

Understanding the Gambling Brain

Jon E. Grant
University of Chicago

Disclosures

- **Research Grants from: Biohaven and Janssen Pharmaceuticals**

THE WEIRD WORLD OF

GAMBLING

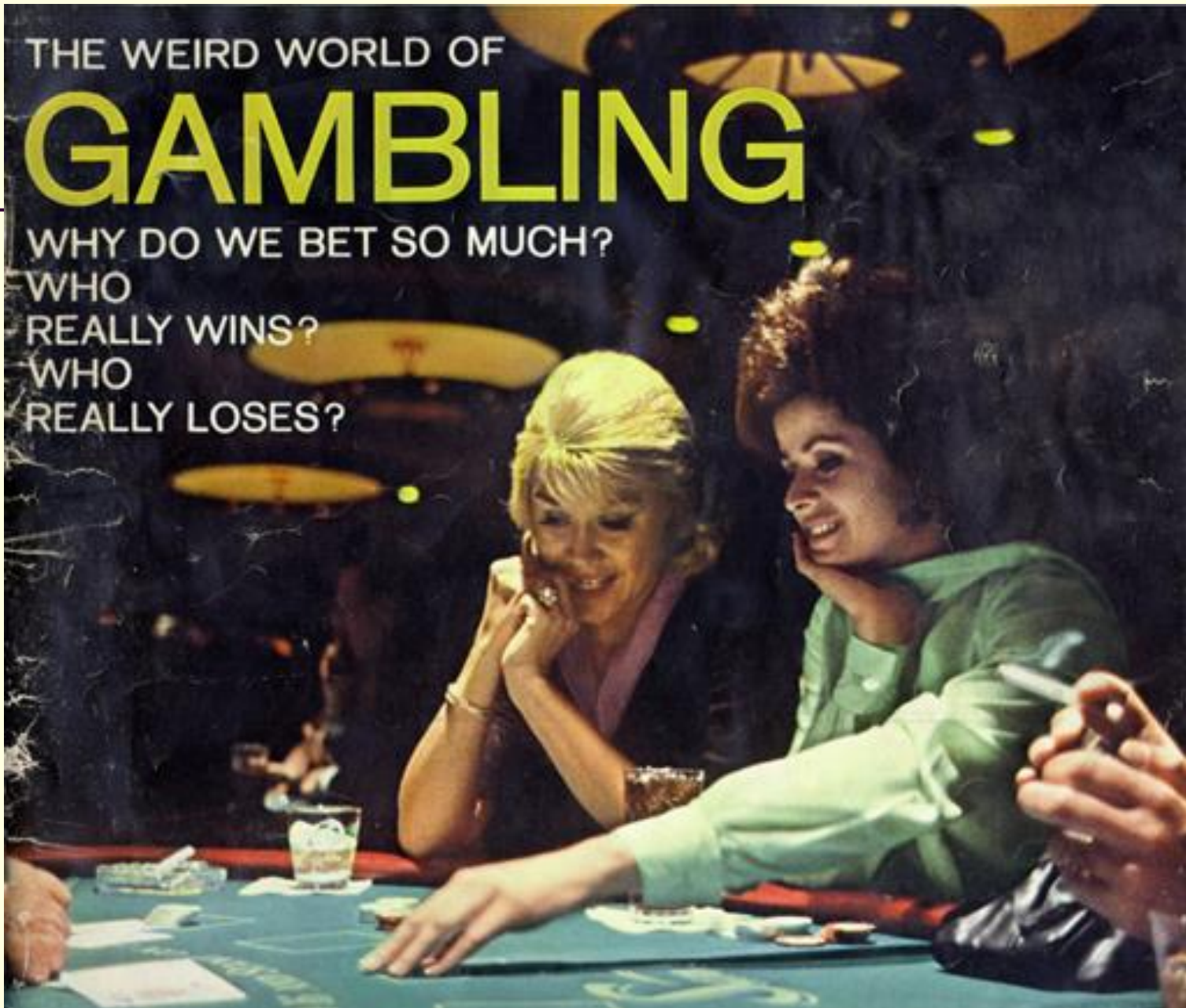
WHY DO WE BET SO MUCH?

WHO

REALLY WINS?

WHO

REALLY LOSES?



Source: *Look Magazine*, March, 1963

Gambling Disorder

Persistent and recurrent maladaptive gambling behavior:

Preoccupation

Tolerance

Inability to control

Withdrawal

Escape

Lying

Illegal acts

Impairment

Relying on others

Chasing losses



The Brain



Why should we care about the brain?

