



Gender differences in the associations of gambling activities and suicidal behaviors with problem gambling in a nationally representative French sample



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HIGHLIGHTS

- We examine gender differences in factors associated with gambling problems.
- We use survey data from a representative sample of French residents ($n = 27,653$).
- Gender differences were found in gambling activities.
- Suicidal behaviors were more strongly associated with gambling problems in women.
- Educating the public about gender-specific risks is suggested.

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ABSTRACT

Introduction: The objectives of the present study are to describe gender differences in factors associated with moderate risk and problem gambling.

Method: Data were extracted from the 2010 Health Barometer, a large survey on a representative sample of the general population aged 15–85 years living in France ($n = 27,653$), carried out by the National Institute for Health Promotion and Health Education. Data were collected between October 2009 and July 2010. A computer-assisted telephone interview system was used.

Results: The findings indicate that men are three times more likely to experience problems with gambling. Men and women have different patterns of gambling activities. Men were more involved with Rapido, internet gambling, sports and racetrack betting, poker, and casino tables, whereas women gambled more often on scratch games. Both men and women engaging in immediate reward games were significantly more likely to experience difficulties with gambling. This association, however, was stronger in women. Furthermore, suicidal ideation and behaviors were more likely to be associated with gambling problems in women as compared to men.

Conclusions: The study underscores the importance of considering gender-related differences in the study of gambling behaviors.

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1. Introduction

Pathological gambling has an estimated lifetime prevalence of 0.42% in the U.S. (Petry, Stinson, & Grant, 2005), which is similar to

what has been reported in several Western European countries including France (Costes et al., 2011). While the prevalence of problem gambling is low, the consequences of this addiction are serious ranging from debt and bankruptcy to familial problems, legal problems, and significant psychological distress. Problem gambling is also associated with a wide range of psychiatric disorders including substance use disorders, anxiety and mood disorders as well as personality disorders (Cunningham-Williams, Cottler, Compton, & Spitznagel, 1998; Petry et al., 2005; Welte et al., 2001). Furthermore, elevated levels of suicidal ideation and prior attempts were found in

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treatment-seeking pathological gamblers (Petry & Kiluk, 2002) as well as in problem gamblers in the community (Afifi, Cox, Martens, Sareen, & Enns, 2010).

It has long been suggested that certain types of gambling activities may be more conducive to gambling addiction (Orford, Sproston, Eren, White, & Mitchell, 2003). Games with a variable reinforcement schedule such as slot machines may be more likely to lead to habitual gambling (Griffiths, 1995). In addition, games providing immediate feedback or with a high event frequency may be more addictive than delayed feedback activities (Beck, Guignard, & Richard, 2014; INSERM, 2008). In a representative survey of U.S. adults conducted in 1999–2000, specific gambling behaviors varying in reinforcement schedules and venues have been associated with problem gambling (Welte, Barnes, Wiczorek, Tidwell, & Parker, 2004). However, the internet is changing gambling opportunities rapidly and recent data are needed to investigate the prevalence of internet gambling and the risk associated for both men and women. Finally, gender differences in gambling prevalence have been associated with differences in types of games and patterns of gambling (Potenza et al., 2001; Stark, Zahlan, Albanese, & Tepperman, 2012), suggesting that investigating specific gambling activities may prove critical in understanding gender differences in gambling.

Finally, a Canadian population-based study collected data between 1983 and 1990 and reported that the association between past suicide attempts and pathological gambling may be due to general psychopathology as this association diminished when comorbid disorders were added to the regression model (Newman & Thompson, 2003). Among treatment-seeking pathological gamblers, high rates of suicidal ideation, plans and suicide attempts have been found along with elevated levels of depression, though depression rather than gambling behavior seemed to drive the association with suicidality (Maccallum & Blaszczyński, 2003). Another study of pathological gamblers seeking treatment found no gender differences between those with and without suicidality (Petry & Kiluk, 2002). Recent national data are needed to investigate gender-specific associations between suicidal behaviors and gambling difficulties.

