

Mayumi Okuda, M.D., Gambling Counselor, Columbia Gambling Disorders Clinic has generously shared material from her informative talk.

Please note that slide 41 includes advice on responsible gambling and slide 50 has 2 helpful screening questions.

GAMBLING IN OLDER ADULTS:

IS IT ONLY A PASTIME?



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OBJECTIVES

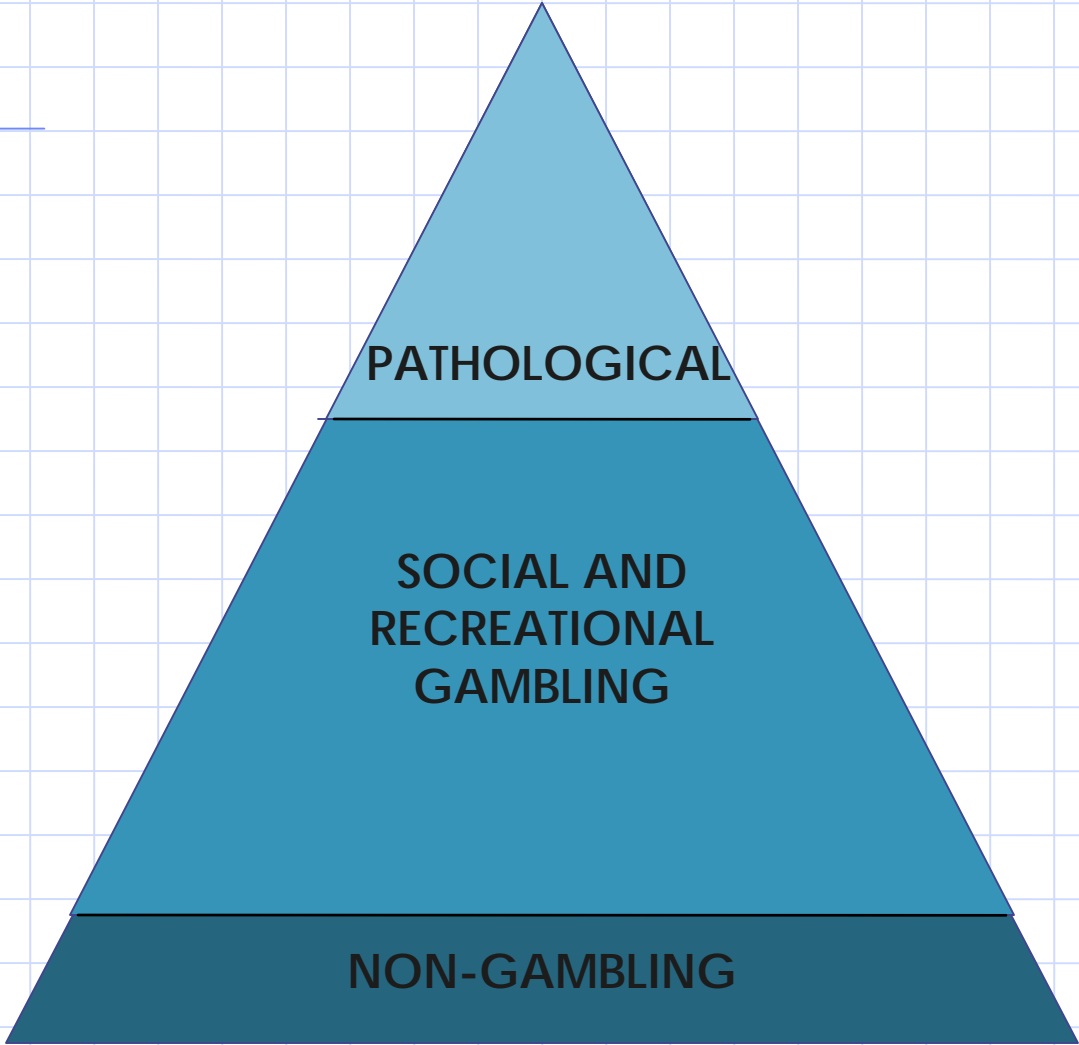
- ◆ Increase knowledge on gambling definition and types of gambling activities
- ◆ Increase knowledge on the difference between recreational gambling and problem/pathological gambling
- ◆ Increase awareness of risk factors for the development of pathological gambling in older adults
- ◆ Increase understanding and recognition of signs and symptoms of pathological gambling in older adults and available treatment modalities

GAMBLING DEFINITION

- ◆ Gambling is defined as risking something of value on the outcome of an event when the probability of winning or losing is determined by chance
- ◆ There can be some skill involved
- ◆ Lottery, sports betting, cards, dice, slot machines, scratch-offs, bingo

