



April 20, 2010

Dr. David Kupfer
Chair, DSM-5 Task Force

Dear Dr. Kupfer:

Please accept these comments on the proposed changes to the classification of gambling problems in the DSM-5 on behalf of the Board of Directors of the National Council on Problem Gambling. The National Council on Problem Gambling (NCPG) is the national advocate for programs and services to assist problem gamblers and their families. NCPG represents a cross-section of clinicians, researchers, problem gambling services administrators, the gambling industry and policy makers. Our mission is to increase public awareness of pathological gambling, ensure the widespread availability of treatment for problem gamblers and their families, and encourage research as well as programs for prevention and education. As an advocate for problem gamblers, NCPG does not take a position for or against legal gambling but concentrates on the goal of helping those with a gambling problem. Our 38-year history of independence and neutrality makes NCPG the most credible voice on problem gambling issues. The NCPG Board appreciates the significant work undertaken by American Psychiatric Association to improve the classification of disorders, including gambling addiction, in DSM-5 and is pleased to provide additional information on four specific issues:

1. The importance of the criterion “has committed illegal acts” in the diagnosis of pathological gambling;
2. The impact of changing the diagnosis threshold;
3. The need to recognize a broader spectrum of gambling problems by adding a subclinical category of “problem gambling” analogous to alcohol and substance abuse or developing severity criteria; and
4. The need to make provision for sub-typing of problem and pathological gamblers to recognize different pathways into the disorder.

1) Illegal Acts. The NCPG Board questions the elimination of the diagnostic criterion “has committed illegal acts such as forgery, fraud, theft or embezzlement to finance gambling.” The DSM-5 website references only one source for this proposed change (Strong & Kahler, 2007) and the Board recommends additional research before the adoption of this change. In population surveys, researchers have found that while “illegal acts” is the DSM-IV criterion least likely to be endorsed, this item is the most reliable discriminator between individuals who score at the highest level of pathological gambling severity (endorsing 8 to 10 criteria) and those who endorse fewer criteria (Toce-Gerstein, Gerstein, & Volberg, 2003; Volberg, Nysse-Carris, & Gerstein, 2006).

2) Changed Diagnostic Threshold. Under DSM-IV, a diagnosis of pathological gambling requires endorsement of five out of ten criteria (50%). Under the new proposal, diagnosis would require endorsement of five out of nine criteria (55.5%). In addition, the DSM-5 website lists several published references that support lowering the threshold for a diagnosis of pathological gambling to 4 out of 10 criteria. There are no references provided in support of increasing the threshold.

3) Subclinical/Severity Classification. In addition to the need to lower the threshold for a pathological gambling diagnosis, the NCPG Board believes that there is need for a subclinical category of “problem gambling” that more accurately reflects the full spectrum of gambling involvement in the population. Internationally, there is a large body of research supporting the view that gambling occurs on a continuum that ranges from no gambling to social gambling to problem gambling to pathological gambling (Gambino, 2009; Korn, Gibbins, & Azmier, 2003; Ministry of Health, 2008). We believe that it is essential that different levels of severity of gambling involvement be reflected in the DSM-5 classification. We recommend severity specifiers should be developed for moderate and severe gambling disorders, mirroring the proposed substance-use disorder criteria.

4) Sub-typing. Finally, while it may not be relevant to the diagnostic criteria, the NCPG Board believes that the evidence DSM-5 information on gambling disorders should reflect sub-types of problem and pathological gamblers. There is substantial and growing evidence that disordered gamblers are not a homogeneous group but instead are rather heterogeneous (Blaszczynski & Nower, 2002; Vitaro, Wanner, Ladouceur, Brendgen, & Tremblay, 2004; Winters, Stinchfield, Botzet, & Slutske, 2005). There are clearly diverse pathways into problem and pathological gambling as well as the range of motivations for gambling involvement (action/escape). Sub-typing of problem and pathological gamblers would be particularly helpful in making decisions on medication usage where gambling driven by urges and gambling related to difficulties inhibiting behavior may respond differently to different pharmacotherapies.

If the criteria remain as proposed, the NCPG Board questions the necessity of changing the label from “pathological gambling” to “disordered gambling.” However, if proposed severity criteria are adopted or an abuse/dependence distinction is made, the Board supports the label of “gambling disorder” or “gambling abuse and gambling dependence.”

Thank you for the opportunity to share our views. We would be happy to amplify any of these comments and answer any questions you might have.

Sincerely,



Keith S. Whyte
Executive Director

Works Cited

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