

## GPs and Problem Gambling: Can they Help with Identification and Early Intervention?

Barry Tolchard · Lyndall Thomas · Malcolm Battersby

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**Abstract** General Practitioners (GPs) are well placed to identify problem gamblers and provide early intervention. To date there is no evidence to suggest that GP's are routinely screening patients for potential gambling problems. This paper discusses the prevalence of problem gambling, the links with other health problems and ways that GPs can assist. Results from a pilot project that provided educational resources to GPs are also discussed. Suitable screening tools are available that could easily be used by GPs to assess the possibility of gambling problems in patients who may be at increased risk but do not seek help. Early identification and intervention may help prevent a gambling habit escalating to a serious problem. More work needs to be done to increase awareness with GPs of the extent of problem gambling in our community and to alert patients to the fact that gambling can affect their health and that GPs can help.

**Keywords** Problem gambling · Co-morbidity · Screening tools · Early intervention GP's

As the opportunities for gambling have increased around the world over the last 20 years, so too has participation. In Australia, it is, reported that in excess of 80% of all adults

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B. Tolchard (✉)

Department of Health & Human Sciences, University of Essex, Colchester, UK  
e-mail: btolch@essex.ac.uk

L. Thomas

Tobacco Control Unit, Drug & Alcohol Services SA, Parkside, SA, Australia  
e-mail: thomas.lyndall@saugov.sa.gov.au

M. Battersby

School of Medicine, Flinders University, Adelaide, Australia  
e-mail: Malcolm.battersby@flinders.edu.au

M. Battersby

Department of Psychiatry, Flinders Medical Centre, Adelaide, Australia  
e-mail: Malcolm.battersby@flinders.edu.au

gamble in some form (Productivity Commission, 1999). This is a similar level of participation in the UK and other countries (Orford et al., 2003; Petry, 2005). Unfortunately this increase in participation has led to an increase in problem gambling. Problem gamblers are perceived as a low-prevalence group, but it is estimated that between one and two percent of the population has a gambling related problem. In a study in South Australia (SA) it was estimated the current prevalence for problem gambling to be two percent (Taylor et al., 2001). This rate is similar to prevalence estimates for diabetes (2.4%) (Australian Bureau of Statistics, 2006) and higher than that of schizophrenia (1%) (Australian Institute of Health and Welfare, 2004).

People with gambling problems often develop quite serious health, personal and social difficulties before they admit to a problem. A number of researchers have identified characteristics shared by people experiencing gambling problems (Błaszczynski & Nower, 2002; Productivity Commission, 1999):

- *Personal and Psychological Characteristics*: difficulties controlling expenditure, anxiety, depression or guilt about gambling, suicidality, gambling to escape boredom or stress, preoccupation with gambling
- *Gambling behaviours*: chasing losses, spending more time and money gambling than intended, failed attempts to stop gambling
- *Interpersonal problems*: relationship breakdowns, arguments with family and friends about gambling
- *Job and study problems*: poor work performance, lost time from work
- *Financial effects*: large debts and financial hardship for the individual and family
- *Legal problems*: misappropriation of money, passing bad cheques, or legal action due to non-payment of debts

Research has identified the extent of psychiatric co-morbidity with pathological gambling (Crockford & el Guebaly, 1998; DeCaria et al., 1996; Petry, 2005; Petry, Stinson & Grant, 2005; Specker et al., 1996 for review) and to a lesser extent other health concerns (Sullivan et al., 2000; Morasco, van Eigen, & Petry, 2006). DeCaria et al. (1996) found that among an outpatient sample of pathological gamblers 28% met criteria for major depressive disorder, 24% bipolar disorder and 28% anxiety disorders. Many studies have noted high rates of co-morbidity with drug and alcohol problems. Maccallum et al. (2003) reported that 24% of treatment seeking problem gamblers had alcohol abuse problems, while Lesieur et al. (1986) found that 15% of alcoholics also had a gambling problem. Sullivan et al. (1998) examined General Practitioner (GP) attendances for gamblers over the 12 months prior to seeking help for their gambling and found the main reasons for attendance included, depression, anxiety or stress, headaches and feeling run-down.

