



PREVENTION AND DETECTION OF PATHOLOGICAL GAMBLING AND OTHER NON-TOXIC ADDICTIONS IN PRIMARY HEALTH CENTERS

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INTRODUCTION

- The present study is part of the project to realign the approach to investigation, detection, prevention and treatment of pathological gambling and other non-toxic addictive behaviour in Catalonia, Spain, which is lead by the Health Department of the Government of Catalonia.
- A part of this project is the early detection of at-risk behaviours by the primary health centers (GPs) with the purpose of establishing measures of prevention and possible harm reduction in the context of public health (primary, secondary and tertiary).

LITERATURE REVIEW:

Several authors have carried out studies on the prevalence of gambling behaviour in GPs' patients:

Author	Date	Tool	Prevalence of problem gamblers
Pasternak	1999	SOGS	6.2%
Morasco	2006	SOGS	10.6%
Goodyear-Smith	2006	Instrument to assess the impact of problem gambling on mental health	3%

LITERATURE REVIEW:

Other studies to analyze the sensitizing of Primary Health Centre doctors to gambling problems have been done:

- **Sullivan** (2000): 85% of GPs recognize the importance of treating gambling problems as well as giving support to the family.
- **Christensen** (2001): 72.8% of Primary Health Centre professionals had some patients with gambling problems, but only 30% of them asked about this issue directly.
- **Potenza** (2002): GPs should include the evaluation of gambling problems in clinical histories. Also underlines the need for screening tools, like the LIE/BET screening (Johnson et al.,1988) or the EIGHT Screen (Sullivan, 1999).
- **Spain**: We have not been able to find any studies on the detection of at-risk gambling and other non-toxic behaviours in Primary Health Centres.

OTHER NON-TOXIC ADDICTIONS

- We could not find specific tools for a quick assessment of these at-risk behaviours in GPs' patients.

AIMS OF THE PROJECT

- **To determine the prevalence of pathological gambling and other addictive behaviour in patients attending GPs in Primary Health Centres.**
- **To adapt the Lie /Bet screening for this group.**
- **To introduce the instrument in all Primary Health Centres in Catalonia.**



PILOT STUDY

(second phase)

MATERIAL

- The instrument used is the Lie/Bet Questionnaire for screening at-risk gambling behaviour (Johnson et al. 1988) adapted for detecting other non-toxic addictions.
- The Lie/Bet Questionnaire consists of two questions corresponding to the most important DSM-IV criteria to detect pathological gambling. It is utilized as an early screening instrument.
- After the analysis of results of a first pilot study appropriate modifications were made and two versions of the tool were created: one for GPs' patients and another for pediatricians'.

PROCEDURE

FIRST PHASE (2006):

- A first pilot study was carried out in 2006 in nine Primary Health centres belonging to Mataró and Terrassa Hospitals.
- The tool was put in the waiting rooms of the centres for two months.
- The questionnaire, self-administrated, was anonymous and voluntary.

SECOND PHASE (2008):

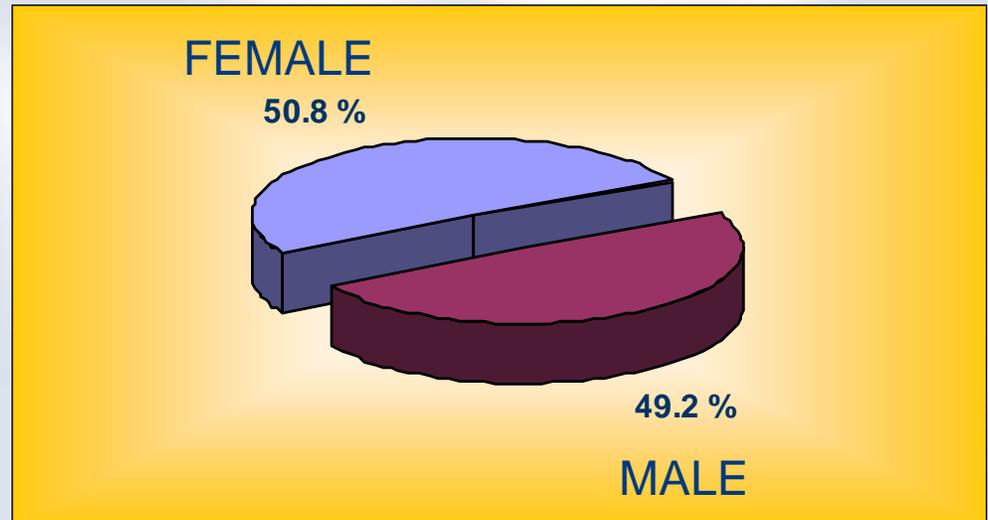
- In this phase psychologists from the Pathological Gambling Unit went three times a week to three Primary Health Centres for two months, briefly explaining the study and administering the tool to the patients.
- The participation was voluntary.

