ORTHOS: Intensive Residential Program for Pathological Gamblers: a research evaluation ten years later

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Outlines

- Introduction to the Orthos therapeutic program
- Philosophy of the Orthos therapeutic program
- Objectives of the Orthos therapeutic program
- Phases of the Orthos therapeutic program
- Study 1
- Study 2
- Conclusions
Introduction to the Orthos therapeutic program

Usually, in the treatment and management of pathological gambling (PG), only ambulatory psychotherapy or counselling is offered.

Long term therapeutic communities and psychiatric institutions usually do not offer adequate therapeutic opportunities, especially for clients who need to keep the contact with their work, family and social milieu.
According to the DSM-V, PG can be defined as a “persistent and recurrent problematic gambling behavior leading to clinically significant impairment or distress”, not better defined by a manic episode.

Orthos is a three-weeks intensive residential intervention program with three follow-up meetings during the year following intensive residential interventions.

Orthos philosophy envisages a non-moralistic and prejudicial approach to PG.
In the present oral communication, we report the findings from 2 researches on the outcomes of the first 10 years of experimentation of the Orthos residential treatment program for PG. 340 pathological gamblers have been treated until now. An innovative program has been applied to pathological gamblers but is going to be extended, with appropriate adaptations, to other behavioral dependencies (Internet, food, sex, compulsive buying, etc.) and has the following features:
THE COMMUNITY OF A RESIDENTIAL INTENSIVE PROGRAM

• The choice for a residential home located in a natural environment with strong characterization and away from population centers responds to a number of reasons: Importance to stop at the concrete level, as well as symbolic, the recurrence of compulsive behavior and self-harm; Creating an environment designed to foster self-observation, the existential analysis, comparison with classmates
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1. Being shorter in duration (generally within three weeks) in order to be compatible with the permanence of an insertion in social, occupational and family of the subject;

2. Having an intense and well structured design of intervention and a high specificity of action on the specific pathology;

3. Acquiring programs predominantly orientated in psychotherapy, rather than medically, in order to improve the efficacy, even in a limited period of time, in the maladaptive behavior and the nuclei of the problematic personality of the subject;

4. Provide accurate diagnostic phase of intake in connection with the services in the area of provenience of the client;

5. Provide a phase of consolidation and the accompanying psychotherapeutic work connected to the residential phase that is sufficiently structured and does not nullify the results obtained.
From these consideration a three-week intensive residential treatment called Orthos, sponsored by the Regione Toscana, has been developed. Treatment programs are offered in a residential facility hosted in a farm-house in the countryside of Siena. Its unique location provides a pleasant stay to patients in a calm and comfortable environment. The property provides bedrooms, common areas, library and specialized environments for the study, the environment for therapeutic activities, workshops for the activities of artistic expression and physical, occupational and spaces for computer work.
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Philosophy of Orthos

The name of the project, Orthos, comes from a name given to Dionysus in classical Greek culture. Orthos is "one who stands" on his own legs and therefore does not depend on others. He is not reclining (from which the word client) or passively abandoned (from which the patient).

The reference to Dionysus also indicates the philosophical choice of the background at the origin of this project: the legitimate aspiration of the human beings in looking for pleasure (see Epicurus) and not its demonization within a constellation of positive values.
Personalized orientation

With respect of the general criteria adopted by the Program, our existentially-grounded orientation takes into account the specific characteristics of each Client.
The intervention of Orthos is defined, basically, with the purpose of healing such as "causal" and not "symptomatic". We have in fact verified by extensive experience as a relapse in PG is the expression of a loss of control generally associated with periods of difficulty, character disorders, disfunctional lifestyle and constellation of values that represent the true target of therapeutic intervention beyond the symptom of which, however, it is necessary to bear in the first phase of the therapeutic intervention.
The **total abstinence** is generally **recommended** as a rule that is justified by the underlying vulnerabilities which still remains in a person who has incurred serious forms of compulsive gambling. Beyond the assessment of the risks related to gambling, it’s **important to devote efforts to the recovery of alternatives to bridge those gaps that the GAP tends to compensate**.
The total abstinence from gambling is requested for the first phase of the program following the treatment (minimum of three months to a year). After that we also take into consideration "controlled gambling" which, by definition, means not only "self-controlled but monitored with the help of a family member or close person that keeps a vigilant monitoring on the game itself controlled"
Humanistic-existential orientation

