For many men in contemporary Britain, the weekend is an opportunity to relax and watch sports, either on television or by attending the event themselves. Some of these people will also drop into a bookmaker or bet online or on their mobile phone on their preferred outcomes. For some men, however, gambling has become a more serious problem, one that reaches far beyond a recreational weekend activity and resembles a full-blown addiction.

The British Gambling Prevalence Survey\(^1\) found that problem gambling is on the increase in the UK, with around 451,000 adults classified as being problem gamblers; the average problem gambler is a young male. More specifically, the average pathological gambler has been found by the National Problem Gambling Clinic\(^2\) to be a white-collar male, in his 30s, in full-time work and high functioning as compared to patients presenting with other forms of addictions within the NHS.

The British Gambling Prevalence Survey described playing the lottery as the most prevalent form of gambling; this was followed by scratch cards, bets on horse racing and use of slot machines. The survey found that problem gambling is on the rise in the UK, particularly among young men. The authors explain how the behaviour can have a strong impact on the quality of life of family members and can lead to difficulties in close relationships, as well as affecting the physical and mental health of the gambler.
also found that 81 per cent of participants took part in a gambling activity 'in person', by visiting a bookmakers or arcade, with the remaining participants gambling on a mixture of online and 'offline' methods, or simply online.

CLASSIFICATION
Pathological gambling is classified as meeting the Diagnostic and statistical manual of mental disorders (DSM) as meeting five of ten criteria (Box 1); problem gambling meets three or four of these ten. In order to diagnose it, gambling behaviour must not be a result of the individual experiencing a manic episode.

Pathological gambling is currently classified as an impulse-control disorder in both the DSM and International Classification of Diseases–10 (ICD–10) classification criteria. In spite of ICD–10 being the prevalent diagnostic tool in the UK, in terms of pathological gambling, clinicians and researchers adopt the DSM classification in order to work alongside international colleagues in the field. The DSM criteria span an individual’s social, psychological, physical and financial situation, focusing on how relationships, financial status, legal status, mental and physical health can be impacted on by problem gambling. Research has shown that each of these areas is impacted by problem gambling.

IMPACT ON FAMILY AND RELATIONSHIPS
Problem gambling has a strong impact on the quality of life of family members and can lead to difficulties in close relationships. The National Gambling Impact Study Commission reported that problem gambling can introduce stress and tension into relationships, specifically within marriages. Problem gambling can result in conflict within family members and partners, often leading to separation or divorce. Partners of individuals with gambling difficulties can also be put at serious financial risk.

Impact on Mental and Physical Health
Problem gambling can also impact an individual’s mental health and wellbeing. In a critical review of literature, the Mood Disorders Society of Canada found a constant and direct relationship between the severity of an individual’s gambling addiction and measures of negative affect. The review found a greater prevalence of mood disorders including dysthymia, major depressive disorders, cyclothymia and bipolar disorders among problem gamblers. Petry et al. also found a high prevalence of anxiety disorders (41.3 per cent) in problem gamblers. Substance misuse and alcohol use disorders have also been found to be strongly comorbid with problem gambling. Petry et al. showed that 73.2 per cent of problem gamblers were found to have an alcohol use disorder. The study further found an association between problem gambling and nicotine dependence (60.4 per cent).

Problem gambling is also associated with poorer physical health. One large-scale study in the USA found problem gamblers to be more likely to experience cardiac and liver difficulties, after lifestyle factors were controlled for, as well as increased utilisation of healthcare services. The Victorian gambling study also found an association between problem gambling and poorer physical health, with problem gamblers found to be more likely to experience difficulties such as asthma and diabetes in comparison to non–problem gamblers.

| Box 1. Criteria for pathological gambling

(A) Persistent and recurrent maladaptive gambling behaviour as indicated by five (or more) of the following:

- Is preoccupied with gambling (e.g., preoccupied with reliving past gambling experiences, handicapping or planning the next venture, or thinking of ways to get money with which to gamble)
- Needs to gamble with increasing amounts of money in order to achieve the desired excitement
- Has repeated unsuccessful efforts to control, cut back, or stop gambling
- Is restless or irritable when attempting to cut down or stop gambling
- Gambles as a way of escaping from problems or of relieving a dysphoric mood (e.g., feelings of helplessness, guilt, anxiety, depression)
- After losing money gambling, often returns another day to get even (‘chasing’ one’s losses)
- 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
- Has jeopardised or lost a significant relationship, job, or educational or career opportunity because of gambling
- Relies on others to provide money to relieve a desperate financial situation caused by gambling

(B) The gambling behaviour is not better accounted for by a manic episode
gamblers. Individuals with Parkinson’s disease have also been found to be at risk of developing a gambling addiction, specifically in individuals taking dopamine agonist drugs. Problem gambling is a significant clinical problem and with its association with poorer physical health, justifies attention in associated healthcare practice and from all health professionals.

**TREATMENT**

Referrals to the National Problem Gambling Clinic come from a variety of sources, including GPs and nurses, as a result of their prime position working in the community. GPs and nurses in primary and secondary care can help to identify individuals struggling with a gambling problem and requiring treatment and support. The National Problem Gambling Clinic provides free evidence-based treatment to support individuals with their problem gambling, helping them to gain control and stop gambling by offering treatment according to their needs. The clinic provides group or individual-based treatment underpinned by cognitive behavioural therapy (CBT) in order to help individuals gain control over gambling thoughts and beliefs, gambling behaviour and related mood difficulties.

CBT has been found to be helpful in reducing gambling frequency, and to produce better rates of abstinence from gambling. A literature review investigating the use of CBT for problem gambling also found that group and individual CBT is helpful in reducing gambling behaviour, severity and psychological distress. Other treatments for which there is some evidence are motivational enhancement therapies, brief interventions, self-help programmes and Gambler Anonymous.

Pharmacological treatments are also helpful for problem gambling, with opiate receptor antagonist drugs such as naltrexone found to be effective. As an opiate antagonist, naltrexone can help individuals to control gambling cravings and urges and give them more gambling-free days compared with controls. Leung and Cottler found that non-pharmacological treatments such as CBT were more effective in the treatment of problem gambling in comparison to pharmacological treatment such as the use of naltrexone, although further studies with more robust designs such as randomised controlled trials are necessary in order to understand better the level of treatment effects.

**IDENTIFICATION OF THE PROBLEM**

Considering the recent increase in the prevalence of problem gambling in the UK from a rate of 0.6 per cent in 2007 to 0.9 per cent in 2010, and the existence, since 2008, of the first designated NHS clinic to treat this condition, it is imperative that health professionals become aware of the clinical presentation of this disorder as well as of the screening tools that are available to diagnose it. The most widely used one at present in the UK is the Problem Gambling Severity Index, a simple self-rated instrument that takes a few minutes to complete and can be completed by most patients unless there is significant cognitive impairment.

In the UK, 70 per cent of referrals to the National Problem Gambling Clinic are self-referrals; however, it is important for clinicians to offer support in the referral process if requested as some people may find that their levels of motivation for seeking help decrease once they have left the consulting rooms of their physicians or GPs. Many referrals are now reaching us from other mental health services as well as primary care settings. We aim to raise the profile of this illness and increase referrals among colleagues in other NHS clinics dealing with men’s health issues in view of the significant physical comorbidity found in the studies previously mentioned.

**Declaration of interests:** none declared.

**REFERENCES**


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