- Mental health practitioners have recognized the limitations of how psychopathology has been characterized over the past 40 years.
- Individuals with the same diagnosis may present with completely non-overlapping symptoms and respond differently to the same treatments.
- Neurobiology may allow us to identify characteristics that will aid in developing novel circuit-based treatments, predicting response, and determining long-term prognosis

Genetics

- Few individuals who gamble develop gambling disorder - this suggests some individuals may have increased susceptibility to developing gambling disorder.
- Gambling disorder susceptibility, gambling and gambling-related problems are distributed along a continuum, with gambling disorder at one extreme end of this spectrum.
- Twin and birth-cohort studies - may provide insight into genetic factors associated with gambling disorder and gambling disorder vulnerability

Genetics

- Twin studies - permit estimation of genetic and environmental contributions to a specific phenotype such as gambling disorder.
- Evidence from the Vietnam Twin Era Registry - suggests heritable factors explain about 35%–54% of the likelihood of developing gambling disorder
- Evidence from twin studies - indicates there exists significant genetic correlation between gambling disorder and SUDs (tobacco, cannabis, stimulants and alcohol), and depression, anxiety and OCD.

Molecular Genetics

- Genome-wide association studies (GWASs) may identify genetic variants that are significantly associated with specific phenotypes.
- Two GWASs of gambling disorder - neither study identified genomic regions reaching significance.

Neurocognition in Gambling

- Impulsivity - defined as a predisposition to rapid reactions to stimuli, either internal or external, often with limited previous forethought or regard for the impact of negative consequences.
- Specific neurocognitive tasks may be used to evaluate different domains of impulsivity.
 - Impulsive responses - assessed through go–no-go or stop-signal tasks.
 - Impulsive choices - evaluated through monetary tasks
 - Risk-reward decision-making evaluated through the Iowa Gambling Task.

Neurocognition in Gambling

- Compulsivity - defined as a tendency to perform repetitive overt or covert behaviors in a habitual manner that lead to functional impairment
- Compulsivity - 4 different cognitive domains:
 - Contingency-related cognitive flexibility (i.e., learning and unlearning behavior based on contingencies),
 - Set shifting (i.e., reorienting attention to different characteristics to achieve goals),
 - Attentional bias (i.e., attending to or avoiding relevant stimuli), and
 - Habit learning (i.e., repeating complex, familiar behaviors learned behaviors with limited forethought).

Brain Circuits

- Impulsive and compulsive acts segregate, but intercommunicate.
- Compulsive behaviors may be driven by the caudate nucleus and inhibited by the orbitofrontal cortex (OFC)
- Impulsive behaviors may be driven by the ventral striatum or nucleus accumbens and inhibited by the ventromedial prefrontal cortex

Brain Neurochemistry

- 4 main neurotransmitter systems contribute to the pathophysiology of gambling disorder:
- Serotonin with respect to impulse control
- Dopamine with respect to reward-related behaviors,
- Norepinephrine with respect to arousal and excitement, and
- Opioids with respect to motivations and urges.

Dopamine

- Dopamine is a catecholamine neurotransmitter derived from the amino acid tyrosine.
- Dopamine brain pathways - traditionally implicated in rewarding and reinforcing behaviors.
- Elevated levels of dopamine have been found in the CSF of individuals with gambling disorder
- D3 receptor levels correlate with impulsivity and problem-gambling severity in gambling disorder

Opioid System

- Challenge studies with oral amphetamine showed a blunted opioid response in those with gambling disorder.
- Clinical trials implicate opioids in gambling disorder pathophysiology
- Specific subgroups (e.g., individuals with gambling disorder and a family history of addictions or strong gambling urges) may be inclined to respond favorably to opioid receptor antagonists

Neuroimaging

- Reward sensitivity dysfunction - central to the pathophysiology of gambling disorder.
- Studies indicate - blunted activation of frontostriatal circuits involving the striatum and ventromedial prefrontal cortex during the reward anticipation and outcome phases.
- Gamblers may gamble to compensate for a general insensitivity to natural rewards such as food and sexual activity.

Neuroimaging

- Reward-learning dysfunctions may contribute to gambling disorder. Monetary task-based fMRI studies suggest increased activation of areas within a salience network (e.g., dorsal anterior cingulate cortex and the anterior insula).
- Salience network - implicated in the allocation of attention to salient events.
- Increased activation of the salience network could reflect recruitment of attentional resources to gambling-related cues in gambling disorder.

Neuroimaging

- Individuals with gambling disorder - diminished activation of the amygdala prior to ceasing loss-chasing behavior.
- Amygdala has been implicated in cost-benefit analyses with a goal to avoid losses
- Reduced activation of the amygdala - reflects impaired probabilistic learning (i.e., acquiring information that is based on the likelihood of prior events that have been paired with specific outcomes).

