The WAGER Vol. 11(6) – Natural and Treated Recovery from Pathological Gambling

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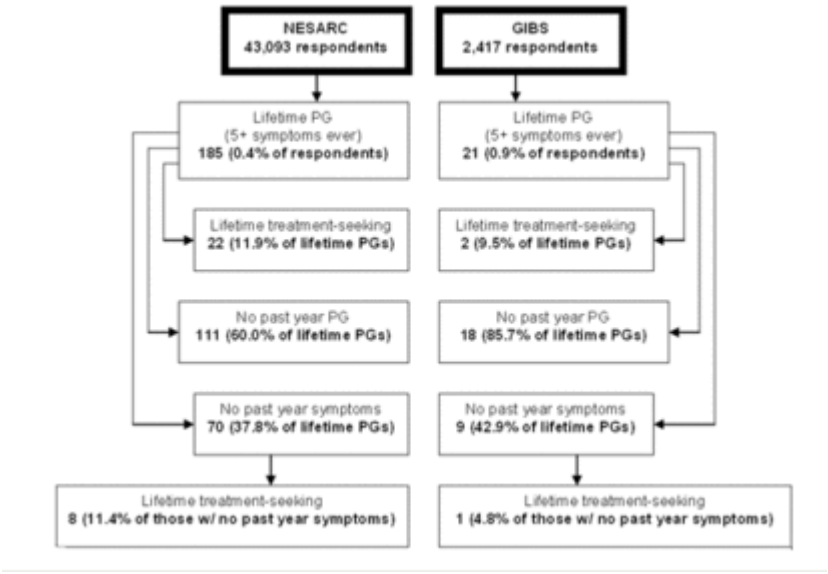
Though pathological gambling (PG) is characterized in DSM-IV as a disorder that is chronic and persisting, evidence shows that the course of this disorder is more variable than expected. Previously, The WAGER has reviewed studies which suggest that natural recovery is a successful way to overcome PG (WAGER 8(48)), and that PG disorders are not always progressive (WAGER 8(50)). A recent article by Wendy Slutske (2006) compares the findings of two large, nationally representative, US studies that examine the rates of recovery and treatment seeking among pathological gamblers. The examination of pathological gamblers within those samples supports the idea that a significant portion of pathological gamblers recover, often without seeking formal treatment.

Slutske compared data from two US studies: the Gambling Impact and Behavior Study (GIBS; National Gambling Impact Study Commission, 2002) and the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC; National Institute on Alcohol Abuse and Alcoholism, 2004). The GIBS surveyed 2,417 randomly selected adults by telephone during 1998-1999; the survey response rate was 56%. The NESARC conducted in-person interviews with 43,093 adults identified using a census-based sampling technique during 2001-2002; the response rate was 81%. To assess disordered gambling, the GIBS used the National Opinion Research Center (NORC) DSM-IV Screen for Gambling Problems (NODS; Gerstein et al., 1999); the NESARC used the Alcohol Use Disorder and Associated Disabilities Interview Schedule (AUDADIS-IV; Grant et al., 2003). To make the results of the two interviews comparable for this analysis, Slutske adjusted the scoring of the AUDADIS-IV to reflect that of the NODS: a lifetime diagnosis was given if the participant endorsed five symptoms at any time during a respondent's lifetime, whether or not those symptoms occurred within the same 12 month period.

Among participants with a lifetime history of PG, as defined by DSM-IV, Slutske examined rates of: (1) treatment-seeking participants, defined as "an individual

with a lifetime history of DSM-IV pathological gambling who had ever sought help from a professional or attended Gamblers Anonymous;" (2) participants in recovery, defined as participants "who had a "lifetime history of DSM-IV pathological gambling who did not endorse any pathological gambling symptoms in the past 12 months;" and (3) participants in natural recovery, defined as "individuals with a lifetime history of DSM-IV pathological gambling who experienced recovery and had never sought treatment."

Figure 1: Results of GIBS and NESARC studies (adapted from Slutske, 2006)



Of the participants in the GIBS study, 21 respondents (0.9%) had a lifetime history of PG: 18 (85.7%) of these individuals did not qualify for a current PG diagnosis and 9 (42.9%) reported no PG symptoms within the past 12 months (i.e., were in recovery). Among the 21 participants with lifetime PG in the GIBS sample, 2 had sought treatment; only 1 of the 9 participants in recovery had ever sought treatment. Of the participants in the NESARC study, 185 respondents (0.4%) had a lifetime history of PG: 111 (60.0%) of these individuals did not qualify for a current PG diagnosis and 70 (37.8%) reported no PG symptoms within the past 12 months. Among the 185 participants with lifetime PG in the NESARC sample, 22 had sought treatment; only 8 of the 70 participants in recovery had ever sought treatment. See Figure 1.

Slutske also performed an analysis of the participants in the NESARC study who reported five or more symptoms occurring within a 12-month period prior to the

past twelve months (i.e., participants whose lifetime symptoms clustered within a given time period, allowing a more rigorous and clinically appropriate diagnosis of lifetime PG). Of the 141 participants who met these criteria, 87 (59.6%) did not meet DSM-IV criteria within the past twelve months, and 57 (40.4%) reported no symptoms.

In the two samples (i.e., GIBS and NESARC), approximately 36%-39% of participants who met criteria for lifetime DSMIV PG did not experience PG symptoms within the past year. Further only 7%-12% of participants with a lifetime history of DSM-IV PG had ever sought treatment, suggesting that most of the recoveries reported in this sample could be classified as "natural" or self-directed recovery.

There are several limitations to the study. First, because of the retrospective survey method, it is possible that at the time of the interview or survey those who did not experience symptoms might minimize their experience of past symptoms. It is also possible that participants might minimize current symptoms, because they are worried about how they are presenting themselves during the survey. Further, it is difficult to know the length of time required for a person to be considered 'fully recovered.'

Despite these considerations, Slutske's analysis of these studies has important implications for people suffering with PG. The finding that approximately one-third of pathological gamblers recover without formal treatment suggests that the disorder is not as unyielding as the DSM-IV definition implies. Though dealing with PG is difficult, it is possible to recover from pathological gambling without treatment. For those unable to recover without treatment, we encourage the next logical step: seek treatment to gain additional recovery strategies.

What do you think? Comments on this article can be addressed to Siri Odegaard.

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