CONDITION

Compulsive gambling

Learn how compulsive gambling can affect health, finances, and relationships, and how assessment, therapy, practical safeguards, and ongoing support can help.

WHAT IT IS
Addictive mental health condition causing harmful uncontrolled gambling

BODY SYSTEM
Mental health

MAIN SYMPTOMS
Gambling preoccupation, chasing losses, failed attempts to stop, concealment

WHAT CAUSES IT
No single cause

HOW IT IS DIAGNOSED
Clinical assessment against symptom criteria

MAIN TREATMENT
Psychological therapy and practical safeguards

CAN IT BE CURED?
Sometimes - gambling can stop with treatment

IS IT AN EMERGENCY?
Sometimes - suicidal intent or inability to remain safe

LONG-TERM OUTLOOK
Progress can be maintained, but urges and lapses may return

Overview

Compulsive gambling is a common term for gambling behavior that becomes difficult to control and causes significant harm. Health professionals usually call the condition gambling disorder . It can involve casino games, sports betting, lotteries, online gambling, or other activities in which money or something valuable is placed at risk.

A person with gambling disorder may keep gambling despite debt, relationship conflict, work problems, or emotional distress. They may repeatedly try to stop but find that urges, thoughts about gambling, or attempts to recover losses pull them back.

Gambling disorder is a recognized mental health condition, not a lack of willpower or a moral failing. It is classified with addictive disorders because gambling can affect the brain's reward and learning systems in ways that resemble substance addiction. Both the American

Psychiatric Association and the World Health Organization recognize it as a diagnosable disorder. [1,2]

The effects can extend beyond the person who gambles. Partners, children, friends, and coworkers may experience financial strain, loss of trust, or stress. Effective help may combine psychological treatment, practical limits on access to gambling, financial support, and care for related mental health concerns.

Symptoms

The main feature is persistent or repeated gambling that becomes hard to control and leads to meaningful distress or problems in daily life. Symptoms can develop gradually, and the amount of money involved does not by itself determine whether someone has a disorder.

Possible signs include:

Someone may have periods when gambling is under control, followed by a return of harmful behavior. Online and mobile gambling can make symptoms less visible because it is available privately and at almost any time.

Emotional symptoms may include shame, irritability, anxiety, low mood, poor sleep, or feeling trapped by debt. These symptoms deserve attention even if the person is not ready to discuss gambling in detail.

Thoughts of suicide or self-harm require immediate help. If you may act on these thoughts, have made a plan, or cannot stay safe, contact emergency services or a crisis line now. In the United States and its territories, call or text 988. In other countries, use the local emergency or crisis service. Do not stay alone while waiting for help if a safe person can remain with you.

- Thinking frequently about gambling or planning the next opportunity to gamble
- Needing to gamble with larger amounts to feel the same excitement
- Feeling restless or irritable when trying to reduce or stop
- Making repeated unsuccessful attempts to control gambling
- Gambling when feeling anxious, depressed, lonely, guilty, or stressed
- Returning after a loss to try to win the money back, known as chasing losses
- Hiding gambling activity or lying about how much time or money it involves
- Risking relationships, education, or employment because of gambling
- Relying on other people to cover serious financial problems caused by gambling

Causes and risk factors

There is no single cause of gambling disorder. It usually develops through a combination of personal vulnerability, life circumstances, and features of gambling products.

Gambling delivers rewards at unpredictable times. This pattern can strongly reinforce repeated behavior. Near wins, bonus offers, rapid betting, and the belief that a win is "due" may also encourage continued gambling. These features do not affect everyone in the same way.

Factors associated with greater risk include:

Gambling can appear during an episode of mania , a state involving unusually elevated or irritable mood, reduced need for sleep, rapid thoughts, and risky behavior. A clinician needs to distinguish gambling disorder from gambling that happens only during mania because the treatment approach may differ.

Some medicines that affect dopamine, including certain treatments used for Parkinson's disease, have been linked to new or increased gambling urges and other impulse-control behaviors. Anyone who notices this change should contact the prescriber promptly. Do not stop a prescribed medicine suddenly unless a clinician advises it.

Risk factors do not mean that a person will develop gambling disorder. People without obvious risk factors can also experience serious gambling-related harm.

- Easy or frequent access to gambling
- Starting gambling at a younger age
- A personal or family history of addiction
- Depression, anxiety, attention-deficit/hyperactivity disorder, or other mental health conditions
- Alcohol or drug problems
- Stress, loneliness, grief, trauma, unemployment, or financial pressure
- Impulsive behavior or difficulty tolerating uncertainty and distress
- Friends, relatives, or workplaces where gambling is common

Diagnosis

There is no blood test or brain scan that diagnoses gambling disorder. Assessment is based on a private discussion about gambling behavior, control, emotional effects, and harm.