The objectives of the present study are to use a large nationally representative sample 1) to describe gender differences in factors associated with moderate risk and problem gambling, and 2) to examine gender differences in the association of specific gambling activities and gambling, and 3) to examine gender differences in the association of suicidal behaviors and gambling.

2. Materials and methods

2.1. Survey design

Data were extracted from the 2010 Health Barometer, a large telephone survey on health behaviors and attitudes. This survey is based on a representative random sample of the general population aged 15–85 years living in France, and was conducted by the French National Institute for Health Promotion and Health Education (INPES) between October 2009 and July 2010. The interviews were performed by a professional survey firm that had received specific training for the conduction of this survey. A computer-assisted telephone interview system was used, allowing direct data capture, valuable skip patterns, and automatic detection of inconsistencies. Further information regarding survey methodology has been published elsewhere (Beck, Gautier, Guignard, & Richard, 2011; Beck, Gautier, Guignard, & Richard, 2013). All respondents provided informed consent over the telephone. This study was approved by the French commission on data privacy and public liberties.

2.2. Sampling

The survey was based on a two-stage random sample of 27,653 community-dwelling individuals living in metropolitan France. Residents of collective dwellings, hospitals or institutions, as well as individuals who did not speak French were excluded. Private households equipped with landlines were included as well as individuals with a cell phone but no landline (12% of the sample). Household selection was based on the random generation of telephone numbers. One individual was then randomly selected within each household, following the method outlined by Kish (1949). If a household or respondent refused or could not be contacted, there was no replenishment. The overall refusal rate was 39%. The mean duration of an interview was approximately 33 min.

2.3. Variables

2.3.1. Socio-demographic variables

The interview documented gender, age, education, employment status, income per consumption unit, living situation, and whether the person's financial situation was perceived as being difficult or not.

2.3.2. Suicidal behavior

Suicidal ideation ("In the previous 12 months, have you considered committing suicide?") and plans ("Have you gone so far as to imagine how you would go about doing it?") were assessed in the previous twelve months. Lifetime suicide attempts were assessed using the following survey question: "Have you ever attempted suicide". In addition, respondents were asked whether or not they had shared their suicidal ideation with others: "Have you spoken to someone about it?".

2.3.3. Psychological distress

Psychological distress was assessed using the MH-5 (Verger et al., 2009), a subscale of the SF-36 (Lepège, Ecosse, Verdier, & Perneger, 1998). A score below 56 indicates the presence of psychological distress.

2.3.4. Gambling behavior

Past year gambling behavior was assessed using the Canadian Problem Gambling Index (CPGI) among active gamblers in the 15 to 75 year olds (Ferris & Wynne, 2001). Active gamblers are construed as individuals who gambled at least once a week during the previous 12 months, or who spent at least 500 euros on gambling in that time period. This 9-item instrument assesses problem gambling behavior and consequences of this behavior. A subset of the CPGI, the Problem Gambling Severity Index (PGSI) provides scores ranging from 0 to 27. Scores between three and seven reflect moderate risk gambling (MRG) and scores eight and above reflect problem gambling (PG).

Nine types of gambling activities were assessed among active gamblers and included the following: lottery, Rapido (a type of lottery for which draws are made every 5 min and displayed on a screen), internet gambling, sports or racetrack betting, PMU (horse racing), scratch off games, coin slot machines, casino table games, and poker (played outside of casinos and not on the internet). These activities were classified based on their reward schedule. Immediate reward games included: slot machines, casino table games, Rapido, scratch off games, and PMU. Delayed reward games included: lottery, poker, and sports betting. Internet gambling was classified within these categories based on the specific games most frequently played. Gambling behavior was further examined through the number of gambling activities (1, 2, 3 or more), and through the frequency of immediate reward games and delayed reward games (never, once a week, more than once a week).

2.3.5. Data analysis

Data were weighted on the basis of the number of telephone lines and the number of eligible individuals within the household, and adjusted for French population demographics according to age, gender,

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