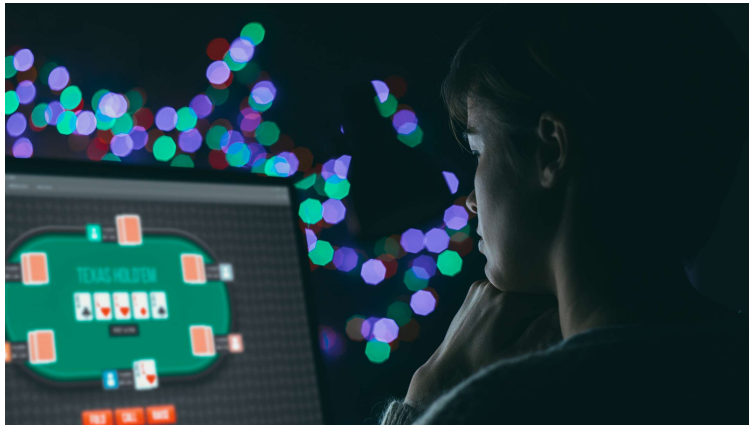


30/03/2022

## Women addicted to gambling: a case of diversity



Problematic gambling is one of the non-substance addictions with the greatest impact among behavioural addictions, and with a high incidence in all sectors of the population. Women are particularly affected since they are more reluctant to seek therapeutic help, and many of the existing interventions have been designed for men. A study led by women from the Bellvitge University Hospital and the UAB provides new evidence regarding the heterogeneity of diagnosed women and identifies different progressions according to demographic and clinical profile. Consequently, patients should be treated specifically with strategies to increase their self-esteem, self-control, and emotional regulation.

istock/cyano66

The cumulative incidence of addiction-related behaviors has risen in all sectors of the population in industrialized countries, including young individuals and women. This trend has been observed for substance and non-substance addictions, being problematic gambling one of the most increasing clinical conditions within the behavioral addictions area. It is also known that individuals with behavioral addictions (including gambling disorder) are often not properly diagnosed and/or go untreated, even in clinical settings, which may have led to underestimation of the real prevalence and impairment related to these disorders. This scenario is aggravated among women, who are more reluctant to seek therapeutic help despite the severe negative consequences of addictive disorders, under the assumption that some women prioritize treatment for different comorbid conditions over this clinical condition

(such as depression or anxiety), other women may conceal the symptoms due to the social stigma attached, and other simply accept their addiction as a lifestyle.

Most of the therapeutic intervention plans for behavioral addictions have been specifically developed for men, and women seeking care for these problems usually follow these same protocols. And while clinical studies have observed similarities in the behavioral addiction severity among men and women at the beginning of the treatments (such as the severity of the symptoms specifically related to the addictive condition, the level of urgency-impulsivity, and the cognitive biases associated with addictive habits), remarkable differences have also been identified (such as the comorbid symptoms concurrent with the addictions, personality traits or the emotion regulation strategies). Empirical data also evidenced that addiction-related disorders constitute complex clinical conditions with multivariate interacting factors, being the patients' sex a strong interaction contributor. Finally, classification studies suggest the existence of distinct underlying latent classes (profiles) in men and women seeking treatment for behavioral addictions.

A study conducted by Dr. Susana Jiménez-Murcia (Psychiatric Service of the Bellvitge University Hospital) and Dr. Roser Granero-Pérez (Department of Psychobiology and Health Sciences Methodology, UAB) aimed to explore the existence of empirical latent classes in a sample of n=163 women diagnosed with a gambling disorder (into a large range age between 20 to 73 yrs), based on a large set of indicator/predictor variables including sociodemographics, personality traits, clinical state at baseline (prior to treatment), and therapy outcomes (mainly the risk of dropout and relapse). The 3-cluster (latent classes) solution was selected as optimal. C1 clustered patients with good progression during the treatment (low rates of dropout and relapse), and was characterized by the highest proportion of married women, with the highest social status indexes, employed, with medium severity of the gambling disorder at baseline, the best psychopathological state at baseline (lowest comorbid symptom level), the highest mean self-direction and the lowest mean for harm avoidance. C2 grouped patients with poor progression to dropout, and C3 patients with poor progression to severe relapses. These two last empirical latent groups were characterized by a high proportion of unmarried women (without a stable partner), women within mean-low to low social status, women not actively working, high severity level for gambling activity at baseline, high psychopathology comorbid distress, the highest level of harm avoidance and the lowest self-directedness level.

These results provide new evidence regarding the heterogeneity of women diagnosed with behavioral addictions and treated at specialized intervention units. Different latent groups can be identified based on the sociodemographic and clinical profiles at baseline, which are related to the progression of treatment plans. Person-centered treatments should include specific strategies aimed at increasing self-esteem, emotional regulation capacities and self-control of women diagnosed with behavioral addictions, with the required adaptations for those profiles classified as highly vulnerable due the risk of progressing to a bad treatment response.

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