Under the American Psychiatric Association's criteria, diagnosis generally involves at least four

of nine specific symptoms during a 12-month period, with clinically significant distress or impairment. The symptoms include preoccupation, increasing stakes, irritability when cutting down, unsuccessful attempts to stop, gambling during distress, chasing losses, concealment, harm to major life roles, and relying on others for financial rescue. The behavior must not be better explained by a manic episode. [1]

A clinician may ask about:

Brief questionnaires can help identify possible gambling problems, but they do not replace a full assessment. With permission, information from a partner or family member may help clarify the impact. Confidentiality should be explained, including any limits related to immediate safety.

People may seek help before meeting every diagnostic criterion. Significant debt, distress, secrecy, or relationship harm is enough reason to speak with a healthcare professional or gambling-treatment service.

- The types, frequency, and duration of gambling
- Money lost, debt, borrowing, and access to shared funds
- Attempts to reduce or stop
- Effects on work, education, housing, and relationships
- Alcohol, drugs, mood, anxiety, sleep, and physical health
- Thoughts of self-harm or suicide
- Medicines that might affect impulse control

Treatment and management

Treatment is matched to the person's goals, risks, and circumstances. Some people aim to stop gambling completely. For many with established gambling disorder, avoiding gambling is easier to maintain than trying to gamble in a controlled way. A clinician can help develop a realistic plan without judgment.

Psychological treatment is central. Cognitive behavioral therapy , or CBT, helps identify gambling triggers, challenge mistaken beliefs about odds and control, manage urges, and plan for high-risk situations. Motivational approaches can help someone explore mixed feelings about change and identify personal reasons for stopping. Current guidance also supports involving family members when this is wanted and safe. [3]

Practical safeguards can reduce the chance that an urge leads immediately to gambling.

Options may include:

Financial controls should be agreed upon rather than imposed whenever possible. Shared-money arrangements should also consider the safety and needs of partners and dependents.

Peer-support groups can reduce isolation and provide practical encouragement. They may be used alongside professional treatment rather than as a substitute when there is severe depression, suicide risk, or another condition needing clinical care. Partners and relatives may benefit from support even if the person who gambles is not yet seeking treatment.

Medication is not usually the first treatment for gambling disorder. Some specialist guidance allows consideration of naltrexone when psychological treatment has not been enough or repeated relapse continues. This requires medical assessment and monitoring, including review of liver health and opioid medicine use. [3] Medicines may also be used for separate conditions such as depression, bipolar disorder, or ADHD, but treating those conditions does not automatically resolve gambling behavior.

A lapse does not mean treatment has failed. It is a reason to restore safeguards quickly, review what triggered the episode, and adjust the plan.

- Registering with gambling self-exclusion programs
- Using device-blocking software and bank gambling blocks where available
- Closing gambling accounts and turning off marketing messages
- Avoiding venues, websites, or social situations linked to gambling
- Limiting access to cash, credit, and new loans
- Asking a trusted person to help manage money temporarily
- Seeking independent debt or financial advice

Complications

Gambling disorder can cause debt, loss of savings, housing insecurity, legal problems, and difficulty paying for food, medicines, or other essentials. It may damage trust and contribute to separation, family conflict, or neglect of responsibilities.

Health effects may include chronic stress, poor sleep, anxiety, depression, increased alcohol or drug use, and worsening of existing medical conditions. Work or education may be affected by distraction, absence, or lost time.

Suicide risk is an important concern, particularly when gambling harm is combined with debt,

shame, depression, substance use, or relationship breakdown. [3,4] Asking directly about suicidal thoughts does not create them and can help someone receive timely care.

Follow up

Routine follow-up helps maintain progress after gambling has stopped or decreased. Appointments may review urges, access to money, mood, substance use, relationships, debt, and how well practical safeguards are working. Some people benefit from longer-term therapy or peer support because urges can return during stress or after exposure to gambling advertising.

A recovery plan can identify personal warning signs, such as checking odds, hiding spending, borrowing money, or thinking that one win will solve financial problems. It should also list people and services to contact before gambling resumes.

Contact a healthcare professional or treatment service promptly if gambling is escalating, previous safeguards are being bypassed, essential bills cannot be paid, or depression and substance use are worsening. Prompt review is also appropriate if gambling urges begin suddenly after starting or changing a medicine.

Seek emergency help for suicidal intent, a suicide plan, recent self-harm, threats of violence, or an immediate inability to remain safe. A financial crisis without immediate danger still needs timely support, but it is usually addressed through routine healthcare, gambling-treatment, debt-advice, and social services rather than an emergency department.

Family members can support recovery without taking responsibility for curing the condition. They may protect shared finances, avoid lending money for gambling, encourage treatment, and seek their own confidential support.

Sources

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