There is also evidence of gambling-related suicides (Battersby et al., 2006; McLeary et al., 2002) with Błaszczynski and Farrell (1998) reporting a case series of 44 completed gambling-related suicides in Victoria, Australia. There were high levels of co-morbidity with 32% having depression, 14% alcohol abuse, 7% substance abuse and 32% previous suicide attempts. A number of psychosocial factors such as high levels of debt, relationship difficulties and work related problems were identified. Furthermore, 25% had sought help for gambling related problems in the past.

Evidence from gambling help-line services suggest that most problem gamblers do not seek help until they reach a crisis (Department of Human Services, 1999). In a US helpline it was noted that gamblers who presented with co-morbid substance use had higher social

and behavioural problems compared with the general population (Potenza et al., 2004; Potenza, Steinberg, & Wu, 2005).

Identification of problem gamblers is often difficult as there are few obvious symptoms and those affected are frequently too ashamed to seek help (McMillen, Marshall, Murphy, Lorenzen, & Waugh, 2004a; McMillen et al., 2004b). Nor does problem gambling have clearly defined 'at-risk' groups, as recent prevalence studies have shown that men and women are just as likely to have a problem, and age and ethnicity are only slightly relevant (Tiffany, Dal Grande, & Taylor, 2006). Also, gamblers may not make a connection between any current health concerns and their gambling, not understanding the known links between stress and physical health, and thus do not mention their gambling to their GP.

Similarly, gambling is not an issue that most GPs consider when consulting with patients about depression, anxiety or non-specific health concerns. However, it is likely that patients presenting with such symptoms, and social or relationship problems, may also have a gambling problem that is causing or exacerbating the symptoms (Goodyear-Smith et al., 2006).

### How can GPs help?

In a pilot project conducted by a gambling treatment service in Adelaide, Australia, GPs were informed of the extent of problem gambling in the community and were provided with some simple tips on how to identify and assist problem gamblers. The GP's were offered resource materials providing information about the demographics and prevalence of problem gamblers, common presenting symptoms, simple advice about how to assist patients, as well as a list of relevant referral services. Of three-hundred and twenty GP's only nine requests were received for the resources. As a result the materials were distributed to a further 51 GP's who had previously referred patients to the treatment service. Twenty-four (40%) of those GPs who received the resource completed a questionnaire designed to evaluate its usefulness and gather additional information about their knowledge of problem gambling generally, and the number of patients they may have seen with gambling problems. Despite targeting GP's with previous referral experience there was still a distinct lack of knowledge of the extent of problem gambling in the community (61%), although 96% knew of the link between emotional, psychological or physical symptoms and problem gambling. Forty-four percent of the respondents found most of the information on the sheet new and a further 22% some of the information new.

Additional comments from the GPs included; very few people approach them about gambling and; those who are known to be experiencing difficulty with gambling often do not want help. Some GPs thought it inappropriate to ask patients "out of the blue" if they gamble. However, all respondents agreed that it was part of their role to assist people who may have a gambling problem and only two GPs (8%) felt they did not have the necessary skills to raise the subject of gambling with patients. Similar findings have been found with other issues, for example, a smoking cessation initiative (Zwar & Richmond, 2006).

GPs provide a valuable resource that could help identify, and offer early intervention to problem gamblers to help reduce demand on overstretched gambling treatment services (BMA, 2007; Department of Human Services, 1998). Studies from other countries have indicated that GPs are well placed to provide early identification and intervention with problem gamblers but may lack the resources (Rowan & Galasso, 2000) or the skills or

