b. The substance (or a closely related substance) is taken to relieve or avoid withdrawal symptoms.

Specify if:

In early remission: After full criteria for other (or unknown) substance use disorder were previously met, none of the criteria for other (or unknown) substance use disorder have been met for at least 3 months but for less than 12 months (with the exception that Criterion A4, "Craving, or a strong desire or urge to use the substance," may be met).

In sustained remission: After full criteria for other (or unknown) substance use disorder were previously met, none of the criteria for other (or unknown) substance use disorder have been met at any time during a period of 12 months or longer (with the exception that Criterion A4, "Craving, or a strong desire or urge to use the substance," may be met).

Specify if:

In a controlled environment: This additional specifier is used if the individual is in an environment where access to the substance is restricted.

Code based on current severity/remission: If an other (or unknown) substance intoxication, other (or unknown) substance withdrawal, or other (or unknown) substance–induced mental disorder is present, do not use the codes below for other (or unknown) substance use disorder. Instead, the comorbid other (or unknown) substance use disorder is indicated in the 4th character of the other (or unknown) substance–induced disorder code (see the coding note for other [or unknown] substance intoxication, other [or unknown] substance withdrawal, or specific other [or unknown] substance–induced mental disorder). For example, if there is comorbid other (or unknown) substance–induced depressive disorder and other (or unknown) substance use disorder, only the other (or unknown) substance–induced depressive disorder code is given, with the 4th character indicating whether the comorbid other (or unknown) substance use disorder is mild, moderate, or severe: F19.14 for other (or unknown) substance use disorder with other (or unknown) substance–induced depressive disorder or F19.24 for a moderate or severe other (or unknown) substance use disorder with other (or unknown) substance–induced depressive disorder.

Specify current severity/remission:

F19.10 Mild: Presence of 2–3 symptoms.
F19.11 Mild, In early remission
F19.11 Mild, In sustained remission

F19.20 Moderate: Presence of 4–5 symptoms.
F19.21 Moderate, In early remission
F19.21 Moderate, In sustained remission

F19.20 Severe: Presence of 6 or more symptoms.
F19.21 Severe, In early remission
F19.21 Severe, In sustained remission

Specifiers

"In a controlled environment" applies as a further specifier of remission if the individual is both in remission and in a controlled environment (i.e., in early remission in a controlled environment or in sustained remission in a controlled environment). Examples of these environments are closely supervised and substance-free jails, therapeutic communities, and locked hospital units.

Diagnostic Features

The diagnostic class other (or unknown) substance–related disorders applies to substances that are not included within any of the nine substance classes presented earlier in this chapter (i.e., to alcohol; caffeine; cannabis; hallucinogens [phencyclidine and others]; inhalants; opioids; sedatives, hypnotics, or anxiolytics; stimulants; or tobacco). Such substances include anabolic steroids; nonsteroidal anti-inflammatory drugs; corticosteroids; antiparkinsonian medications; antihistamines; nitrous oxide; amyl-, butyl-, or isobutyl-nitrites; betel nut, which is chewed in many geographic regions to produce mild euphoria and a floating sensation; and kava (from a South Pacific pepper plant), which produces mild euphoria, sedation, incoordination, and weight loss, as well as health effects (e.g., mild hepatitis, lung abnormalities). Note that gaseous substances are included with the inhalant category only if they are hydrocarbon agents; other gaseous substances (including nitrous oxide mentioned above) are included in the other (or unknown) substance category. Unknown substance–related disorders are associated with unidentified substances, such as intoxications in which the individual cannot identify the ingested drug, or substance use disorders involving either new, black market drugs not yet identified or familiar drugs illegally sold under false names.

Note that substances included within the scope of one of the substance classes should be coded within that respective substance class and are inappropriate to include in the “other substance” category. For example, the following substances are explicitly included in specific substance classes and should not be included in the “other substance” category: synthetic cannabinoids are included in the cannabis category; propofol is included in the sedative, hypnotic, or anxiolytic category; and cathinones (including *khât* plant agents and synthetic chemical derivatives) are included in the stimulant category.

