Profiles of childhood adversities in pathological gamblers – A latent class analysis

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HIGHLIGHTS

- Four out of five pathological gamblers reported at least one adverse childhood experience.
- Four profiles of adverse childhood experiences could be distinguished.
- The profiles of childhood adversities differed in their gambling-related characteristics and current psychopathology.

ARTICLE INFO

Keywords:
Pathological gambling
Gambling disorder
Abuse
Neglect
Maltreatment
Traumatic events

ABSTRACT

Despite high rates of adverse childhood experiences (ACEs) in pathological gamblers, researchers have rarely studied which types of ACEs often co-occur and how these profiles of ACEs are related to current psychopathology. We aimed to identify profiles of ACEs in pathological gamblers and examined how these profiles were related to gambling-related characteristics and current general psychopathology. In 329 current or lifetime pathological gamblers, diagnosed with the Composite Diagnostic Interview for DSM-IV, 10 types of ACEs were measured using the Adverse Childhood Experiences Questionnaire. Global psychopathology was assessed using the Symptom Checklist SCL-27. ACE profiles were identified using latent class analysis. Differences between ACE profiles in gambling-related characteristics and global psychopathology were analyzed using MANOVA. We found that four out of five gamblers (n = 257, 78.1%) reported at least one ACE. Four distinct ACE profiles were identified: ‘Low ACE’, ‘High ACE’, ‘Physical and emotional abuse’, and ‘Neglect’. The number of the fulfilled pathological gambling criteria and the severity of current global psychopathology differed between the ACE profiles: Gamblers with a ‘High ACE’ profile fulfilled more pathological gambling criteria and showed a more severe current psychopathology than gamblers of the ‘Low ACE’ profile. Gamblers with a ‘Physical and emotional abuse’ or an ‘Emotion neglect’ profile showed an intermediate severity of psychopathology. Our findings indicate that four different ACE profiles can be distinguished in pathological gamblers that differed in their gambling-related characteristics and current psychopathology. Systematic assessment of profiles of ACEs in pathological gamblers may inform about the severity of current global psychopathology that might be important to be addressed in addition to gambling-specific treatment.

1. Introduction

Pathological gambling involves ‘persistent and recurrent maladaptive gambling behavior’ that ‘disrupts personal, family, or vocational pursuits’ (American Psychiatric Association, 2013). Symptoms of pathological gambling are similar in content to the symptoms described for substance use disorders, e.g. a need to gamble with increasing amounts of money in order to maintain excitement; unsuccessful attempts at control gambling; and putting career or relationships in jeopardy (American Psychiatric Association, 2013).

According to the lifetime prevalence rates reported in general population based surveys (0.8–1.8%; Stucki & Rihs-Middel, 2007), 1 or 2 out of 100 individuals will develop a pathological gambling disorder during their lifetime. Prevalence rates seem to be lower in Europe compared with other continents, for example, ranging between 0.2 and 1.0 in Germany (Bühringer, Kraus, Sonntag, Pfeiffer-Gerschel, &
Theories on pathological gambling (Blaszczynski & Nower, 2002; McCormick, Delfabbro, & Denson, 2012) consider adverse childhood experiences (ACEs), such as childhood abuse, neglect and household dysfunction, as important factors for the development of the disorder. In these theories, authors assume that individuals exposed to ACEs may use gambling to cope with negative affective states related to the adverse experiences (Blaszczynski & Nower, 2002; Taber, McCormick, & Ramirez, 1987), in a similar way in which alcohol or other substances may be used. According to Jacobs general theory of addiction (Jacobs, 1986), both psychological experiences and physiological characteristics can predispose individuals to pathological gambling. At a physiological level, individuals may be under- or overaroused at resting state, and therefore may engage in activities such as gambling to obtain an optimal level of arousal (Jacobs, 1986). At a psychological level, ACEs may have caused mood disturbances and lower self-esteem (Hodgins et al., 2010; Jacobs, 1986; Petry & Steinberg, 2005) that predispose individuals to use addictive behavior such as gambling to regulate their mood by escaping from the thoughts and negative experiences related to ACEs.

Research has shown that exposure to ACEs increases the risk for developing pathological gambling in adulthood (Lane et al., 2016; Roberts et al., 2017; Sharma & Sacco, 2015; Shultz, Shaw, McCormick, Allen, & Black, 2016). Sexual abuse and physical abuse show a significant positive association with later gambling problems (odds ratios for sexual abuse 2.01–3.65; physical abuse 2.3–2.8; Lane et al., 2016). Conversely, among gamblers seeking treatment, high rates of ACEs are reported: 46–57% report childhood emotional abuse (Kausch, Rugle, & Rowland, 2006); 17–67% report neglect (Schererr, Rugle, & Vogelgesang, 2010); 13–41% report physical abuse (Ibáñez, Blanco, Moreryra, & Sáiz-Ruiz, 2003; Kausch et al., 2006; Scherrer et al., 2007); and 17–25% report sexual abuse (Kausch et al., 2006; Scherrer et al., 2007; Vogelgesang, 2010).

