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Abstract

Objectives:

Recent prevalence studies in Australia, the USA and Canada have estimated 1-2% of the adult population meet the diagnostic criteria for problem or pathological gambling. The Statewide Gambling Therapy Service (SGTS) provides treatment for problem gamblers in key metropolitan and rural regions in South Australia. The aims of this study were two-fold: to analyse the short and mid-term outcomes following treatment provided by SGTS and to identify factors associated with treatment drop-out. Method: A cohort of treatment seeking problem gamblers was recruited through SGTS in 2008. Repeated outcome measures included problem gambling screening, gambling related cognitions and urge. Treatment drop-out was defined as participants attending three or less treatment sessions, whilst potential predictors of drop-out included perceived social support, anxiety and sensation-seeking traits. Results: Of 127 problem gamblers who participated in the study, 69 (54%) were males with a mean age of 43.09 years (SD = 12.65 years) and with 65 (52%) reporting a duration of problem gambling greater than 5 years. Follow up time for 50% of participants was greater than 8.9 months and, overall, 41 (32%) participants were classified as treatment drop-outs. Results indicated significant improvement over time on all outcome measures except alcohol use for both treatment completers and drop-outs, although to a lesser extent for the treatment drop-out group. A significant predictor of treatment drop-out was sensation-seeking traits. Conclusion: These results will inform future treatment planning and service delivery, and guide research into problem gambling including aspects of treatment drop-out.


Abstract

Problem gambling has become a widespread problem following the rapid expansion of electronic gaming machines into hotels and clubs over the past 10 years. Recent literature indicates that certain factors can influence problem gambling severity, such as psychiatric co-morbidity and personality traits, gambling related cognitions, substance use and gender. This study investigated 127 treatment seeking problem gamblers at baseline, who completed a range of self report measures including gambling severity. Using block-wise multiple regression modeling we found gambling related urge, gambling related cognitions and depression were significant predictors of problem gambling severity. High levels of anxiety and stress were also found amongst this sample. These results have implications for health practitioners in assessment and treatment planning for problem gambler and will possibly contribute to further development of gambling related measures.