Other (or unknown) substance use disorder is a mental disorder in which repeated use of an other or unknown substance typically continues, despite the individual’s knowing that the substance is causing serious problems for the individual. Those problems are reflected in the diagnostic criteria. When the substance is known but does not fit within any of the other nine substance classes, it should be reflected when recording and coding the name of the disorder (e.g., “nitrous oxide use disorder,” using the applicable code for other [or unknown] substance use disorder).

Associated Features

A diagnosis of other (or unknown) substance use disorder is supported by any of the following: the individual’s reported use of a substance that is not among the nine classes listed in this chapter; recurring episodes of intoxication with negative results in standard drug screens, which may not detect new or rarely used substances; and the presence of symptoms characteristic of an unidentified substance that has newly appeared in the individual’s community.

Because of access to nitrous oxide (“laughing gas”), membership in certain populations may be associated with frequent use of the substance and possibly with a diagnosis of nitrous oxide use disorder. The role of this gas as an anesthetic agent leads to misuse by some medical and dental professionals, and its use as a propellant for commercial products (e.g., whipped cream dispensers) contributes to misuse by food service workers. Nitrous oxide misuse by adolescents and young adults is significant, and some individuals with very frequent use may present with serious medical complications and mental conditions, including myeloneuropathy, spinal cord subacute combined degeneration, peripheral neuropathy, and psychosis.

Use of amyl-, butyl-, and isobutyl (and similar) nitrite gases is prevalent among homosexual men and some adolescents, especially those with conduct disorder.

Substance use disorders generally are associated with elevated risks of suicide, but there is no evidence of unique risk factors for suicide with other (or unknown) substance use disorder.

Prevalence

Based on extremely limited data, the prevalence of most other (or unknown) substance use disorders is likely lower than that of use disorders involving the nine substance classes in this chapter. For certain gaseous substances, prevalence of use is not rare (lifetime prevalence in the U.S. household population for individuals age 12 and older is estimated at 4.6% for nitrous oxide and 2.5% for nitrites), but how often the patterns of use qualify for a use disorder is unknown.

Development and Course

No single pattern of development or course characterizes the pharmacologically varied other (or unknown) substance use disorders. Often unknown substance use disorders will be reclassified when the unknown substance eventually is identified.

Risk and Prognostic Factors

Risk and prognostic factors for other (or unknown) substance use disorders are thought to be similar to those for most substance use disorders and include the presence of any other substance use disorders, conduct disorder, or antisocial personality disorder in the individual or the individual's family; early onset of substance problems; easy availability of the substance in the individual's environment; childhood maltreatment or trauma; and evidence of limited early self-control and behavioral disinhibition.

Culture-Related Diagnostic Issues

Certain cultures may be associated with other (or unknown) substance use disorders involving specific indigenous substances within the cultural region, such as betel nut.

Diagnostic Markers

Urine, breath, or saliva tests may correctly identify a commonly used substance falsely sold as a novel product. However, routine clinical tests usually cannot identify truly unusual or new substances, which may require testing in specialized laboratories.

Differential Diagnosis

Use of other or unknown substances without meeting criteria for other (or unknown) substance use disorder. Use of unknown substances is not rare among adolescents, but most use does not meet the diagnostic standard of two or more criteria for other (or unknown) substance use disorder in a 12-month period.

Substance use disorders. Other (or unknown) substance use disorder may co-occur with various substance use disorders that involve any of the nine substance classes presented earlier in this chapter, and the symptoms of the disorders may be similar and overlapping. To disentangle symptom patterns, it is helpful to inquire about which symptoms persisted during periods when some of the substances were not being used.

