



Personality traits of problem gamblers with and without alcohol dependence



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HIGHLIGHTS

- Examined relationship of personality to alcohol dependence among problem gamblers.
- Problem gamblers with alcohol dependence reported differential personality traits.
- Alcohol dependence was associated with greater gambling and psychiatric severity.
- Lower Control, Traditionalism, and Well-Being best accounted for alcohol dependence.

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ABSTRACT

Introduction: A large proportion of individuals with gambling disorder also present with a history of alcohol dependence, but few studies have directly examined the relationship between these two conditions. This study's primary and secondary aims were to 1) examine the relationship of personality traits to co-occurring lifetime (current/past) alcohol dependence status, while 2) accounting for differences in gambling characteristics and co-occurring psychiatric disorders among problem/pathological gamblers recruited from the community.

Methods: Problem/pathological gamblers ($N = 150$) completed measures of personality traits and gambling characteristics (e.g., gambling severity, gambling involvement, delayed discounting of monetary rewards), and were clinically interviewed for co-occurring psychiatric disorders.

Results: A co-occurring lifetime diagnosis of alcohol dependence ($n = 61, 40.7%$) was associated with lower personality scores for Control, Well-Being, Achievement, Traditionalism, and Harm Avoidance, as well as higher scores for Alienation (Tellegen & Waller, 1994) in bivariate analyses. Problem/pathological gamblers with lifetime alcohol dependence reported greater lifetime gambling severity, greater past-year gambling involvement, steeper delayed discounting, and a greater likelihood of current and lifetime substance dependence, lifetime antisocial personality disorder, and current unipolar mood disorders. Multivariate analyses indicated that lower Control, Traditionalism, and Well-Being and a co-occurring lifetime substance dependence diagnosis best accounted for a co-occurring lifetime alcohol dependence diagnosis in problem/pathological gamblers.

Conclusions: Problem/pathological gamblers with co-occurring lifetime alcohol dependence demonstrate addictive behavior across multiple domains and report a personality style characterized by hopelessness, impaired control, and resistance to externally-motivated treatment approaches. Implications for the treatment of these complex cases are discussed.

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1. Introduction

Alcohol use disorders (AUDs) are among the most common co-occurring psychiatric disorders in problem/pathological gamblers (Bischof et al., 2013; Kessler et al., 2008). Rates of AUDs, and alcohol dependence specifically, are approximately five and six times as likely among problem/pathological gamblers compared to the general population (Bischof et al., 2013; Hasin, Stinson, Ogburn, & Grant, 2007; Petry, Stinson, & Grant, 2005). Studies estimate that three in four problem/pathological gamblers report a lifetime AUD (Hodgins & El-Guebaly,

2010; Petry et al., 2005) and one in two reports lifetime alcohol dependence (Petry et al., 2005). Kessler et al. (2008) prospective analysis estimated that pathological gambling precedes alcohol/drug dependence in approximately half of cases (Kessler et al., 2008). Problem/pathological gamblers with alcohol problems report greater gambling severity (Petry, 2001; Welte, Barnes, Wiczorek, Tidwell, & Parker, 2004) and are at an increased likelihood of relapse to gambling problems (Hodgins & El-Guebaly, 2010).

Gambling and alcohol use disorders have shared underlying etiology, e.g., high levels of impulsiveness (Kraplin et al., 2014; Lawrence, Luty, Bogdan, Sahakian, & Clark, 2009) and similar personality traits (e.g., higher Neuroticism, lower Conscientiousness) (Bagby et al., 2007; Kotov, Gamez, Schmidt, & Watson, 2010), and both disorders increase the likelihood for similar co-occurring psychiatric disorders (Abdollahnejad, Delfabbro, & Denson, 2014). This shared etiology has been reflected in DSM-5, which moved gambling disorder alongside alcohol and other substance use disorders in the Substance-Related and Addictive Disorders section (DSM-5; American Psychiatric Association, 2013). The re-conceptualization of gambling disorder as an addictive disorder, and the frequent co-occurrence of gambling and alcohol problems, highlights the significant relationship between gambling disorder and AUDs. In addition, the relationship between gambling and alcohol may currently represent the 'path of least resistance' for cross-addicted individuals given the increasing number of jurisdictions with public smoking bans (e.g., smoke-free bars) (American Nonsmokers' Rights Foundation, 2014), the widespread expansion of gambling opportunities across North America (St. Pierre, Walker, Derevensky, & Gupta, 2014), and the availability to simultaneously gamble and use alcohol at multiple venue types (e.g., casinos, bars with electronic gaming machines).