RECREATIONAL GAMBLING AND DISORDERED GAMBLING

- ◆ Though more than two thirds of the U.S. adult population reports gambling in the previous year, most people gamble recreationally
- ◆ Disordered gambling: Problem and pathological gambling
- ◆ Problem gambling: gambling that causes mild to moderate problems that do not meet diagnostic criteria for PG



PATHOLOGICAL

**SOCIAL AND
RECREATIONAL
GAMBLING**

NON-GAMBLING

DIAGNOSTIC CRITERIA

- ◆ Persistent and maladaptive gambling behavior as indicated by 5 or more of the following:
 - ◆ Preoccupied with gambling (reliving past gambling experiences, thinking of ways to get money)
 - ◆ Need to gamble with increasing amounts of money
 - ◆ Repeated unsuccessful efforts to control, cut back or stop gambling
 - ◆ Restless or irritable when attempting to cut down or stop

DIAGNOSTIC CRITERIA

- ◆ Gambles as a way of escaping from problems or of relieving a dysphoric mood
- ◆ After losing money returns another day to get even
- ◆ Lies to family members, therapist, or others to conceal the extent of involvement with gambling
- ◆ Has committed illegal acts such as forgery, fraud, theft, or embezzlement to finance gambling

DIAGNOSTIC CRITERIA

- ◆ Has jeopardized or lost a significant relationship, job, or educational career opportunity because of gambling
- ◆ Relies on others to provide money to relieve a desperate financial situation caused by gambling

EPIDEMIOLOGY

- ◆ Lifetime prevalence estimates:
 - ◆ **PATHOLOGICAL : 0.4% - 2.0%**
 - ◆ **PROBLEM : 2.3 % - 2.98%**
- ◆ Between 1991 and 1995, wagering in the use has rose steadily → Problem gambling behavior has paralleled the spread of legalized gambling

EPIDEMIOLOGY

◆ SOCIODEMOGRAPHIC CORRELATES

- GENDER : - Higher prevalence in males: Cohort phenomenon?
 - Women are more likely to seek mental health treatment
- AGE : - Rates 3 times higher among youths than adults
- SEE: Urban areas, particularly poor
- Ethnic minorities: African-Americans, Hispanics
- Availability of gambling opportunities

ADVERSE CONSEQUENCES

- ◆ Family dysfunction and domestic violence : 15%
- ◆ Money losses: 22% reported losing
- ◆ Loss of jobs, debt and bankruptcy
- ◆ Alcohol and drug related problems: UP TO 30%-50%
- ◆ Smoking!!!!
- ◆ High rates of suicidal ideation and attempts : 17-24% of GA - attempt -
- ◆ High rates of criminal behavior
- ◆ Health consequences: Insomnia, GI and Cardiac problems, HBP, and headaches

COMORBIDITY

- ◆ Lack of longitudinal studies
- ◆ NESARC: supports higher rates of:
 - ◆ Drug Use Disorders :38.10%
 - ◆ Mood Disorders : 49.62%
 - ◆ Anxiety Disorders : 41.30 %
 - ◆ Personality Disorders : 60.82 %
 - ◆ Mainly Obsessive-Compulsive, Paranoid and Antisocial
- ◆ Other Impulse Control Disorders : 18-43%

OLDER ADULTS AND GAMBLING

- ◆ The percentage of 65-and-older Americans who recently gambled jumped from 20 percent in 1974 to 50% in 1998, a surge unmatched by any other age group
- ◆ 1 in 10 older adults may face a significant risk of getting addicted



OLDER ADULTS AND GAMBLING

- ◆ Result of legalization and increased availability of gambling opportunities
- ◆ 1975: 35% individuals older than 65y, 1998: 80%
- ◆ Assisted-living facilities offer gambling (e.g.bingo) as a regular leisure activity and organize trips to local casinos
- ◆ In-house bingo games in nursing homes were recently cited as the single most regularly attended leisure activity

