REVIEW PAPER

Gambling Disorder among older adults: An Overview

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ABSTRACT

Gambling disorder is currently within addictive disorders in classificatory systems. There has been a shift from its understanding as an impulse control disorder in the past. The prevalence of gambling has been increasing across the world, especially with the exponential growth of the online gaming industry. Though there has been some recent interest in the scientific study of gambling in India, the issues among older adults are neglected. There are reports from other parts of the world about the increasing prevalence of gambling disorder among older adults with its significant effects on physical and mental health, finances and relationships. The Public Gambling Act 1867 (Gambling Act) is the general law that governs gambling in India. Types of gambling activities differ across countries and cultures and we do not have enough information about the gambling preferences of older adults in India and have to rely on studies from the younger population. Current aetiological formulations are towards a biopsychosocial model of the disorder. A comprehensive evaluation is necessary and the problem may be hidden by the older adults and usually not suspected. There is a role for holistic interventions: pharmacological, psychological and social interventions. There is an urgent need for studying gambling behaviour and associated factors among older adults in India.

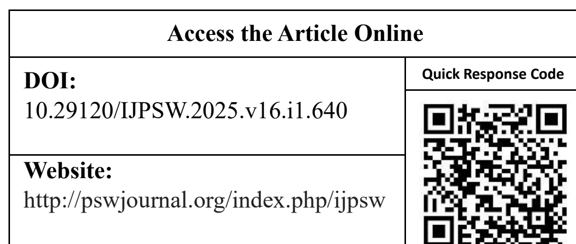
Keywords: Gambling disorder, older adults

INTRODUCTION

Gambling has been known since time immemorial[1] along with the risks associated with it. Excessive gambling with lack of control over the behaviour with material and financial loss has been known for centuries, the descriptions of which share several features of addiction and dependence which we now know of. Gambling is risking money or other possessions on chance activities or events which has random outcomes with the hope of winning back what you have risked or more. Most people who gamble are social and recreational gamblers who do not generally risk more than what they can afford, and chasing their losses only briefly and not preoccupied with the gambling as such.

Gambling is recognised as a disorder with increasing prevalence across the world and the potentially serious harm has been widely accepted. With increased availability of commercial gambling through internet and accessible via mobile devices, the problem has become more widespread and is recognised as a global health challenge which has come to the attention of the World Health Organisation with calls for it to be included in public health policies.[2] Gambling is a major public health problem in India[3] and online gaming industry has been expanding rapidly. India's online gambling market is estimated to have 12.17 million users. That number is expected to grow by 8.5 % a year until 2027.[4]

There is no specific data about gambling among older adults from India though there are reports of increasing prevalence among this population from across the world. Gambling is a popular activity among older adults across cultures. Older adults are a specific population, in terms of consequences of gambling disorders, motivations and cognitions underlying gambling behaviours.[5] Of late there have been efforts at looking at older adults who gamble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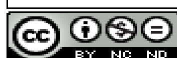

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and the factors associated it. We do not have much information about elderly who gamble in countries like India and this article is intended to stimulate discussion and research in this area. Currently we have to rely on studies where the participants belong to a wide age range and draw upon international research data. This overview aims to discuss various core aspects of gambling disorder in the following sections.

(i) Diagnosis

Betting is part of gambling and it is an agreement between two parties, where one predicts an outcome and places a bet and the other party forfeits the bet or pays up the agreed amount. Chasing losses behaviour means that, despite losing money the person continues to gamble to try to win back money he had lost and this is a major contributor to developing debts. American Psychiatric Association[6] used the term pathological gambling in Diagnostic and Statistical Manual (DSM) III which was described as an impulse control disorder. In pathological gambling disorder there is a loss of control over gambling, preoccupation, irrational thinking and continuing with gambling despite adverse consequences affecting finances, occupation and relationships.