Brain: Convergence of gambling and gaming

- Since 1990s- interest in whether there might be a connection between video gaming and gambling.
- Two activities share much in common at structural level.
- Recent technological developments have led to some video games resembling, promoting, or intersecting with gambling products or facilitating continuous in-game purchasing to obtain random rewards.

Convergence of gambling and gaming

- Examples of this convergence-video games that realistically simulate gambling without money being directly involved (aside from being used to purchase virtual currency)...
 - social casino games;
 - video games that include options to acquire monetized items (e.g., skins) that enable unregulated gambling on external platforms;
 - presence of gambling within competitive gaming events

Convergence of gambling and gaming

- 54% of games on Facebook include gambling themes.
- 2018 review of 22 popular video games found that 5 retail games met the conventional criteria for gambling, including the option to cash out winnings.
- Is gaming a risk factor for gambling? A study of young adults reported 94% of gamblers played video games & 55% of video gamers gambled

Factors predicting who gambles after gaming

- Impulsivity
- Risk-taking propensity

COVID19 and Gambling

- 4% reported an overall gambling increase during the pandemic.
- Individuals reporting an increase - higher for online casinos, online horse betting, online lotteries, and lower for sports betting.
- Gambling increases -associated with increased alcohol use
- Stress increased in gamblers
- Treatment seeking did not increase



Treatment Implications





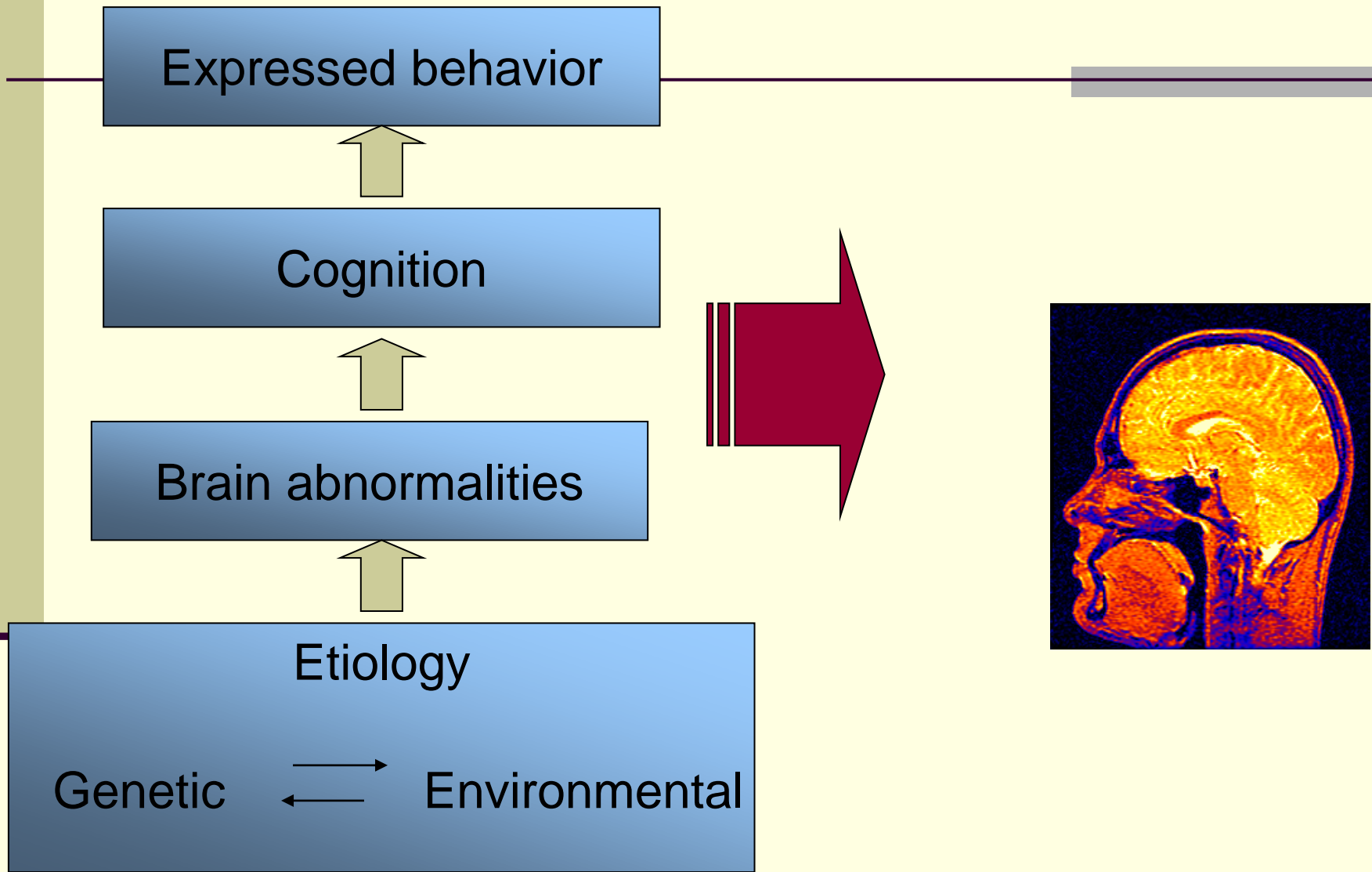
"Betcha I recover before you do."