STATISTICS

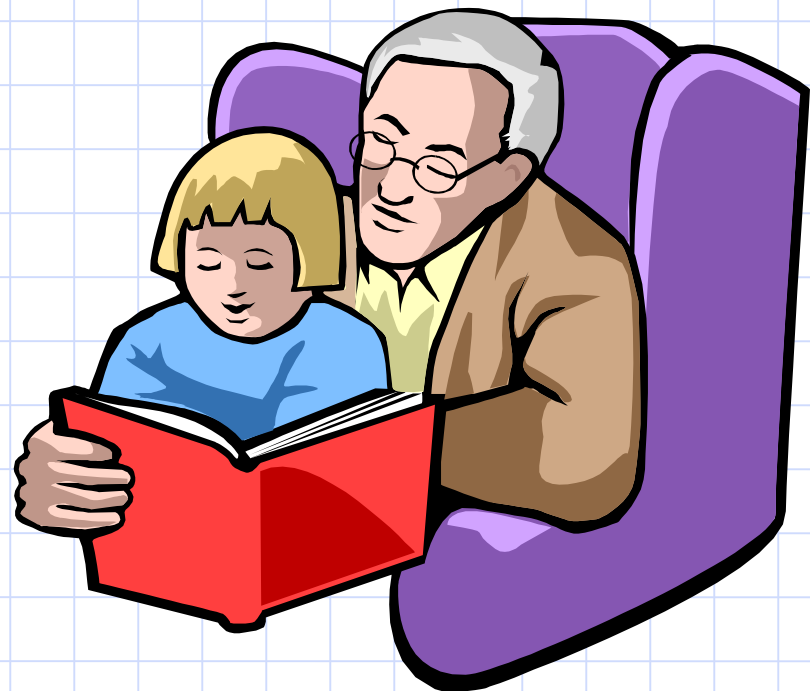
- ◆ New Jersey, 15%
- ◆ Arizona, 23%
- ◆ Connecticut, 32%
- ◆ New York, 23.2%
- ◆ More likely to report having lower incomes, longer duration of gambling, fewer types of gambling activities
- ◆ Less illegal behaviors, problems with drugs, less problems with casino table gambling

RISK FACTORS

- ◆ Senior centers and churches regularly sponsor trips to casinos, bingo, raffles
- ◆ Many seniors have more disposable income
- ◆ Many seniors have limited financial resources and are looking for a big win to compensate

RISK FACTORS

- ◆ Seniors have lots of time on their hands, looking for social interaction
- ◆ Perception is that they “deserve” to have some fun now
- ◆ Emotional escape
- ◆ Fosters independence



MOTIVATIONS

- ◆ Boredom
- ◆ Social activity
- ◆ Grief
- ◆ Relocation (selling house, moving to senior housing, etc)
- ◆ Depression

MOTIVATIONS

- ◆ Stress
- ◆ Loneliness
- ◆ Fear of death
- ◆ Loss of friends/loved ones
- ◆ Physical limitations may not permit past hobbies

OTHER MOTIVATIONS

- ◆ Social interaction
- ◆ Perceived as a safe place to go
- ◆ Emotional escape
- ◆ Excitement and living on the edge
- ◆ Independence
- ◆ Self-esteem boost
- ◆ Several small or even large monetary winning "episodes"

SOCIAL AND PHYSICAL RISK FACTORS

- ◆ Isolation
- ◆ Extended bereavement
- ◆ Loneliness

SOCIAL AND PHYSICAL RISK FACTORS

- ◆ Clouded judgement (chronic diseases, medication side effects)
- ◆ Lower working memory capacity or reduced deliberation/reflection time when making decisions are associated with impulsive decisions. Deliberate less when solving problems, lower short-term memory capacity, and lower speed of information processing (less advantageous decisions according to Iowa Gambling Task): slot machines!
- ◆ Deteriorating mental capacity, dementia

FACTS ABOUT SENIOR GAMBLING

- ◆ During flu and pneumonia season, several organizations are targeting casinos with their large numbers of elderly visitors as places to administer vaccines
- ◆ Professor of exercise gerontology in the University of Alberta's faculty of physical education and recreation states that bingo is healthy recreation for certain seniors

FACTS ABOUT SENIOR GAMBLING

◆ For whatever reason seniors choose to gamble, many have never gambled before or if they have, only in a limited way, and most are totally unaware of any potential for adverse consequences

◆ When Seniors begin to encounter problems, they are often confused about their own behavior and are embarrassed that they cannot control the activity

FACTS ABOUT SENIOR GAMBLING

- ◆ Higher rates of psychiatric comorbidity including substance use disorders (especially nicotine)
- ◆ Higher rates of cardiovascular symptoms, musculoskeletal problems, and gastrointestinal distress
- ◆ Poorer mental health and physical health to problem (!) and pathological gambling

FACTS ABOUT SENIOR GAMBLING

- ◆ Older adults may be particularly impacted because of restricted incomes, inability to work and recover gambling losses
- ◆ Poorer baseline health as a function of advanced age
- ◆ Fewer drug and alcohol problems than younger gamblers
- ◆ Less likely to report history of physical and emotional abuse, but sexual abuse and suicidal ideation were equally prevalent
- ◆ Psychiatric comorbidity (especially depression) was as prevalent

FACTS ABOUT SENIOR GAMBLING

- ◆ Differences in diagnostic criteria?
- ◆ Older gamblers experience more severe obsessive thoughts and behavior and feelings of inferiority, withdrawal, and isolation when compared to other problem gamblers

BE AWARE

- ◆ Seniors are gambling in record numbers
- ◆ The stigma that once surrounded gambling is vanishing
- ◆ Senior centers and churches regularly have outings to local gambling sites nationwide
- ◆ If you sponsor group trips to gambling sites educate your group!

