gambling should not be surprising. Both populations demonstrate heightened sensation-seeking, impulsivity, poor judgment, risky decision making, difficulties with delayed gratification, and deficits in executive control. Interestingly, despite deficits in attention control, it is commonly held that both children and adults with ADHD can hyper-focus on salient stimuli linked to rewards (e.g., children struggle to focus on school homework but can play video games for hours). Problem gamblers also hyper-focus while gambling, sometimes losing track of time, money lost, or other important factors.

While exact prevalence rates vary, more rigorous studies suggest approximately 21% to 25% of adults formally diagnosed with gambling disorder also meet criteria for ADHD. The presence of ADHD among gamblers also appears to be a risk factor for persistence of gambling problems over time, greater gambling severity, earlier onset of gambling problems, more acute trajectories of

developing a gambling disorder, and higher rates of suicide attempts.

Researchers investigating adult ADHD among problem gamblers³ found (compared to problem gamblers without ADHD), greater levels of alcohol/drug abuse, impulsivity, greater percentage of gambling-related debt, more likely to pawn items, and higher rates of bankruptcy due to gambling-related financial problems. Gamblers with ADHD were also more likely to be involved with domestic violence. Interestingly, hours spent gambling and win-to-loss ratios during the 3-month period prior to initiating treatment was similar for all patients.

Clinical Application: Providers should screen for possible ADHD among problem gamblers using instruments such as the Adult ADHD Self-Report Scale Screener (6-items) developed by the World Health Organization. Specific inquiries about domestic violence, pawning items, suicide, alcohol/drug abuse, and other possible impulsive tendencies should also be considered.

Self-Exclusion and Problem Gambling

Several papers have been published on self-exclusion. Two were literature reviews which can often be helpful in summarizing the larger body of research. One paper summarized research on land-based self-exclusion programs⁴ noting they “demonstrated that self-exclusion programs are associated with decreased gambling behavior, reduced time and money spent on gambling, and increased psychological functioning but not with a complete abstinence in entry from the excluded venue or other venues.”

The second review⁵ found self-exclusion is typically motivated by financial problems, diminished sense of control over gambling behaviors, and problems with significant others. Barriers for self-excluding included complicated enrollment processes, lack of complete exclusion from all venues, little support or help from venue staff, and

inadequate information about self-exclusion programs.

Clinical Application: We might anticipate those who self-exclude may continue to gamble but at a significantly reduced rate prior to self-exclusion. Patients with significant financial problems, diminished control, or concerned romantic partners may be more willing to self-exclude. Providers should also consider ways to educate problem gamblers about self-exclusion and simplify the process.

1. Medeiros, G. C., Redden, S. A., Chamberlain, S. R., & Grant, J. E. (2018). How to measure monetary losses in gambling disorder? An evidence-based refinement. *Psychiatry Research*, 263, 220-224.
2. Walker, M., Toneatto, T., Potenza, M.N., Petry, N., Ladouceur, R., Hodgins, D.C., El-Guebaly, N., Echeburua, E., Blaszczynski, A. (2006). A framework for reporting out-comes in problem gambling treatment research: The Banff, Alberta consensus. *Addiction*, 101(4), 504–511.
3. Reid, R. C., Campos, M., Selochan, N., & Fong, T. W. (2020). Characteristics of treatment seeking problem gamblers with adult ADHD. *International Journal of Mental Health and Addiction*, 18, 875-890.
4. Kotter, R., Kraplin, A., Pittig, A., & Buhringer, G. (2018). A systematic review of land-based self-exclusion programs: Demographics, gambling behavior, gambling problems, mental symptoms, and mental health. *Journal of Gambling Studies*.
5. Motka, F., Grune, B., Slecza, P., Braun, B., Ornberg, J. C., & Kraus, L. (2018). Who uses self-exclusion to regulate problem gambling? A systematic literature review. *Journal of Behavioral Addictions* 7(4), 903-916.

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