

Screening Veterans for Gambling Disorder: Instrument Comparisons and Clinical Implications

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Background

Numerous studies have found increased rates of gambling disorder (GD) among veterans. While the prevalence of GD among US adults is estimated to be around 1%, studies have found rates as high as 29% in clinical settings and as high as 9.9% in community samples. However, most studies to date have largely focused on samples that are racially homogeneous.

In addition, despite repeated calls for systematic screening of veterans for gambling disorder, there is currently no standard screening protocol in place and relatively little research has been conducted to identify appropriate and effective methods for screening veterans for GD.

Objectives

1. To describe gambling behavior in a racially diverse sample of veterans.
2. To compare participant responses to a self-administered gambling screen versus an interviewer-administered gambling screen collected as part of a pilot study examining gambling behavior in veterans.

Methods

Veterans were recruited from outpatient clinic waiting rooms at the VA Maryland Health Care System as well as the general community. Participants completed a self-administered questionnaire that included questions on demographics and health behaviors. Gambling behavior was assessed with two instruments (1) the self-administered the South Oaks Gambling Screen (SOGS) and (2) the interviewer-administered betting section of the Alcohol Use Disorder and Associated Disabilities Interview Schedule (AUDADIS-IV). Participants provided informed consent prior to participation. All participants received \$10 for their participation.

Sample Demographics

A total of 153 veterans aged 28-83 were enrolled in the study. The sample was predominantly male (92%) and older (mean=61.1; SD=9.5). The majority of respondents were African American (51%) or Caucasian (41%). 4% of respondents identified as Latino/Hispanic. 72% of the sample had completed at least high school or equivalent.

Results – Gambling Behavior

29.4% of participants had scores indicative of probable GD on the SOGS. 22% of the participants met criteria for GD based on their response to the AUDADIS-IV. African-American respondents and participants earning less than \$25K/year were significantly more likely to meet criteria for gambling disorder.

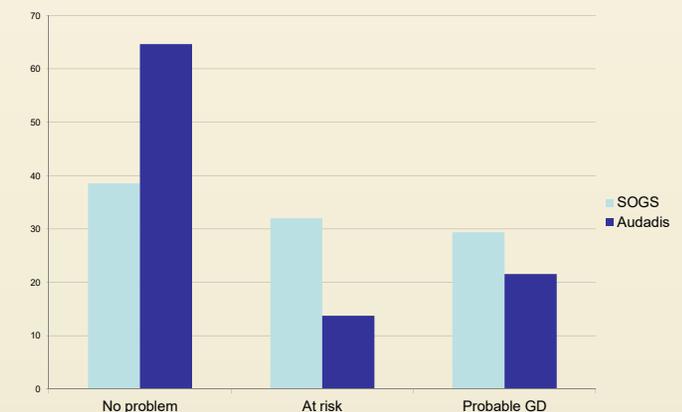
		No problem (Mean or %)	Probable GD (Mean or %)	P
Race	White	46.7%	18.2%	.001
	Black	42%	78.8%	
	Other	10.8%	3%	
Age		61.9	57.8	.026
Income	<25K	33.3%	72.7%	.001
	>25K	66.7%	27.3%	
Housing	Has housing	93.2%	75.8%	.004
	Homeless	6.7%	24.2%	
Alcohol Use	Non-hazardous drinker	87.5%	73.2%	.038
	Hazardous drinker	12.5%	26.8%	
Combat exposure score	(Scale of 0-41)	8.43	9.27	.707

Disordered gamblers in the study were more likely to be younger, homeless and hazardous drinkers as defined by the Alcohol Use Disorders Identification Test (AUDIT-C), confirming results of earlier studies in veteran populations. The association between gambling disorder and combat exposure was not significant.

Results – Instrument Comparisons

Scores were categorized as no gambling disorder vs. any gambling disorder. Analysis of responses to each assessment showed a statistically significant difference ($p < .001$) between responses on the SOGS vs. the AUDADIS.

Prevalence of At-Risk Gambling and Gambling Disorder – SOGS vs. AUDADIS



Discussion

- Results indicate high rates of at-risk gambling and gambling disorder in the study population.
- Risk factors include race, younger age, lower income, homelessness and alcohol abuse/dependence.
- To date, African-American veterans have not been well represented in studies examining gambling behavior in veterans. The high rates of GD in African-American veterans in our sample suggest that research drawing from more diverse populations is warranted.
- Veterans may feel more comfortable disclosing high-risk gambling behaviors in self-administered assessments.
- Brief screens to identify veterans at risk for gambling disorder

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