Pathological gambling which was under the disorder class of impulse control disorders has moved into the disorder class of substance related and addictive disorders in DSM 5.[7] Currently it is known as gambling disorder, a psychiatric diagnosis made after a clinical assessment. Gambling disorder is included in the 'disorders due to addictive behaviours' section of the eleventh revision of the International Classification of Diseases (ICD-11).[8] This reconceptualization of gambling disorder as an addictive disorder has been significant. The salient features include preoccupation or persistent gambling related thoughts, gambling with increasing amounts of money, becoming restless or irritable when trying to stop or control gambling and such attempts being unsuccessful, often gambling when distressed, returns hoping to regain the money lost, lying to hide the extent of gambling, gambling affecting career, education, occupation, relationship and relying on others to help with their troubled finances caused due to gambling. The shift of gambling disorder from impulse control disorders to non-substance related addictive disorders is due to reasons including that gambling activates the same reward system similar to drugs of abuse.

Gambling disorder can be mild, moderate or severe and can be episodic or persistent. Problem gambling is a broader term to describe people who have developed some problems with gambling but do not satisfy the diagnostic threshold. Problem gambling is associated with harms including financial difficulties, harms to health and well-being, relationship breakdown, increased risk of suicidality[9] impulsivity and impaired decision making. The majority of total burden of gambling harm is associated with low- and moderate-risk gamblers due to their larger prevalence in the population.[10]

(ii) Epidemiology

The studies majorly focus on younger population. Globally, 46·2% of adults had gambled in the past 12 month, 8·7% engaging in any risk gambling, and 1·41% engaging in problematic gambling.[11] One of the earliest studies looking at the prevalence of gambling in India found that 19.5% of the college students had ever gambled, of those who gambled a third were problem gamblers. The findings were generally similar to those noted in other countries.[12] In a large study among men from India, 45.4% reported gambling in the past year. Life time prevalence of gambling was as high as 49.9%. Among those who currently gamble, about half are aged 40 years or older.[13]

Among older adults, prevalence of gambling ranges from 26.6 to 56.2 percent across cultural contexts[14] and it could be as high as 85.6%.[15] It has also been reported that in some countries older adults have higher participation in gambling when compared to others.[16] The prevalence of problem gambling among older people ranges from 0.3% to 10.4% in studies of those over 55 years of age.[15] A systematic review reported the prevalence of lifetime problem or pathological gambling among older adults as ranging from 0.01% to 10.6%.[17] There is some evidence to say gambling becomes a problem quickly among older adults suggesting a telescopic effect, with the time between onset of the behaviour and point of it becoming problematic found as shorter when compared to younger population.

There was a significant association in those who were forty and above more likely to play

lottery more frequently. One third of the sample was involved in multiple forms of gambling. Being older is considered to increase the odds of becoming a more frequent gambler.[13] Among those between 50 and 90 years of age, onset of gambling was younger for men, and they also reached a higher mean for the bets per gambling-episode and the number of total gambling activities.[18]

(iii) Types of gambling

Types of gambling activities differ across countries and cultures and we do not have enough information about the gambling preferences of older adults in India. Casino gambling as a social activity which is a determinant of gambling participation in older adults for social connections[19] is very limited in India. Strategic gambling activities like poker, sports betting, horse-race betting, dog and horse racing and blackjack to some extent allow the participants to use their knowledge of the game to influence the outcome. In non-strategic gambling activities like scratch cards, lotteries, slot machines, bingo, and roulette the outcome is determined solely on chance. Studies among younger population shed some light on understanding the types of gambling people engage in India.