Other (or unknown) substance intoxication, other (or unknown) substance withdrawal, and other (or unknown) substance–induced mental disorders. Other (or unknown) substance use disorder is differentiated from other (or unknown) substance intoxication, other (or unknown) substance withdrawal, and other-(or unknown) substance-induced mental disorders (e.g., corticosteroid-induced bipolar and related disorder) in that other (or unknown) substance use disorder describes a problematic pattern of use of the other (or unknown) substance that involves impaired control over the use of the substance, social impairment attributable to use of the substance, risky use of the substance (e.g., continued use despite medical complications), and pharmacological symptoms (the development of

tolerance or withdrawal), whereas other (or unknown) substance intoxication, other (or unknown) substance withdrawal, and other (or unknown) substance-induced mental disorders describe psychiatric syndromes that occur in the context of heavy use. Other (or unknown) substance intoxication, other (or unknown) substance withdrawal, and other (or unknown) substance–induced mental disorders may occur in individuals with other (or unknown) substance use disorder. In such cases, a diagnosis of other (or unknown) substance intoxication, other (or unknown) substance withdrawal, or other (or unknown) substance–induced mental disorder should be given in addition to a diagnosis of other (or unknown) substance use disorder, the presence of which is indicated in the diagnostic code.

Comorbidity

Substance use disorders, including other (or unknown) substance use disorder, are commonly comorbid with one another, with conduct disorder in adolescence, and with antisocial personality disorder.

Other (or Unknown) Substance Intoxication

Diagnostic Criteria

A. The development of a reversible substance-specific syndrome attributable to recent ingestion of (or exposure to) a substance that is not listed elsewhere or is unknown.
B. Clinically significant problematic behavioral or psychological changes that are attributable to the effect of the substance on the central nervous system (e.g., impaired motor coordination, psychomotor agitation or retardation, euphoria, anxiety, belligerence, mood lability, cognitive impairment, impaired judgment, social withdrawal) and develop during, or shortly after, use of the substance.
C. The signs or symptoms are not attributable to another medical condition and are not better explained by another mental disorder, including intoxication with another substance.

Specify if:

With perceptual disturbances: This specifier may be noted when hallucinations with intact reality testing or auditory, visual, or tactile illusions occur in the absence of a delirium.

Coding note: The ICD-10-CM code depends on whether there is a comorbid other (or unknown) substance use disorder involving the same substance and whether or not there are perceptual disturbances.

For other (or unknown) substance intoxication, without perceptual disturbances: If a mild other (or unknown) substance use disorder is comorbid, the ICD-10-CM code is **F19.120**, and if a moderate or severe other (or unknown) substance use disorder is comorbid, the ICD-10-CM code is **F19.220**. If there is no comorbid other (or unknown) substance use disorder, then the ICD-10-CM code is **F19.920**.

For other (or unknown) substance intoxication, with perceptual disturbances: If a mild other (or unknown) substance use disorder is comorbid, the ICD-10-CM code is **F19.122**, and if a moderate or severe other (or unknown) substance use disorder is comorbid, the ICD-10-CM code is **F19.222**. If there is no comorbid other (or unknown) substance use disorder, then the ICD-10-CM code is **F19.922**.

Note: For information on Risk and Prognostic Factors, Culture-Related Diagnostic Issues, and Diagnostic Markers, see the corresponding sections in Other (or Unknown) Substance Use Disorder.

Diagnostic Features

The essential feature of other (or unknown) substance intoxication is the presence of clinically significant behavioral or psychological changes that develop during, or immediately after, use of either a) a substance not included within one of the nine substance classes presented in this chapter (i.e., alcohol; caffeine; cannabis; phencyclidine and other hallucinogens; inhalants; opioids; sedatives, hypnotics, or anxiolytics; stimulants; or tobacco) or b) an unknown substance. If the substance is known, it should be reflected in the name of the disorder upon coding (e.g., "kava intoxication").

