Internet Journal of Medical Update

Journal home page: http://www.akspublication.com/ijmu

Original Work

Gambling addiction in primary care: a survey of general practitioners in Solihull

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(Received 13 July 2015 and accepted 13 September 2015)

ABSTRACT: We set out to study GPs' understanding of gambling addiction, their experiences of, and confidence in, managing these patients in primary care, their perceived role and feasibility, their views on funding gambling treatment services, etc. To this end, we carried out a postal questionnaire survey of all GPs (N=136) in Solihull, England. Ninety eight (98) of the 136 (72%) GPs returned completed questionnaires. Three-quarters of GPs had seen gambling addicts in their practice but none had ever received any training in the management of gambling addiction. The large majority of GPs acknowledged that gambling addiction was an important public health problem with significant potential adverse impacts. 90.8% of GPs expressed lack of confidence in managing these patients but most were keen to do more to help, and receive training. Although they saw this disorder being within their remit, they highlighted that potential resource implications ought to be addressed if gambling addicts are to be successfully managed in primary care. Much more needs to be done to improve the identification and treatment of gambling addicts in primary care settings. Most GPs saw the care of these patients as within their remit, were willing to get involved and were receptive to more training. We hope our findings will inform the development and implementation of any future training program for GPs.

KEY WORDS: ***Gambling addiction; Primary care; General practitioners; Management***

INTRODUCTION

Most people in the UK gamble; 73% of British adults had gambled in the past 12 months[1], albeit non-problematically. The most popular gambling activities according to the British Gambling Prevalence Survey were national lottery (57%), scratch cards (20%), betting on horse races (17%) and fruit/slot machines (14%). However, 0.9% of those, gamble problematically – i.e. problem gambling, defined as gambling that disrupts or damages personal, family or recreational pursuits[2]. A further 7.3% of those who gamble are 'at risk' of developing problem gambling in the future.

Gambling addiction, long shrouded in conceptual ambiguity and nosological uncertainty, over the past few years has emerged as a well-recognised behavioural addiction. Indicative of this shift is its proposed inclusion in DSM V, in the section on addictive disorders[3] rather than in the section on impulse control disorders, where it currently sits. So too, there is now acknowledgement that akin to substance addictions, gambling addiction can have multiple adverse consequences on the individual (physical and psychiatric disorders, financial difficulties, etc.), family (interpersonal relationship problems, domestic violence, negative impact on children, etc.) and society (crime, absenteeism at work, etc.). Further, gambling addicts are very reluctant help seekers and even when they do, more often than not their presentations include physical (cardiovascular, musculoskeletal, gastrointestinal and other non-specific psychosomatic symptoms) and/or psychiatric symptoms (depression, anxiety, substance misuse, etc) or other non-obvious presentations such as for debt advice, in the criminal justice system, as victims of domestic violence, etc. Such non-obvious presentations,

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reluctance on behalf of patients to divulge information about gambling (because of shame, guilt, wanting to address the gambling problem themselves, etc.), and lack of healthcare professionals' awareness of gambling-related problems, all combine to result in most problem gamblers going undiagnosed and untreated.

The above is even more so the case in primary care settings in the UK, the sole point of initial contact for all patients seeking help for any health problem. Prevalence estimates of gambling addiction in primary care are unavailable from the UK, but international studies point to it being approximately 6%[4]. Given this prevalence rate and its huge potential for harm, especially when not intervened early in its course, it is shocking that little has been done to remedy this. And we are not the first to highlight this need either: The British Medical Association in its report – '*Gambling addiction and its treatment within the NHS: A guide for healthcare professionals*'[5], called for healthcare professionals to be aware of problem gambling and gambling-related problems, and specifically highlighted the need for '*education and training in the diagnosis, appropriate referral and effective treatment of gambling problems to be addressed within GP training'*.

Despite the above call having been largely ignored, more recently there have been promising signs offering cause for real optimism in this field. The current Chair of the Royal College of General Practitioners (RCGPs), Dr Clare Gerada, has identified problem gambling as a key public health matter and she has also made a strong case for GPs to do more to help their patients with gambling problems[6]. Further, the Responsible Gambling Fund (www.rgf.org.uk), the major commissioning body for gambling research, education and training in the UK, has just (March 2011) funded the RCGPs to train GPs to support patients with gambling problems.

In this context, we carried out a survey of GPs in Solihull, a town with a population of about 200,000 people. Specifically, we wanted to explore GPs' 'exposure' to gambling addicts, their ability to manage these patients, their understanding of gambling addiction, their perceived role and feasibility in looking after these patients, their confidence in getting involved, their views on commissioning services for gamblers, etc. To our knowledge, this is the first survey of its kind in the UK.

