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Pathological Gambling and the Senior Citizen

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BODY AND MIND

Pathological Gambling and the Senior Citizen

*Difficult to treat, let alone
cure. Often closely associ-
ated with substance
abuse, disrupted relation-
ships, and life-threatening
situations. And not sur-
prising, precious little
information exists on the
disproportionately high
percentage of seniors
caught in this burgeoning
legalized addiction. What
is pathological gambling?*

By Richard E. Finlayson

The popular TV program 20-20 recently ran an interesting story about a repeat sex offender from Texas. A jury acquitted him, and he was given an opportunity to be treated for what the defense argued was a "chemical imbalance in his brain." This is an alternative explanation for what others consider a criminal act or a social problem. Of course, the insanity defense has been a subject of debate for a very long time. In recent years the problem of pathological gambling, a construct in the *Diagnostic and Statistical Manual*¹ has been used as an insanity defense, although without great success.

I have reviewed periodically the medical literature on pathological gambling and am quite surprised that very little of it has focused upon the factors of aging or being aged, and how that influences gambling behavior. What I propose in this column is

to review some of the information about the prevalence of gambling and its pathological manifestations, relevant personality factors, the role of substance abuse, and some of what we know about the forensic issues. I will also peer into the future and speculate a bit about what awaits us.

Legalized gambling has increased dramatically in the United States in recent years and, with it, the prevalence of pathological gambling. These unfortunate persons commonly suffer great financial losses and disturbed relationships, as well as illness and even death. It has been reported that the suicide rate in Las Vegas is the highest in the nation, not only among the visitors, but the city's residents as well. The suicide rate in Atlantic City increased after the introduction of legalized gambling.²

Although I do not frequent casinos, I have noticed that television scenes of gamblers in casinos include a notable number of seniors. A study from the Addiction Research Foundation of Toronto, Ontario, Canada,³ has reported the distribution of

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various age groups in seven categories of gambling (lottery, bingo, races, sporting events, cards, charity casinos, and professional casinos). The data were collected for 1994. In the lottery category, the highest rate, 77.9 percent, was in the age group 40 to 49. This decreased to 74.4 percent in the 50 to 64 age group, and to 63.2 percent in those 65 and over. The highest rate of all age groups in professional casino gambling was 12.2 percent for those age 50 to 64. This fell to 6.3 percent for those 65 and over. Many persons engaged in multiple categories of gambling, as one might expect.

According to a review article by Petry and Armentano,⁴ there were casinos operating in 27 states in the United States in 1999. The rate of pathological gambling at any point in time is as high as 1.4 percent, and the lifetime rate is as high as 5.1 percent according to the studies reviewed. One would expect higher rates in a clinical population. A study of 1,051 primary care patients in Wisconsin⁵ revealed that 80 percent had gambled and 6.2 percent met the criteria for having a gambling disorder. These disorders were more prevalent among men, nonwhites, and patients from low socioeconomic groups.

Gambling can be dangerous to your health. Jason et al.⁶ note that the Atlantic City Medical Examiner's office has reported that, from 1982 to 1986, 82 percent of the total number of casino-related fatalities were sudden cardiac deaths. This is not surprising because seniors as a group have more heart disease

than do their younger counterparts. Only 1 percent of all casino-related deaths were homicides. It has been suggested that casinos provide emergency medical services for such situations. Reference has already been made to the high suicide rates in gambling populations. This is highly correlated with depression and an assortment of variables that can contribute to depression. The personal losses associated with pathological gambling can have a direct effect upon mood and pave the way for a clinical depression. By clinical depression, I refer to serious sleep disturbance, loss of energy, loss of interest, marked irritability, social withdrawal, and even a decreased capacity for mental concentration and memory.

Gamblers tend to manifest what has been called an "illusion of control." This takes on obsessive qualities, placing confidence in mystical and even superstitious beliefs. The person may lose all rational understanding of risk, believing that if they use certain numbers, such as their birth date or Social Security number, the odds will tilt in their favor. Lottery players, even those who are not addicted, often travel to towns or cities where persons have won in the belief that this was "no accident" and that there is something about that location that increases the player's chances. This thinking can become extreme in the emotionally distressed player.