Application of the diagnostic criteria for other (or unknown) substance intoxication is very challenging. Criterion A requires development of a reversible "substance-specific syndrome," but if the substance is unknown, that syndrome usually will be unknown. To resolve this conflict, clinicians may ask the individual or obtain collateral history as to whether the individual has experienced a similar episode after using substances with the same "street" name or from the same source. Similarly, hospital emergency departments sometimes recognize over a few days numerous presentations of a severe, unfamiliar intoxication syndrome from a newly available, previously unknown substance. Because of the great variety of intoxicating substances, Criterion B can provide only broad examples of signs and symptoms from some intoxications, with no threshold for the number of symptoms required for a diagnosis; clinical judgment guides those decisions. Criterion C requires ruling out other medical conditions, mental disorders, or intoxications.

Prevalence

The prevalence of other (or unknown) substance intoxication is unknown.

Development and Course

Intoxications usually appear and then peak minutes to hours after use of the substance, but the onset and course vary with the substance and the route of administration. Generally, substances used by pulmonary inhalation and intravenous injection have the most rapid onset of action, whereas those ingested by mouth and requiring metabolism to an active product are much slower. (For example, after ingestion of certain mushrooms, the first signs of an eventually fatal intoxication may not appear for a few days.) Intoxication effects usually resolve within hours to a very few days. However, the body may completely eliminate an anesthetic gas such as nitrous oxide just minutes after use ends. At the other extreme, some "hit-and-run" intoxicating substances poison systems, leaving permanent impairments. For example, MPTP (1-methyl-4-phenyl-1,2,3,6-tetrahydropyridine), a contaminating by-product in the synthesis of a certain opioid, kills dopaminergic cells and induces permanent parkinsonism in individuals who had sought opioid intoxication.

Functional Consequences of Other (or Unknown) Substance Intoxication

Impairment from intoxication with any substance may have serious consequences, including dysfunction at work, social indiscretions, problems in interpersonal relationships, failure to fulfill role obligations, traffic accidents, fighting, high-risk behaviors (i.e., having unprotected sex), and substance or medication overdose. The pattern of consequences will vary with the particular substance.

Differential Diagnosis

Use of other or unknown substance, without meeting criteria for other (or unknown) substance intoxication. The individual used an other or unknown substance(s), but the dose was insufficient to produce symptoms that meet the diagnostic criteria required for the diagnosis.

Substance intoxication or other substance/medication-induced mental disorders. Familiar substances may be sold in the black market as novel products, and individuals may experience intoxication from those substances. History, toxicology screens, or chemical testing of the substance itself may help to identify it. Other substance intoxication is distinguished from other substance/medication-induced mental disorders (e.g., corticosteroid-induced anxiety disorder) because the symptoms (e.g., anxiety) in these latter disorders are in excess of those (if known) usually associated with the specific substance intoxication, predominate in the clinical presentation, and are severe enough to warrant clinical attention.

Other toxic, metabolic, traumatic, neoplastic, vascular, or infectious disorders that impair brain function and cognition. Numerous neurological and other medical conditions may produce rapid onset of signs and symptoms mimicking those of intoxications, including the examples in Criterion B. Paradoxically, drug withdrawals also must be ruled out; for example, lethargy may indicate withdrawal from one drug or intoxication with another substance.

Comorbidity

As with all substance-related disorders, conduct disorder in adolescence, antisocial personality disorder, and other substance use disorders tend to co-occur with other (or unknown) substance intoxication.

Other (or Unknown) Substance Withdrawal

Diagnostic Criteria

A. Cessation of (or reduction in) use of a substance that has been heavy and prolonged.
B. The development of a substance-specific syndrome shortly after the cessation of (or reduction in) substance use.
C. The substance-specific syndrome causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.
D. The symptoms are not attributable to another medical condition and are not better explained by another mental disorder, including withdrawal from another substance.
E. The substance involved cannot be classified under any of the other substance categories (alcohol; caffeine; cannabis; opioids; sedatives, hypnotics, or anxiolytics; stimulants; or tobacco) or is unknown.