METHODOLOGY

A simple and brief questionnaire devised by the authors was sent by post to all GPs (N=136) in Solihull, England. The preliminary draft of the questionnaire was piloted on a small sample of GPs and their comments were incorporated. The questionnaire consisted of some demographic questions (age, gender, years as GP, etc); some questions which could be given Yes/No answers; some statements with the option of choosing the following responses: strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree; and 2 open-ended questions. A copy of the questionnaire is available from the corresponding author upon request.

To guarantee absolute anonymity of responders, questionnaires were not marked or coded and only a single wave was sent by post. No incentive was offered for completing and returning the questionnaires. Questionnaires were sent with a brief covering letter and a stamped, self-addressed envelope.

RESULT

Of the 136 GPs who were sent questionnaires, 98 responded, giving a response rate of 72%. All the data was inputted into SPSS (Version 19) and analyzed. Given below are some of the key findings:

Sociodemographic characteristics of GPs

Table 1 and **2** show sociodemographic characteristics of GPs.

Table 1: Years as a GP

Duration	Number (%)
1 to 5 years	8 (8.2%)
6 to 10 years	17(17.3%)
11 to 15 years	15(15.3%)
16 to 20 years	29(29.6%)
21 to 25 years	15(15.3%)
> 25 years	14(14.3%)

Table 2: Age and gender distribution of GPs

Age	Number (%)
31 to 40	17 (17.3%)
41 to 50	54 (55.1%)
51 to 60	24 (24.5%)
>60	3 (3.1%)
Gender	**Number (%)**
Male	85 (86.7%)
Female	13 (13.3%)

GPs 'exposure' to patients with gambling addiction

Of the 98 GPs, 77 (78.6%) GPs said they had seen gambling addicts in their practice. The number of gambling addicts GPs had seen varied: 49 (50%)

 | DOI: http://dx.doi.org/10.4314/ijmu.v11i2.2

had seen between 1 and 5, 18 (18.4%) had seen between 6 and 10, and 10 (10.2%) had seen more than 10 gamblers.

Self-reported ability to manage gambling addicts

Given in the **table 3** are the responses by GPs to the question – 'What did you do when you saw these patients with gambling problems?'

Table 3: responses by GPs

Did not know what to do	31 (31.6%)
Sought specialist advice	18 (18.4%)
Referred on	35 (35.7%)
Managed myself	14 (14.3%)

GPs were also asked if they had any training in the management of gambling addiction: none of the 98 GPs had received any training.

GPs' understanding of gambling addiction

Table 4 shows GPs' understanding of gambling addiction.

Screening for gambling addiction in primary care

None of the GPs were screening their patients routinely for a gambling problem; and only some (13 – 13.3%) said they were screening high-risk patients for a gambling problem.

GPs' perception of their roles in management of gambling addicts and their views on its feasibility

Responses to the statement, 'GPs have a role in managing gambling addicts were: strongly agree (3.1%), agree (76.5%), neither (18.4%), disagree (1%) and strongly disagree (1%). When asked about the feasibility of 'GPs getting involved in the management of gambling addicts', 5.1% strongly agreed, 28.6% agreed, 37.8% neither agreed nor disagreed, 18.4% disagreed and 10.2% strongly disagreed.

GPs' confidence in managing gambling addicts in primary care and the way forward

Most GPs (90.8%) expressed lack of confidence in managing gambling addicts in primary care.
We also asked GPs what would encourage them to get more involved in the management of gamblers and what, if any, they saw as potential barriers in doing this. Responses to 'what would encourage you to get more involved in the management of gamblers?' were: more knowledge (22.4%), more training (11.2%), more support (4.1%), more resources (18.4%), and 33.7% opted more than one of the above responses. 34 GPs saw no barriers to getting involved, whereas 9 noted at least one barrier and 34 (34.7%) noted more than one barrier. The most often cited barriers were time and money.

Table 4: GPs' understanding of gambling addiction

	Strongly agree	**Agree**	**Neither agree nor disagree**	**Disagree**	**Strongly disagree**
Gambling is an important public health problem	13 (13.3%)	51 (52%)	19 (19.4%)	15 (15.3%)	0
Gambling is an addictive disorder	42 (42.9%)	50 (51%)	4 (4.1%)	2 (2%)	0
Gambling addicts have significant psychiatric comorbidity	17 (17.3%)	44 (44.9%)	30 (30.6%)	7 (7.1%)	0
Gambling addicts have significant physical comorbidity	7 (7.1%)	21 (21.4%)	52 (53.1%)	16 (16.3%)	2 (2%)
Gambling addiction can negatively impact on family members	70 (71.4%)	28 (28.6%)	0	0	0

DISCUSSION

Before discussing some of our key findings and their implications, we acknowledge a few limitations of our survey. We realize that a questionnaire survey has its inherent limitations and so did ours: our relatively small sample size (N=98) and a response rate of 72%, with its

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possible response bias. Nevertheless, we believe this survey provides useful information that could inform future plans to engage GPs and the implementation of relevant training programs for GPs. Our findings could also serve as a useful baseline measure of GP awareness of and attitudes towards gambling addiction in primary care. Yet another shortcoming, potentially limiting the generalizability of our findings, is that this survey was limited to only one geographical region (Solihull) in England. However, in our view, there is nothing to suggest that GPs in Solihull are unique and hence non-representative.