SAMPLE

SECOND PHASE (2008):

- In this second phase of the study, the sample was taken from three Primary Health Centres which belong to Mataró Hospital.

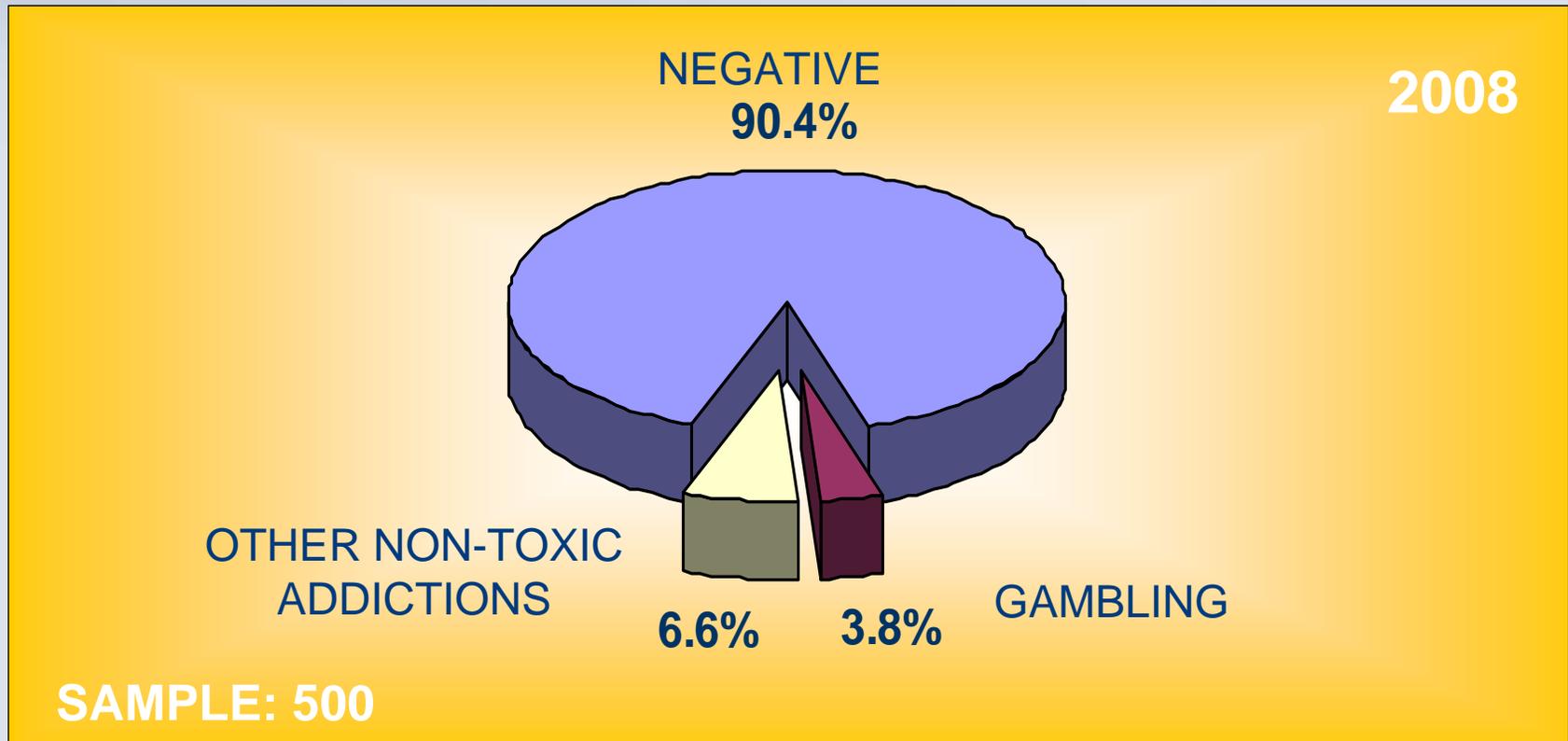
- N= 500
- Age Range : 16 – 92
- Average age: 49.15
- Gender: 50.8 % female
49.2 % male





