

CLINICAL STUDY

An uncontrollable gambling addiction

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Abstract: Same authors regard gambling as addiction. A detailed psychiatric examination revealed the obsessive-compulsive syndrome in the patient. The authors treated the patient systematically using the 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. A number of indirect proofs demonstrate a significant role of sertraline in the etiology of the obsessive-compulsive syndrome. The most important evidence is the effectiveness of the drugs from the group of selective inhibitors of serotonin central reuptake (SSRI) in the treatment of the obsessive-compulsive syndrome. Sertraline is safe and effective in the treatment of obsessive-compulsive syndrome (Ref. 7). Full Text (Free, PDF) www.bmj.sk.

Key words: gambling, addiction, obsessive-compulsive syndrome, sertraline.

Gambling is one of the well known faults in some people. Some authors regard gambling as an addiction. In most cases it leads to a slow deterioration of a human being, loss of money, not infrequently to selling the house furniture necessary for living and even to selling whole apartments and houses. Gambling is frequently the cause of bankruptcy, leading the whole family to poverty and extreme destitution. It is known that men succumb to gambling more frequently than women. Gambling often draws people for very long periods of life – these periods may frequently last several scores of years. Worldwide, gambling takes various forms, from playing cards 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 the possible gambler, is frequent winning in consecutive plays and rapid gathering of money. In such cases, gambling addiction develops rapidly and permanently. Rapidly growing sum of money excites, encourages, intrigues, tempts, improves mood and frequently brings euphoria. Subsequently, other important life matters become less interesting and slowly cease. Frequently, the family, occupation, various life aims become completely unimportant for the gambler.

Case report

A male patient, aged 50 years, never received any psychiatric treatment. The patient was born after normal pregnancy and

delivery. His childhood was moderately successful. The patient's mother was tender, considerate, warm, affective and caring. The father was extremely busy with his work and, therefore, had very limited 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 the primary school and secondary technical school, the patient achieved medium results but he never repeated years. He got married at the age of 24. At present, the patient has got one adult daughter who has a decent husband and a child. No mental diseases occurred in the patient's family. The patient reported no history of head trauma and loss of consciousness. He has never been abusing alcohol. Out of serious somatic diseases, the patient received medical treatment for chronic coronary artery disease. His marriage was for the first 3–4 years definitely good. His wife was very a hard working, affective, warm, conscientious, caring woman. For the first 3–4 years, the patient had no secrets to 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 a 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 that time, 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 had a critical attitude towards his addiction for all years. He has always thought that his gambling is without any sense. Soon his wife learned the truth. The patient no longer concealed his addiction. Several times a day

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he had obsessive thoughts to go to the club to play roulette. His compulsive going to the club for roulette was regarded by the author as compulsion, i.e. realization of obsessive thoughts. These manifestations formed the chronic obsessive-compulsive syndrome. The patient was losing money more often. He sold his car and the expensive furniture from his apartment. He was fired from his job since he stole his company's money to pay 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 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 thoughts were logical, normal. The mood was slightly depressed, adequate to patient's living situation. He denied any suicidal ideation. He had numerous obsessive thoughts changing into the compulsion. A detailed psychiatric examination revealed the obsessive-compulsive syndrome. This diagnosis was confirmed by the following scales (Greist et al, 1995, Kroning et al, 1999):

- ICD-10 Scale,
- Yael-Brown Obsession Scale,
- Obsession and Compulsion Scale of the National Institute of Mental Health,
- NIMH Global Scale of Obsessive 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 anteroinferior wall ischaemia in the form of T-wave fluttering,
- EEG record was normal,
- eye fundus examination: normal,
- neurobiological examination: no focal and meningeal symptoms,
- physical examination was normal,
- computed tomography of the head: normal.

The author treated the patient systematically with the 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 (Chouinard, 1992, Greist et al, 1995 a, b, Kroning et al, 1999, Murdoch and McTavish, 1992).

Discussion

Sertraline (Murdoch and McTavish, 1992) is a selective serotonin central reuptake inhibitor. A number of indirect proofs (Chouinard, 1992) that it is the most effective drug from the group of selective inhibitors of serotonin central reuptake (SI-5HT) in

the treatment of the obsessive-compulsive syndrome. Numerous authors (Chouinard, 1992, Greist et al, 1995 a, b, Kroning et al, 1999, Murdoch and McTavish, 1992) used sertraline in the treatment of this syndrome with a 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 (Preskorn a Lane, 1996) believe that 50 mg daily is sometimes the optimal dose in the treatment of major depression. Other authors (Moller et al, 1998) prefer sertraline doses of about 100–150 mg daily in the treatment of major depression.

However, many authors (Chouinard, 1992, Greist et al, 1995 a, b, Kroning et al, 1999, Murdoch and McTavish, 1992) think that for the effective treatment of the obsessive-compulsive syndrome, higher setraline doses are needed, about 150–200 mg daily. Sertraline is a very safe drug (Murdoch and MsTavish, 1992) and is well tolerated by patients. Therefore, it turned out to be useful in the presented patient who has been suffering from chronic coronary artery disease.

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