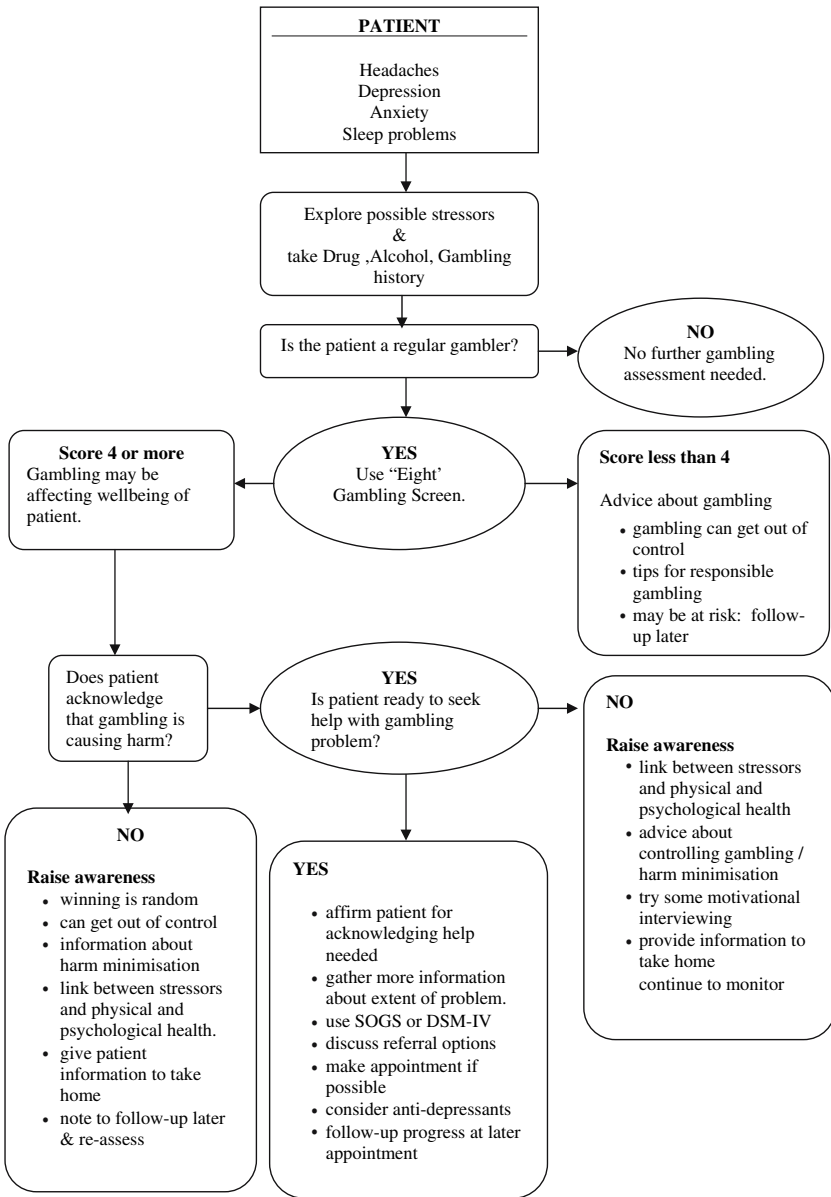
knowledge to successfully intervene or assist (Christensen et al., 2001; Potenza et al., 2002; Rowan & Galasso, 2000). The use of modern technology such as the internet may be one source of information available to GP's (Grant, Campbell, Gruen, Ferris, & Blumethal, 2006). Several studies have noted that GP's will frequently use the internet to access guidance on specific patient treatment questions (Bennett et al., 2005; Nylenna & Aasland, 2000). Providing easily accessible information in this way would provide an initial starting point for GP's and there are several sites available that could fulfil this purpose, for example the National Problem Gambling Awareness Week (NPGAW), GamCare, & Problem Gambling SA.

There is a need for adequate training of GP's in the recognition and treatment of gambling problems. The experience of the South Australian project would suggest that passively offering resource materials is unlikely to alter practice. In other areas of mental health successful dissemination and implementation of problem specific conditions has been achieved. One study has reported the use of e-mail case discussion to encourage GP's to consider their prescription of opioid medication which was shown to be an effective method of education (Deana, Meldon, & Bernard, 2006). In a study looking at training GP's and first episode psychosis, several stages were developed to ensure maximum take-up of the training. They included; (1) literature review of previous approaches, (2) focus groups with GP's and patients including a training needs analysis questionnaire followed by (3) video role plays of consultations and group discussions (Lester et al., 2005). A similar approach was taken by the South Australian group, who provided a workshop to GP's which included didactic information, live role plays based on clinical scenarios finishing with a discussion that included a recovering gambler. This was also shown to be an effective approach in other areas, for example migraine awareness (Karli et al., 2007) and alcohol dependence (Malet, Raynaud, Llorca, & Falissard, 2007)

There are comprehensive education programmes available for mental health and substance misuse to GP's in many countries throughout the world (Tarbuck, Rumball, & Jones, 2001; Clarke et al., 2006). Finding a way to incorporate gambling into these programmes would seem essential if there is to be genuine raising of awareness of the problem which may require the need for additional funding or specific achievement of further education needs of the GP's.

