

Screen for Problem Gambling, Refer for Treatment

BY ELAINE ZABLOCKI
Contributing Writer

SPARKS, NEV. — Pathological gambling is a serious and increasingly prevalent addiction, Denise F. Quirk said at the annual meeting of the American College of Preventive Medicine.

During the last decade, restrictions on gambling have eased substantially. Today, the only states that do not have some form of legalized gambling are Utah and Hawaii. At the same time, Internet-based "casinos" have dramatically increased accessibility. This can be particularly problematic for young people who would otherwise encounter age restrictions, said Ms. Quirk, a certified problem gambling counselor and the assistant clinical director of the Problem Gambling Center in Reno.

Two questions are helpful for screening someone with a suspected problem: "Do you lie about any aspect of your gambling?" and "Have you bet more than you intended?" said Ms. Quirk, who is also an advisory board member of the Nevada Council on Problem Gambling.

For a more detailed screening, she recommended using the DSM-IV criteria for pathological gambling (see box).

Families dealing with an Internet-based problem should put the computer in a public space, so it's relatively easy to see how people are using it. Parents should check the browser history, so they can see what sites have been visited, Ms. Quirk sug-

gested. "They should pay a reasonable degree of attention to their credit card usage, so they notice any unusual debts," she said.

In any year, about 1% of the U.S. population experiences a condition known as "pathological" or "compulsive" gambling, a progressive addiction characterized by an increasing preoccupation with gambling, a need to bet more money more frequently, and restlessness or irritability when attempting to stop.

A national survey found that about 14% of adults have never gambled; 75% are low-risk, social gamblers; nearly 8% are at risk; and 1.2% are pathological gamblers. Problem gamblers, who meet one or more of the criteria for pathological gambling and are experiencing problems due to their gambling behavior, constitute another 1.5% of the adult population.

Problem gambling typically results in difficulties in personal, social, and work lives and can lead to depression, anxiety, and stress. For example, one study found that 32% of pathological gamblers and 36% of problem gamblers had been arrested, compared with 4.5% of those who had never gambled.

In another comparison, 53% of pathological gamblers and 40% of problem gamblers had been divorced, compared with 18% of those who had never gambled. About 19% of pathological gamblers and 10% of problem gamblers had had mental health treatment, compared with 4% of those who had never gambled.

Compulsive gambling is a treatable disorder. For many patients, psychotherapy combined with active participation in Gamblers Anonymous has proved effective, Ms. Quirk said. Only 8 or 10 states offer inpatient or intensive outpatient treatment for pathological gambling. Ms. Quirk refers patients who need residential treatment to the Center of Recovery in Shreveport, La. "I have sent several clients there and they've done well," Ms. Quirk said in an interview. "They have state funding, so most clients can get 4 weeks of residential treatment for about \$3,000."

Intensive outpatient treatment typically takes 2.5 hours a day, 4 days a week, for 6 weeks. Patients meet for group therapy, with a few individual appointments included. Cognitive-behavioral therapies are effective and "group therapy works very well for these patients. There are so many delusional and irrational beliefs associated with gambling, and those patterns must be confronted during therapy. Another gambler can sniff out irrational thinking and say directly: 'You're slipping; you want to get back into the action.'"

To find local treatment resources for gamblers, call the National Council on Problem Gambling's 24-hour helpline, 800-522-4700. For more information, visit the National Council on Problem Gambling's Web site, www.ncpgambling.org, and that of the Nevada Council on Problem Gambling, www.nevadacouncil.org.

DSM-IV Criteria

The patient with a diagnosis of pathological gambling:

- ▶ Is preoccupied with gambling (relives past gambling experiences, plans the next venture, or thinks of ways to get gambling money).
- ▶ Needs increasing amounts of money for gambling to achieve the desired level of excitement.
- ▶ Loses control (has made repeated unsuccessful efforts to reduce or stop gambling).
- ▶ Is restless or irritable when attempting to reduce or stop gambling.
- ▶ Gambles to escape problems or relieve feelings of helplessness, guilt, anxiety, or depression.
- ▶ After losing money, returns another day to get even (known as "chasing" one's losses).
- ▶ Lies to family members, therapists, or others to conceal the extent of the gambling.
- ▶ Has committed illegal acts (forgery, fraud, theft, or embezzlement) to finance gambling.
- ▶ Has jeopardized or lost a relationship, job, or educational or career opportunity because of gambling.
- ▶ Seeks bailouts or relies on others for money to relieve a desperate financial situation caused by gambling.