Gamblers Anonymous

- 22.4% attended only 1 meeting,
- 15.5% attended only 2 meetings,
- 7.5% earned a 1-year abstinence pin.
- Those who stayed more likely to have initial realistic expectations of GA and a spouse in GamAnon.

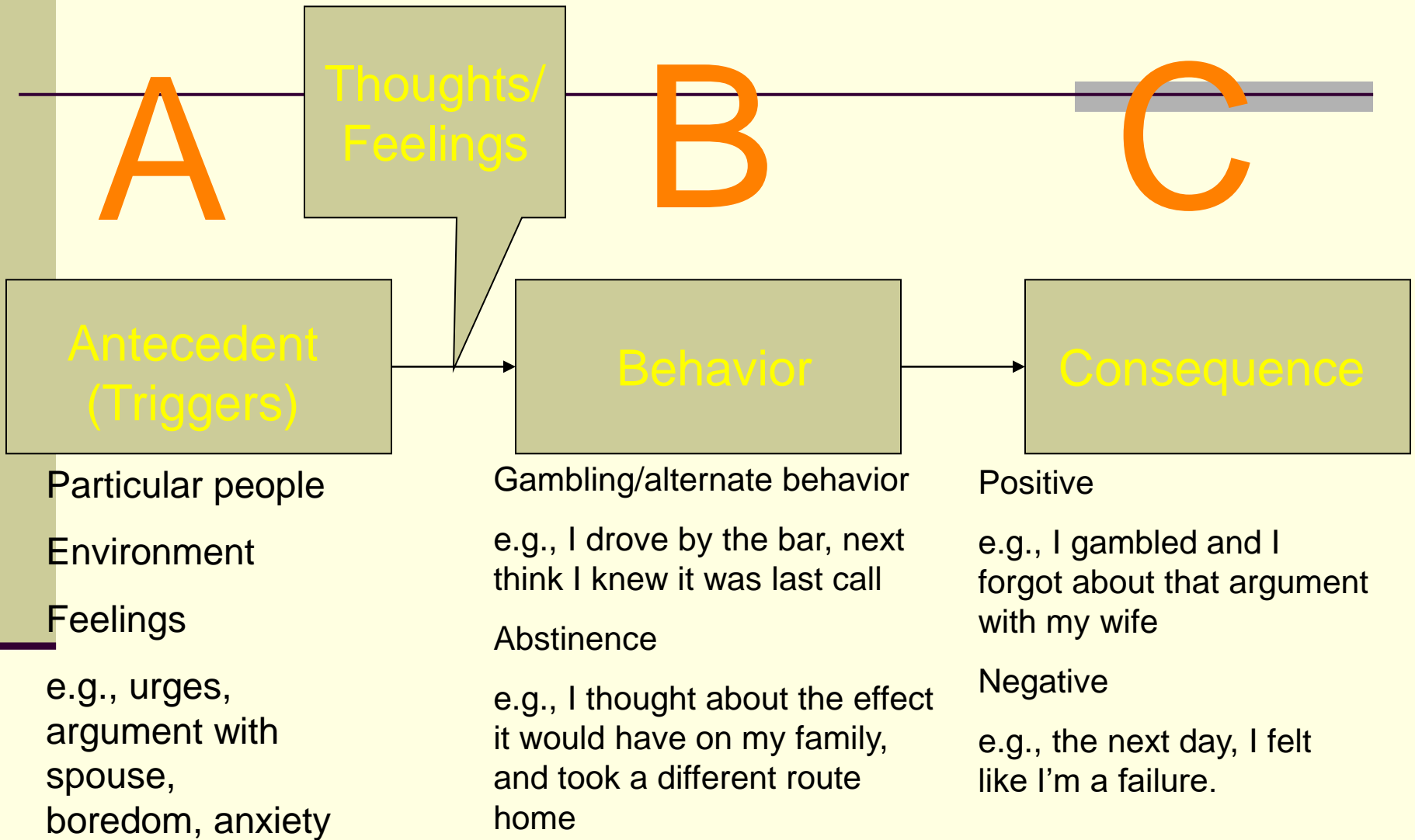


SIPRESS



Cognitive Behavioral Therapy

- Psychoeducation
- Increased awareness of irrational cognitions, and cognitive restructuring.
- Identification of gambling triggers and the development of non-gambling sources to compete with the reinforcers associated with gambling.