Substance abuse is a well-documented manifestation of the gambling syndrome and may contribute to depression and suicide in two basic ways. First of all, alcohol and many drugs are

central nervous system depressants, adding to the problem in a physiological manner. Secondly, a depressed person thinking of suicide may overcome any remaining resistance by drinking (to "get up the nerve") and complete the act.

The link between gambling and crime has been portrayed in many news broadcasts, movies, and books. We should, however, make a distinction between the well-known association of gambling and organized crime, and the criminal behavior that can result when the otherwise law-abiding citizen develops a pathological pattern of gambling behavior. Rosenthal and Lorenz,⁷ writing in *Psychiatric Clinics of North America* in 1992, note that the majority of pathological gamblers commit offenses late in the disorder, and these offenses are strictly gambling related. Their crimes are nonviolent, chiefly property crimes, committed to cope with their gambling losses. These authors assert that one could reasonably expect that, if they bring the gambling behavior under control, they would again lead productive lives. Persons with antisocial personality disorder (14 percent in one study) differ in the pattern of their offenses and response to treatment is essentially less favorable.

This would be a good point to return to an examination of the idea that the pathological gambler is a sick person with a chemical brain imbalance and, therefore, may have a diminished responsibility for his or her illegal actions. It is not my intention to give support to this idea, mainly because I am not trained

in matters of the law. It is important to note, however, that the evidence suggests that persons with pathological gambling seem to have a biological vulnerability for this disorder. Pathological gambling is included in a cluster of disorders known as "impulse-control disorders," other examples of which are kleptomania (stealing), pyromania (fire setting), and trichotillomania (compulsive hair pulling). Alcohol and drug dependence are also examples of a lack of impulse-control. The co-occurrence of impulse-control disorders with alcoholism is most common in young people according to a study from Paris, France.⁸ I am not aware of anyone having looked at this issue in older persons.

Are the brains of pathological gamblers, in fact, different from those of others? The results of studies probing brain functioning in such individuals are very preliminary. However, there is some evidence that substance abuse problems, eating disorders, and related behaviors, such as pathological gambling, are closely associated with the brain chemical dopamine.⁹ Dopamine is a neurotransmitter that acts upon the receptors, or connections, between nerve endings of which there are millions throughout the nervous system and the body. Like rain, we can have too much or too little of it in critical areas.

The latest information about gambling behavior in youths is worrisome. Even children in their pre-teen years, worldwide, are showing signs of excessive interest in and practice of games of chance. Some authorities sug-

gest that the advent of video games has contributed to this tendency. These reports beg the question as to whether introducing gambling to youths will lead to a greater prevalence of these disorders in later life. Much of what I have read and observed suggests that the tendency to participate in games of chance is universal, and is expressed whenever the opportunity arises. To paraphrase a well-known saying, "build it (a casino in this case), and the people will come."

Why do they come to casinos, bingo halls, and other outlets to buy lottery tickets and other avenues to take a chance? A philosophical viewpoint worth considering is this: gaining mastery is a feature of most life forms and is necessary for survival. Humans and lower animals teach their young how and when to use their survival skills. Gambling may possibly be an extension of and at times a perversion of, a basic instinct for mastery and survival. Winning, even the hope of winning, can reduce feelings of vulnerability, fleeting as this relief may be.

Up to this time, we have had rather unimpressive results in the treatment of pathological gambling. People can recover, however, and should be referred for help whenever the need arises. As to the matter of the elderly, we know almost nothing about the role of aging in the causation and course of these disorders of impulse control. Until we know more, the elderly suffering from these disorders should be treated in the same manner as the nonelderly.

Once we understand these

things better, the success of our treatments should improve. Medications designed to alter brain function will likely be developed to complement the psychosocial therapies.

Endnotes

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