A case report of obstinate gambling addiction – author's own experience

L. T. Roś

Independent Public Health Care Institution
Department of Neurosurgery with Outpatient Clinic
Poland 01-697 Warszawa, ul. Zabtocińska 6, m. 55

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Gambling is one of the very well known faults of some people. Some authors regard gambling as addiction. It leads in most cases to slow deterioration of a human being, to loss of money, not infrequently to selling of house furniture necessary for living and even to selling of whole apartments and houses. Gambling is not infrequently the cause of bankruptcy, leading whole family to poverty and extreme destitution. It is commonly known that men succumb to gambling far more frequently than women. Gambling often draws people for very long periods of life - these periods may frequently last for several to several scores of years. Gambling takes various forms worldwide, from card playing for money to various gambles, e.g. roulette. A characteristic feature of gambling addiction is the fact that it is always connected with playing for money. At the beginning of the addiction particularly dangerous for a possible future gambler is frequent winning in consecutive plays and rapid gathering of money. In such cases, gambling draws in a victim, that is gambling addiction develops rapidly and permanently. Rapidly growing sum of won money excites, encourages, intrigues, tempts, improves mood and frequently brings euphoria. Then other important matters in life become less interesting and slowly cease to be counted. Frequently, family, occupational work, various lofty aims in life become for a beginner gambler completely unimportant.

Case report

Male patient K.K, aged 50 years never received any psychiatric treatment. The patient was born after normal pregnancy and labour. His childhood was moderately successful. The patient's mother was tender, considerate, warm, affective and caring. The father was extremely busy with his occupational work and, therefore, had very little time for his family. Besides that he was rather peremptory, stand-offish, emotionally cold, resolutely imposing his will, with irascible moods, frequently verbally aggressive. Very frequently he used to make small rows over trifles. The patient has two younger sisters with whom, similarly as with his mother, he has very good and heartfelt contacts. His mother is alive, the father died two

years ago. In primary school and secondary technical school the patient achieved medium results but he never repeated years. He got married at the age of 24. Presently the patient has one adult daughter who has a decent husband and a child. No mental diseases occurred in the patient's family. The patient gave no history of head trauma and loss of consciousness. He was never abusing alcohol. Out of serious somatic diseases, the patient had received medical treatment for chronic coronary artery disease. His marriage for the first 3-4 years was definitely good. His wife was very hard working, affective, warm, conscientious, caring. For the first 3-4 years the patient had no secrets from his wife. He worked hard as technician mechanic and spent much time with his wife and daughter. Then, patient's gambling became the curse of further life of the couple. After his colleagues' invitation he went to a club to play roulette. The initial series of consecutive winnings and quite great sum of money gathered became the cause of unhappiness of the patient and his family. For the first several months he managed to conceal his addiction from his wife. The patient, since then, has been feeling a strong obsessive compulsion to go to the club to play roulette. The temptation was much stronger than logical, reasonable thinking. The patient for all those years had a critical attitude towards his addiction. He always thought that his gambling had no sense. Soon his wife learned the truth. The patient no longer concealed his addiction. Several scores of times a day he had obsessive thoughts to go to the club to play roulette. His compulsory going to the club for roulette was regarded by the author as compulsion, i.e. realization of obsessive thoughts. The whole of these manifestations formed chronic obsessive-compulsive syndrome. The patient was losing money even more often. He sold his car and expensive furniture from his apartment. He was fired from his job since he stole his firm's money to pay the debts assumed for paying consecutive roulette losses. He gave his wife no money. His wife's earnings were insufficient to make the ends meet. The patient moved then to his still young parents who supported him and watched that he was not going to play roulette, but this situation humiliated the patient very much. He was guarded by his parents but obsessive thoughts and strong temptation caused that he was clandestinely going out to the club where he continued to play roulette. The formal and emotional contacts with the patient were very good, affective. His current of thoughts was logical, normal. The mood was slightly depressed adequately to patient's living situation. He denied any suicidal idea. He had numerous obsessive toughts changing into compulsion. Detailed psychiatric examination revealed obsessive-compulsive syndrome. This diagnosis was confirmed by the following scales [3, 4]:

- ICD-10 scale;
- Yale-Brown Obsession Scale;
- Obsession and Compulsion Scale of the National Institute of Mental Health;
- NIMH Global Scale of Obsession and Compulsion;
- MAUDSLEY Obsession and Compulsion Inventory;

Laboratory tests:
- basic laboratory blood and urine analyses gave normal results,
- chest radiogram was normal,
- ECG record: medium-degree anterio-inferior wall ischaemia in the form of T-wave flattening,
- EEG record was normal,
- eye fundus examination: normal,
- neurological examination: no focal and meningeal symptoms,
- physical examination: normal,
- cranial computed tomography: normal.

The author treated the patient systematically with individual psychotherapy and sertraline from low doses up to the maximal dose (i.e. about 200 mg daily). A complete remission of the obsessive-compulsive syndrome was achieved [1-4, 6].

Discussion

Setraline [6] is a selective serotonin central reuptake inhibitor. A number of indirect proofs [1] demonstrate a significant role of sertraline in the etiology of obsessive-compulsive syndrome. The most important evidence [1] is the effectiveness of the drugs from the group of selective inhibitors of serotonin central reuptake (SI-5HT) in the treatment of obsessive-compulsive syndrome. Sertraline is safe and effective [1] in the treatment of obsessive-compulsive syndrome. Numerous authors [1-4, 6] have used sertraline in the treatment of this syndrome with evidently good effect. Drug doses ranged from 50 to 200 mg daily.

However, most authors think that sertraline doses in the treatment of obsessive-compulsive syndrome should be significantly higher than the doses of the drug administered in the treatment of "major depression". Some authors [7] believe that 50 mg daily is sometimes the optimal dose in the treatment of major depression, other [5] prefer sertraline doses of about 100-150 mg daily in the treatment of major depression.

However, many authors [1-4, 6] think that for effective treatment of obsessive-compulsive syndrome higher sertraline doses are needed, about 150-200 mg daily. Sertraline is a very safe drug [6] and is well tolerated by patients. Therefore, it turned out to be useful in the described patient who was sufferring from chronic coronary artery disease.

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Описание случая выраженной игровой зависимости, собственный опыт автора

Л. Т. Рош

На основе тщательного изучения психики пациента автор доказывает, что игровая зависимость выступает не просто в качестве привычки, стремления к приобретению денег, а способствует формированию обсессивно-компульсивного синдрома.

Путем комплексного лечения, включающего индивидуальную психотерапию и применение сертралина, автор добился положительного результата.

Արտահայտված խաղային կախվածության դեպք. հեղինակի անձնական փորձից

Լ.Տ. Ռոշ

Հիմնված հիվանդի հոգեվիճակի մանրակրկիտ ուսումնասիրության վրա՝ հեղինակը պնդում է, որ խաղային կախվածությունը տվյալ դեպքում ոչ միայն պարզապես սովորություն է, կամ գումար վաստակելու մեծ ցանկություն, այլ բերում է օբսեսիվ-կոմպուլսիվ համախտանիշի զարգացման:

Համալիր բուժման շնորհիվ, որը ներառում էր ինդիվիդուալ հոգեթերապիա և սերտրալինի կիրառում, հեղինակը կարողացել է հասնել դրական արդյունքի:

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