

## Case report

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# Gambling disorder: a case report

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### Summary

Although gambling is a form of amusement for many people, some of them develop a gambling pattern marked by a lack of control, chasing losses, falsehoods and unlawful conduct. A case of gambling disorder was illustrated here who was presented with excessive involvement in gambling, continually losing money despite financial crisis and frequent unsuccessful attempts to control and stop gambling. He was treated with a combination of pharmacological and psychological interventions. Motivational interview, cognitive behavioral therapy and family therapy were mostly given and he showed considerable improvement within short period of treatment. Further studies should be conducted to explore more effective ways of managing the disorder.

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### Introduction

Gambling Disorder (GD) is a major psychiatric disorder and public health issue which has many physical, psychological & social adverse consequences. Gambling was first introduced in the early Egyptian, Japanese and Persian societies and it remains a popular activity in many cultures around the world. For many individuals who gamble, this activity is an occasional form of recreation that does not negatively influence their lives, but gambling disorder is different.<sup>1</sup> It involves repeated problem gambling behavior which jeopardizes family and social relationships, career opportunities or committing crimes to finance gambling. Despite negative consequences or a desire to stop, pathological gamblers usually continue their maladaptive behavior. It has high comorbidity rates with substance abuse, mood disorders, attention deficit hyperactivity disorder (ADHD) and antisocial personality disorder. Gambling is more prevalent in men & young adults than women & older adults but poor particularly poor factions, teenagers, elderly retired persons and women are increasingly involved in problem gambling.<sup>2</sup> Pharmacological as well as psychological interventions including motivational interview, cognitive behavioral therapy (CBT), group therapy and family therapy are available treatment options.<sup>3</sup> We illustrated a case of gambling disorder here who improved to some degree following short period of management.

### Case study

Mr X, a middle-aged Muslim tax preparer admitted to a non-government psychiatric hospital of Bangladesh with the complaints of intense urge to gamble and excessive spending

of money on gambling. He started gambling as a means of recreation and continued it even after being married. Moreover, he couldn't resist gambling despite constant pressure from his wife and daughters to stop it. After being shifted to the capital city of Dhaka, more money was being invested in that purpose. Apart from this, he tried to cut back & stop gambling on several occasions but he failed as abstinence caused severe distress. Besides, he gambled many times just to relief from distress & spent most of his time thinking about ways to fund gambling. Gambling was maintained though his wife had to pay his debt from their rainy-day deposit and sell a flat. Because of it, significant family unrest occurred on many occasions. His relationship with family members was average but his relatives avoided him fearing that he might want to borrow money. He was hypertensive & ex-smoker. History of gambling in the family was not reported.

He was diagnosed as gambling disorder according to Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5). He was prescribed sertraline started from 50 mg/day and gradually increased to 100 mg/day, and risperidone 2 mg/day. For psychosocial management, he was advocated motivational interview & cognitive behavioral therapy (CBT). During motivational interviewing, patient was approached empathetically and non-judgmentally and helped him gaining insight on the problem. In CBT, emphasis was given to raise his awareness regarding the negative consequences of continued gambling. His strengths like previous successful abstinence from smoking were explored and importance of them was discoursed. Relapse

prevention including assertive refusal technique and relaxation procedures were also applied. Family counselling was provided to let them aware of their role in limiting his access to money (both cash and cards) and the importance of continuous supervision. After 5 weeks of admission, he was discharged from the hospital. He accepted to continue psychotherapy sessions following discharge.

### Discussion

Treatment of gambling disorder is extremely challenging as it is time-consuming and difficult. Many of the gamblers are oblivious to the problems they are facing. As a result, they are unlikely to seek help.<sup>3</sup> Our patient was also brought to the hospital against his will and he also opposed the necessity of treatment initially. As a result, establishing rapport was very challenging. Enough time & attention were given to gain rapport in several sessions. Gradually, the patient began to accept changes. Both pharmacological and psychological interventions are available for the management of gambling disorder. Several antidepressants, mood stabilizers, atypical anti-psychotics, opioid antagonists were found to be effective in some studies but their efficacy needs to be justified more.<sup>3</sup> In our case, sertraline and risperidone was prescribed for alleviation of the stress regarding urge to gamble and hospitalization. Along with this, in the treatment of gambling disorder, several types of psychotherapy are used including motivational interview, CBT, group therapy and family therapy.<sup>3</sup> Other than group therapy all of the aforementioned therapies were given to the patient. Due to scarce of logistic support, group therapy was not done in this case. In the initial sessions of motivational interview, he was reluctant to acknowledge his gambling problem and attributed his financial problem as the cost of family maintenance. Later, after being aware of identifying the discrepancy between aims and achievements, his resistance started melting and he admitted the negative impact of gambling in his life. In CBT, at first, erroneous perception of randomness was addressed with cognitive correction strategies, followed by relapse prevention difficulties.<sup>4</sup> Assertive refusal techniques were role played several times for convincing replies and techniques to solve

problems during refusal also role played. During family therapy, techniques of monetary constraint and continued supervision were discussed. Limiting access to money (both cash & cards) is important as this measure prevents funding for gambling as well as helps in paying off previous debts. Detection of early relapse can be recognized by supervision as well as initiation of early treatment. Also, expectation for early recovery was discouraged and even if gambling is stopped, the already caused problems would still to be solved & some of which could not be solved.

Although prognosis of gambling disorder was found as difficult to predict,<sup>5</sup> regular psychotherapy sessions, proper family support and regular follow up might help achieving better outcome for the patient.

### Conclusion

Gambling disorder has several unintended consequences that may be avoided with early detection, intervention and treatment. Pathological gamblers who undergo treatment have a good prognosis, many of them recover on their own and can be treated with only a few interventions. Future research is required for the invention of more effective treatment options.

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