In a study among college students in south India, lottery (42.4%) was the most popular activity among problem gamblers followed by cricket/ football gambling (29.9%), cards (25.3%), festival gambling (10.8%), online gambling (7.7%), online lottery (3.6%), satta (3.1%), horses (3.4%) and others (14.9%). Around fourteen percent had participated in only one type of gambling activity, 4.3% had participated in two forms of gambling , 1% had participated in three forms of gambling and 0.6% students had taken part in more than three types.[12] In a large community study the most common form of gambling was lottery (67.8%) followed by matka (52.3%), cards (7.6%), dice (4.7%), sports (3.3%), casino (1.1%) lotto (0.8%) and other (eg carrom) 0.6%. Around seventy three percent engaged in at least one form of gambling, 34.2% engaged in two to three forms of gambling and 2.3% engaged in four or more forms of gambling.[13]

(iv) Aetiological theories

There are recent attempts to conceptualise gambling disorder within a biopsychosocial formulation.[20] Changes in decision making capacity, impaired prefrontal lobe brain functions and neural pathways involving dopamine all find their place in understanding gambling disorder among older adults.[5] .

According to the cognitive theory, gamblers continue to play because they harbour distorted beliefs which are called cognitive distortions or cognitive biases. The cognitive distortions include[21] gambler's fallacy, which is non acceptance of the randomness of an event and harbouring misperceptions that a future win or loss is related to past outcomes when, in fact, each gambling event is distinct making the gamblers continue to gamble despite a series of losses in the belief that a win will follow losses.[22, 23] They have the cognitive distortion of illusion of control whereby gamblers attempt to predict or control inherently events. They incorrectly attribute the result of winning a game to their own actions, which motivates them to develop their skills to increase their winnings. They harbour superstitions which are beliefs that certain behaviours, rituals or thoughts will influence the outcome of a gambling event.[21] Other cognitive distortions which play a role are attribution bias in assigning credit to one's own skills in winning, blaming external influence for losses, hindsight bias and chasing wins and/or losses.[24] In a multi-ethnic Asian sample of older gamblers, following themes were identified in the perception of gambling: skill, near miss, concept of luck, superstitious beliefs, entrapment, gambler's fallacy, chasing wins, chasing losses, and the belief that wins exceeded losses. These cognitive distortions were endorsed by all gamblers and played a role in maintaining and escalating the gambling behaviour. Though the surface characteristics of the cognitive distortions were influenced by culture-specific factors, the deeper characteristics of the distortions were considered to be universal.[25]

Early onset of gambling was associated with belonging to a culture that promoted tolerance of gambling activities. The enabling factors included cultural acceptance of gambling, supportive social networks, accessibility to gambling facilities and venues, and external cues while motivational factors included desire for excitement and winning money, coping with boredom etc.[14]

(v) Risk factors, Comorbidities and Consequences

Problem gamblers in comparison with non-gamblers had higher substance use, higher psychological distress scores, higher suicidality and higher attention deficit hyperactivity disorder (ADHD) symptom scores. In comparison with non-problem gamblers, problem gamblers were significantly more likely to have higher psychological distress scores, higher suicidality and higher ADHD symptom scores.[12] Current and life time gambling were associated with work related problems, interpersonal violence, tobacco use and alcohol use disorders. Age was significantly associated with playing lottery more frequently and tobacco use was associated with playing matka more frequently.[13]

We do not have specific information among Indian older adults who gamble. Information from other parts of the world indicate older adults with a life-long history of problem gambling had experienced significantly more medical problems. Problem gambling is associated with depression, low self-esteem, chronic medical illnesses like angina and arthritis and their quality of life in medical, social, and emotional terms was impaired and they have a more negative perception of their general and psychological state and a more pessimistic view of their future state of health. They had more alcohol use disorders and were more likely to have nicotine dependence, mood disorders, anxiety disorders or avoidant personality disorder. In older adults, cognitive impairment especially which involves the frontal cortex affect their decision as to when to stop gambling.[19] Older adults who have gambling problems experience health problems, and other social and psychological difficulties[26] and a faster increase in psychological distress related to gambling participation over time.[27]

