Gender Differences in Treatment Seeking Gamblers with a Comorbid Eating Disorder

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INTRODUCTION

- Gambling and eating disorders co-occur more frequently than once assumed.
- There are commonalities across gambling disorder and eating disorders such as impulsivity, emotional dysregulation, and poor coping skills.
- Previous studies have identified distinct gender differences for each disorder.
- For example, gambling disorder affects men at a higher rate than women [1,2], and eating disorders are significantly more common in women [3,4].
- However, no studies have directly examined whether gender differences exist in comorbid gambling and eating disorder.
- **Study objective:** To explore gender differences in current gambling behaviours, gambling severity, gambling-related cognitive distortions, and psychiatric comorbidities in individuals with a gambling and eating disorder.

METHODOLOGY

Participants

- *N* = 342 adults seeking treatment for gambling problems were recruited at a large university hospital in São Paulo, Brazil.

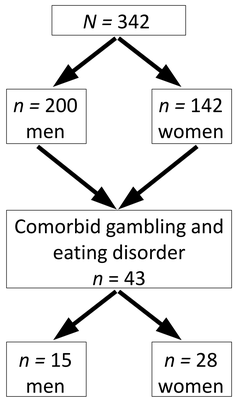

Figure 1: Gender distribution

- Mean age (final sample): 41.5 ± 9.4 years (men); 50.3 ± 12.1 years (women).

Measures

- Age of onset of gambling disorder
- Past gambling behaviours
  - Weekly number of hours spent gambling
  - Number of days spent gambling in the past month
  - Amount of money lost in the past month
- GSAS (Gambling Symptom Assessment Scale)
- GBQ (Gamblers' Beliefs Questionnaire)
- MINI (Mini-International Neuropsychiatric Interview)

Statistical Analyses

- t-tests and Mann-Whitney U tests were used to compare gambling variables
- A chi-square test of independence was used to compare the proportion of men and women with a psychiatric disorder.

RESULTS

Table 1: Gambling variables among men and women with a co-morbid gambling and eating disorder.

	Men (*n* = 15)		Women (*n* = 28)			
Gambling variables	*M*	*SD*	*M*	*SD*	Statistic	*p*
Age started regular betting (years)	27.8	12.7	35.1	13.0	*t* = -1.72	0.09
Weekly hours spent gambling	12.6	15.5	9.6	12.1	*U* = 182.00	0.71
Days gambled (past month)	11.6	10.3	12.2	10.9	*t* = -0.16	0.87
Dollars lost (past month)	2834.3	4946.4	2390.7	3986.0	*U* = 191.00	0.89

Note. t = t-test, U = Mann-Whitney U

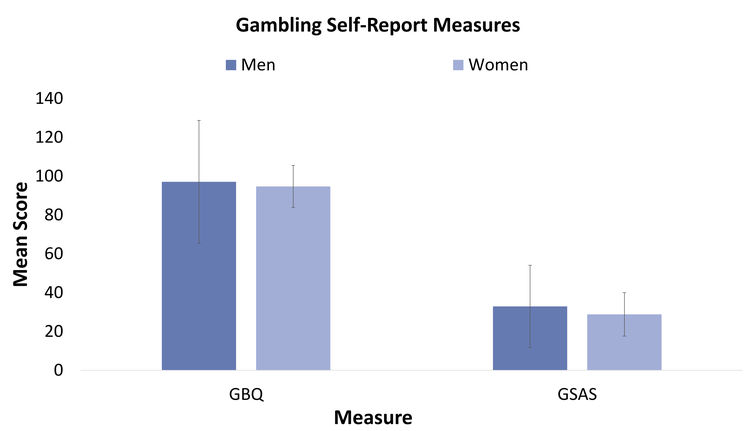

Figure 2: Differences in gambling self-report scores.

No gender differences emerged on any gambling variables, including age of onset, past month gambling behaviors, gambling problem severity, and cognitive distortions related to gambling, *ps* > 0.05.

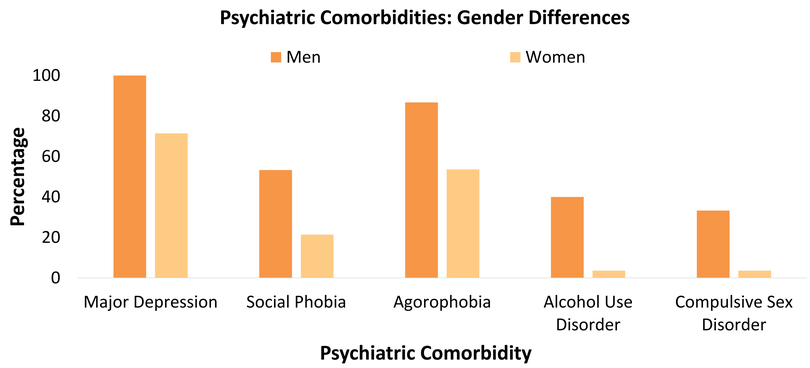

Figure 3: Differences in psychiatric comorbidities between men and women with a dual diagnosis of gambling and eating disorder(s).

To correct for multiple-comparisons, a backwards Wald binary logistic regression was conducted with psychiatric co-morbidities that were significant at the univariate level. The overall model fit was significant (χ^2 (2) = 15.158, *p* = .001), with an overall classification accuracy of 81.4%. Men were more likely to present with alcohol use disorder, Wald'sχ^2 (1) = 5.92, *p* = .015, *B* = 2.90, *SE* = 1.19, *OR* = 18.23, 95% CI = [1.76, 188.61] and compulsive sexual behavior, Wald'sχ^2 (1) = 4.59, *p* = .032, *B* = 2.62, *SE* = 1.22, *OR* = 13.71, 95% CI = [1.24, 150.64].

DISCUSSION

- Women were more likely than men to present with a comorbid eating disorder diagnosis.
  - This may be due to greater cultural and media emphasis on women's bodies, greater dissatisfaction with weight among women, and differences in body fat content and metabolic responses [5, 6, 7].
- Male gamblers with a comorbid eating disorder were more likely to present with an alcohol use disorder and compulsive sexual behaviour than women.
  - These differences may be due to similar etiological mechanisms such as higher levels of impulsivity – a trait typically more elevated in men [8,9].
- More than 8% of men also presented with an eating disorder, suggesting a non-trivial number of male gamblers are affected by eating disorders.

CONCLUSION AND FUTURE DIRECTIONS

- Although no gender differences in gambling variables were found, men were more likely to present with psychiatric comorbidity.
- Findings suggest that addressing gender-specific differences may aid in prevention, and the treatment of individuals with this dual diagnosis.
- Eating disorders are largely underreported and understudied in men. Thus, clinicians treating problem gambling may want to consider incorporating eating disorder screens [11] into their assessments.
- Transdiagnostic approaches that focus on shared features such as emotional dysregulation and impulsivity should be considered in treatment [10].

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