NATIONAL CENTER FOR RESPONSIBLE GAMING

From Pathological Gambling to Gambling Disorder: Changes in the *DSM-5*

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The diagnostic code for pathological gambling (PG) underwent dramatic changes in the fifth edition of the American Psychiatric Association's (APA) *Diagnostic and Statistical Manual of Mental Disorders (DSM)*, published in 2013. This white paper will briefly address the evolving nature of the *DSM,* the evolution from pathological gambling to gambling disorder and the rationale for these changes.

HIGHLIGHTS

- The *Diagnostic and Statistical Manual of Mental Disorders (DSM)* evolves as new research illuminates our understanding of mental health issues.
- Gambling disorder is now classified as a Non-Substance Related Addiction in the *DSM-5*
- The *DSM-5* eliminated the "illegal acts" criterion from the diagnostic code for gambling disorder
- The threshold for a diagnosis of a gambling disorder is now four out of nine symptoms.

The Role of the *DSM*

As the key reference book for mental health professionals, the *DSM* contains descriptions, symptoms and other criteria for diagnosing mental disorders. According to the APA:

> *These criteria for diagnosis provide a common language among clinicians -- professionals who treat patients with mental disorders. By clearly defining the criteria for a mental disorder, the* DSM *helps to ensure that a diagnosis is both accurate and consistent; for example, that a diagnosis of schizophrenia is consistent from one clinician to another, and means the same to both of these clinicians, whether they reside in the U.S. or other international settings.*[1]

The APA also states that another important role of the *DSM* is in the area of research:

> *Only by having consistent (reliable) diagnoses can researchers compare different treatments for similar patients, determine the risk factors and causes for specific disdorders, and determine their incidence and prevalence rates.* DSM *disorders are also used as the basis for treatment indications by the U.S. Food and Drug Administration (FDA) for clinical Practice Guidelines.*[1]

The *DSM* diagnosis criteria are used to report disorders to insurers for reimbursement, and to public health authorities for causes of illness and death.

The Evolving Nature of the *DSM*

The *DSM* is not a static document. It has been periodically reviewed and significantly revised since the publication of *DSM-I* in 1952. New research in neurology, genetics, behavioral sciences, epidemiology and other scientific areas have dramatically expanded our understanding of mental illnesses and led to changes in the *DSM*.

According to the APA, the process for revising the *DSM* was guided by four principles:[1]

1. The highest priority is clinical utility — that is, making sure the manual is useful to those who diagnose and treat patients with mental illness, and to the patients being treated.
2. All recommendations should be guided by research evidence.
3. Whenever possible, the *DSM-5* should maintain continuity with previous editions.
4. No a priori restraints should be placed on the level of change permitted between the *DSM-IV* and the *DSM-5.*

The APA charged those with revising the manual to consider the impact that any changes would have on clinical practice, prevalence rates and other important factors. At the same time, the task force was instructed to consider the diagnostic advances that would be made through implementation of new scientific knowledge and clinical understanding.[1]

THE HISTORY OF PATHOLOGICAL GAMBLING

PG was added to the *DSM* in 1980 largely due to the efforts of Dr. Robert Custer, who had treated pathological gamblers and written about their illness for several years. The original diagnostic criteria included in the *DSM-III* were not tested beforehand; the diagnosis was based on Dr. Custer's clinical experience and that of other treatment professionals.[2] The *DSM-III* criteria began with a statement about the individual experiencing progressive loss of control and then listed seven items, with an emphasis on damage and disruption to the individual's family, personal or vocational pursuits and money related issues. In this edition, PG was classified as an impulse control disorder.

In the next edition (*DSM-IV*), the PG criteria were revised to reflect its similarity to substance dependence, such as the addition of "repeated unsuccessful attempts to control, cut back or stop gambling."[3]

To be diagnosed as a pathological gambler according to the *DSM-IV*, an individual must meet at least five of the 10 diagnostic criteria, and all criteria are granted equal weight. See the box below for the *DSM-IV* diagnostic criteria.