Gamblers with ACEs show more complex and severe psychopathology than gamblers without ACEs. They report an earlier gambling onset, severity and frequency (Petry & Steinberg, 2005); a greater severity of comorbid substance use (Kausch et al., 2006; Taber et al., 1987), depression and anxiety (Taber et al., 1987); and lower quality of life (Leppink & Grant, 2015).

Therefore, detection of ACEs is essential to inform survivors about ACEs and their associations with pathological gambling, and to offer or refer to specialized treatment (Cavanagh, New, & Read, 2004). Considering ACE-related needs of survivors can positively affect the professional-client relationship, the client’s engagement as well as outcome in treatment (Read, McGregor, Coggan, & Thomas, 2006). Nevertheless, the high occurrence of ACEs in pathological gamblers and their consequences for treatment have been largely neglected in research and practice so far.

Most of the time, survivors of ACEs were exposed to multiple adverse events rather than to one event (Finkelhor et al., 2007; Kessler, Davis, & Kendler, 1997). For example, 42.3% of the gamblers in gambling treatment reported at least two types of abuse out of emotional, physical and sexual abuse (Kausch et al., 2006). Future studies need to consider profiles of the multiple ACEs in survivors to explore how their combined effects are related to psychopathology in adulthood (Kessler et al., 1997). A better understanding of profiles of ACEs that characterize subgroups of gamblers is needed to inform the development of treatment approaches that are tailored to the specific needs of different subgroups. However, although studies (Nower, Martins, Lin, & Blanco, 2013) examined symptom profiles among pathological and non-pathological gamblers (Chamberlain, Stochl, Redden, Odlau, & Grant, 2017; Milosevic & Ledgerwood, 2010), no study examined ACE profiles in gamblers so far.

In a study using a sample of patients with alcohol dependence (Lotzin, Haupt, von Schonfels, Wingenfeld, & Schafer, 2016), five profiles of ACEs could be distinguished: ‘None or minimal childhood trauma’ (43%); ‘Moderate emotional neglect’ (32%); ‘Severe emotional abuse and severe emotional neglect’ (10%); ‘Severe physical abuse and neglect (8%)’; ‘Severe sexual abuse and severe emotional neglect’ (4%); and ‘severe sexual, physical and emotional abuse combined with severe neglect’ (4%). These ACE profiles differed in the patients’ current severity of addiction-related problems, psychiatric symptoms and psychosocial problems (Lotzin et al., 2016). Given that theories on the development of addictive behavior (Blaszczynski & Nower, 2002; Jacobs, 1986) assume that ACEs predispose individuals to addiction, it could be assumed that pathological gamblers show similar profiles of ACEs than individuals with substance-related addiction. However, no study exists that examined profiles of ACEs among pathological gamblers. Therefore, we aimed to identify profiles of ACEs in a non-clinical sample of pathological gamblers and examined how these ACE profiles were related to gambling characteristics and current general psychopathology. As ACE profiles were identified in an exploratory approach, we did not formulate a hypothesis with regard to the number of classes. We hypothesized that a significantly greater severity of current psychopathology would be found for profiles representing higher probabilities of ACEs, compared with profiles representing lower probabilities of ACEs.

2. Methods

2.1. Subjects

Participants were included in this study if (1) they fulfilled the criteria of a current or lifetime diagnosis of pathological gambling according to DSM-IV (American Psychiatric Association, 2000), and if they (2) were aged at least 18 years. We contacted 500 potential study participants, of which 420 fulfilled the inclusion criteria of the study (Fig. 1). Out of the 420 participants, 336 completed the questionnaire assessment. After excluding the data of participants with implausible or missing values (n = 7), 329 gamblers were included in the main analysis.

2.2. Study design and procedure

This study is a non-interventional voluntary survey. Therefore, no ethical approval was required. Gamblers were recruited from September 2012 to October 2013 through multiple strategies: advertisements in public transport in three cities; advertisements in local newspapers and on websites related to gambling or problem gambling; flyers and posters in public venues; gamblers recruited for an earlier study on gambling (PAG study; Meyer et al., 2011); gambling support facilities related to problem gambling; gambling venues, Turkish tea houses and cultural associations. Potential participants were informed

Fig. 1. Participant flow.
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