The WAGER Vol. 7(24) – Personality Traits of a Pathological Gambler

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Last week The WAGER reported on a study that found citalopram, a drug frequently used to treat obsessive compulsive disorder (OCD), to be effective in the treatment of pathological gambling (PG). Though this lends support to the conceptual model that classifies PG as an obsessive-compulsive spectrum disorder, the scientific literature is inconclusive. This WAGER presents more information on the differences between OCD and PG by reporting on a study that compared personality traits of patients with PG to traits of OCD patients (Kim & Grant, 2001).

Kim and Grant recruited clinical participants from two pharmacological studies on PG and OCD. Inclusion criteria included DSM diagnosed PG or OCD and exclusion criteria included any comorbid Axis I or severe Axis II disorders. The researchers recruited normal controls from a university workforce. All subjects completed the Tridimensional Personality Questionnaire (TPQ), a self-administered rating-scale that measures three personality dimensions: novelty seeking, harm avoidance, and reward dependence. Those enrolled in the pharmacological studies completed the TPQ before beginning medication. Table 1 displays the average personality scores by group and the significance of the difference between selected groups.

Table 1: Mean (Standard Deviations) of Tridimensional Personality Questionnaire dimensions by participant group.

	PG patients (N=33)	OCD patients (N=41)	Controls (N=40)	PG v. OCD (p-value)	PG v. Controls (p-value)
Novelty Seeking	20.10 (5.54)	13.76 (4.95)	14.51 (4.96)	**0.000**	0.000
Harm Avoidance	12.49 (6.90)	19.45 (6.97)	9.73 (6.94)	**0.000**	**0.094**
Reward Dependence	18.10 (4.88)	17.37 (4.20)	17.87 (4.67)	0.492	**0.838**

Numbers in parentheses are standard deviations; p-values are for t-test comparisons between groups.

PGs had a greater tendency to be novelty seekers, and a lesser tendency towards harm avoidance than OCDs. Patients with PG did not exhibit significantly different levels of reward dependence than either the OCD patients or controls.

While these findings are noteworthy, Kim and Grant acknowledged that the PG study participants might not be representative of the PG community. To isolate personality traits associated with PG and OCD, the researchers excluded subjects with other Axis I or Axis II disorders. However, PG is often a co-morbid disorder (Black & Moyer, 1998) and the presence of comorbid disorders might influence the personality traits studied. In addition, the researchers noted discrepancies between their results and those of other studies and questioned whether the sample size was too small to adequately demonstrate a relationship between study groups and reward dependence.

Despite these limitations, Kim and Grant shed light on an interesting topic that is in need of further research. While PG and OCD share some similar clinical features and respond to similar pharmacological treatment, Kim and Grant's findings suggest that patients with these disorders may display significantly different personality traits. While we can draw on effective OCD treatments in forming treatments for PG, knowledge of the differences between groups could provide better tailoring for application to PG.

Comments on this article can be addressed to Rachel Kidman.

References

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Kim, S. W., & Grant, J. E. (2001). Personality dimensions in pathological gambling disorder and obsessive-compulsive disorder. Psychiatry Research, 104, 205-212.