

# knowledge snapshot



## A review of prevention and treatment of problem gambling among older adults

### What this article is about

Gambling is a common social activity among older adults. However, it may develop into problem gambling for some people. The gambling industry promotes casinos as a safe place for social activities and offers incentives for going, such as free transportation and meals. Further, older adults may gamble because they have more free time, experience social isolation and loneliness, or have erroneous gambling beliefs. Little is known about prevention and treatment of problem gambling for older adults. Thus, this scoping review identifies studies that might inform prevention and treatment for older adults. It also identifies where gaps in knowledge exist.

### What was done?

The research team initially searched for studies focusing on older adults aged 55 and older. However, the initial search yielded only six studies. The search was expanded to include all adults aged 18 and older. Studies had to be written in English and published between 1994 and 2015. The research team first reviewed the titles and abstracts. Relevant studies were subjected to full-text review. This resulted in 247 studies that were included in the scoping review.

### What you need to know

#### ***Prevention of problem gambling***

There were 66 studies on prevention, with only four studies focusing on older adults. Another 15 studies included older adults among the participants.

There were 27 studies on education. Educating adults about the risk for problem gambling and erroneous beliefs could change gambling attitudes and beliefs. However, impact on gambling behaviours was mixed, with many studies reporting no impact.

### Why is this article important?

This article is a scoping review of studies on prevention and treatment of problem gambling among adults, with a focus on older adults. There were 247 studies published between 1994 and 2015. Most studies focused on treatment, with only a few studies on prevention. Studies specifically on older adults and women are severely lacking. This article also provides recommendations on prevention and treatment of problem gambling among older adults.

There were 25 studies on gambling venues and accessibility. Some studies showed that people gambled more when there were more gambling venues in the area and ATMs were placed near gambling venues. Little evidence was available for self-exclusion from online gambling. There were mixed findings on using pre-commitment to limit time or money spent. Some authors argued for controlled gambling instead of abstinence and allowing people to choose their own goals. Training casino staff could improve their ability to recognize and approach gamblers who show high-risk behaviour.

There were 19 studies on game features, but none specific to older adults. Warning messages had more impact if they encouraged players to reflect and evaluate their gambling behaviours. Dynamic pop-up messages had more impact than static messages. Reducing the number of EGMs and reducing the maximum bet levels of EGMs could be effective.

The research team recommends that prevention for older adults considers conditions related to aging and stage-of-life concerns (e.g., medical and mental health

problems, social isolation). Information should be on risk factors specific to older adults and be culturally appropriate. Education for family, primary care professionals, staff at senior residences, and staff at gambling venues is also important for prevention.

## **Treatment of problem gambling**

There were 188 studies on treatment, with only three studies focusing on older adults. Another 56 of studies included older adults among the participants. There were 46 studies focused on treatment for women, which explored a variety of treatment approaches.

There were 91 studies on psychosocial treatment. Cognitive and behavioural treatments (CBT) had considerable support, but more research is needed to understand how co-occurring disorders may affect treatment responses. Motivational interviewing (MI) and mindfulness-based approaches also had some support. Involvement of family in couple or family-based therapy could encourage participation and reduce the risk of relapse. The best known mutual aid is Gamblers Anonymous (GA). However, there were few evidence-based studies on GA.

There were 56 studies on pharmacological treatment. Studies showed promising results, but no definite evidence. Research is also needed to understand how co-occurring disorders may affect drug responses. It had been reported that problem gambling could be triggered in patients taking dopamine agonist therapy for Parkinson's disease.

The use of validated assessments to screen for problem gambling and evaluate treatment effects is important. Therapies need to consider age-related conditions and concerns. Therapies should also consider that older adults may not have the same gambling beliefs as younger adults. Overall, research on older adults has been much more focused on treatment than prevention.

## **Who is it intended for?**

This article is intended for gambling prevention and treatment providers and researchers. It could also be useful for geriatric and primary care service providers to understand problem gambling in older adults.

## **About the researchers**

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## **Gambling Research Exchange Ontario (GREO)**

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