Imaginal Exposure

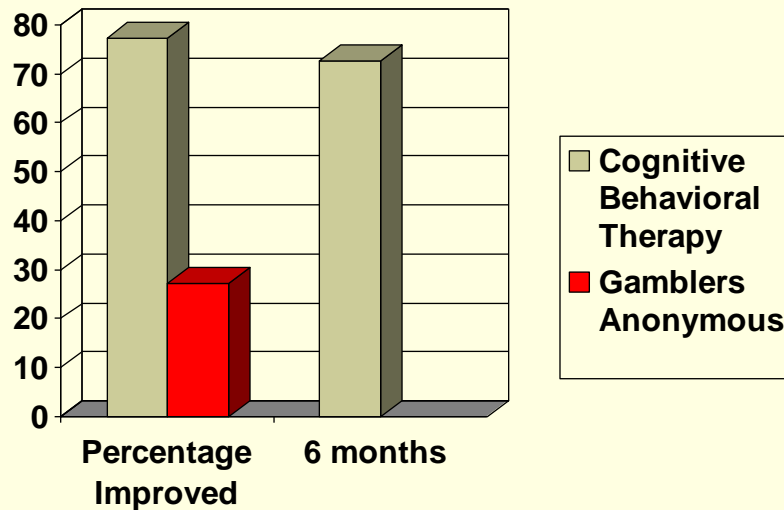
Client and Therapist develop an imaginal exposure script that includes all the relevant internal and external triggers that relate to gambling

Urges or cravings can be activated using exposure to triggering events via imaginal exposure exercises.

Imaginal Exposure

“It’s Friday and I have been looking forward to gambling all week. As I am thinking about gambling right now, my urge = 75. Work has been quite stressful and it will feel good to escape for a while and have some fun at the casino. I am bringing \$200 and I have to leave the casino when that is gone, maybe 2-3 hours. I hope the money can last a little while so I don’t have to leave so soon. I notice my heart flutter slightly, have butterflies in my stomach, and I can hardly wait to get there. I am hoping my favorite machine is available and the traffic on the way to the casino is not too bad.”

Motivational Interviewing Plus Imaginal Desensitization



Motivation to Quit Gambling

1) <u>Positive</u> aspects of impulsive behavior (what are the positive things behavioral addiction gives me?)	2) <u>Negative</u> aspects of quitting (what do I lose if I stop behavioral addiction?)
3) What are the <u>negative</u> consequences of behavioral addiction (current and future?)	4) What are the <u>advantages</u> of quitting behavioral addiction (what do I have to gain?)

Contingency Management

- Re-arranging the reinforcers in a person's environment
- Incentives or rewards to encourage specific behaviors
 - Vouchers, group acknowledgements, family prizes

Self-Directed Interventions

- Use CBT principles and apply them to workbooks or online programs
- Workbooks: self-assessment, goal setting, goal implementation, and goal maintenance
- Significant reductions in gambling frequency and severity
- Drop-out rates are higher than for professional face-to-face interventions

Groups

- Cognitive restructuring
- Coping skills/identification of high-risk situations.
- Imaginary exposure with response prevention.
- Financial limit setting and activity scheduling of leisure activities.
- Problem-solving training
- Relapse prevention

Online Interventions

- Online training: education activities (games, quizzes, trivia) related to gambling issues (cognitive distortions, myths, facts) designed to increase engagement and awareness
- Self-guided online CBT

Opioid Antagonists

- The mu-opioid system:
 - underlies urge regulation through the processing of reward, pleasure and pain, at least in part via modulation of dopamine neurons in mesolimbic pathway through GABA interneurons.