Specify if:

With perceptual disturbances: This specifier may be noted when hallucinations with intact reality testing or auditory, visual, or tactile illusions occur in the absence of a delirium.

Coding note: The ICD-10-CM code depends on whether or not there is a comorbid other (or unknown) substance use disorder and whether or not there are perceptual disturbances.

For other (or unknown) substance withdrawal, without perceptual disturbances: If a mild other (or unknown) substance use disorder is comorbid, the ICD-10-CM code is **F19.130**, and if a moderate or severe other (or unknown) substance use disorder is comorbid, the ICD-10-CM code is **F19.230**. If there is no comorbid other (or unknown) substance use disorder (e.g., in a patient taking an other [or unknown] substance solely under appropriate medical supervision), then the ICD-10-CM code is **F19.930**.

For other (or unknown) substance withdrawal, with perceptual disturbances: If a mild other (or unknown) substance use disorder is comorbid, the ICD-10-CM code is

F19.132, and if a moderate or severe other (or unknown) substance use disorder is comorbid, the ICD-10-CM code is **F19.232**. If there is no comorbid other (or unknown) substance use disorder (e.g., in a patient taking an other [or unknown] substance solely under appropriate medical supervision), then the ICD-10-CM code is **F19.932**.

Note: For information on Risk and Prognostic Factors and Diagnostic Markers, see the corresponding sections in Other (or Unknown) Substance Use Disorder.

Diagnostic Features

Other (or unknown) substance withdrawal is a clinically significant syndrome that develops during or within a few hours to days after reducing or terminating dosing with a substance (Criteria A and B). Although recent dose reduction or termination usually is clear in the history, other diagnostic procedures are very challenging if the drug is unknown. Criterion B requires development of a "substance-specific syndrome" (i.e., the individual's signs and symptoms must correspond with the known withdrawal syndrome for the recently stopped drug)—a requirement that rarely can be met with an unknown substance. Consequently, clinical judgment must guide such decisions when this information is limited. Criterion D requires ruling out other medical conditions, mental disorders, or withdrawals from familiar substances. When the substance is known, it should be reflected in the name of the disorder upon coding (e.g., "betel nut withdrawal").

Prevalence

The prevalence of other (or unknown) substance withdrawal is unknown.

Development and Course

Withdrawal signs commonly appear some hours after use of the substance is terminated, but the onset and course vary greatly, depending on the dose typically used and the rate of elimination of the specific substance from the body. At peak severity, withdrawal symptoms from some substances involve only moderate levels of discomfort, whereas withdrawal from other substances may be fatal. Withdrawal-associated dysphoria often motivates relapse to substance use. Withdrawal symptoms slowly abate over days, weeks, or months, depending on the particular drug and doses to which the individual became tolerant.

Functional Consequences of Other (or Unknown) Substance Withdrawal

Withdrawal from any substance may have serious consequences, including physical signs and symptoms (e.g., malaise, vital sign changes, abdominal distress, headache), intense drug craving, anxiety, depression, agitation, psychotic symptoms, or cognitive impairments. These consequences may lead to problems such as dysfunction at work, problems in interpersonal relationships, failure to fulfill role obligations, traffic accidents, fighting, high-risk behavior (e.g., having unprotected sex), suicide attempts, and substance or medication overdose. The pattern of consequences will vary with the particular substance.

Differential Diagnosis

Dose reduction after extended dosing, but not meeting the criteria for other (or unknown) substance withdrawal. The individual used other (or unknown) substances, but the dose that was used was insufficient to produce symptoms that meet the criteria required for the withdrawal diagnosis.

