

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

What are Behavioral Addictions ?

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

(Petry & O'brien, 2013)

How they have been defined ?

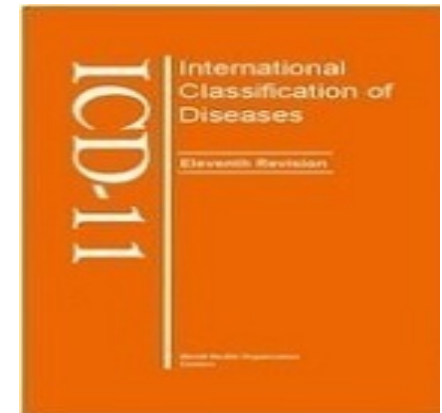
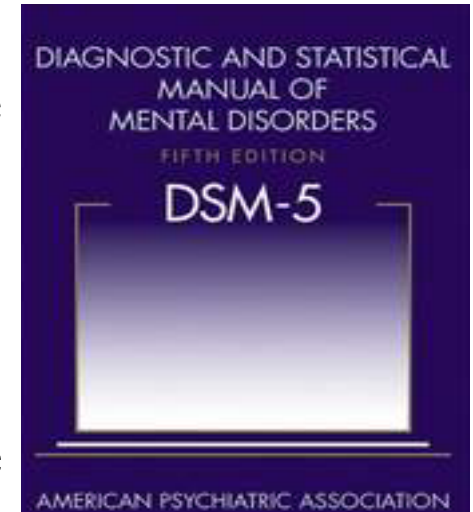
- Based on different theoretical framework - Impulsive spectrum, substance background, OC spectrum, etc.,
- Limited agreement on crucial component
- Scales have been developed depending upon different theories (E.g.,: SOGS, MGS, IAT, CIAS, PRIUSS, DIGS, GTOMS etc.,)
- No threshold for classification 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)



DSM-5

- Persistent and recurrent problematic gambling behavior – ≥ 4 criteria must be met **within one year**
- 1. Needs to gamble with \uparrow 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.

Outcome of Pharmacological Treatments of Pathological Gambling

A Review and Meta-Analysis

Ståle Pallesen, PhD, Helge Molde, PsyD,* Helga Myrseth Arnestad, PsyD,* Jon Christian Laberg, PhD,*
Arvid Skutle, PsyD,† Erik Iversen, PsyD,† Inge Jarl Støylen, PsyD,‡ Gerd Kvale, PhD,‡
and Fred Holsten, PhD, MD§*

- 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

Addiction, 2005 Oct;100(10):1412-22.

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

Pallesen S¹, Mitsem 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)



Treatment of internet addiction: A meta-analysis



Alexander Winkler ^{*,1}, Beate Dörsing ^{1,2}, Winfried Rief ³, Yuhui Shen ⁴, Julia A. Glombiewski ⁵

University of Marburg, Department for Clinical Psychology and Psychotherapy, Gutenbergstraße 18, 35032 Marburg, Germany

- 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)

(DSM 5, 2013; Petry & O'Brien, 2013; Potenza, 2015)

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