Factors which make older people more vulnerable to gambling related problems include loss of role, loneliness, social isolation, and a lower or fixed income.[19] Risk factors for gambling severity included higher number of cumulative lifetime life events, and gambling severity was associated with a higher prevalence of tobacco and alcohol abuse and with worse psychopathological state.[18] A scoping review[28] identified older adults engaged in gambling for a variety of reasons including gambling as a form of entertainment, gambling to fulfil unmet psychological needs, and gambling to win money. In casino gambling (which is very limited in India) older adults individuals would more frequently report intrinsic motivations like entertainment and enjoyment rather than extrinsic motivation such as a financial gain.[29] Problem gambling in older adults can be a consequence of deteriorating physical well-being and social support in vulnerable people. They may resort to gambling to escape anxiety and depression.[30] Gambling for emotional escape can be a risk factor for gambling disorder in older adults.[31]

A phenotypic cluster[32] has been suggested among elderly of higher risk of gambling problems characterised by higher proportion of men, who reported both non-strategic and strategic gambling preferences, older age, longer history of gambling, higher gambling severity, higher use of substances and worse psychopathological state. It has been reported that subjects with cognitive impairment were just as likely as those without impairment to gamble and to report at-risk gambling behaviour.[33] Gambling may be a symptom of cognitive impairment or side effect of medications used in conditions like Parkinson's disease.

(vi) Legal stance

The Public Gambling Act 1867 (Gambling Act) is the general law that governs gambling in India.[12] Provisions of the Act do not apply to games of skills and courts have taken a view that betting on horse racing is a game of skill. Gambling in India is a state subject and state governments are entitled to formulate and govern such activities. States formulate their own legislations in order to regulate and govern the gambling activities on their territory. In India a very few states allow casinos. The Central Lotteries (Regulation) Act 1998 governs government lotteries. State governments are authorized under this act to hold lotteries and to frame rules and regulations that should not intervene or contradict the Central Lotteries Act. Understandably, there is no reliable source of understanding the extent and impact of illegal gambling.

(vii) Management

Gambling may be underdiagnosed among older population as it may not be suspected. They might not divulge the information for fear of stigma. The treatment approach should be holistic as there might be other physical and mental health comorbidities.[34] The principles of treatment should be based on best practices for older adult gamblers.[35]

A comprehensive assessment is necessary which includes a detailed history, specifics of gambling behaviour, mental health, psychoactive substance use, medical history and medications used etc. Certain medications used in the treatment of conditions like Parkinson's disease can increase the risk of developing gambling disorder. Excessive gambling may be a symptom of cognitive impairment including frontotemporal dementia which need to be explored. Employment and forensic history with details of financial difficulties and involvement with criminal justice system is essential. Family and marital history with details of interpersonal relationships and personality is required for a psychosocial formulation. Physical health assessment and mental status examination need to be done. Cognitive assessment may have to be done when appropriate. A risk assessment of self-harm, suicide and harm to others need to be completed.

Treatment can be challenging as many people do not admit that have a problem. A major part of treatment is working with the clinician to accept that the person has a problem of compulsive gambling. Behaviour therapy, cognitive behaviour therapy (CBT), family therapy etc are well known interventions. Motivational enhancement/interviewing is aimed at lowering the resistance and enhancing motivation for change. Therapeutic alliance is important in augmenting pre-existing motivation. Self-guided activities and interventions are useful in some people. Recovery training and relapse prevention help to identify and manage high risk situations that can precipitate a relapse of gambling. Self-help groups offer support from people who have the same difficulties. Self-help treatments such as structured internet-based programmes are available. Relapse prevention strategies are important in management.

Comorbid psychiatric disorders may require psychotropic medications. Specific medications useful in treating substance misuse may be useful. There is support for the use of some medications to produce short-term improvements in gambling symptom severity, and it is recommended that pharmacological interventions should be administered with caution and with careful consideration of patient needs.[36] Elderly are particularly susceptible to the side effects of psychotropic medications especially so when cognitively impaired and this has to be borne in mind during pharmacological interventions. General guidelines of prescription for elderly have to be followed.