Naltrexone for Gambling Disorder

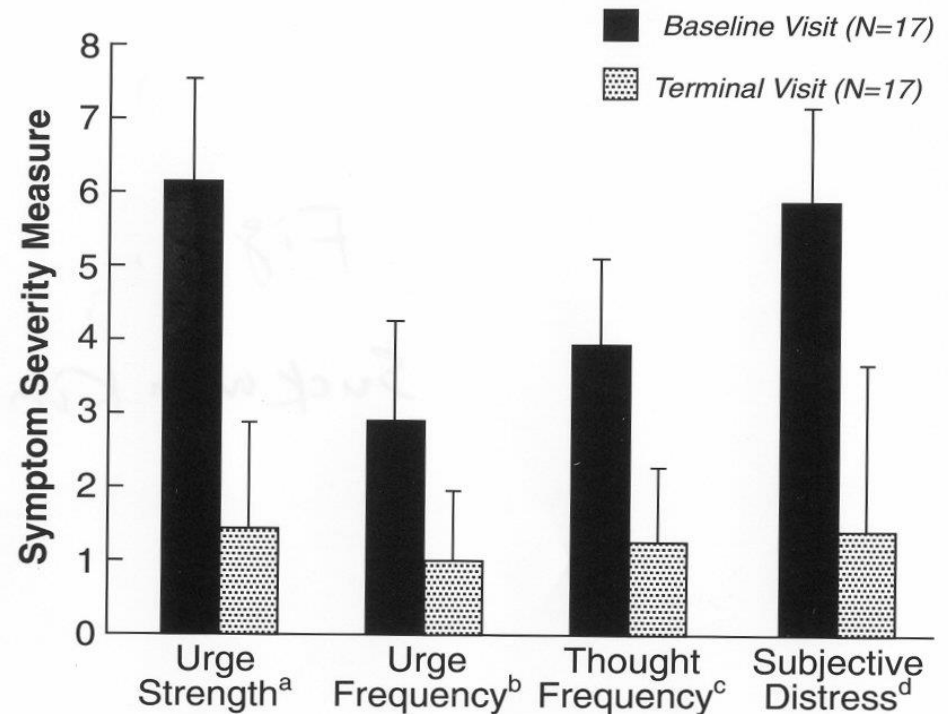
METHODS

- n=77 with GD
- Double-blind, placebo-controlled
- 11-weeks
- Dose titration: 25mg/d – 250mg/d

RESULTS

- Significant benefit in CGI-Improvement (both patient and clinician-rated) and Gambling Symptom Rating Scale

Figure 1. Baseline and Terminal Visit Gambling Symptom Ratings
(Carry Forward Paired t-test)



^a 0=None, 2=Mild, 4=Moderate, 6=Severe, 8=Extreme. Significantly different ($t=14.28$, $p<0.05$)*.

^b 0=None, 1=Once a day, 3=Three times a day, 5=Five times a day, 6=More than five times a day. Significantly different ($t=7.29$, $p<0.05$)*.

^c 0=None, 1=Once a day, 3=Three times a day, 5=Five times a day, 6=More than five times a day. Significantly different ($t=5.25$, $p<0.05$)*.

^d 0=None, 2=Mild, 4=Moderate, 6=Severe, 8=Extreme. Significantly different ($t=8.68$, $p<0.05$)*.

* Bonferroni corrected

N-acetylcysteine (NAC)

- Amino-acid and antioxidant
- Potentially modulates brain glutamate transmission
- Levels of glutamate within the nucleus accumbens mediate reward-seeking behavior
- Lacks significant side effects

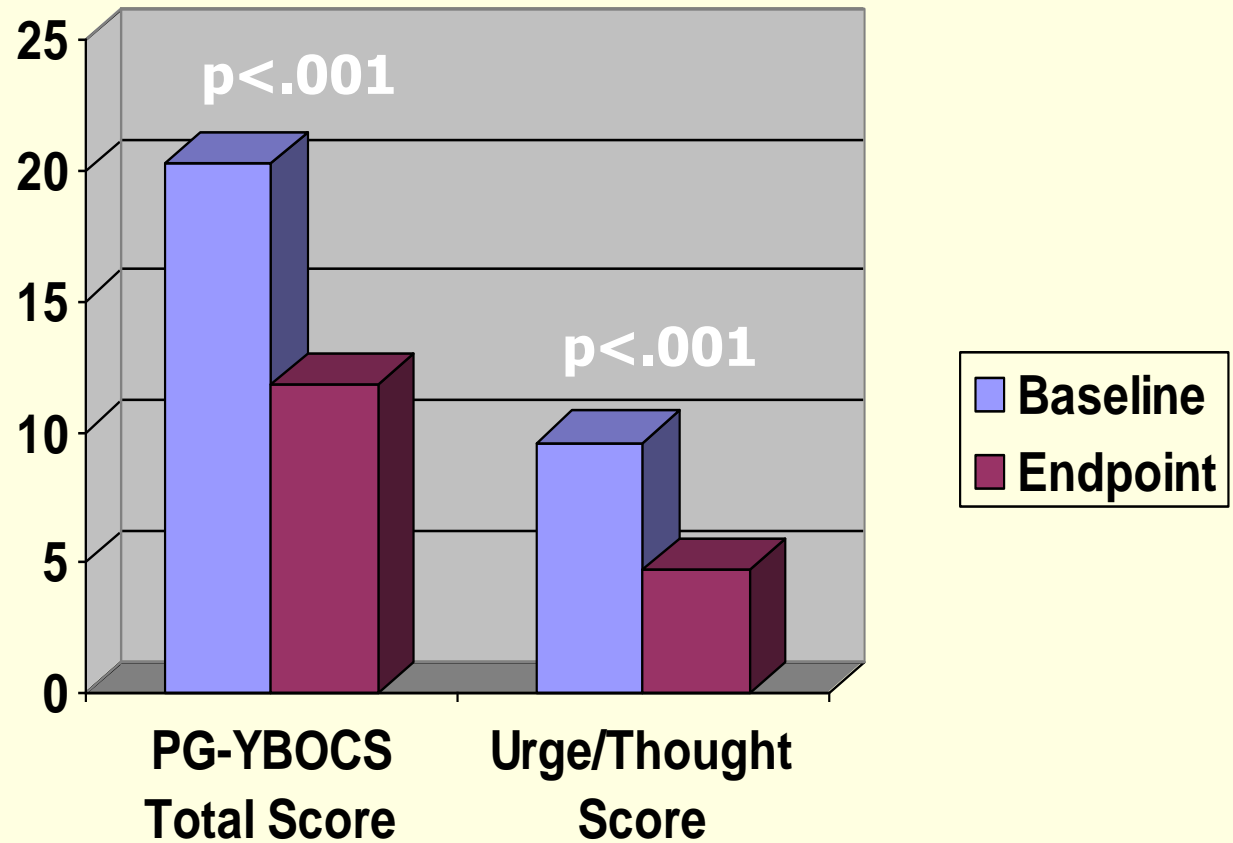
Open-Label study of NAC in Gambling Disorder