TREATMENT SEEKING BEHAVIORS

◆ Seniors are reluctant to go for help because they think at their age they should know better

◆ They are most often unaware of what pathological gambling is and have no idea there is help available or where to get it

CONSEQUENCES

- ◆ A senior who amasses a gambling debt risks more financially than younger pathological gamblers because they often live on a fixed income and have a hard time recouping what they have lost, whether it's their savings, Social Security checks, insurance money, or cash for food and medications

CONSEQUENCES

- ◆ Cardiovascular distress, gastrointestinal disease, musculoskeletal problems, sexual dysfunction, besides psychiatric problems
- ◆ Substance abuse, depression, anxiety, personality disorders, suicidal ideation and attempts
- ◆ Financial, employment, marital, and family problems

TO REMEMBER: WARNING SIGNS

- ◆ Do you experience mood swings based on winnings and losses?
- ◆ Do you neglect other responsibilities in order to concentrate on gambling activities?
- ◆ Do you experience impatience with loved ones because they are interrupting your gambling activities?
- ◆ Are you willing to eat less or go without food so that you can gamble?

TO REMEMBER: WARNING SIGNS

- ◆ Do you gamble with money designated for necessary expenses such as household supplies, groceries, medication, electricity and telephone?
- ◆ Have you ever thought about cashing in your insurance policy for gambling money?
- ◆ Are you spending your retirement funds to gamble?
- ◆ Do you fantasize about big winnings and believe you will win back all of your losses?

WARNING SIGNS

- ◆ Talks only about WINS, not LOSSES -
Gambling more often; for more money ; for longer periods of time
- ◆ Lies about gambling directly or by omission
- ◆ Hides gambling losses from family members
- ◆ Chases losses
- ◆ Gambling as a way to cope with negative emotions

WARNING SIGNS

- ◆ Gambling in spite of negative consequences, like large monetary losses or family problems
- ◆ Unexplained absence of household or personal items
- ◆ Withdrawal from friends & family
- ◆ Started gambling with groups, but now gambles alone

WARNING SIGNS

- ◆ Bored outside gambling-claims there is nothing else to do
- ◆ Gambling has become the only form of recreation or socialization
- ◆ Unsuccessful attempts to cut down or stop gambling
- ◆ Borrowing from family and friends

WARNING SIGNS

- ◆ Unable to meet living expenses when the individual previously met them
- ◆ Depleting financial reserves
- ◆ Gambling on credit
- ◆ Giving up efforts to make new friends or engaging in new interests after a geographical move



ACTIVITY

HOW TO HELP

◆ Become involved:

- Know where to find help
- Learn about legislation and public policy
- Increase community awareness, education and skill development, and early intervention

EDUCATION: RESPONSIBLE GAMBLING

- ◆ Treat the money you lose as the cost of your entertainment
- ◆ Be prepared to lose
- ◆ Do not borrow to gamble
- ◆ Gambling should not interfere with or substitute for friends, family, work or other worthwhile activities
- ◆ Set a \$ and time limit and stick to it
- ◆ Avoid "chasing" lost money
- ◆ Don't gamble as a way to cope with emotional or physical pain
- ◆ Become educated about the warning signs of compulsive gambling

CARE PLAN: INTERVENTIONS

- ◆ Screening
- ◆ Immediate intervention if suicidal
- ◆ Referral
- ◆ Enlisting the help of family to support treatment adherence and effectiveness
- ◆ Counseling
- ◆ Active participation in treatment plan with subsequent assessment for relapses

CARE PLAN

- ◆ Encourage social/community resources (GA) to reduce/eliminate gambling behavior
- ◆ Encourage use of spiritual resources (if desired)
- ◆ Provide education on hazards of gambling
- ◆ Explore previous methods of dealing with life problems
- ◆ Assist identifying available support systems

CARE PLAN

- ◆ Encourage family support and involvement, as appropriate
- ◆ Provide counseling to the patient
- ◆ Actively participate with patient throughout relapses

OUTCOMES

- ◆ Patient will identify gambling behavior
- ◆ Patient uses available social support to reduce/eliminate gambling behavior
- ◆ Patient adapts to life changes without gambling
- ◆ Patient utilizes effective coping strategies for stress

HOW TO HELP: REMINDERS!!!!