Additionally, the *DSM-IV* noted that the excessive gambling behavior might be an indication of a manic episode, and, therefore, bipolar disorder would be the primary diagnosis.[3] This notation indicated that, even at this early stage, the comorbidity of PG with other psychiatric problems was recognized. Later research by the National Comorbidity Study Replication would verify that 74% of cases where the individual with PG meets criteria for another lifetime disorder, at least one other such disorder began at an earlier age than PG.[4]

DSM-IV DIAGNOSTIC CRITERIA FOR PATHOLOGICAL GAMBLING[3]

Persistent and recurrent maladaptive gambling behavior as indicated by at least five of the following:

1. A preoccupation with gambling (e.g., preoccupation with reliving past gambling experiences, handicapping or thinking of ways with which to gamble).
2. A need to gamble with increasing amounts of money in order to achieve the desired level of excitement.
3. Repeated, unsuccessful efforts to control, cut back, or stop gambling.
4. Feels restless or irritable when attempting to cut down or stop gambling (withdrawl symptoms).
5. Uses gambling as a way of escaping from problems or of relieving a dysphoric mood (e.g., feelings of hopelessness, guilt, anxiety and depression)
6. After losing money gambling, often returns another day to get even ("chasing" one's losses)
7. Lies to family members, therapist or others to conceal the extent of one's involvement with gambling
8. Has committed illegal acts such as forgery, fraud, theft or embezzlement to finance gambling
9. Has jeopardized or lost a significant relationship, job or educational or career opportunity because of gambling
10. Relies on others to provide money to relieve a desperate financial situation caused by gambling

CRITIQUE OF THE *DSM-IV*'S DEFINITION OF PG

Researchers and clinicians have identified a number of shortcomings in the DSM-IV regarding PG. First, the DSM-IV offered a clinical description with little empirical support outside of a treatment environment. Because the majority of pathological gamblers never seek formal treatment, a clinical description that is primarily based on observing those who do can be problematic, particularly when attempting to define the nature and origins of PG and trying to estimate its prevalence.[2]

Second, the DSM-IV recognized only the presence or absence of a clinical disorder, although evidence suggests that gambling problems exist on a continuum and that subclinical instances of PG are more prevalent. Subclinical pathological gamblers, commonly known as problem gamblers, have been defined as having difficulties as a result of their gambling but do not fulfill the five criteria for a diagnosis. Other labels used to describe this group are "at-risk," "level 2" and "probable pathological."[5]

Third, many have questioned the inclusion of PG under the impulse-control disorders classification, citing important differences between the disorders. As Shaffer and Korn[6] observed, individuals with kleptomania and pyromania (both impulse control disorders) feel overwhelmed by an impulse to act and often report a sense of relief after having acted. In contrast, pathological gamblers, while in action, often find their gambling enjoyable and only after the gambling is terminated or losses are incurred do pathological gamblers begin to feel distress.[6]

CHANGES FOR PG IN *DSM-5*

Renaming: From PG to Gambling Disorder

Officially changing the name to "Gambling Disorder" is a welcome revision for many researchers and clinicians who have expressed concern that the label "pathological" is a pejorative term that only reinforces the social stigma of being a problem gambler.[5, 7]

Reclassification: From Impulse Control Disorder to Addiction

In the *DSM-IV*, PG was classified under the section titled, "Impulse Control Disorders Not Elsewhere Classified," along with Compulsive Hair Pulling (Trichotillomania); Intermittent Explosive Disorder; Kleptomania; and Pyromania. The *DSM-5* has moved gambling disorder to the section, Substance-Related and Addictive Disorders.[7]

The rationale for this change was the growing scientific literature on gambling disorder that has revealed common elements with substance use disorders. Many scientists and clinicians have long believed that disordered gamblers closely resemble individuals with alcohol and drug problems. Now, neuroscience research is substantiating these commonalities. According to Dr. Charles O'Brien, chair of the Substance-Related Disorders Work Group for *DSM-5*, brain imaging studies and neurochemical tests made a "strong case that [gambling] activates the reward system in much the same way that a drug does."[8] Disordered gamblers report cravings and highs in response to their stimulus of choice; it also runs in families, often alongside other addictions.[9]