- n=27 subjects, mean age 50.8 years, 44.4% female
- Dose titration from 600mg/d-1800mg/d
- Required to have moderate cravings to gamble

Open-Label Study of NAC in GD

RESULTS

- YBOCS: Scores decreased 41.9% from baseline to endpoint



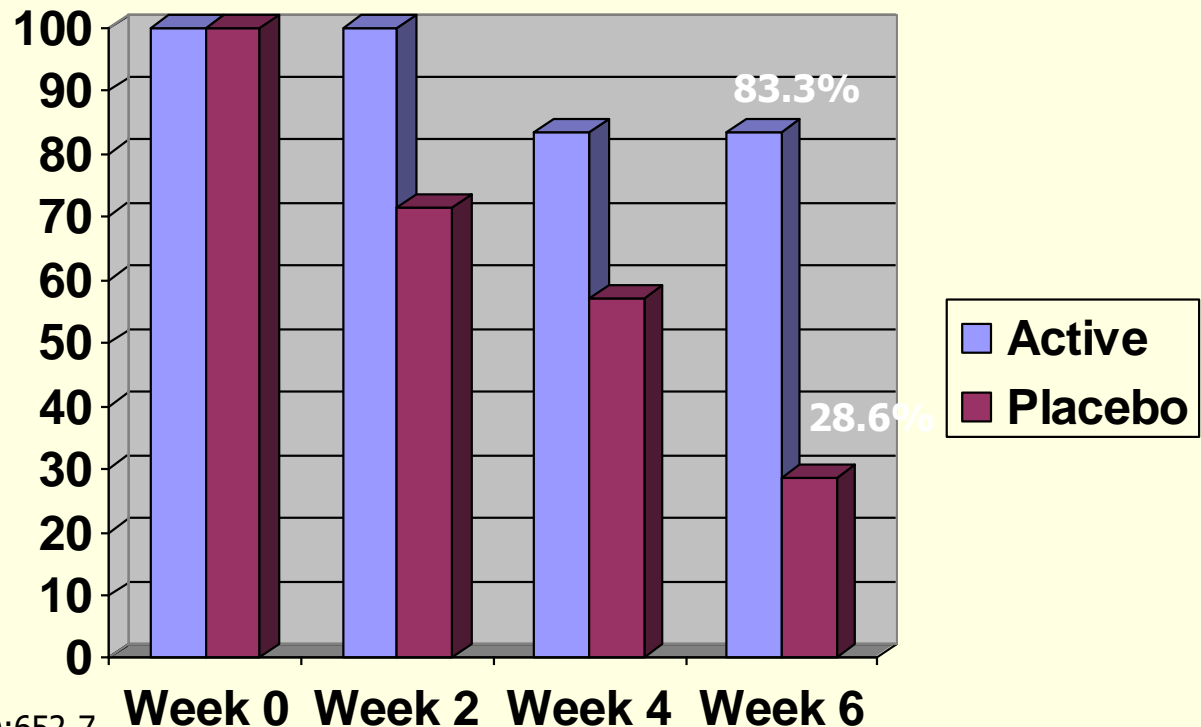
Open-Label Study of NAC in GD

Responders ($\geq 30\%$ decrease in PG-YBOCS and “Much” or “Very much” improved on CGI-I scale) randomized to NAC or placebo for 6-weeks

RESULTS

- N=16 (59.3%) met responder criteria
- Mean effective dose: 1476.9 (± 311.3) mg/d

Figure. Percentage of subjects meeting responder criteria each week of the double-blind discontinuation phase



Memantine

Memantine antagonizes NMDA (N-methyl D-aspartate) receptors, a type of glutamate receptors.

