Screen for Problem Gambling, Refer for Treatment

BY ELAINE ZABLOCKI
Contributing Writer

SPARKS, Nev. — Pathological gambling is a serious and increasingly prevalent addiction, Denise F. Quirk said at the annual meeting of the American College of Preventive Medicine. During the last decade, restrictions on gambling have eased substantially. Today, the only states that do not have some form of legalized gambling are Utah and Hawaii. At the same time, Internet-based “casinos” have dramatically increased accessibility. This can be particularly problematic for young people who would otherwise encounter age restrictions, said Ms. Quirk, a certified gambling counseling and the assistant clinical director of the Problem Gambling Center in Reno.

Two questions are helpful for screening someone with a suspected problem: “Do you lie about any aspect of your gambling?” and “Have you bet more than you intended?” Ms. Quirk, who is also an advisory board member of the Nevada Council on Problem Gambling, said in an interview. “I have sent several clients there and they’ve done well,” Ms. Quirk said in an interview. “They have state funding, so most clients can get weeks of residential treatment for about $1,000.”

Intensive outpatient treatment typically takes 2.5 hours a day, 4 days a week. Patients meet with group therapy, with a few individual appointments included. Cognitive-behavioral therapies are effective and “group therapy works very well for these patients. There are so many delusional and irrational beliefs associated with gambling, and those patterns must be confronted during therapy. Another gambler can sniff out irrational thinking and say directly: ‘You’re slipping; you want to get back into the action.’”


Evidence Grows Stronger for Inflammation-Depression Link

BY DAMIAN McNAMARA
Miami Bureau

SAN JUAN, P.R. — Growing evidence points to an association between inflammation and depression, according to a presentation at the annual meeting of the American College of Psychiatrists. For example, depressed patients have elevated inflammatory markers—which as interleukin-6 and C-reactive protein. In fact, the levels of proinflammatory cytokines correlate with the severity of depressive symptoms in studies. In addition, administration of cytokine antagonists can effectively reverse depressive symptoms in patients. Dr. Andrew H. Miller said. “We really stand at a point that is very exciting in terms of novel therapies and translation of research,” Dr. Miller said. “The notion quite simply is that stress or depression affects the HPA [hypothalamic-pituitary-adrenal] axis, affects the endocrine system, alters the immune system, and leaves patients open to diseases.”

“There are no specific or definitive therapies for pathological gambling at this point,” Dr. Miller said. “There are many therapies already recognized that inflammation plays a key role in cardiovascular disease, diabetes, metabolic syndrome, and cancer, said Dr. Miller, professor of oncology at the Winship Cancer Institute at Emory University, Atlanta.”

“Many of the approved medications for depression have been found to have anti-inflammatory properties.”

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Hospitalized Patients Often More Open to Alcohol-Problem Help

SAN FRANCISCO — Hospitalization may provide a unique opportunity to offer counseling to patients with alcohol problems.

“As a result of an acute medical event, many patients have a high motivation to change their drinking behavior,” Jennis Freyer, Ph.D., said in an interview. “Hospitalization offers the chance to reach patients with alcohol-attributable disease proactively.”

In a poster presented at the annual meeting of the Society of Behavioral Medicine, Dr. Freyer and co-workers assessed openness to alcohol counseling in patients who stayed more than 24 hours in one of four German hospitals. Screening with the Munich-Comprehensive International Diagnostic Interview identified 1,150 patients with alcohol problems. They assessed the severity of the alcohol problem by using the Alcohol Use Disorders Identification Test and mental health with the Rand Mental Health Index.

Most of the patients (93%) were male; the mean age was 42 years. Dependence was the most frequently identified alcohol problem (49%), followed by alcohol abuse (12%), at-risk drinking (30%), and episodic heavy drinking (9%). Of those who met alcohol problem criteria, 76% of patients with alcohol dependence were open to counseling with those who had abused or at-risk drinking (77% vs. 56%). Those with alcohol dependence are more likely to have developed problem recognition,” said Dr. Freyer of the University of Greifswald, Germany. “Having identified alcohol as being part of their problem may increase their openness for counseling, especially when they feel helpless about their situation.” However, she noted, more than half of the patients said they did not want treatment for alcohol or at-risk drinking. Those with alcohol dependence were still open to the idea of getting counseling.

In the Readiness to Change scale, those in the contemplation stage were more likely to be open to therapy than those in the precontemplation stage. In the Treatment Readiness assessment, those in the contemplation stage were more likely to turn to family and friends, while those in the precontemplation stage had mental health treatment, compared with 4% of those who had never gambled.

Compulsive gambling is a treatable disorder. For many patients, psychotherapy combined with active participation in Gamblers Anonymous has proved effective, Ms. Quirk said. Only 8 or 10 states offer intensive outpatient treatment for pathological gambling. Ms. Quirk refers patients who need residential treatment to the Center for Recovery in Shreveport, La. “I have sent several clients there and they’ve done well,” Ms. Quirk said in an interview. “They have state funding, so most clients can get weeks of residential treatment for about $1,000.”

Intensive outpatient treatment typically takes 2.5 hours a day, 4 days a week. Patients meet for group therapy, with a few individual appointments included. Cognitive-behavioral therapies are effective and “group therapy works very well for these patients. There are so many delusional and irrational beliefs associated with gambling, and those patterns must be confronted during therapy. Another gambler can sniff out irrational thinking and say directly: ‘You’re slipping; you want to get back into the action.’”