The program is inspired by a model of intervention that incorporates aspects of **anthropology** (universality of human tendency for gaming in its various forms), **psychodynamic** (oral character and conflict between instinctual dimension and superego), relationship (family structure of origin and membership), **cognitive** (magical thinking and operating constraints).
Integrated in a framework of Gestalt Therapy with specific work on emotions, body, the re-orientation of positive ad-gressive tendencies, the recovery of the imaginal dimension and the contact Organism / World. The methodology involves the integration of group psychotherapy, self narration, bio-energetic work on character armor, activities of art therapy, drama and practices of self-listening.
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Clients are subjects of both sexes and age that are substantially included in the socio-economic tissue. The project is devoted to individuals not strongly affected by characterological disturbances and other forms of addictions "gamblers emotionally disturbed" according to the classification of Blaszczynski (2000).
"kata physis"
(according to nature)

Recovering "natural" rhythms to live as a metaphor for a search of essential and "constituent" aspects of living beyond the often alienating forms of contemporary life.

A chance of contact with aspects of nature from which to draw aesthetic, emotional and spiritual nourishment.
Ability to deal with the *horror vacui* in meditative attitudes. Staying with the "vacuum" can represent the turning point from a compulsive scape from one person’s shadow, and a newfound familiarity with emotions, fears and desires.
Objectives of the Orthos therapeutic program

1. exploration of personal history and identification of any personality disorder that have implemented and subsequently perpetuated the inability to regulate their impulses and implementation of a successful life plan;
2. re-owning of the components of emotional, cognitive, relational and behavioral assuming personal responsibility as adults to avoid apportioning blame to external situations, the world, the other
3. revisiting the history of personal affectivity and analyse possible mechanisms of compensation - through compulsive gambling and other addictive behaviors – in order to explore more satisfactory relationships of intimacy and constructive relationship;
4. checking the economic and employment situation and exploring possibilities to overcome debts and search for possible job alternatives
The body work, inspired by Reich, tends to identify blockages and rigidity that express, at the body level, the armor of character that can often bind a healthier emotional expressiveness.
Work

Observing a weekly program, residents will devote to Housekeeping, Preparing meals, Gardening, Olive trees, Property maintenance for about 2 hours a day.
Life project

This task consists in a real work applied to the analysis, restructuring, rescheduling of several aspects of his personal life, moving from one’s job to affective life to the use of leisure time.
Therapy in group

Every afternoon is reserved for a two-hour session to a work group in accordance with rules and different goals that will be organized on different days of the week.
Group psychotherapy and self-narration

In turn, each resident will have the opportunity to "work" on himself in the group, bringing out both the aspects of light that shadow of his own personal experience. Will also be invited to highlight the critical steps that can be the source of their problem behaviors and situations of reinforcement or of failure. Group members are asked to participate by cultivating an attitude of active listening, but also to ask questions about specific "steps" significant. Through the work of mirroring each other, each will have the opportunity to recognize the experience of others and to focus on the mechanism of projective identification, differentiation and comparison.
Group of Art Therapy

This activity will have two sides privileged:

a) that of **expressive techniques** (drawing, watercolor, painting, clay modeling, computer graphics, photography, etc)

b) that of **music, movement, poetry and theater**, according to a calendar of initiatives proposed by the operator responsible for
Group on magical thinking

This group will be reserved both informative elements of the lesser known aspects of the game (mathematical theories, etc.), or to purely cognitive aspects that correlate positively with the presence of disorders of impulse control.

