eral U.S. population, the lifetime prevalence rate is about 0.4%–1.0%. For women, the lifetime prevalence rate of gambling disorder is about 0.2%, and for men it is about 0.6%. The 12-month prevalence of DSM-5 gambling disorder varies among ethnoracial groups in the United States: it is 0.52% in African Americans, 0.25% in Latinx, and 0.23% in non-Latinx Whites.

Development and Course

The onset of gambling disorder can occur during adolescence or young adulthood, but in other individuals it manifests during middle or even older adulthood. Generally, gambling disorder develops over the course of years, although the progression appears to be more rapid in women than in men. National data from the United States and Canada show that most individuals who develop a gambling disorder evidence a pattern of gambling that gradually increases in both frequency and amount of wagering. Certainly, milder forms can develop into more severe cases. Most individuals with gambling disorder report that one or two types of gambling are most problematic for them, although some individuals participate in many forms of gambling. Individuals are likely to engage in certain types of gambling (e.g., buying scratch tickets daily) more frequently than others (e.g., playing slot machines or blackjack at the casino weekly). Frequency of gambling can be related more to the type of gambling than to the severity of the overall gambling disorder. For example, purchasing a single scratch ticket each day may not be problematic, while less frequent casino, sports, or card gambling may be part of a gambling disorder. Similarly, amounts of money spent wagering are not in themselves indicative of gambling disorder. Some individuals can wager thousands of dollars per month and not have a problem with gambling, while others may wager much smaller amounts but experience substantial gambling-related difficulties.

Gambling patterns may be regular or episodic, and gambling disorder can be persistent or in remission. Gambling can increase during periods of stress or depression and during periods of substance use or abstinence. There may be periods of heavy gambling and severe problems, times of total abstinence, and periods of nonproblematic gambling. Gambling disorder is sometimes associated with spontaneous, long-term remissions. Nevertheless, some individuals underestimate their vulnerability to develop gambling disorder or to relapse following remission. When in a period of remission, they may incorrectly assume that they will have no problem regulating gambling and that they can engage in some forms of gambling nonproblematically, only to experience a relapse of gambling disorder.

Early expression of gambling disorder is more common among young men (ages 18–21 years) than among young women. Individuals who begin gambling in youth often do so with family members or friends. Development of early-life gambling disorder appears to be associated with impulsivity and substance abuse. Internet gambling has been linked to risky and problematic gambling among youth and may be conducted in a more isolative (i.e., nonpeer) fashion. Some video gaming characteristics (e.g., loot boxes or loot crates containing prizes determined by chance that may be of higher or lower value or desirability) overlap with gambling behavior and may influence the course of gambling disorder. Many high school and college students who develop gambling disorder grow out of the disorder over time, although it remains a lifelong problem for some. Mid- and later-life onset of gambling disorder is more common among women than among men.

There are age and gender variations in the type of gambling activities and the prevalence rates of gambling disorder. Gambling disorder in the United States is more common among younger and middle-age individuals than among older adults. Among U.S. young adults (ages 18–21 years), the disorder is more prevalent in young men than in young women. Younger individuals prefer different forms of gambling (e.g., sports betting), whereas older adults are more likely to develop problems with slot machine and bingo gambling. Although the proportions of individuals who seek treatment for gambling disorder are low across all age groups in the United States, younger individuals are especially unlikely to present for treatment.

Risk and Prognostic Factors

Temperamental. Gambling that begins in childhood or early adolescence is associated with increased rates of gambling disorder. Gambling disorder also appears to aggregate with antisocial personality disorder, depressive and bipolar disorders, and other substance use disorders, particularly alcohol use disorder.

Genetic and physiological. Gambling disorder can aggregate in families, and this effect appears to relate to both environmental and genetic factors. Gambling problems are more frequent in monozygotic than in dizygotic twins. Gambling disorder is also more prevalent among first-degree relatives of individuals with moderate to severe alcohol use disorder than among the general population.

Course modifiers. Many individuals, including adolescents and young adults, are likely to resolve their problems with gambling disorder over time, although a strong predictor of future gambling problems is previous gambling problems. Psychopathology, including attention-deficit/hyperactivity and anxiety disorders, has been found to be associated with increased risk of onset of gambling disorder among those who gamble and with persistence of gambling disorder symptoms over time.