As observed by Petry et al.,[10] other research findings have also documented the close relationship between gambling and substance use disorders:

- Similar symptoms such as tolerance and withdrawal
- Both disorders show high rates of comorbidity in both epidemiological surveys and clinical samples
- Common genetic vulnerabilities associated with similar biological markers and cognitive deficits
- Treatments that have shown promise for gambling disorder are based on those for substance use disorders

DSM-5 DIAGNOSTIC CRITERIA FOR GAMBLING DISORDER [7]

A. Persistent and recurrent problematic gambling behavior leading to clinically significant impairment or distress, as indicated by an individual exhibiting four (or more) of the following in a 12-month period:

1. Needs to gamble with increasing amounts of money in order to achieve the desired excitement
2. Is restless or irritable when attempting to control, cut back or stop gambling
3. Has made repeated unsuccessful efforts to control, cut back or stop gambling
4. Is often preoccupied with gambling (e.g., having persistent thoughts of reliving past gambling experiences, handicapping or planning the next venture, thinking of ways to get money with which to gamble)
5. Often gambles when feeling distressed (e.g., helpless, guilty, anxious, depressed)
6. After losing money gambling, often returns another day to get even ("chasing" one's losses)
7. Lies to conceal the extend of involvement with gambling
8. Has jeopardized or lost a significant relationship, job or educational or career opportunity because of gambling
9. Relies on others to provide money to relieve desperate financial situations caused by gambling

B. The gambling behavior is not better explained by a manic episode

CHANGES IN DIAGNOSTIC CRITERIA

The diagnostic criteria for gamling disorder in the *DSM-5* reflect several major changes from the *DSM-IV*. The *DSM-5* eliminated the criterion, "has committed illegal acts such as forgery, fraud, theft or embezzlement to finance gambling." The rationale for this change is the low prevalence of this behavior among individuals with a gambling disorder. In other words, no studies have found that assessing criminal behavior helps distinguish between people with a gambling disorder and those without one.[11, 12]

Studies suggest that its elimination will have little or no effect on prevalence rates and little effect on diagnosis. Although committing illegal acts will no longer be a stand-alone criterion for diagnosis, the accompanying text in the *DSM-5* states that illegal acts are associated with the disorder. In particular, the criterion related to lying to others to cover up the extent of gambling includes specific mention of illegal activities as a form of lying.[7]

Other changes with the criteria are as follows:

- "Is preoccupied with gambling" is now, "Is often preoccupied with gambling" to clarify that one need not be obsessed with gambling all of the time to meet this diagnostic symptom.
- "Gambles as a way to escape from problems" is now "Gambles when feeling distressed."
- In the text accompanying the criteria, "chasing one's losses" is clarified as the frequent, and often long-term, "chase" that is characteristic of gambling disorder, not short-term chasing.

Finally, to diagnose a gambling disorder, the criteria that are displayed by the individual must occur within a 12-month period, unlike the *DSM-IV* that did not provide a time period for symptoms. In other words, if the person had two symptoms years ago and two symptoms in the past year, he or she would not qualify for a diagnosis.[10]

Implications for Research and Clinical Applications

The *DSM-5* diagnostic code for gambling disorder raises a number of issues and questions for both investigators and clinicians:

- Will the reclassification of gambling disorder with alcohol and drug use disorders result in greater coverage for treatment of this addiction by health insurance?
- Will the reclassification increase public health awareness of gambling disorder, and increase screening in substance use disorder settings?
- Will the reduced threshold for a diagnosis alter the rate of gambling disorder substantially in future studies? Although preliminary examination of this issue indicates that the change will be negligible, future prevalence surveys will work to answer this question.

These are just a few examples of questions that will inspire future research in the continuing quest to understand and treat gambling disorder.

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