It was interesting to note that the large majority of GPs (78.6%) had seen gambling addicts in their day-to-day practice. This confirms the view that people with gambling problems do present to primary care. However we cannot comment on these patients' reasons for presentation, as this information was not captured in this survey. Worryingly, nearly a third (31.6%) of GPs was not sure what to do when faced with these patients. As disappointing and shocking as it sounds, in our view this is merely a reflection of the prevailing position with regards to the management of gambling addicts in primary care. Also supporting the notion that the recommendations of the 2007 BMA Report have gone largely unheeded was the finding that none of our GP sample had ever received any training in the management of gambling addiction.

It naturally follows that where healthcare professionals are not adequately trained, they will lack the confidence to manage patients: over 90% of GPs lacked confidence in managing gambling disorders in primary care. Given this, it was perhaps not surprising that very few GPs were screening their patients for gambling problems.

Above findings noted (i.e. despite their lack of training, poor levels of confidence in managing these patients and the lack of screening at present), it was more encouraging to note that the majority of GPs acknowledged gambling addiction as an addictive disorder (93.9 %), as an important public health disorder (65.3%) and as a disorder with important negative consequences. Such an acknowledgement that gambling addiction is a problem warranting attention, and is a necessary minimum requirement to get GPs to participate in any further training. Equally encouraging was the proportion of GPs who said they would like to receive further training in the management of gambling disorders in primary care (86.7%). However, these hugely encouraging responses, in our opinion, need to be tempered with a degree of skepticism. This is because such positive responses may not always translate to changes in actual practice. Or in other words it could be argued that as much as GPs may like to and want to get more involved in the management of gambling addiction in primary care, there may be several potential barriers in operationalizing this. This seems so, as despite 86.7% of GPs stating that they would like to be involved, only 33.7% felt it would be feasible for them to be involved in managing these patients in primary care. GPs highlighted resource and capacity issues, as well as competing priorities as potential barriers to them taking on this extra commitment.

If the proposed changes to the NHS changes (NHS White Paper, 2010) go ahead, in whatever shape or form, it is certain that GPs will become key players in commissioning/funding local treatment services. Seen in this light, it was reassuring to note that 87.8% of GPs said that there was a need for gambling treatment services. However when asked, 'If I was a commissioner, I would have more treatment provision for gamblers', only 17% agreed, while 39% disagreed and the rest were unsure. This maybe because GPs, while acknowledging the need for gambling treatment services, did not see themselves commissioning such services. Instead it would appear that many GPs (51%) were of the opinion that the gambling industry should fund gambling treatment services, as opposed to the NHS (30.6%). Such a view, to avoid NHS investment to treat gamblers while continuing to expect the gambling industry to fund treatment services will pose a major challenge for effective treatment provision.

Although there is no comparable data from the UK, a survey of GPs in New Zealand showed somewhat similar findings to our survey. Sullivan et al.[7] surveyed 80 GPs' attitudes towards problem gamblers and their knowledge to successfully intervene. Key results of their survey were: 85% of GPs saw problem gambling as being within their remit; 72% were in support of getting involved in their treatment; only 53% expressed confidence in raising gambling issues with their patients; and only 19% had the necessary training to intervene.

Research in the field of treatment of alcohol use disorders in primary care have found that the biggest barriers to GP intervention included role legitimacy, perceived competency and level of support[8]. Extrapolated to the treatment of gambling addiction in UK primary care settings, we feel it is crucial for any attempt to get GPs more involved to address these issues – i.e. role legitimacy, perceived competency and level of support. Our own experience of working with GPs in the management of substance use disorders in primary care in Solihull suggest that the following will be key to successfully managing gambling addicts in primary care: developing/adapting easy to use and brief screening tools, training GPs in the use of brief (5 to 10 minute) psychological interventions, clear and efficient referral pathways to specialist services, and prompt support in treatment of complex patients.

 DOI: http://dx.doi.org/10.4314/ijmu.v11i2.2

We end with a call for GPs to play a greater role in addressing gambling addiction in primary care, both as treatment providers and as commissioners of treatment services in the future. Given the positive views expressed by GPs in this survey, we hope that the proposed training programs for GPs will result in better care for patients with gambling problems.

ACKNOWLEDGEMENT

We thank Nicolas Abigoulas for his assistance with data collection and Dr Clare Gerada for her support.

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