Substance withdrawal or other substance/medication-induced mental disorders. Familiar substances may be sold in the black market as novel products, and individuals may experience withdrawal when discontinuing those substances. History, toxicology screens, or

chemical testing of the substance itself may help to identify it. Other substance withdrawal is distinguished from other substance/medication-induced mental disorders (e.g., venlafaxine-induced anxiety disorder, with onset during withdrawal) because the symptoms (e.g., anxiety) in these latter disorders are in excess of symptoms (if known) usually associated with the specific substance withdrawal, predominate in the clinical presentation, and are severe enough to warrant clinical attention.

Other toxic, metabolic, traumatic, neoplastic, vascular, or infectious disorders that impair brain function and cognition. Numerous neurological and other medical conditions may produce rapid onset of signs and symptoms mimicking those of withdrawals. Paradoxically, drug intoxications also must be ruled out; for example, lethargy may indicate withdrawal from one drug or intoxication with another substance.

Comorbidity

As with all substance-related disorders, conduct disorder in adolescence, antisocial personality disorder, and other substance use disorders are likely to co-occur with other (or unknown) substance withdrawal.

Other (or Unknown) Substance–Induced Mental Disorders

Because the category of other or unknown substances is inherently ill-defined, the extent and range of these substance-induced mental disorders are uncertain. Nevertheless, other (or unknown) substance–induced mental disorders are possible and are described in other chapters of the manual with disorders with which they share phenomenology (see the substance/medication-induced mental disorders in these chapters): other (or unknown) substance–induced psychotic disorder ("Schizophrenia Spectrum and Other Psychotic Disorders"); other (or unknown) substance–induced bipolar and related disorder ("Bipolar and Related Disorders"); other (or unknown) substance–induced depressive disorder ("Depressive Disorders"); other (or unknown) substance–induced anxiety disorders ("Anxiety Disorders"); other (or unknown) substance–induced obsessive-compulsive disorder ("Obsessive-Compulsive and Related Disorders"); other (or unknown) substance–induced sleep disorder ("Sleep-Wake Disorders"); other (or unknown) substance–induced sexual dysfunction ("Sexual Dysfunctions"); and other (or unknown) substance/medication–induced major or mild neurocognitive disorder ("Neurocognitive Disorders"). For other (or unknown) substance–induced intoxication delirium, other (or unknown) substance–induced withdrawal delirium, and delirium induced by other (or unknown) substance taken as prescribed, see the criteria and discussion of delirium in the chapter "Neurocognitive Disorders." These other (or unknown) substance–induced mental disorders are diagnosed instead of other (or unknown) substance intoxication or other (or unknown) substance withdrawal only when the symptoms are sufficiently severe to warrant independent clinical attention.

Unspecified Other (or Unknown) Substance–Related Disorder

F19.99

This category applies to presentations in which symptoms characteristic of an other (or unknown) substance–related disorder that cause clinically significant distress or impair-

ment in social, occupational, or other important areas of functioning predominate but do not meet the full criteria for any specific other (or unknown) substance–related disorder or any of the disorders in the substance-related disorders diagnostic class.

Non-Substance-Related Disorders

Gambling Disorder

Diagnostic Criteria F63.0

A. Persistent and recurrent problematic gambling behavior leading to clinically significant impairment or distress, as indicated by the individual exhibiting four (or more) of the following in a 12-month period:

1. Needs to gamble with increasing amounts of money in order to achieve the desired excitement.
2. Is restless or irritable when attempting to cut down or stop gambling.
3. Has made repeated unsuccessful efforts to control, cut back, or stop gambling.
4. Is often preoccupied with gambling (e.g., having persistent thoughts of reliving past gambling experiences, handicapping or planning the next venture, thinking of ways to get money with which to gamble).
5. Often gambles when feeling distressed (e.g., helpless, guilty, anxious, depressed).
6. After losing money gambling, often returns another day to get even (“chasing” one’s losses).
7. Lies to conceal the extent of involvement with gambling.
8. Has jeopardized or lost a significant relationship, job, or educational or career opportunity because of gambling.
9. Relies on others to provide money to relieve desperate financial situations caused by gambling.