Culture-Related Diagnostic Issues

Types of gambling activities vary across cultural contexts and ethnoracial groups (e.g., pai gow, cockfights, blackjack, horse racing). Some Indigenous populations in Canada, New Zealand, and the United States have high prevalence rates of gambling problems, possibly related to limited economic opportunities, the expectation that gambling may help advance social goals, and the location of casinos on some U.S. tribal lands. U.S.-born individuals have higher rates of gambling problems than first-generation immigrants to the United States. Endorsement of specific disorder criteria may vary across ethnoracial groups. For example, among individuals with gambling problems, Asian Americans may be less likely than other groups to endorse being preoccupied with gambling (Criterion A4), while African Americans and Latinx may be more likely to endorse repeated unsuccessful efforts to control gambling (Criterion A3).

Sex- and Gender-Related Diagnostic Issues

Men develop gambling disorder at higher rates than women, although this gender gap may be narrowing. Data from treatment-seeking populations have suggested that women may develop gambling problems more rapidly after the onset of gambling (so-called telescoping), although general population data suggest that men progress more rapidly to disordered gambling than women do. Although women seek treatment sooner than men do, rates of treatment seeking in U.S. national surveys are low (<10%) among individuals with gambling disorder regardless of gender.

Women may gamble as a maladaptive approach to negative affect, whereas men may gamble more for the thrill of it. Compared with men, women may also experience more shame related to gambling. Men tend to wager on different forms of gambling than women, with cards, sports, and horse race gambling more prevalent among men, and slot machine and bingo gambling more common among women. Women with gambling disorder are more likely than men with gambling disorder to have depressive, bipolar, and anxiety disorders.

Association With Suicidal Thoughts or Behavior

In a U.S. study, up to half of individuals in treatment for gambling disorder in Connecticut reported suicidal thoughts, and about 17% reported attempted suicide. A nationwide register study in Sweden showed that compared with individuals without gambling disorder, individuals ages 20–74 years with gambling disorder have a 15-fold increased suicide mortality rate.

Functional Consequences of Gambling Disorder

Areas of psychosocial, health, and mental health functioning may be adversely affected by gambling disorder. Specifically, individuals with gambling disorder may, because of their involvement with gambling, jeopardize or lose important relationships with family members or friends. Such problems may occur from repeatedly lying to others to cover up the extent of gambling or from requesting money that is used for gambling or to pay off gambling debts. Employment or educational activities may likewise be adversely impacted by gambling disorder; absenteeism or poor work or school performance can occur with gambling disorder, as individuals may gamble during work or school hours or be preoccupied with gambling or its adverse consequences when they should be working or studying. Individuals with gambling disorder in a U.S. national sample had poor general health and utilized medical services at high rates.

Differential Diagnosis

Nondisordered gambling. Gambling disorder must be distinguished from professional and social gambling. In professional gambling, risks are limited and discipline is central. Social gambling typically occurs with friends or colleagues and lasts for a limited period of time, with acceptable losses. Some persons can experience problems associated with gambling (e.g., short-term chasing behavior and loss of control) that do not meet the full criteria for gambling disorder.

Manic episode. Loss of judgment and excessive gambling may occur during a manic episode. An additional diagnosis of gambling disorder should be given only if the gambling behavior is not better explained by manic episodes (e.g., a history of maladaptive gambling behavior at times other than during a manic episode). Alternatively, an individual with gambling disorder may, during a period of gambling, exhibit behavior that resembles a manic episode, but once the individual is away from the gambling, these manic-like features dissipate.

Personality disorders. Problems with gambling may occur in individuals with antisocial personality disorder and other personality disorders. If the criteria are met for both disorders, both can be diagnosed.

Gambling symptoms due to dopaminergic medications. Some individuals taking dopaminergic medications (e.g., for Parkinson's disease) may experience urges to gamble that might be distressing or impairing enough to meet criteria for gambling disorder. In such cases, a diagnosis of gambling disorder would be warranted.

Comorbidity

Gambling disorder is associated with poor general health. In addition, some specific medical conditions, such as tachycardia and angina, are more common among individuals with gambling disorder than in the general population, even when other substance use disorders, including tobacco use disorder, are controlled for. In U.S. national surveys, individuals with gambling disorder have high rates of comorbidity with other mental disorders, such as substance use disorders, depressive disorders, anxiety disorders, and personality disorders. In some individuals, other mental disorders may precede gambling disorder and be either absent or present during the manifestation of gambling disorder. Gambling disorder may also occur prior to the onset of other mental disorders, especially bipolar and related disorders, anxiety disorders, and substance use disorders. In a U.S. national survey, in approximately three-quarters of cases of individuals with gambling disorder and another mental disorder, other psychopathology preceded the gambling disorder.