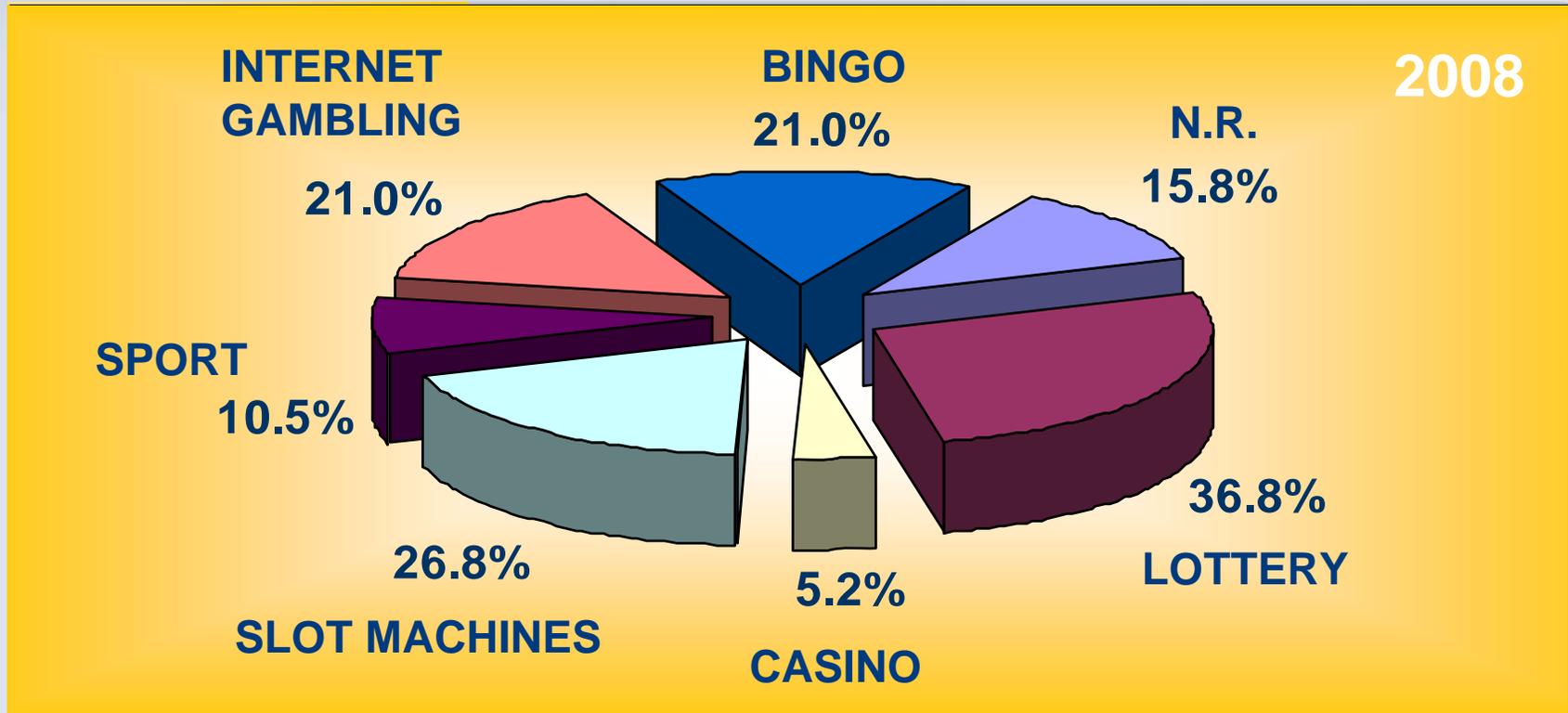
PRELIMINARY RESULTS

Score on Lie /Bet questionnaire



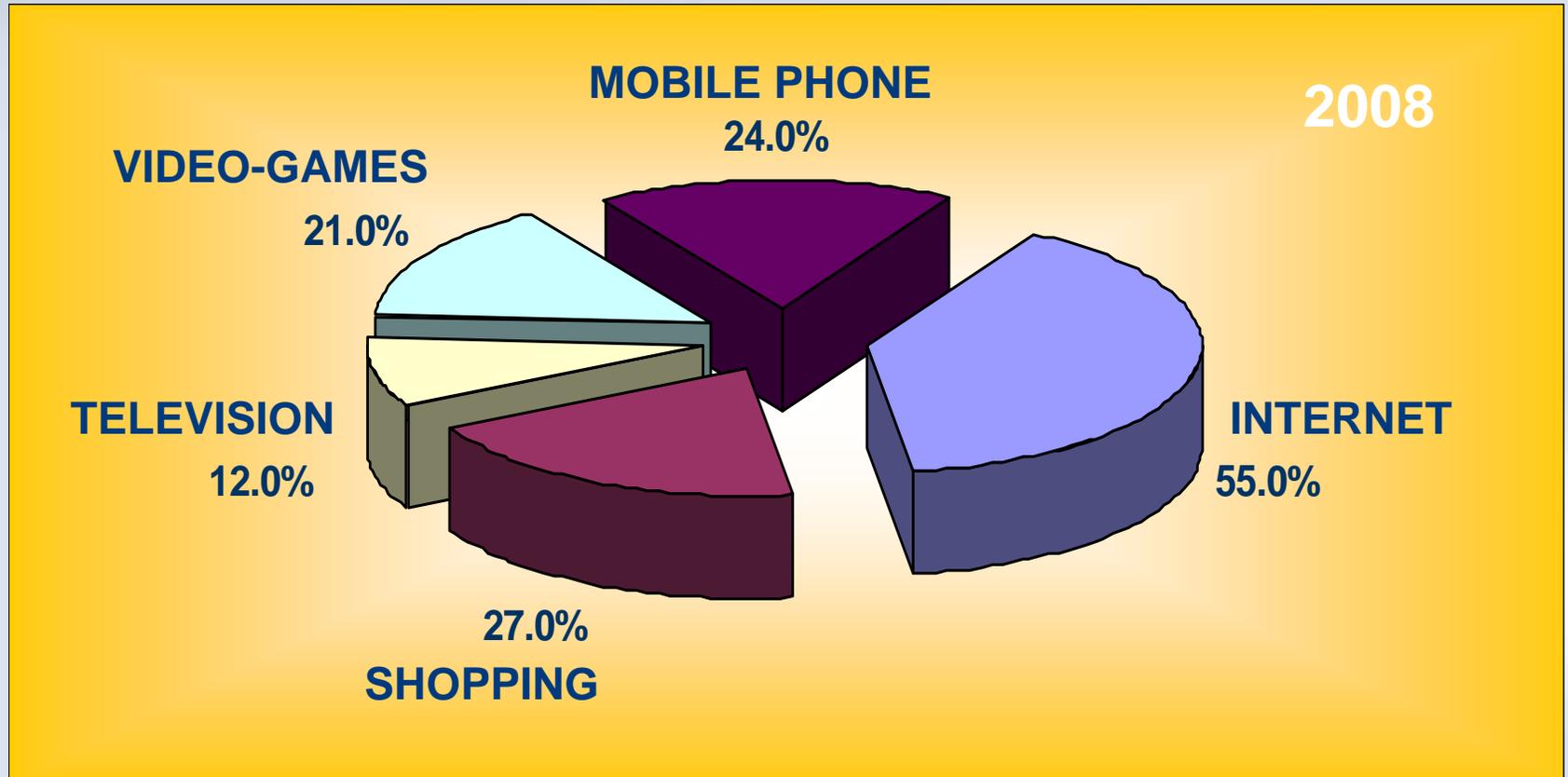
The sum of the percentages is more than 100 because 4 subjects (0.8%) are positive to gambling as well as to other non-toxic addictions.