◆ Be aware of

- Gambling at beginning of month (corresponding with social security and pension check deposits)
- Declining or hesitating to attend local family events or celebrations
- Neglecting car or home repairs that they can afford
- Neglecting bills such as telephone, utilities, and rent
- Disinterest in old friendships
- Secrecy or double-talk about extent of trips to casinos, bingo parlors, etc.

HOW TO HELP: REMINDERS!!!!

- ◆ Be aware of
 - Assets disappearing (such as jewelry, heirlooms, or silverware)
 - Unaccounted time away from home
 - Unexplained moodiness, depression, preoccupations, stresses, or worries
 - Unwillingness to attend to basic personal care needs such as dental work.

FINANCIAL HELPFUL ACTIONS

- ◆ Explain the possible financial situation
- ◆ Provide an overview of strategies, such as shifting asset control and repaying debts
- ◆ Ask the senior to list his or her creditors
- ◆ Have the adult children hide, cut up or cancel credit cards
- ◆ Have the adult children change the personal identification numbers on bank debit cards
- ◆ Store valuables in a safe-deposit box
- ◆ Recommend that someone other than the senior take over paying household bills

ASSESSMENT



SCREENING

- ◆ SOGS: 5 or more → Probable problem gambling
- ◆ LIE/BET:
 - Have you ever felt the need to bet more and more money?
 - Have you ever had to lie to people important to you about how much you gamble?

SEVERITY

◆ SOGS

◆ Number of DSM criteria

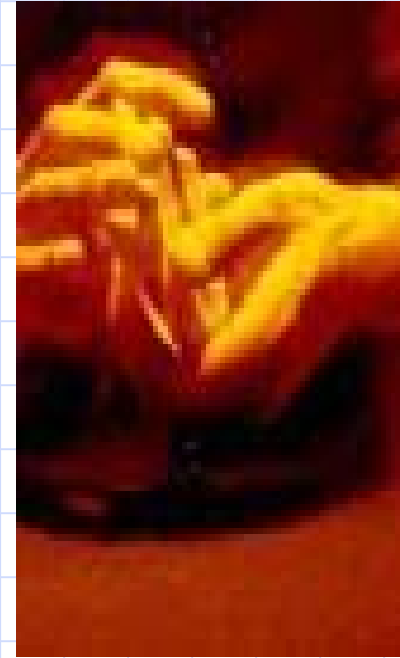
◆ Money and time spent gambling

◆ Gambling/Addiction Severity Index

◆ GSAS

◆ PG-YBOCS

TREATMENT



TWELVE STEPS PROGRAM

- ◆ Gamblers Anonymous alone:
- ◆ Most Popular
- ◆ Drop-out rates as high as 70-90%
- ◆ 8% of attendees achieve 1 year of abstinence
- ◆ Gam-Anon
- ◆ GA plus professional help:
- ◆ Improves retention and abstinence compared to GA alone

PSYCHOTHERAPY

- ◆ Psychodynamic (Bergler 1957, Rosenthal)
- ◆ Cognitive-behavioral
- ◆ Cognitive Therapy (Ladouceur)
- ◆ Relapse Prevention (Petry)
- ◆ Motivational interviewing (Hodgins)
- ◆ CMBT (Wulfert)
- ◆ Exposure/Prevention of Response (Echeburúa)
- ◆ Marital and family therapy

PHARMACOTHERAPY

◆ Purpose of treatment

- Treatment of the disorder per se
- Treatment of comorbidity of the disorder, such as depression, substance abuse or bipolar disorder

◆ For PG with comorbidity: Consider medications with actions on both disorders

◆ Form of treatment:

- Monotherapy
- Combined Therapy

TREATMENT OFFERED

- ◆ Cognitive Behavioral/Relapse Prevention
- ◆ 10 weekly sessions
- ◆ 12 monthly follow-up sessions
- ◆ Medication, if necessary
- ◆ Individual
- ◆ Family support group

TREATMENT MODEL

- ◆ Develop new skills to stop gambling
 - ✓ Identify triggers – internal & external
 - ✓ Cope with urges
 - ✓ Recognize short- and long-term consequences
 - ✓ Find alternate pleasurable activities
 - ✓ Practice assertiveness
 - ✓ Develop relapse prevention strategies
 - ✓ Homework exercises

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