Prior studies have examined co-occurring psychiatric and addictive disorders among problem/pathological gamblers (Bischof et al., 2013; Kessler et al., 2008; Petry et al., 2005; Pilver, Libby, Hoff, & Potenza, 2013). Additional studies have stratified the sample by co-occurring substance use disorders (Ledgerwood, Alessi, Phoenix, & Petry, 2009; Petry, 2001), alcohol use disorders (Abdollahnejad et al., 2014; Jimenez-Murcia et al., 2009), addictive disorders (Slutske, Caspi, Moffitt, & Poulton, 2005), mood disorders (Lister, Milosevic, & Ledgerwood, 2015), anxiety disorders (Giddens, Stefanovics, Pilver, Desai, & Potenza, 2012), post-traumatic stress disorder (Ledgerwood & Milosevic, 2013), by problem gambling subtypes (Nower, Martins, Lin, & Blanco, 2013), and compared to non-psychiatric controls (Echeburua, Gonzalez-Ortega, de Corral, & Polo-Lopez, 2013). A relatively smaller number of studies have examined *personality differences* among problem/pathological gamblers by co-occurring addictive disorder status. The relationship of personality has been investigated among problem/pathological gamblers with co-occurring substance use disorders (Ledgerwood et al., 2009; Petry, 2001), co-occurring addictive disorders (Slutske et al., 2005), and among males with co-occurring alcohol and/or drug abuse (Jimenez-Murcia et al., 2009). This study builds primarily on the work of Jimenez-Murcia et al. (2009), expanding on their findings to investigate personality among problem/pathological gamblers with *alcohol dependence*, and providing novel findings for the relationship of personality to alcohol dependence across gender.

This study will fill a gap for the relationship of personality to the more severe form of alcohol use disorder, alcohol dependence, which occurs relatively more frequently among problem/pathological gamblers (6 times the general population) compared to alcohol abuse (1–2 times the general population) (Petry et al., 2005). The present study's primary focus was to examine personality differences among problem/pathological gamblers by co-occurring lifetime alcohol dependence status, and secondarily examine and account for differences in other key characteristics relevant to addictive behavior (e.g., gambling characteristics, co-occurring psychiatric disorders). We hypothesized that problem/pathological gamblers with lifetime alcohol dependence would report differential personality scores (i.e., lower Control, lower Well-Being, higher Alienation) (Slutske et al., 2005), greater problem gambling severity and gambling

involvement (Welte et al., 2004), steeper delayed discounting (Petry, 2001), and a greater likelihood of co-occurring substance dependence and psychiatric disorders (Abdollahnejad et al., 2014; Bischof et al., 2013; Echeburua et al., 2013; Pilver et al., 2013). We also hypothesized that personality measures would remain predictive of lifetime alcohol dependence status in multivariate analyses following inclusion of control variables (co-occurring psychiatric disorders, gambling characteristics).

2. Material and methods

2.1. Participants and procedure

Participants ($N = 150$: female, $n = 75$; male, $n = 75$), 18 years or older, with lifetime and/or current (past 12 months) problem or pathological gambling, were recruited between April 2009 and August 2010 using a variety of strategies. Advertisements were posted on websites and in newspapers to recruit community participants ($n = 91$, 60.7%). A psychological study portal and a university campus advertisement were used to recruit university participants ($n = 59$, 39.3%). University-recruited participants were remunerated with course bonus points for participation; community participants were remunerated with a gift certificate from a local shopping center (\$45 Canadian). Exclusion criteria included a current and lifetime NODS score (NORC DSM-IV Screen for Gambling Problems; Gerstein, Murphy, Toce, et al., 1999) of less than 3 (i.e., not meeting criteria for lifetime and/or current problem or pathological gambling), and an inability to understand and/or read English (for more detail on screening/enrollment, see Fig. 1). The full study session typically required 2–3 h per participant. All participants completed a written informed consent prior to study enrollment; the university research ethics board approved this study.

2.2. Measures

2.2.1. Psychiatric diagnoses, gambling severity, and demographics

Participants underwent a structured diagnostic interview at a university-based problem gambling research group by a trained, supervised doctoral student clinician (experience administering numerous prior clinical interviews [SCID-P] with primary substance use disorder participants) who administered the Semi-Structured Clinical Interview for DSM-IV Axis I Disorders Patient Edition (SCID-P; First, Spitzer, Gibbon, & Williams, 1996). The SCID-P uses DSM-IV diagnostic criteria to assess for AUDs (current/past alcohol abuse/dependence) and other Axis I and II psychiatric disorders (e.g., substance use disorders, mood disorders, anxiety disorders, antisocial personality disorder). The face-to-face clinical interview (i.e., SCID-P) ranged on average from 60 to 90 min. We also examined for other psychiatric disorders (e.g., eating disorders, somatoform disorders) but did not include these disorders in this study due to the relatively low frequency of co-occurrence. We determined lifetime alcohol dependence by totaling past and current rates of alcohol dependence. Participants who were diagnosed with current or past alcohol dependence ($n = 61$, 40.7%) were classified as having a co-occurring lifetime alcohol dependence diagnosis. We also examined rates for past/current alcohol abuse, however, our analyses focused on explaining the more severe form of AUD. We determined substance dependence by totaling all other substance use dependence diagnoses (e.g., sedatives, cannabis, stimulants, opioids, cocaine, hallucinogens, other) into current and lifetime substance dependence. We examined (past-year, lifetime) problem and pathological gambling status/severity using the National Opinion Research Centre DSM-IV Screen for Gambling Problems (NODS; Gertsein et al., 1999), a self-report measure. Participants who reported five or more past-year criteria were classified as pathological gamblers ($n = 110$, 73.3%), and those who reported three to four past-year criteria were classified as problem gamblers ($n = 23$, 15.3%). Relatively few ($n = 17$, 11.3%) participants were classified as past-year non-problem gamblers, all of whom met classification for problem ($n = 11$, 7.3%) or pathological gambling ($n = 139$,

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