TYPES OF GAMBLING



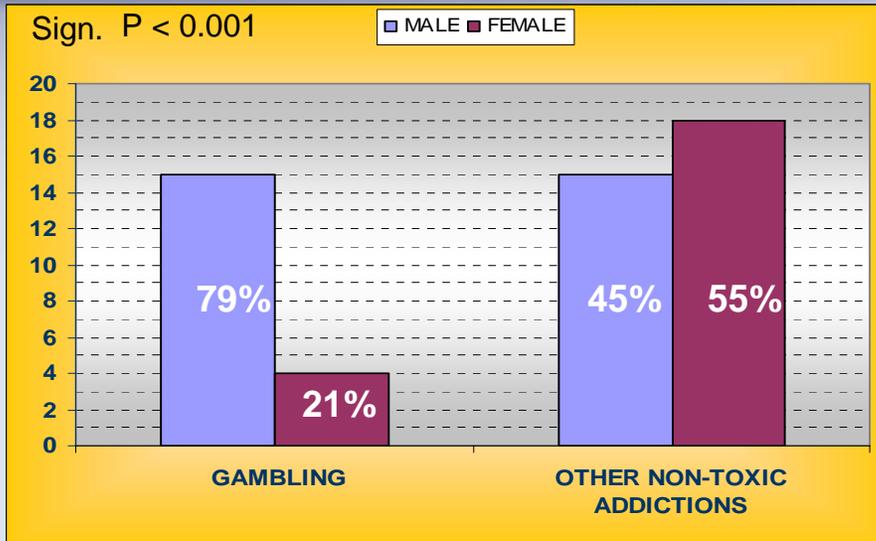
The sum of the percentages is more than 100 because some subjects participate in more than one gambling activity.

OTHER NON-TOXIC ADDICTIONS:



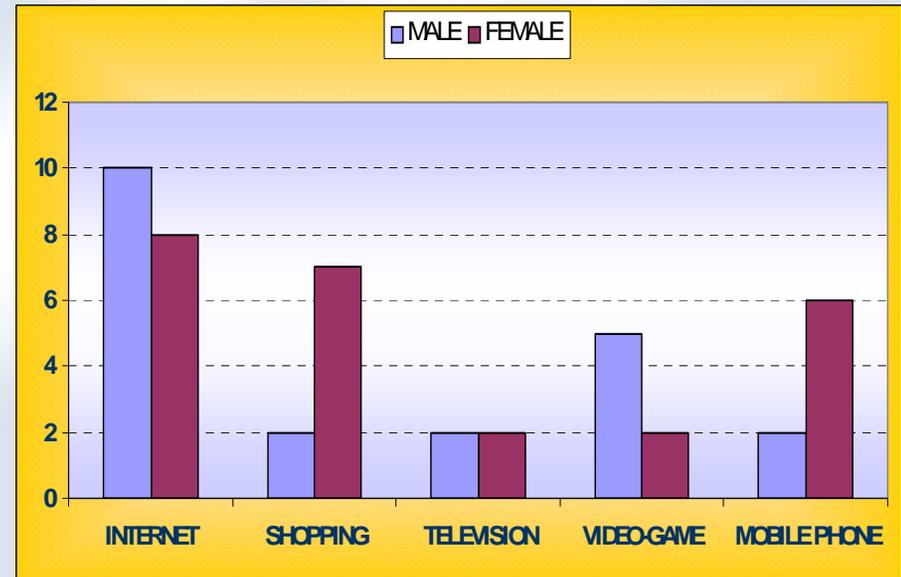
The sum of the percentages is more than 100 because some subjects participate in more than one non-toxic activity.

