

Risk Reduction Helps Tame Teen Gambling

Adolescents with pathological gambling problems may have comorbid psychiatric conditions.

BY HEIDI SPLETE
Senior Writer

HOUSTON — Relatively few adolescents develop a serious problem with gambling, so the issue may be one of “harm reduction” rather than the treatment of an addiction, said Gagan Dhaliwal, M.D., at the annual meeting of the American Society for Adolescent Psychiatry.

For most people, gambling is a form of entertainment without serious negative consequences, since it lacks the element of physical harm to the body caused by substance abuse. Yet some adolescents develop a preoccupation with gambling and find themselves unable to stop despite repeated attempts and a desire to do so. Those teens may need treatment similar to that used for other addictions, said Dr. Dhaliwal, of the University of South Alabama, Mobile.

At any age, problem gambling involves complex dynamic interactions among psychophysiological, developmental, cognitive, and behavioral components. Given that adolescence is a developmental period marked by risk-taking behaviors, adolescents generally do not seek treatment for

gambling. They have a sense of invincibility and they think they can stop anytime they choose.

Adolescents with pathological gambling problems may have comorbid psychiatric conditions, and they use gambling as a coping strategy. Common comorbidities include depression, substance abuse, anxiety, and poor academic performance.

“Gambling is considered to be a way of escaping their problems, whether it is depression, anxiety, or relationship problems in their family,” Dr. Dhaliwal said. Peer pressure often plays a role as well.

Some evidence suggests that adolescents with antisocial and impulsive risk factors who become involved in gambling are more likely to develop a serious gambling problem later in life. However, someone who does not perceive that he or she has

a problem won't seek treatment, and someone who is forced into treatment won't be motivated to change, Dr. Dhaliwal noted.

Cognitive-behavioral therapy is the first-line treatment of choice for adolescents who exhibit severe gambling problems. One focus of the CBT involves erasing the erroneous belief that gambling losses will

be recovered, Dr. Dhaliwal said. The probability of making money at gambling is low, but there is an illusion of control that appeals to adolescents, he noted.

Given the easy access children and adolescents have to gambling, complete abstinence may not be a realistic approach. Instead, a focus on harm reduction and education about the dangers of excessive gambling may be the logical method.

“If we want to use the principle of abstinence in adolescent gambling, it is easy to say they shouldn't engage in gambling because they are too young,” Dr. Dhaliwal said. However, some professionals argue that a “just say no” strategy for adolescents results in inaccurate information and fosters distrust of all messages from adults. “Perhaps we should say ‘just say know,’ and educate adolescents about the risks associated with pathological gambling, and involve them in the decision-making process, rather than simply forbidding them from doing it,” he added.

Educating adolescents about the problems associated with excess gambling will work for some of them. Another strategy involves targeting multiple risky behaviors with a general mental health prevention program that includes both abstinence and harm reduction. However, anyone with a significant gambling problem



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should receive a message of abstinence, Dr. Dhaliwal said at the meeting, cosponsored by the University of Texas Southwestern Medical Center at Dallas.

Future research priorities should include the rise of Internet gambling, which has made gambling more acceptable and more accessible to adolescents, and triggers for the transition from a minor to severe problem.

Dr. Dhaliwal did not have any financial interests to disclose. ■

Addiction to Cybersex Called Pervasive

BY BRUCE JANCIN
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COLORADO SPRINGS — Children—and middle school-aged boys in particular—are becoming addicted to sex on the Internet in numbers that would startle most clinicians and parents, Ann Freeman said at a symposium on addictive disorders sponsored by Psychotherapy Associates.

She commonly encounters inadequate-feeling, socially isolated youngsters going through the tumult of puberty whose first sexual experience of arousal and orgasm occurred on the Internet and who are addicted to masturbating in the family computer room to sexually explicit Internet sites three or four times daily.

“This issue of young middle school-aged kids being aroused to the Internet is something that I think people are really not very aware of. . . . Almost every kid I see in my private practice, including those who are supposedly not seeing me for any kind of sexual issue, has some issues around arousal to the Internet,” said Ms. Freeman, a program director for the Colorado Division of Youth Corrections who

also maintains a private psychotherapy practice in Colorado Springs.

“We have kids that you don't want in the same room with a computer because it's so arousing. A lot of people who work with kids really don't understand the level of arousal and addiction and habituation. Some of these kids, unfortunately, while still feeling inadequate, will transfer that and will molest or sexually touch a younger child. This is not an unusual progression,” she said at the symposium, cosponsored by the Penrose-St. Francis Healthcare System.

Ms. Freeman encouraged every therapist who works with children or practices family therapy—and certainly everyone who does formal evaluations of juvenile sex offenders—to ask the youths a series of open-ended questions about their computer use, eventually zeroing in on how often they frequent sexually explicit Web sites and chat rooms.

“You'll be amazed at where this takes you,” she promised.

She has found cognitive-behavioral therapy to be effective in redirecting youths addicted to cybersex, although often she first has to treat accompanying depression.

Her warning about the increasing emotional havoc among youths who are becoming addicted to pornographic Internet sites was supported by Paul M. Isenstadt, a social worker who is director of program and residential services at ComCor Inc., a Colorado Springs-based

nonprofit community corrections program.

“Access to the Internet is probably the greatest disinhibitor for adolescents. We used to think the use of drugs and alcohol was what broke down defenses. We still see that. But I believe based on my experience that the greatest disinhibitor now is the Internet. The Internet provides the three A's of affordability, accessibility, and anonymity,” he said. ■

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Metaanalysis Shows Benefit Of Valproate in Bipolar Childrens' Manic Symptoms

ATLANTA — Valproate appears to have a beneficial effect on the manic symptoms of child and adolescent patients with bipolar disorder, but no large scale double-blind, placebo-controlled trials have tested the anticonvulsant in young people.

A search for clinical studies of valproate in children and adolescents with bipolar disorder published from 1990 to 2003 identified nine studies, Lee S. Cohen, M.D., reported at the American Psychiatric Association's Institute on Psychiatric Services.

Of 128 patients in the metaanalysis, 92 (72%) had a positive response to valproate on one of several structured assessment scales. None of the patients had epilepsy.

In three studies that reported the effectiveness of valproate on a manic rating

scale (Young Mania Rating Scale or the Modified Mania Rating Scale), 63 (65%) of 97 patients had more than 50% reduction in symptoms when valproate was part of the treatment regimen, noted Dr. Cohen of Columbia University, New York.

Some of the studies used valproate (Depacon); others used divalproex (Depakote) or valproic acid (Depakene).

In five studies that reported the blood serum level of valproate, 95 patients had an average concentration of 87 mcg/mL, although the mean dose varied between the studies because of differences in age. The metaanalysis, presented during a poster session, was funded by Abbott Laboratories, which manufactures different types of valproate (Depakote, Depakene, and Depacon).

—Jeff Evans