Both analytical research in the field of Freud and Bergler that Laduceur in the cognitive field, have highlighted the importance of "magical thinking" in the structuring of behavior supported by mechanisms apparently irrational, but powered by a parallel argument that is likely to determine the choices of the player or other forms of addiction.
Follow up groups

This meeting has the meaning to assess the route taken in the work week and to estimate both the goals achieved and those missed. The importance of this moment lies in the ability to sustain a "consult the map" in the path of change and growth process. In fact, every in navigation is important to consult the reference stars to give an idea of the route taken. The ability to monitor the progress of the course will in fact be important to support the re-entry phase in the post-residential.
The creative play

A gaming activity that explores a wide range of opportunities for playing is offered after dinner. The same:

- does not have implications for money
- privileges the aspect of competence-competition with respect to randomness
- involves a strong element of socialization
- allows the player to deal with his problem dynamics (magical thinking, inability to lose, cash-over-valuation of the item, loss of playful attitude in favor of a competitive exasperated, etc)
- recover ancient traditions of the game
- explores some of the principles of the "game theory"
The Therapeutic work with the families

It is unlikely to expect a lasting change in behavior of an employee, without a simultaneous change in the way relational involving people to him more closely linked by family ties.

The experience gained up to now teaches that work in parallel, is of importance and inescapable structural. Is therefore required, which is in the process of intake, which eventually accompaniment residential, family members are more closely linked to the subject problematic participate in meetings of the dynamics occurs in act with a view to a progressive overcoming of the communicative aspects dysfunctional.
Phases of the Orthos therapeutic program

The stage of the intake is held
- in the location of the outpatient project Orthos in Siena

- in the community

- The venues linked to the Project which operate in the country with professionals trained in the philosophy and methodology of the Program
This phase requires a minimum of three interviews to collect:
- Socio-demographic data
- Personal history and family
- Some personality test
- Analysis of the motivation to undertake the program
- Assessment of the suitability to undertake the program and definition of the administrative and organizational aspects
Phase of accompaniment and follow up

This stage involves a close monitoring on the stage of social reintegration, contacts with family and working situation and will involve:

- inclusion in a program that provides for participation in a therapeutic self-help group

- or with operators who work with Orthos

- participation in the days of intensive treatment of recall
Popolazione studiata: 150 soggetti di cui 136 uomini e 14 donne nel periodo 2007 – 2010 attraverso XIV Moduli intensivi di 21 giorni
2. Istruzione

Livello di istruzione

![Pie chart showing percentage distribution of education levels]

- Elementare %
- Media %
- Diploma %
- Laurea %

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Stato civile
Provenienza
Fonti di invio

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creditori

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comorbidità

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Tipologia di gioco

- Trading on line: 2,4%
- Carte: 4,8%
- Casino: 4,8%
- Gratta e Vinci: 2,4%
- Lotto: 4,8%
- Video Poker: 37,5%
- Scommesse: 43,3%
quadro di personalità medio secondo MMPI-2:
Al campione di soggetti GAP qui descritto è stata somministrata una batteria di test, comprendente i seguenti reattivi self-report:

- **SOGS**
  (South Oaks Gambling Screen: Lesieur e Blume, 1987; adatt. italiano di Guerreschi e Gander), questionario composto da 20 item, per lo screening della presenza e della severità del GAP;

- **BIS-11**
  (Barratt Impulsiveness Scale-11, Patton et al., 1995; adatt. It. di Fossati et al.), questionario composto da 30 item su scala Likert a quattro punti, per la misurazione dell’impulsività;

- **DES-II**
  (Dissociative Experiences Scale – Revised: Carlson, Putnam, 1993; adatt. It. di Schimmenti), questionario composto da 28 item, per la misurazione delle esperienze dissociative;

- **TAS-20**
L’analisi di altre variabili psicopatologiche, valutate attraverso reattivi self-report, mostra significativa impulsività, una condizione di potenziale disregolazione affettiva, e presenza di sintomi dissociativi subclinici.

