

# Personality dimensions in pathological gambling disorder and obsessive–compulsive disorder

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## Abstract

This study was conducted to investigate the similarities and differences in the personality dimensions of patients with pathological gambling disorder (PGD) and obsessive–compulsive disorder (OCD). Thirty-three subjects with PGD, 41 with OCD and 40 normal controls were assessed with the Tridimensional Personality Questionnaire (TPQ), which assesses three personality dimensions: novelty seeking, reward dependence, and harm avoidance. Compared with OCD subjects, PGD subjects expressed significantly greater novelty seeking, impulsiveness, and extravagance. The PGD subjects also reported significantly less anticipatory worry, fear of uncertainty, and harm avoidance than the OCD subjects. Compared with controls, the PGD subjects expressed significantly greater novelty seeking, impulsiveness, and extravagance. These results suggest that the personality dimensions of pathological gamblers may differ significantly from both those of OCD patients and normal controls. © 2001 Elsevier Science Ireland Ltd. All rights reserved.

*Keywords:* Tridimensional Personality Questionnaire; Impulsiveness; Obsessive–compulsive disorder

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## 1. Introduction

Pathological gambling, a disorder characterized by persistent and recurrent maladaptive patterns of gambling behavior, is classified as an impulse control disorder in DSM-IV, but has been noted to have similarities to obsessive–compulsive disorder (OCD) (McElroy et al., 1993; Blanco et al.,

2001). Gambling activities, like OCD compulsions, are often experienced as uncontrollable and anxiety- or tension-relieving, may be resisted, are often followed by self-reproach, and are often denied (McElroy et al., 1994). Furthermore, treatment data suggest that pathological gambling disorder (PGD), like OCD, may respond to serotonin reuptake inhibitors (Hollander et al., 2000; Kim and Grant, 2001).

There is, however, scant and contradictory literature concerning OCD or OCD traits in subjects with PGD. Two epidemiological studies are

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inconclusive concerning the rates of comorbid OCD in pathological gamblers. One study failed to find an increased odds ratio for OCD in subjects with PGD (Cunningham-Williams et al., 1998), whereas the other study concluded that the relative risk for OCD in PGD was 7.2 (Bland et al., 1993). One study looking at rates of OCD in a small sample ( $N = 25$ ) of pathological gamblers found that perhaps 20% suffered from comorbid OCD (Linden et al., 1986).

Reviewing the literature on OCD traits in pathological gamblers is also inconclusive. One study examining obsessions and compulsions (using the Padua Inventory) in subjects with PGD found that pathological gamblers scored significantly higher on obsessive–compulsiveness than normal controls, particularly on the element of ‘impaired control over mental activities’ (Blaszczynski, 1999). These results, however, may highlight the obsessionality in pathological gamblers or may simply reflect adequate insight by subjects with PGD concerning their PGD symptoms (Blanco et al., 2001).

When assessing rates of comorbid PGD in subjects with OCD, however, the results do not support a strong association between the disorders. A study of 701 subjects with OCD found that less than 1% had a lifetime diagnosis of PGD (Hollander et al., 1997). A second study of 80 subjects with OCD found that no one had a current or lifetime diagnosis of PGD (Bienvenu et al., 2000). Even studies looking at first-degree relatives of subjects with OCD have found virtually no one who carries a diagnosis of PGD (Black et al., 1994; Bienvenu et al., 2000).

Obsessive–compulsive disorder and impulsivity may not be mutually exclusive, and impulsivity may instead index a subgroup of subjects with OCD (Blanco et al., 2001). One study found that subjects with OCD and a history of impulsiveness scored higher on the Barratt Impulsiveness Scale than subjects with OCD and no history of impulsiveness (Hoehn-Saric and Barksdale, 1983). Supporting the view of OCD subjects as being harm avoidant, however, one study found that subjects with OCD did not score higher than normal controls on the Barratt Impulsiveness Scale (Stein et al., 1994).

Little has been published on the prevalence of categorical personality disorders in subjects with PGD. A study of 30 subjects with PGD found high rates of obsessive–compulsive personality disorder (59%), avoidant personality disorder (50%), and schizoid and schizotypal personality disorders (33 and 30%, respectively) (Black and Moyer, 1998). One other study found that 93% of a group of subjects seeking gambling treatment met criteria for at least one personality disorder (Blaszczynski and Steel, 1998).

This study was conducted to investigate the similarities and differences in the personalities of patients with PGD and OCD. Unlike categorical assessments of personality disorders, the unified biosocial model of personality proposed by Cloninger identifies three heritable personality dimensions, each hypothesized to represent an independent behavioral response disposition (Cloninger, 1986, 1987). The Tridimensional Personality Questionnaire (TPQ) operationalizes these dimensions: novelty seeking; harm avoidance; and reward dependence.

Individuals who score high on the novelty seeking dimension of the TPQ are thought to be impulsive, extravagant and disorderly (Pfohl et al., 1990; Svrakic et al., 1991). High avoidance scores are associated with anticipatory worry, fear of uncertainty, shyness and fatigability (Pfohl et al., 1990; Svrakic et al., 1991). The harm avoidance scale serves as a modulating influence on reward-seeking behavior (Cloninger, 1986). Persons scoring high on the reward dependence scale tend to be sentimental, socially sensitive, and dependent, and they readily form attachments to others (Pfohl et al., 1990; Svrakic et al., 1991).

Personality features may predispose an individual to, result from, or modify the clinical presentation of psychiatric illnesses such as PGD and OCD. Also, comorbid personality disorders are often associated with poorer medication and therapy response as well as a poorer long-term prognosis (Battaglia et al., 1996). Thus, a dimensional assessment of personality in patients with PGD and OCD may have both diagnostic and treatment implications.

We hypothesized that PGD subjects would score significantly higher than OCD subjects and

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