

CME Article

Ministry of Health Clinical Practice Guidelines: Management of Gambling Disorders

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ABSTRACT

The Ministry of Health (MOH) has published clinical practice guidelines on Management of Gambling Disorders to provide doctors and patients in Singapore with evidence-based guidance on the management of gambling disorders. This article reproduces the introduction and executive summary (with recommendations from the guidelines) from the MOH clinical practice guidelines on Management of Gambling Disorders for the information of readers of the Singapore Medical Journal. Chapters and page numbers mentioned in the reproduced extract refer to the full text of the guidelines, which are available from the Ministry of Health website (<http://www.moh.gov.sg/mohcorp/publications.aspx?id=26136>). The recommendations should be used with reference to the full text of the guidelines. Following this article are multiple choice questions based on the full text of the guidelines.

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INTRODUCTION**1.1 Background information**

Gambling is a common leisure activity among Singaporeans today. It is widely available in various forms, e.g. lotteries, sports betting, horse racing, casino games. Different platforms for placing bets are available, from traditional ways (e.g. betting outlets, phone calls) to high-tech methods (e.g. smart phones and internet).

While people who gamble mostly engage in social or recreational gambling, there are others who develop problems as a result of their gambling behaviour. These problems include breakdown in significant relationships, difficulties managing work or studies, financial troubles, as well as physical and mental health deterioration. In the latest prevalence estimate of problem gambling in Singapore released by the Ministry of Community Development, Youth and Sports (MCYS) in 2008, 1.2% of randomly selected Singapore residents aged 18 years and above were classified as probable pathological gamblers.

Gambling disorders are a relatively new medical concern. In fact, research on gambling disorders and its treatment has only intensified in the last decade. Nonetheless, professionals and clinicians are well aware of the devastating consequences that gambling disorders can bring to individuals, families and the society at large. The importance of screening, early detection and intervention cannot be over-emphasised.

1.2 Objective of guidelines

This set of guidelines is developed to raise awareness and assist in the detection, diagnosis and treatment of gambling disorders.

1.3 Target groups

Individuals who suffer from gambling disorders can present under various circumstances in the primary care and hospital-based settings. Their age group can range from adolescent to elderly. Hence, the content of these guidelines will be useful for all medical practitioners and allied health professionals in relation to the screening and early detection of gambling disorders. These guidelines will also benefit professionals who are involved in the diagnosis and treatment of pathological gambling, which is the most severe form of gambling disorders.

1.4 Development of guidelines

These guidelines have been produced by a committee comprising psychiatrists in hospitals and private practice, family physicians, addiction counsellors and a psychologist.

1.5 Review of guidelines

Evidence-based clinical practice guidelines are only as current as the evidence that supports them. Users must keep in mind that new evidence could supersede recommendations in these guidelines. The workgroup advises that these guidelines be scheduled for review five years after publication, or if new evidence appears that requires substantive changes to the recommendations.

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EXECUTIVE SUMMARY OF RECOMMENDATIONS

Details of the recommendations listed can be found in the main text as the pages indicated.

Assessment

C Screening for gambling disorders at the primary care setting is recommended for patients who present with frequent physical and psychological complaints, or who have a history of substance/alcohol use problems (pg 8).

Grade C, Level 2+

D Screening for gambling disorders is recommended if gambling is a regular and habitual activity (pg 8).

Grade D, Level 4

C Screening for gambling disorders should be routinely performed as part of all psychiatric assessment, especially in individuals with mental health conditions (pg 9).

Grade C, Level 2+

GPP Corroborative history in relation to gambling patterns and behaviour should be obtained from family members and significant others as far as possible (pg 9).

GPP

D An individual who is screened positive for gambling disorder should be referred to appropriate professionals for further clinical evaluation (pg 9).

Grade D, Level 4

D The key aspects of assessment should include the following:

- Full psychiatric history including:
 - history of presenting complaints
 - psychiatric, family, treatment, past and personal histories
- Detailed assessment of gambling behaviour:
 - initiation
 - progression
 - current frequency (days per week or hours per day)
 - current severity (money spent on gambling proportionate to income)
 - types of games played
 - maintaining factors
 - features of dependence

- Consequences: financial, interpersonal, vocational, social and legal
- Reasons for consultation, motivation to change and expectations of treatment
- Assessment of suicide risk
- Assessment of Axis I and II comorbidities, including alcohol and substance use disorders
- Comprehensive mental state examination (pg 10)

Grade D, Level 4

GPP A comprehensive clinical interview that includes a psychiatric assessment and mental state examination should be performed when assessing gambling disorder. A multi-disciplinary assessment is recommended (pg 11).

GPP

D DSM-IV diagnostic criteria for pathological gambling should be used to evaluate and confirm a diagnosis of pathological gambling (pg 11).

Grade D, Level 4

Management: Interventions

GPP A comprehensive treatment plan that incorporates a multi-disciplinary and multi-modal approach should be developed for the management of pathological gambling (pg 13).

GPP

GPP When prescribing medications to treat pathological gambling, the medical practitioner should inform the patient of the off-label use and the possible side-effects of these medications (pg 13).

GPP

A An opioid antagonist like naltrexone or nalmefene may be considered for reduction of gambling urges and thoughts in pathological gamblers (pg 14).