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<tr>
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<td>DES-II</td>
<td>18,43</td>
<td>11,62</td>
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Sono quindi stati estrapolati i punteggi medi ottenuti ai reattivi dai soggetti del campione (vedi **Tabella 1**).

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<td>TAS-20</td>
<td>57,09</td>
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**SOGS** (South Oaks Gambling Screen: Lesieur e Blume, 1987; adatt. italiano di Guerreschi e Gander), questionario composto da 20 item, per lo screening della **presenza e della severità del GAP**

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Le statistiche descrittive ci informano di alcune peculiari caratteristiche di questo gruppo:

se si considera che il cut-off del SOGS suggerito dagli autori per lo screening del GAP è di 5 punti, è evidente la grave condizione patologica di questi soggetti, che presentano invece un **punteggio medio di 14**.
Il dibattito riguardante la collocazione che il gioco d'azzardo deve avere nella nosologia psichiatrica è tuttora vivace e da questa osservazione ricaviamo la convinzione che le diverse concettualizzazioni non siano mutualmente escludenti: ai fini ermeneutici e pragmatici risulta più proficuo considerare la complessità del GAP come declinabile in sottotipi che si caratterizzano per la preponderanza di:

**dipendenza "farmacologico simile"**

- **tratti ossessivi**
- **disturbi affettivi**
- **impulsività**

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Correlation between alexithymia and impulsivity

- Impulsivity, which in turn correlates with the trend in the level of alexithymia, indicates that the trait is probably related to inadequate processing mechanisms intrapsychic and intersubjective communication of emotions, as well as insufficient use of the same emotions as a guide for the behavior.
Connection between dissociation and alexithymia

• Again, it is the first factor of the TAS-20 (DIF - difficulty identifying feelings and distinguishing them from bodily sensations) to show the highest values of association with dissociative experiences as measured by the DES-II. This item has already been noted in the literature compared to other forms of addiction (Caretti, Craparo, Schimmenti, 2006; Caretti et al., 2007) and shows again that the TAS-20 is the first factor, an indicator of the degree of affective dysregulation, to be more convergent with other measures of psychopathology in addiction.
Compulsive gambling: one way to avoid the emotions

• We can therefore assume that, when they are not able to self-regulate their emotions and to use them appropriately in interpersonal contexts, subjects GAP resort to addictive behavior, and that this conduct is itself somehow a dissociative symptom face to modulate affective states and remove emotions could not be processed, perceived as traumatic and overwhelming.

Both the dissociation (in particular the pathological and structural) and alexithymia, are important variables for understanding the mechanisms of addiction to gambling.
How to "work" on the emotions?
Orthos is "one who stands", which is not reclining (hence "client") or abandoned passively (from which the "patient") to itself and therefore does not depend on others in the stand on his own legs.
12 THE MAJOR CRITICAL AREAS

1. IMPULSE CONTROL
EXTERNAL LOCUS OF CONTROL
ATTITUDE PROFLESSIVO
INABILITY TO DELAY THE SATISFACION OF NEEDS / DESIRES
THE LACK OF LIMITS

2. PROBLEMATIC SELF-ESTEEM
DEFICIT OF FILAUTIA
MASOCHISM
COMPENSATORY HYPERTROPHY EGO
DEREALISTIC AMBITIONS
3 DISSOCIATION
   LYING
   DOUBLING OF PERSONALITY

4 POOR SENSE OF REALITY
   MAGICAL THINKING
   LACK OF CARE
   PLUTOMANIA
   VIRTUALISATION OF MONEY
   DEREALISTIC THINKING

5 EXCESS OF VIRTUALIZED
   COMPETITIVENESS
6 ORAL CHARACTER AND NOT INTER-OBJECT RELATIONSHIPS
NARCISSISM
OEDIPAL CONSTELLATION
MOTHER TOLERANT ABSENT/ AUTHORITARIAN FATHER

7 AETERNAL CHILD (Puer Aeternus)
CHILDISH TRAITS
PETER PAN SYNDROME
8 LACK OF AGGRESSIVE ATTITUDE
TENDENCY TO REPLACE REALITY WITH VIRTUAL DIMENSION