The simplest way to find out if gambling is an issue for a patient is to ask—most will answer honestly and if a serious problem exists may be glad to finally tell someone (Allcock, 2000). Experts suggest that GPs must simply ask about gambling, just as information about alcohol or relationships is sought from patients presenting with symptoms of depression and anxiety or other non-specific physical problems (Kramer, 1997). It was noted in a study on GP's identifying individuals with depression, the simple addition of a question on whether the person wanted help increased the accuracy of diagnosis (Arroll, Goodyear-Smith, Kerse, Fishman, & Gunn, 2005).

There are also some easy to use screening tools that could assist GPs in the process of identification and/or diagnosis. The "Eight" (Early Intervention Gambling Health Test) Gambling Screen (Sullivan, 2000) consists of eight questions with yes/no answers that can be clinician- or self-administered. The South Oaks Gambling Screen (Battersby et al., 2002; Lesieur & Blume, 1987) Victorian Gambling Screen (Ben-Tovim et al., 2001; McMillen, Marshall, Murphy et al., 2004a; McMillen et al., 2004b) and Canadian Problem Gambling Index (Ferris & Wynne, 2001) are easy to use assessment tools, or questions based on the diagnostic criteria from the DSM-IV could be asked (American Psychiatric Association, 1994). All of these tools are brief self-report measures and can easily be filled in by patients either in the waiting room or when with the GP. In the South Australian



**Fig. 1** GP Gambling Management Flowchart

initiative described, for example, packs similar to prescription sheets were produced with information regarding gambling on one side with the “eight” screen printed on the back. GP’s could ask the individual to complete the screen and make a rapid assessment of their potential problem. None of these screening tools require extensive training. GP’s would simply need to know the relevant scores for possible problem gambling and once this cut-off is noted consider the future options for the individual.

Once it has been established that a patient has a gambling problem there are a number of options available to assist and numerous agencies to refer to. It may be helpful initially, though, to explain to the patient the links between their presenting symptoms, stress, and the gambling behaviour. Some simple advice about how to control their gambling may be helpful as well. It is possible that some brief motivational interviewing may be required to assist a patient to acknowledge that they need to seek further help to reduce their gambling (Hodgins, Currie, & el-Guebaly, 2001).

A number of medical associations have produced materials to help GP's inform their patients. The Australian Medical Association's Position Statement on Gambling (Australian Medical Association, 1999) recommends that GPs include gambling as part of a systematic lifestyle risk assessments when conducting medical histories and that when problem gambling is suspected more thorough psychosocial assessments should be performed. The American Medical Association have produced a single sheet giving both GP's and their patients information on how to recognise the problem, the impact it will have on them and how to get help (Stevens, 2001). There has also been a call from the British Medical Association (BMA) to provide more comprehensive resources for the adequate treatment of gamblers in the National Health Service in the UK, which includes early recognition by GP's (BMA, 2007). In this report the BMA suggest where GP's have undergone specialist training in the addictions, they should add gambling to their existing treatment provision. Where such specialist training has not been undertaken, then a referral pathway is suggested. Fig. 1

## Discussion

Most problem gamblers would not be aware that health problems such as headaches, anxiety, depression or poor sleep may be related to out of control gambling. Consequently, they are unlikely to seek help until their gambling has created a crisis. Therefore, it is important that GPs take a more proactive role in identifying potential pathological gamblers to avert that crisis. In South Australia most media attention concerning gambling focuses on the financial losses of gamblers and the personal and social consequences of that. Similarly, recent South Australian media campaigns about responsible gambling did not make mention of physical health nor suggest that GPs are appropriate people to discuss concerns with. The aim of our small project was not only to inform GP's about the extent and nature of gambling problems but also to encourage them to be proactive in approaching problem gambling, to consider it as a possible contributing factor to health concerns and to inform patients of the possible links between their health problems and gambling. The resource was subsequently distributed to all GPs, which was a positive step, but more needs to be done to educate the general public about the physical and mental health risks associated with excessive gambling and to encourage people to discuss gambling with their GPs.

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