Hospitalized Patients Often More Open to Alcohol-Problem Help

SAN FRANCISCO — Hospitalization may provide a unique opportunity to offer counseling to patients with alcohol problems.

"As a result of an acute medical event, many patients have a high motivation to change their drinking behavior," Jennis Freyer, Ph.D., said in an interview. "Hospitalization offers the chance to reach patients with alcohol-attributable disease proactively."

In a poster presented at the annual meeting of the Society of Behavioral Medicine, Dr. Freyer assessed openness to alcohol counseling in patients who stayed more than 24 hours in one of four German hospitals. Screening with the Munich-Composite International Diagnostic Interview identified 1,150 patients with alcohol problems. She assessed the severity of the alcohol problem with the Alcohol Use Disorders Identification Test and mental health with the Rand Mental Health Index.

Most of the patients (93%) were male; the mean age was 42 years. Dependence was the most frequently identified alcohol problem (49%), followed by alcohol abuse (12%), at-risk drinking (30%), and episodic heavy drinking (9%). The mean Alcohol Use Disorders Identification Test score was 19; the mean Mental Health Index score was 7.

She assessed the patients' openness

for counseling by using a simple two-item true-false survey ("I'm open to learn more about help" and "I want to find out how to help myself"). Patients then completed the Readiness to Change Questionnaire and the Treatment Readiness Tool. Overall, 66% of the patients were open to the idea of alcohol counseling. More of those with alcohol dependence were open to counseling than those with alcohol abuse or at-risk drinking (77% vs. 56%).

"Those with alcohol dependence are more likely to have developed problem recognition," said Dr. Freyer of the University of Greifswald, Germany. "Having identified alcohol as being part of their problem may increase their openness for counseling, especially when they feel helpless about their situation."

However, she noted, more than half of risky drinkers and those with alcohol dependence were still open to the idea of getting counseling.

In the Readiness to Change scale, those in the contemplation stage were twice as likely to be open to counseling as were those in the precontemplation stage. In the Treatment Readiness assessment, those in the contemplation stage were nine times more likely to accept counseling than were those in the precontemplation stage.

—Michele G. Sullivan

Evidence Grows Stronger for Inflammation-Depression Link

BY DAMIAN McNAMARA
Miami Bureau

SAN JUAN, P.R. — Growing evidence points to an association between inflammation and depression, according to a presentation at the annual meeting of the American College of Psychiatrists.

For example, depressed patients have elevated inflammatory markers—such as interleukin-6 and C-reactive protein. In fact, the levels of proinflammatory cytokines correlate with the severity of depressive symptoms in studies. In addition, administration of cytokine antagonists can effectively reverse depressive symptoms in patients, Dr. Andrew H. Miller said.

"We really stand at a point that is very exciting in terms of novel therapies and translation of research," Dr. Miller said. "The notion quite simply is that stress or depression affects the HPA [hypothalamic-pituitary-adrenal] axis, [affects] the endocrine system, alters the immune system, and leaves patients open to diseases."

Physicians from many specialties already recognize that inflammation plays a key role in cardiovascular disease, diabetes, metabolic syndrome, and cancer, said Dr. Miller, professor in the department of psychiatry and behavioral sciences at Emory University, Atlanta. "We did not want to be left out in terms of psychiatry," said Dr.

Miller, who also is director of the psychiatric oncology program at the Winship Cancer Institute at Emory.

There are multiple possible mechanisms whereby inflammation could cause depression. Inflammatory cytokines released peripherally might reach the brain through active transport, passage through leaky regions in the blood-brain barrier, or transmission through afferent nerve fibers (vagus nerve), Dr. Miller said. There is a cytokine network in the central nervous system, and glia and microglia are the richest source of cytokines in the brain. Neurons also produce and express cytokines.

"We've learned these cytokines have access to the brain and ... ultimately can change behavior," Dr. Miller said. Inflammatory cytokines cause anhedonia, fatigue, cognitive dysfunction, and other flu-like symptoms in sick patients. In addition, researchers induced behavioral changes that resemble major depression in human and animal studies with administration of proinflammatory cytokines.

Some therapeutic cytokines cause depression. A total of 60% of patients treated with IFN- α reported depressed mood in one study (*Neuropsychopharmacology* 2002;26:643-52). Dr. Miller and his associates found a 45% incidence of major depression in malignant melanoma patients treated with IFN- α (*N. Engl. J. Med.* 2001;344:961-6). ■