B. The gambling behavior is not better explained by a manic episode.

Specify if:

Episodic: Meeting diagnostic criteria at more than one time point, with symptoms subsiding between periods of gambling disorder for at least several months.

Persistent: Experiencing continuous symptoms, to meet diagnostic criteria for multiple years.

Specify if:

In early remission: After full criteria for gambling disorder were previously met, none of the criteria for gambling disorder have been met for at least 3 months but for less than 12 months.

In sustained remission: After full criteria for gambling disorder were previously met, none of the criteria for gambling disorder have been met during a period of 12 months or longer.

Specify current severity:

Mild: 4–5 criteria met.

Moderate: 6–7 criteria met.

Severe: 8–9 criteria met.

Note: Although some behavioral conditions that do not involve ingestion of substances have similarities to substance-related disorders, only one disorder—gambling disorder—has sufficient data to be included in this section.

Specifiers

Severity is based on the number of diagnostic criteria that are met. Individuals with mild gambling disorder may exhibit only 4–5 of the criteria, with the criteria most frequently met usually related to preoccupation with gambling and "chasing" losses. Individuals with moderately severe gambling disorder exhibit more of the criteria (i.e., 6–7). Individuals with the most severe form will exhibit all or most of the nine criteria (i.e., 8–9). Jeopardizing relationships or career opportunities because of gambling and relying on others to provide money for gambling losses are typically the least often endorsed criteria and most often occur among those with more severe gambling disorder. Furthermore, individuals presenting for treatment of gambling disorder typically have moderate to severe forms of the disorder.

Diagnostic Features

Gambling involves risking something of value in the hopes of obtaining something of greater value. In many cultures, individuals gamble on games and events, and most do so without experiencing problems. However, some individuals develop substantial impairment related to their gambling behaviors. The essential feature of gambling disorder is persistent and recurrent maladaptive gambling behavior that disrupts personal, family, and/or vocational pursuits (Criterion A). Gambling disorder is defined as a cluster of four or more of the symptoms listed in Criterion A occurring at any time in the same 12-month period.

A pattern of "chasing one's losses" may develop, with an urgent need to continue gambling (often with placing larger bets or taking greater risks) to undo a loss or series of losses. The individual may abandon a gambling strategy and try to win back losses all at once. Although many gamblers may "chase" for short periods of time, it is the frequent, and often long-term, "chase" that is characteristic of gambling disorder (Criterion A6). Individuals may lie to family members, therapists, or others to conceal the extent of involvement with gambling; these instances of deceit may also include, but are not limited to, covering up illegal behaviors such as forgery, fraud, theft, or embezzlement to obtain money with which to gamble (Criterion A7). Individuals may also engage in "bailout" behavior, turning to family or others for help with a desperate financial situation that was caused by gambling (Criterion A9).

In some cases, symptoms meeting diagnostic criteria for gambling disorder may occur as a direct physiological consequence of taking dopaminergic medications, such as those used to treat Parkinson's disease. When such symptoms are induced by a medication, these cases would be diagnosed as gambling disorder.

Associated Features

Distortions in thinking (e.g., denial, superstitions, a sense of power and control over the outcome of chance events, overconfidence) may be present in individuals with gambling disorder. Many individuals with gambling disorder believe that money is both the cause of and the solution to their problems. Some individuals with gambling disorder are impulsive, competitive, energetic, restless, and easily bored; they may be overly concerned with the approval of others and may be generous to the point of extravagance when winning. Other individuals with gambling disorder are depressed and lonely, and they may gamble when feeling helpless, guilty, or depressed.

Prevalence

The past-year prevalence rate of gambling disorder is about 0.2%–0.3% in the general U.S. population, with a range of 0.1%–0.7% observed across international studies. In the gen-