Study: Gambling Common Among Disabled

BY KERRI WACHTER
Senior Writer

WASHINGTON — People with intellectual disabilities do exhibit pathological gambling behavior, and gambling in general is common in this population, a study of 79 people in the Las Vegas area shows.

Two of the study participants (2.5%) met DSM-IV-TR criteria for pathological gambling. This rate is comparable with rates identified for the state of Nevada, which range from 2.7% to 4.3%. In addition, five study participants met the criteria for problem gambling (6.3%), which also was comparable with the rates identified for Nevada (2.2%-3.6%), Dr. Coni Kalinowski of the University of Nevada, Las Vegas, reported at the annual meeting of the American Psychiatric Association.

For this survey, the researchers modified the Gambling Symptom Assessment Scale (G-SAS) and the Structured Clinical Interview for Pathological Gambling (SGI-PG) to make them more suitable for individuals with intellectual disability. The researchers also performed a health screening to identify psychiatric diagnoses, common medical/neurological conditions, and any psychotropic medications used.

Participants in this study included those aged 21 years and older who had a documented intellectual disability with full-scale IQ of 75 or less. Intellectual disabilities include mental retardation from any cause, autism spectrum disorders, refractory epilepsy, cerebral palsy, and permanent cognitive impairment occurring before the age of 18. These individuals had to be their own guardians (because of state requirements). All participants were clients of a dual diagnosis clinic in Las Vegas.

In all, data were collected for 79 individuals (53% female). Most were white (66%), followed by African American (23%), Hispanic/Latino (9%), and Asian and Pacific Islander (1% each). The ma-

jority of participants were younger than 40 years (70%). Overall, 89% reported ever gambling and 71% reported gambling in the past year. These numbers were comparable with the Nevada population.

Most of the problem gamblers (71%) were between the ages of 21 and 39 years. Most of the problem gamblers were female (86%). Problem gamblers (those who met criteria for pathological or problem gambling) differed from their nonproblem gambling counterparts in several ways. Problem gamblers were more likely to live in the family home (57%), compared with other study subjects (18%). Most of the participants without problem gambling (60%) lived in group residences. None of the problem gamblers lived independently, compared with almost a quarter of those without problem gambling (24%).

Problem gamblers were somewhat more likely to use highly accessible venues, like grocery stores. Problem gamblers also were more likely to gamble alone—43% versus 24% for nonproblem gamblers. Those without problem gambling were more likely to gamble with family. "While both groups frequently gambled with friends or staff, we also learned that very often group-home staff would use gambling as a positive reinforcer," Dr. Kalinowski said.

Nearly all gamblers had played slots or electronic game machines. In addition, scratch cards and bingo were common among all gamblers. Both groups predominantly gambled $5-$20 per episode.

However, problem gamblers (29%) were more likely to have wagered larger amounts than those without problem gambling (8%).

None of the problem gamblers reported using alcohol while gambling. Roughly a quarter of participants admitted to gambling more money than they wanted, thinking about gambling when they didn't want to, or borrowing money to gamble, Dr. Kalinowski said.

These individuals are often more dependent on others, so that gambling behavior may be significantly determined by opportunity or the gambling habits of others.

In addition, externally imposed supports and controls may limit the life consequences of problem gambling in this population but may not limit subjective distress. Gambling might even have benefits for individuals with intellectual disabilities by offering low-demand socialization, nonstigmatized recreation, and a fully "adult activity," she said.

Dr. Kalinowski reported that she had no relevant conflicts of interest. ■