SOCIODEMOGRAPHIC DATA



AVERAGE AGE	TOTAL	MALE	FEMALE
TOTAL	49.15	51.18	47.70
NEGATIVE	50.45	53.29	48.61
POSITIVE	37.15	38.11	35.80

Sign. $P < 0.001$ $P < 0.001$ $P = 0.002$



The sum of the percentages is more than 100 because some subjects participate in more than one non-toxic activity.

CONCLUSIONS

- The prevalence in our study of at-risk gambling behaviour in GPs' patients is lower than other studies carried out in Primary Health Centers, which have used SOGS as the screening tool. This higher level of positives using SOGS has been noted in many other studies.
- The interaction between the gender variable and at-risk behaviour shows a significant difference between men (79%) and women (21%) with respect to gambling. As for as participation in other non-toxic at-risk behaviours is concerned there was no significant difference between men (45%) and women (55%).
- The lower average age in positive responses (37) compared to the negative population (50) is significant and suggests that early intervention is important.

CONCLUSIONS

- The Lie/Bet screening is a very quick, easy and valid tool to detect probable at-risk gambling behaviour or other non-toxic addictions. These characteristics make the test suitable for Primary Health Centers, where Doctors are under pressure to see a great number of patients.

WORK IN PROGRESS

- 1) We are carrying on studies with the same procedure and objectives in:
 - Pediatricians' patients.
 - Adult and adolescent patients of the Primary Mental Health Centers.
 - Patients of the Drug Addiction Centers.
- 2) Realign the resources, strengthen the coordination among the welfare levels and define the circuits in all health centres (primary health centres, mental health centres, drug-addiction centers, pathological gambling units, and pathological gamblers associations).
- 3) We are designing a clinical guide which would include the interventions in the context of public health (primary, secondary and tertiary prevention).

APPENDIX: THE INSTRUMENT



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DETECTION OF PROBLEM GAMBLING AND OTHER NON-TOXIC ADDICTIVE BEHAVIOURS (GP's)

CLINICAL HISTORY NUMBER:.....

FULL NAME:

DATA:

SOCIODEMOGRAPHIC DATA:

AGE:.....

SEX:

CIVIL STATUS:

- a) Single
- b) De facto relationship
- c) Married
- d) Separated
- e) Divorced
- f) Widowed

EDUCATIONAL LEVEL:

- a) Without studies
- b) Primary studies
- c) Secondary studies
- d) Technical studies
- e) Higher studies (University)

OCCUPATION:

- a) Manual - skilled
- b) Manual - unskilled
- c) Technical
- d) Public servant
- e) Professional
- f) Pensioner
- g) Student

WORK STATUS:

- a) Working
- b) Unemployed
- c) On sick or other leave
- d) Unemployed because of disability
- e) Retired
- f) Studying

PARTICIPATION IN GAMES OF CHANCE FOR MONEY INCLUDING GAMES INVOLVING TECHNOLOGY

Have you ever taken part in games of chance that offer the possibility to win or to lose money like: lottery, bingo, casino, slot machines, private games for money, pools, sweepstakes or bets on sports results or events?

Yes ? Go to question 1

No ? Go to question 3

1. Have you ever lied about how much money you have gambled?

Yes ?

No ?

2. Have you ever felt the necessity to bet more and more?

Yes ?

No ?

Have you even taking part in the following activities: internet, mobile phone, videogames, shopping, television, others?

Yes ? Go to question 3

No ? Go to question 5

3. Have you ever lied about the frequency and the time spend in the following activities: internet, mobile phone, videogames, shopping, television, others?

Yes ? Could tell me which one?.....

No ?

4. Have you ever felt the necessity to spend more and more time or money on the following activities: internet, mobile phone, videogames, shopping, television, others?

Yes ? Could tell me which one?.....

No ?

5. Are you in treatment for a problem related to these activities?

Yes ? Could you specify the kind of treatment and
where it takes place?

