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Gambling disorder and pornography use addiction: a complex pathological association



A study conducted at the Pathological Gambling Unit of the University Hospital of Bellvitge, with the participation of Professor Roser Granero of the UAB, reveals that 10 out of 100 patients with gambling disorder also suffer from problematic pornography consumption. The presence of both addictions is associated with a highly dysfunctional clinical profile and identifying it may allow designing better therapeutic interventions.

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Gambling disorder (GD) is described as a mental disorder characterized by a persistent and uncontrollable pattern of betting, with a repetitive urge to keep gambling despite the significant adverse consequences for the individuals and their contexts. This disorder belongs to the non-substance addiction group, typically named behavioral addiction, a new concept or category in psychiatry attributed to problematic behaviors occurring due to the loss of control.

Like GD, problematic pornography use (PPU) has been proposed as a behavioral addiction. No single consensus for the conceptualization of PPU exists, but empirical evidence suggests that PPU shows key addiction-related features, such as tolerance, withdrawal, and the presence of negative consequences associated with the behavior. In addition, PPU involves a pattern of persistent and repetitive engagement in pornography, unsuccessful attempts to reduce or cease such behaviors, despite the negative consequences.

consequences in the individuals' lives. This clinical condition has been included as a facet of compulsive sexual behavior disorder in the latest mental classification of the World Health Organization (WHO), but it is not currently recognized as an independent diagnostic entity, and therefore standardized diagnostic criteria for PPU have not been proposed.

It is well known that behavioral addictions are found in high comorbidity (association of two or more disorders or diseases), with other multiple psychiatric conditions., such as substance use, impulse control, mood anxiety, bipolar disorder, post-traumatic stress, attention-deficit/hyperactivity, and personality disorders. However, the concrete co-occurrence of GD with PPU has been understudied. To address the limitations of current literature, we conducted a study in which Professor Roser Granero of the Department of Psychobiology and Methodology participated, which aimed to compare sociodemographic and clinical variables among patients seeking GD treatment, considering the presence/absence of concurrent PPU. The study sample consisted of 359 consecutive adults who attended the Pathological Gambling Unit at the Bellvitge University Hospital, recruited between January 2021 to December 2022.

The number of patients who reported PPU was 37, which provides a point prevalence of GD+PPU equal to 10.3%. We did not observe sociodemographic differences between the groups of GD versus GD+PPU, but we did relate the comorbid condition with higher severity of the gambling activity, more illegal drug use, worse psychopathology distress, higher impulsivity levels, more difficulties in emotion regulation, and a personality profile characterized by lower levels of self-directedness and cooperativeness.

Our study showed that the presence of both putative behavioral addictions (GD+PPU) is associated with an increased likelihood to show difficulties in maintaining focus on long, challenging, or monotonous tasks, enjoyment of exciting activities and a willingness to engage in new experiences (whether they are risky or not), and impulsive behavior when experiencing negative emotions (regardless of potential long-term consequences). Specifically, the results obtained for impulsivity are particularly relevant, since this is a complex, multidimensional, and transdiagnostic construct associated with multiple psychiatric conditions. More specifically, motor impulsivity, attentional inhibition, deficit in decision-making, and delay discounting may explain poor inhibitory control observed in individuals with behavioral addictions. Moreover, sensation-seeking and urgency (both components of impulsivity) may lead to emotional regulation difficulties in dimensions such as lack of emotional awareness, non-acceptance of emotional responses, and challenges in engaging in goal-directed behaviors. Ultimately, impulsivity and difficulties in emotional and motivational processes are also associated with the emergence of cognitive distortions related to problematic addictions.

Therefore, we concluded that GD+PPU comorbidity constitutes a highly dysfunctional clinical profile that may alter responses to treatment, mainly regarding low compliance, relapse, and dropouts. For this reason, we believe that it is important for clinicians to recognize this potential comorbidity, which will allow them to design effective interventions focused on improving emotional regulation, coping strategies, and self-control.

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References

Mestre-Bach G, Potenza MN, Granero R, Urízar JC, Tarragón E, Chiclana Actis C, Testa G, Fernández-Aranda F, Jiménez-Murcia S. (2024). **Understanding the Co-occurrence of Gambling Disorder and Problematic Pornography Use: Exploring Sociodemographic and Clinical Factors.** *Journal of Gambling Studies*. doi: [10.1007/s10899-023-10274-3](https://doi.org/10.1007/s10899-023-10274-3)

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