CORRESPONDENCE

Pathological Gambling: Prevalence, Diagnosis, Comorbidity, and Intervention in Germany

by Dr. med. Beate Erbas, Dipl.-Psych. Ursula G. Buchner in volume 10/2012

Medical Rehabilitation

Unfortunately the explanations regarding possible interventions for pathological gambling were all too brief. In addition to acute psychiatric/psychotherapeutic treatment, medical rehabilitation is in principle an option. Especially in patients with a long-term and chronic disease course, in a scenario of additional substance related disorders, in severe personality disorders, or in other psychological comorbidities, pathological gambling can be assumed to constitute a serious risk to people's ability to work. In such cases, rehabilitation treatment is required. The ability to undergo rehabilitation depends, among others, on the existing or achievable motivation to change and understanding of the affliction as an illness.

Of importance in this setting are the March 2001 recommendations from the German central associations of statutory health insurance funds and pension insurance funds for medical rehabilitation in pathological gambling (www.gluecksspielsucht.de/materialien/EMPFEH1D.pdf).

The recommendations distinguish between four groups:

- Pathological gamblers with additional substancerelated dependence disorder (group A),
- Pathological gamblers with characteristics of a personality disorder, especially of the narcissistic type (group B),
- Pathological gamblers with characteristics of a depressive-neurotic disorder or a personality disorder of the anxious/avoidant type (group C), and
- Pathological gamblers with additional psychiatric disorder (Group D).

Rehabilitation for pathological gamblers from groups A and B is provided mainly in institutions for dependence disorders that offer a specific treatment option for pathological gamblers. The rehabilitation of pathological gamblers from groups C and D is provided primarily by psychosomatic rehab institutions with services specifically for pathological gamblers. The duration of the rehab treatment depends on the individual institutional treatment concepts and is generally longer in the institutions for dependence disorders that in the psychosomatic rehabilitation institutions. Rehabilitation treatment can be given on an inpatient basis, on a day-care basis, on an outpatient basis, on a low-frequency basis (to fit in with the patient's work), or in a combination of the different forms. After inpatient or whole-day outpatient rehab treatment, aftercare can also be provided for 6 months in a recognized aftercare center.

DOI: 10.3238/arztebl.2012.0418a

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 Erbas B, Buchner UG: Pathological gambling—prevalence, diagnosis, comorbidity, and intervention in Germany. Dtsch Arztebl Int 2012; 109(10): 173–9.

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Conflict of interest statement The author declares that no conflict of interest exists.

In Reply:

We thank Köhler for his additions regarding the rehabilitation treatment of pathological gamblers, and we agree wholeheartedly with his suggestions. We are about to publish an article focusing on this subject in the near future.

In the context of a review article on pathological gambling, the aim is to include as many aspects as possible, from pathogenesis to epidemiology, screening measures, diagnostic evaluation, and comorbidity, to treatment services. Each of these topics therefore had to be dealt with in a brief paragraph.

One of our main objectives was to create awareness among doctors—an important prerequisite for patients being able to access treatment in the first place. We were therefore not able to expand on the issues raised to the extent that was suggested.

DOI: 10.3238/arztebl.2012.0418b

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Conflict of interest statement The author declares that no conflict of interest exists.