9 ANHEDONIA
BOREDOM
DESPAIR
SUICIDAL PHANTASIES
POOR PLANNING
OVERCOMPENSATION WITH THE NOVELTY SEEKING BEHAVIOR IN THE GAP
10 POVERTY IN “IMAGINATATIVE DIMENSION”
CONSTELLATION VALUES
ARCHETIPAL POVERTY

11. AFFECTIVE DYSREGULATION
IN LOVING RELATIONSHIPS

12 LACK OF LIFE PROJECT
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Study 1

The study involved 165 subjects who had participated in the ORTHOS treatment program and had completed it for at least a year. Subjects with a mean age at the time of T0 (beginning of treatment) of 45.9 years (DS=11.8; range: 23-75) were predominantly men (90.2%). The subjects were mainly married (48.2%), with prevalent middle school education (42.7%) or higher average (48.8%). Most of them came from the Tuscany Region (54.3%), but almost all Italian regions were present in the distribution. They showed a clinical co-morbidity in 34.1% of cases, mainly depression (69.6%). The subjects had an average debt of €42,166.13±182,379.73.
Questionnaires administered

Participants were interviewed during treatment access (T0) for the evaluation of their overall DSM mental function according to the Global Assessment of Functioning (APA, 2000). The subjects were then contacted for an interview at least one year after the end of treatment (3.4±2.6 years, median 2 years), in which the evaluation of overall functioning and actual gambling symptoms (T1) was again performed. GAF score varies in the range from 0 to 100 and have been coded according to MGAF-R criteria (Hall, 2000), which assesses the overall functioning of the individual in relation to psychological, social and work areas.

Further, the SOGS self-report questionnaire (South Oaks Gambling Screen: Lesieur and Blume, 1987; Guerreschi and Gander, Italian), which is a 20-item questionnaire for screening the presence and severity of gambling disorder, was administered. SOGS considers multiple aspects: the type of game play, the frequency of gambling activities, the difficulty of playing in a controlled manner, the means used to get the money to play, lies about gambling, to play more than the initially scheduled sums, and so on.
Outcomes - SOGS

It's very important to note the very significant effect of the intervention Orthos. In fact, in patients who have received treatment there was a mean reduction of 8.88 points on the SOGS (SOGS Media T0 (input) = 12, 65, SD = 3.13; SOGS Media T1 (at 1 year after treatment) = 3.77, SD = 3.74), with a very high level of significance of this reduction in symptoms of GAP: t (71) = 15.86, p <0.0001.
The findings of the present study confirm the efficacy of ORTHOS treatment compared to the reduction of gambling symptoms, with over 85% of the sample in which the symptoms manifested no longer clinical relevance (scores below 5 in SOGS).
STUDY 2
Outcomes evaluation of ORTHOS for Gamblers: impulsivity, attachment styles, alexithymia, and parental bonding
**Impulsivity** is a multidimensional construct denoted by the tendency to act a behavior or to make a choice without reflective mediation. An immediate act in reaction to a physical or psychic stimulus. Numerous researches testify how impulsivity is the structuring characteristic of the conduct of the gamblers.

**Alexithymia**, from the Greek *a-lex-thymos*, refers to the impossibility of recognizing and expressing one's emotional states. Most often found in psychosomatic patients, the alexithymic construct also emphasizes imaginative poverty and the consequent concreteness of thought (operative thought) of subjects who are mainly directed towards the "material" aspects of their actions, having no reflexive space for the properly psychological aspects of their behavior.
**Questionnaires administered**

**SOGS** (South Oaks Gambling Screen: Lesieur and Blume, 1987, Italian adaptation by Guerreschi and Gander), a questionnaire composed of 16 items, for the screening of the presence and severity of the GAP.

**BIS-11** (Barratt Impulsiveness Scale-11, Patton et al., 1995; Italian adaptation of Fossati et al.), a questionnaire composed of 30 items on a four-point Likert scale, for the measurement of impulsivity.