National Institute for Health and Care Excellence (NICE)[37] is currently developing guidelines for the identification, assessment, and management of harmful gambling and the essential framework is discussed here. Pharmacological interventions may be considered when psychological treatments have not achieved the desired outcomes after an appropriate course of treatment has been completed, or the person has repeated relapses with psychological treatment. Even with medications it may be beneficial to continue with psychological interventions when appropriate.

Discuss the risk of relapse with people experiencing harmful gambling and plan for relapse prevention strategies. The message needs to be clear that relapse is not shameful and it may be part of recovery journey. Relapse may occur due to individual or environmental factors and should not be viewed as individual failure. Identify the causes and triggers; and skills and techniques to address them need to be taught. Stimulus control strategies are important in treating harmful gambling. It includes assessing the stimulus which trigger the memories of pleasurable effects gambling provided which leads to the intense urge to engage in it. The stimulus could be places, people, activities, objects, thoughts, feelings etc. Once they are identified, the person learns strategies to address, remove and substitute them. Strategies for coping with high-risk situations need to be discussed in advance. After a course of treatment; mechanisms to continue the support and to reestablish contact with the services ought to be planned in advance. Often it is helpful to discuss with the

patients and contract strategies, family and treatment team should employ in case of relapse and non-adherence to support.

People who are slow to recover or at a higher risk of relapse may need treatment including additional CBT sessions, peer support, support groups etc. There is a role for non-governmental organisations and voluntary sector to support those affected by gambling. Relatives and people close to the person with harmful gambling often require help and advice in managing the person and also their own stress, emotions, health and also their role in supporting the person undergoing treatment for gambling. Gamblers Anonymous[38] is an international fellowship which share their experience, strength and hope that they may solve their common problem and help others to recover from a gambling problem and the only requirement for membership is a desire to stop gambling.

DISCUSSION

By the nature of their work which spans across individuals, families and the society, social workers are in a unique position to intervene at various levels. From education to assessment and management, qualified social workers can play a key role in supporting those affected by addictions including gambling. Public education on gambling related harm and sensitising social gamblers regarding the potential of problem gambling are effective preventative strategies. Identification of problem gamblers during their work with community, hospitals, voluntary organisations and at-risk groups help in early interventions. They can conduct tailored assessment and evidence-based interventions within their training and expertise which include screening, detailed evaluation, family-based work, counselling, crisis interventions and psychosocial support of families. There is published case report[39] on how psychiatric social work assessment and intervention focused on enhancing coping strategies and changing unhelpful patterns in cognition, behaviour and emotions based on the cognitive behavioural therapy approach in gambling with depression can be effective. The five step psychosocial intervention to support families affected by addiction, which has been found to be effective in Indian settings[40] can be delivered by trained social workers. Challenges in facilitating evidence-based practice can be addressed by fostering interdisciplinary collaboration and establishing community partnerships to create a more equitable and inclusive system of care.[41] They can play a key role in facilitating collaboration aiming different agencies to deliver an appropriate service in addition to advocacy measures. At the community level they can play a central role in establishing holistic treatment centres based on evidence-based practice and interagency multidisciplinary collaborations.

CONCLUSIONS

Epidemiological studies to assess the prevalence of gambling and gambling disorder and types of gambling especially among special populations like older adults are urgently needed. Prevalence of psychiatric disorders including substance use need to be estimated. Dysfunction in social, occupational and interpersonal relationships need to be studied. Losses including finances associated with gambling need to be explored. Evaluating the mental, social, physical health, and economic costs of gambling is understudied in older adults. Associated risk factors including individual, family, cultural and societal have to be investigated. Studying the determinants of gambling behaviour in older adults help in formulating preventative strategies. From a therapy point of view, cognitive distortions among older people who are problem gamblers across cultures need to be explored. Protective and risk factors should be studied further. The effectiveness of interventions like responsible gambling strategies need to be researched in older population.

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