Behavioral Addiction: An overview

Subodh B.N.
Associate Professor
Department of Psychiatry
Outline

• Components
• Different behavioral addictions
• How they have been defined
• Diagnostic status
• Prevalence
• Consequences
• Management – Assessment, treatment goals, Evidence
• Conclusions
Behavioral Addictions

• Addico (Latin) → Addiction– enslaved/surrender/give up
• The fact or condition of being addicted to a particular substance or activity
• Broad - Specific – Broad
• DSM – IV & ICD -10 Classification - Non substance related behavioural addiction Not included
• DSM V - Substance related and Addictive disorders
  “Gambling disorder”
  (DSM 5, 2013; Petry & O’brien, 2013; Oxford dictionary 2014)
Components of Behavioral Addiction

- **Salience** - Most important activity (dominate his or her thinking, feelings, and behavior)
- **Mood modification** - arousing “rush” or the numbing or the tranquilizing “escape” the behavior provides.
- **Tolerance** - greater amounts of the behavior required to achieve mood-modifying effects,
- **Withdrawal symptoms** - unpleasant feeling states and/or physical effects (e.g., the shakes, moodiness, irritability)
- **Conflict** – interpersonal; other activities (i.e., social life, work, hobbies, and interests) or intrapsychic and/or feelings of loss of control.
- **Relapse** - Reversions to earlier patterns of excessive behavior

(Griffiths, 2005)
What are Behavioral Addiction?

- Gambling disorder
- Internet addiction (or gaming disorder)
- Sex Addiction
- Exercise Addiction
- Shopping Addiction
- Excessive eating

(Petry & O’Brien, 2013)
How they have been defined?

• Based on different theoretical framework - Impulsive spectrum, substance background, OC spectrum, etc.,

• Limited agreement on crucial component

• Scales have been developed depending upon different theories (E.g.: SOGS, MGS, IAT, CIAS, PRIUSS, DIGS, GTOMS etc.,)

• No threshold for classification was standard – Min vs. Max

(Petry & O’brien, 2013)
Current diagnostic status

• DSM V – Gambling Disorder - Substance related and addictive disorders
• Internet Gaming Disorder - kept in Section III, “Conditions for Further Study”

• ICD – 11 – Gambling disorder – Impulse control disorders;
Problematic internet use not included due to lack of scientific evidence

(DSM 5, 2013; Petry & O’Brien, 2013; Grant et al., 2014)
Persistent and recurrent problematic gambling behavior – ≥ 4 criteria must be met within one year

1. Needs to gamble with ↑ amounts of money in order to achieve the desired excitement (Tolerance)
2. Is restless or irritable when attempting to cut down or stop gambling (Withdrawal)
3. Has made repeated unsuccessful efforts to control, cut back, or stop gambling.
4. Is often preoccupied with gambling.
5. Often gambles when feeling distressed.
6. After losing money gambling, often returns another day to get even.
7. Lies to conceal the extent of involvement with gambling.
8. Has jeopardized or lost a significant relationship, job, or educational or career opportunity because of gambling.
9. Relies on others to provide money to relieve desperate financial situations caused by gambling.  

(DSM 5, 2013)
Specifiers

- Specify severity:
  - Mild (4-5 criteria)
  - Moderate (6-7 criteria)
  - Severe (8-9 criteria)

- Specify whether the gambling disorder is:
  - Episodic
  - Persistent

(DSM 5, 2013)
DSM – 5 Criteria

➢ Repetitive use of Internet-based games – 5/9 criteria must be met within one year:

1. Preoccupation or obsession with Internet games.
2. Withdrawal symptoms when not playing Internet games.
3. A build-up of tolerance–more time needs to be spent.
4. Tried to stop or curb playing, but has failed to do so.
5. Had a loss of interest in other life activities, such as hobbies.
6. Continued overuse even with the knowledge of impact.
7. Lied to others about his or her Internet game usage.
8. Uses Internet games to relieve anxiety or guilt.
9. Lost or put at risk & opportunity or relationship.

(DSM 5, 2013)
What is the prevalence?