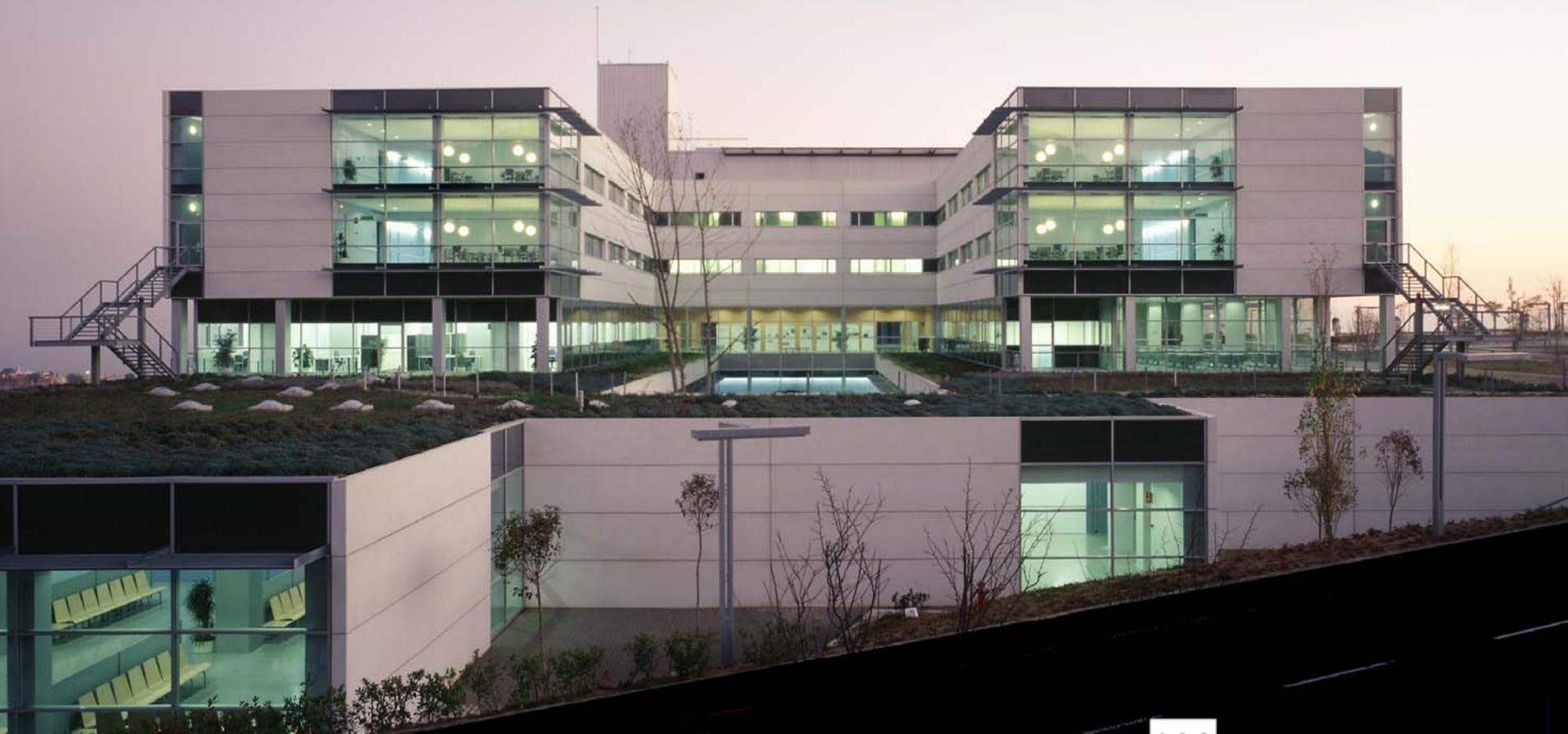
No ?

CORRECTION:

1. If you have answered positively to one of the first four question, this implies at risk behaviour.

It is recommend that you go to Mataró Hospital (Carretera de Cirera, s/n) for a thorough evaluation and treatment if needed.

THANK YOU VERY MUCH



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