Grade A, Level 1+

B Fluvoxamine and paroxetine may be considered for reduction of gambling behaviour, urges and thoughts in pathological gamblers (pg 14).

Grade B, Level 1+

B Psychological interventions utilising the components of cognitive-behavioural therapy are recommended for the treatment of pathological gambling (pg 16).

Grade B, Level 2++

A Motivational enhancement therapy (face-to-face or telephone counselling) and self-help workbooks are recommended for the treatment of gambling disorders, especially for individuals who are ambivalent about quitting gambling or entering treatment, or who are not keen on long-term therapy (pg 17).

Grade A, Level 1+

D Mindfulness therapy may be used as an adjunct intervention in the treatment of gambling disorders (pg 17).

Grade D, Level 3

GPP Self-help support groups should only be considered as complementary services to professional treatment for individuals with gambling-related problems (pg 18).

GPP Financial counselling, limiting access to money and restricting admission into gambling venues are complementary and practical approaches that should be considered for those who have gambling-related problems (pg 18).

Management: Special populations

C Screening tools that are specific to the adolescent population (e.g. SOGS-RA, DSM-IV-J) should be used in the screening for gambling disorders among adolescents (pg 19).

Grade C, Level 2+

D Cognitive behavioural therapy may be used in the treatment of adolescent pathological gambling (pg 20).

Grade D, Level 3

D Therapy for adolescent gambling disorders should include components such as acceptance of the problem, establishment of mutual trust, involvement of family, restructuring of leisure time, cognitive restructuring of erroneous beliefs and enhancement of effective coping skills (pg 20).

Grade D, Level 3

C Screening for gambling disorders is recommended in older adults who engage in gambling activities (pg 21).

Grade C, Level 2+

C Clinical assessment of older adults suspected or diagnosed to have a gambling disorder should include a comprehensive evaluation of physical, psychiatric and social histories (pg 21).

Grade C, Level 2+

GPP Empirical treatment using best practices in adult problem/pathological gamblers is recommended for the treatment of older adults with gambling disorders (pg 21).

GPP

C Screening for comorbid psychiatric conditions in individuals with gambling disorders is highly recommended (pg 21).

Grade C, Level 2+

GPP Appropriate treatment for the identified comorbid psychiatric disorders in individuals with gambling disorders should be instituted (pg 21).

GPP

B Family members and significant others of individuals with gambling disorders should be engaged in treatment as far as possible (pg 22).

Grade B, Level 2++

SINGAPORE MEDICAL COUNCIL CATEGORY 3B CME PROGRAMME

Multiple Choice Questions (Code SMJ 201106B)

These questions are based on the full text of the guidelines which may be found at <http://www.moh.gov.sg/mohcorp/publications.aspx?id=26136>.

- | | True | False |
|---|--------------------------|--------------------------|
| Question 1. Regarding screening for gambling disorder: | | |
| (a) Patients frequently volunteer information about their gambling behaviour. | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Healthcare providers do not commonly ask patients about gambling problems. | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) Screening should be routinely performed as part of psychiatric assessment. | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) Patients with gambling problems may present with depressive complaints. | <input type="checkbox"/> | <input type="checkbox"/> |
| Question 2. DSM-IV Criteria for Pathological Gambling include: | | |
| (a) Chasing losses. | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Lying about the extent of gambling. | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) Gambling to seek thrill. | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) Ability to stop gambling with ease. | <input type="checkbox"/> | <input type="checkbox"/> |
| Question 3. The following medications have been found to be effective in the treatment of pathological gambling: | | |
| (a) Paroxetine. | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Fluvoxamine. | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) Olanzapine. | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) Naltrexone. | <input type="checkbox"/> | <input type="checkbox"/> |
| Question 4. Regarding psychological interventions for pathological gambling: | | |
| (a) Behavioural therapy identifies and corrects erroneous beliefs about gambling. | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Superstitions and illusion of control are examples of cognitive errors. | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) Cognitive-behavioural therapy is empirically the most effective psychological treatment. | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) Motivational enhancement therapy is an effective brief intervention. | <input type="checkbox"/> | <input type="checkbox"/> |
| Question 5. Please state whether the following statements are true or false: | | |
| (a) Screening tools for gambling disorder in adolescents are available. | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Depression and alcohol abuse are uncommon among older adults with pathological gambling. | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) Screening for comorbid psychiatric conditions in patients with gambling disorder is essential. | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) Engaging family members in gambling treatment is not useful. | <input type="checkbox"/> | <input type="checkbox"/> |

Doctor's particulars:

Name in full: _____

MCR number: _____ Specialty: _____

Email address: _____

SUBMISSION INSTRUCTIONS:

(1) Log on at the SMJ website: <http://www.sma.org.sg/cme/smj> and select the appropriate set of questions. (2) Select your answers and provide your name, email address and MCR number. Click on "Submit answers" to submit.

RESULTS:

(1) Answers will be published in the SMJ August 2011 issue. (2) The MCR numbers of successful candidates will be posted online at www.sma.org.sg/cme/smj by 01 August 2011. (3) All online submissions will receive an automatic email acknowledgment. (4) Passing mark is 60%. No mark will be deducted for incorrect answers. (5) The SMJ editorial office will submit the list of successful candidates to the Singapore Medical Council.

Deadline for submission: (June 2011 SMJ 3B CME programme): 12 noon, 28 July 2011.