- Problematic Gambling & Gambling disorder
  - All parts of world
  - General population – 0.4 – 5.3 % (life time)
  - Substance use disorders – 10 – 14%
  - Indian data – 7.4% in past year
    (Benegal, 2013; Petry, 2005; Petry, 2007)

- Problematic internet use
  - All parts of world – Majority from Asia & Middle East
  - Focus on youths, adolescents and young adults
  - < 1% - 50 % depending on sample, criteria used, threshold etc.,
  - Indian data – Problematic Internet Users 0.3 % - 15.2%
    (Petry & O’Brien, 2013; Grover et al., 2010; Paul et al., 2015)
Consequences

• Social consequences –
  ✓ Serious relationship problems (marital conflicts & divorce-cyber affairs)
  ✓ Financial loses, theft etc.,
  ✓ Impaired functioning at work; poor academic performance
  ✓ Sleep deprivation
  ✓ Lack of proper exercise

• Others - Increased risk for carpal tunnel syndrome, Poor functioning of the immune system, back strain, eyestrain, and even cardiac arrest
  (Kwiatkowska et al., 2007; Christakis et al., 2009; Hodgins, 2011; Ho et al., 2014)
Consequences

• Psychological – High co-morbidity

• Gambling disorders:
  ✓ Prevalence estimates for any mood disorder (15.9% to 77.5%), any anxiety disorder (7.2–40%), SUD (31–60%), alcohol use disorder (26–73%) and major depression (33.3–76%)

• Internet Addiction:
  ✓ 8 studies (N=1641 pts of IA & 11210 controls)
  ✓ Significant +ve association between IA and Alcohol abuse ADHD; Depression; Anxiety

(Petry, 2005; Ho et al., 2014; Lorains et al., 2011)
Management

• Thorough clinical history & corroborations from significant members
  ✓ Demographic variables
  ✓ Behaviour – criteria, frequency, time spent, maintaining factors, abstinence, lapses, relapses etc.,
  ✓ Evaluation of co-morbidity
  ✓ Consequences of excessive behaviour
  ✓ Contributing factor - temperament, personality
• Screening instruments & diagnostic instruments
Management

- Treatment goal –

- Gambling disorder
  - Complete Abstinence

- Problematic Internet use
  - Abstinence from problematic applications and
  - Controlled and balanced Internet usage should be achieved

- Evidence is available for both Non-pharmacological and Pharmacological treatment.
• 16 studies included 597 subjects (Literature 1996-2006)
• Drugs studied – Naltrexone, Nalmefene, Bupropion, Topiramate, Lithium, Valproate & SSRI
• Pharmacological treatments were more effective than placebo treatment (overall effect size 0·78).

➢ Naltrexone in higher doses – most promising drug and has high evidence base.
➢ N-acety cysteine is a new promising agent
  (Pallesen et al., 2007; Hodgins, 2011; Ghosh et al., 2016)
Non-pharmacological:
- Better evidence base than pharmacological


**Outcome of psychological treatments of pathological gambling: a review and meta-analysis.**

Pallesen S, Milsem M, Kvale G, Johnsen BH, Molde H.

- 22 studies were included, involving 1434 subjects.
- Favourable short- and long-term outcomes (17 mon)

- In-depth MI or short term MET effective (sole/combination) - ↑ retention rate
- CBT or Behavioral therapies - reduced treatment attrition and improved outcomes
- TSF, Family Therapies etc.,

(Pallerson 2005; Hodgins, 2011; Ghosh et al., 2016)
16 studies → (N= 670) – 4 CBT; 7 MLCP; 1 RT; 3 Pharmacological; 1 ACT

11 Individual and 6 group therapies

Pharmacological – Escitalopram, Bupropion & Methylphenidate

Interventions were effective in improving IA, time spent, depression, and anxiety

Psychological treatment are major form of treatment. Pharmacological medications are used for co-morbid conditions
Current Controversies

• There is an ongoing debate

• Mental disorder v/s manifestation of another underlying disorder

• Internet is a medium (vehicle) rather than focus of disorder

• Addicted to Internet or Internet-related behaviours (e.g., excessive pornography use/gaming/surfing/social networking)

Conclusions

• Lots of research is going on this area

• With impetus from DSM -5 hopefully more clarity will come to diagnosing and management

• Interventions have been tried and also found effective

• Engagement and treatment retention may be an important challenge
THANK YOU