**RQ (Relational Questionnaire)** by Bartholomew and Horowitz (1991) validated in Italian by Picardi et al. (2000; 2002). The RQ is a self-report questionnaire that allows to evaluate the general orientation of the individual towards intimate relationships through a quadripartite classification.

**TAS-20** (Toronto Alexithymia Scale - 20 items: Bagby, Taylor, Parker, 1994, Italian adaptation by Bressi et al.) 20-item questionnaire for the measurement of alexithymia and affective dysregulation

**PARENTAL BONDING INSTRUMENT** (Parker et al., 1979). The Parental Bonding Instrument represents a "Scale for the evaluation of the relation with the parents", it is a self-administering questionnaire to assess the quality of care offered by both parents in childhood up to 16 years of age.
Sample
The study involved 40 subjects who had participated in the ORTHOS treatment program at t0. The same subjects were retested at t1 at a distance from the end of the program defined as follows:
• post 6 months (7 subjects)
• post 9 months (6 subjects)
• post 12 months (7 subjects)
• post 21 months (12 subjects)
• post 24 months (8 subjects)
Subjects have average age at the time of t0 (start of treatment) of 43 years (DS = 13.25); they are predominantly men (90.1%), they are mainly married (43.2%), with an average education (47.7%). They do not present a clinical co-morbidity in 38.6% of cases. The subjects have a debt between € 10,000 and 50,000 for 31.8%; only 4.5% exceed € 100,000 in debt.
Conclusions: observations on the general research

It is considered urgent to define, possibly at the international level, **the standards for the collection of data for assessing outcomes of treatment programs** so that you can effectively compare the variables that have the greatest impact on their effectiveness.
b) Global Assessment of Functioning (GAF, APA, 2000)

- range from 0 to 100 clinician-report type that represents the axis V of DSM-IV-TR, here coded according to the criteria of the MGAF-R (Hall, 2000), which evaluates the overall functioning of the individual in relation to the areas psychological, social and work activities. The VGF is considered in the literature as one of the most effective synthesis tools for planning treatment and measuring its impact, to predict the outcome of psychotherapy and to follow the clinical progress of individuals in global terms, using a single measurement.
Outcomes GAF

- It should also be noted that among the subjects who participated in Orthos is also observed a significant increase in Global Assessment of Functioning (GAF), a full 17.79 points (VGF Media T0 = 53.51, SD = 9.95; VGF Media T1 = 71.30, SD = 11.68), with a similarly significant increase in the overall operation of the subject: t (71) = 15.32, p < 0.0001.
Figure 1b. Frequencies relative to the increase in scores following treatment ORTHOS VGF (T1, N = 140).
On the general research in specific field

4.1 It is considered urgent to define, possibly at the international level, **the standards for the collection of data for assessing outcomes of treatment programs** so that you can effectively compare the variables that have the greatest impact on their effectiveness.
4.2 The treatments in residential facilities, in particular, are very rare in the current state since the traditional therapeutic community for drug addiction are not suitable to the processing of gamblers while almost inexistent appear to be treatment programs (especially if supported by the national Health Service) for behavioral addictions
Staggered time-definite (three months, one year, three and five years ..) assessments to make them comparable, but realistically taking into account the difficulty in maintaining contact with users and the costs and professional training of operators working in interviewers to detect the data.

On this aspect of the study is a "superindex" (similar to the stock market and which reflects the sum of the securities concerned on a certain date) that allows to highlight trends of the global population Users followed regardless of the time elapsed treatment but who nonetheless gives an overall idea on improving or not the disease is symptomatic that in the aspect of the general conditions of the subject.
IL GIOCO & L’AZZARDO
IL FENOMENO, LA CLINICA, GLI INTERVENTI POSSIBILI
(a cura di M. CROCE e R. ZERBETTO)

Contributi di

Edizioni Franco Angeli, Milano
Thanks for your attention!

Orthos project

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