Impulsive decision-making may be dependent on neural regions within the prefrontal cortex that are under probable glutamatergic control.

Open-Label Study of Memantine in Gambling Disorder

RESULTS

- Cognitive flexibility improved from baseline to endpoint
- GD subjects were comparable to healthy controls at study endpoint

	Baseline v Endpoint		Baseline v Controls		Endpoint v Controls	
	T	P-value	T	P-value	T	P-value
IDE total errors	2.20	0.037	2.09	0.041	1.06	0.294

- Pharmacological modulation of the glutamate system may reduce gambling and may do so by improving neurocognitive function related to cognitive flexibility.

COMT Inhibitors: Open-Label Study of Tolcapone in Gambling Disorder

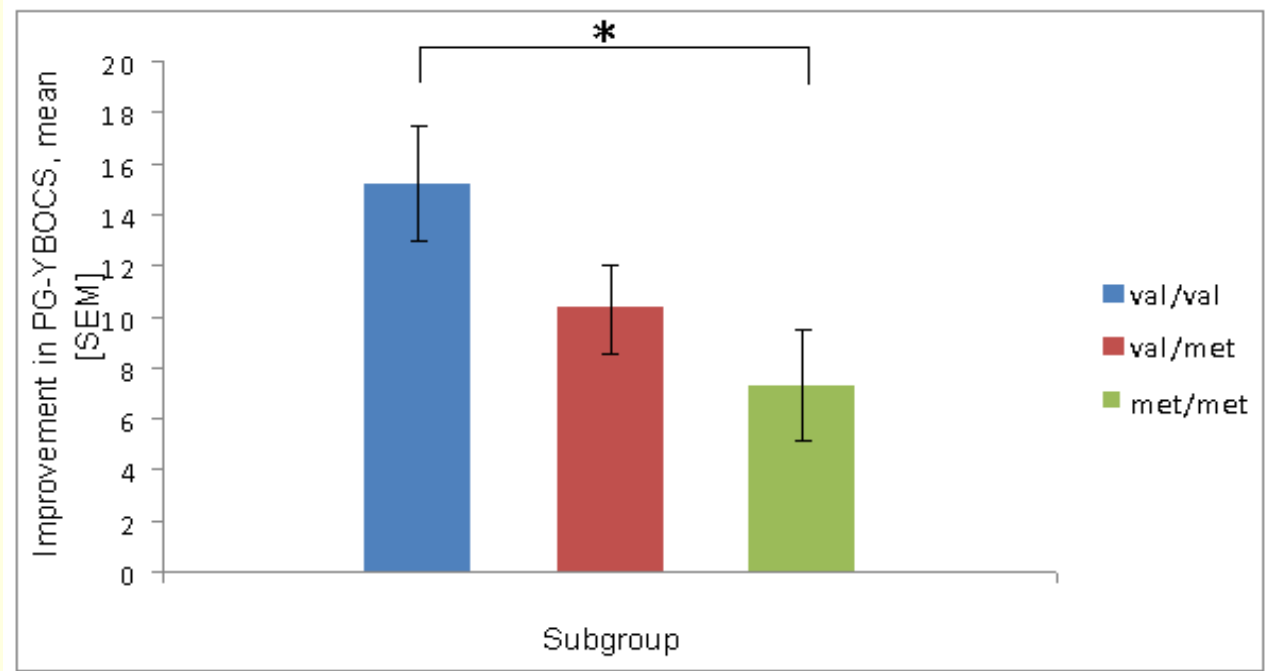
- Lower dopamine levels in the prefrontal cortex are thought to contribute to deficits in cognitive processing
- Suboptimal prefrontal cortex dopamine levels may mean that irrelevant sensory information is not filtered out of processing and cannot focus more on salient features of the environment

Open-Label Study of Tolcapone in Gambling: Genotyping

RESULTS

- **val/val** COMT polymorphism was associated with significantly greater improvement from tolcapone compared to **met/met**

Figure. Change in PG-YBOCS from baseline to end of treatment in different COMT Gambling Disorder subjects



Tolcapone and genotype appear to have interactive effects on dopamine-related executive functioning, with tolcapone enhancing Val-COMT subjects but either not improving or impairing Met-COMT subjects

What about other treatments?

- Psychedelics?
- Brain stimulation?
- New drugs or therapies on the horizon?

QUESTIONS?



jongrant@uchicago.edu