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.

Results

<table>
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<tr>
<th>Table 1: Gambling variables among men and women with a co-morbid gambling and eating disorder.</th>
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<tr>
<td>Age started regular betting (years)</td>
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<tr>
<td>Weekly hours spent gambling</td>
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<td>Days gambled (past month)</td>
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<td>Dollars lost (past month)</td>
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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].

REFERENCES