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Identification of the central symptoms of gambling disorder



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 the criteria with highest relevance for gambling disorder are associated with compulsivity-driven behaviors of the addictive process. Accurate diagnosis tools and precise intervention plans for this addiction may consider the identification of the presence and severity of withdrawal, tolerance, and chasing losses, due to the importance and transitive capacity of these features, particularly among the most severe cases.

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Gambling disorder (GD) is a complex mental condition in which individuals lose control over their gambling behaviors. This disease is categorized as a behavioral addiction, described as an intense, persistent, and uncontrollable desire to gamble despite the awareness of the severe negative consequences of these habits in many aspects of individuals' lives.

The diagnostic criteria (symptoms) listed for GD in the most important taxonomic systems for diagnosing psychiatric related conditions (DSM-5 and CIE-11) are conceptually similar to those for substance abuse/dependence. But unlike substance addiction, the number of fulfilled symptoms for GD is not a good measure of the severity level and the functional

impact, and it has not reached predictive capacity on the treatment outcomes. It has been argued that one possible reason for these limitations could be that each diagnostic criterion may have a different significance to the disorder, and that increasing the weight of the most central symptoms could improve the accuracy of the severity level diagnosis.

A study in which Professor Roser Granero (Department of Psychobiology and Methodology of Health Sciences) participated, was aimed at assessing the centrality of each criterion for GD, and to visualize the network between the complete list of symptoms. Additionally, based on the differences between men and women in the GD endophenotypes, the search for the core criteria that strongly influence the severity levels explored the potential moderator role of the patients' gender. It is well known that women, compared to men, present more preference for nonstrategic gambling forms (e.g., lottery or slot machines), have worse psychopathology states (higher likelihood of comorbidity with other psychiatric illnesses, such as affective Disorders and anxiety), and tend to use gambling more as a way to regulate their emotional state (men tend to use it more as a thrilling activity).

The research was conducted with a sample of 3.836 men and 367 women (4.203 treatment-seeking patients for GD at the Pathological Gambling and Other Behavioural Addictions Unit, of the University Hospital of Bellvitge). The main results of the study evidenced that the withdrawal criterion ("Restless or irritable when attempting to cut down or stop gambling") showed the highest centrality values in both genders. In men, the second most central criterion was the tolerance criterion ("Needs to gamble with increasing amounts of money in order to achieve the desired excitement"); while among women, the second was the chasing losses criterion ("After losing money gambling, often returns another day to get even").

The study concluded that the relevance of withdrawal emphasizes that gambling addiction process could be driven by compulsive motives with the aim of avoiding the discomfort associated with no gambling (negative reinforcement), and the importance of identifying this criterion because increases the likelihood of also presenting other GD criteria, achieve greater severity levels and the risk of chronicity. Regarding the importance of criterion chasing losses among women, this observation would be explained by the low socioeconomic status of women with disordered gambling behaviour: the economic difficulties in the female gender may produce a stigma that emphasizes the relevance of trying to recover money through gambling. Among men, the relevance of tolerance should be interpreted considering that this criterion and chasing one's losses have been seen to be closely related, as the latter could be a different form of expression of tolerance, perhaps a more planned one. Both, tolerance and chasing, may be interpreted as an indicator of erroneous perceptions about gambling, and as predictors of accumulated debts (due to gambling habits) and illegal acts (motivated by the need to obtain gambling funds and/or recoup financial shortfalls).

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References

Lucas I, Mora-Maltas B, Granero R, et al. (2024). **Network analysis of DSM-5 criteria for gambling disorder considering sex differences in a large clinical sample.** *European Psychiatry*, 67(1), e65, 1–9. <https://doi.org/10.1192/j.eurpsy.2024.22>

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