

Background

Previous research has reported the following among older adults:

- Increasing rates of gambling and problem gambling (Guillou-Landreat et al., 2019).
- **Retirement** has been related to increased problem gambling (Billi et al., 2014; Luce et al., 2016). Greater leisure time and social isolation following retirement may **motivate gambling** (Subramaniam et al., 2015).
- Gambling due to loneliness was linked to increased risk of problem gambling (Elton-Marshall et al., 2018).
- Social context is important to understand impact of life events on gambling (Reith & Dobbie, 2013).





Research Objective

This study examined the potential **moderating influence of social** networks on the relationship between recent retirement transitions and problem gambling severity among older adults (60+).

Method

Participant Sample

- Data were derived from the Leisure, Lifestyle, & Lifecycle Project (LLLP; el-Guebaly et al., 2015), accessed through the Gambling Research Exchange of Ontario (GREO).
- Data from participants aged 60+ years from wave 1 were used • (N = 229, age: M = 63.50, SD = 1.01, range = 62-65).

Measures

Demographic Characteristics:

• Self-report questionnaires assessed age, gender, education, annual household income and current employment status.

Outcome Measure:

• The nine-item **Problem Gambling Severity Index** (PGSI; Ferris & Wynne) measured past-year problem gambling. Responses were made a scale ranging from 0 (*never*) to 3 (*almost always*). The summed total score was used (M = .48, SD = 1.80, range = 0 - 23).

Predictor Variables:

- The Lubben Social Network Scale (LSNS; Lubben, 1988) evaluated the nature & quality of social networks. The total score was used (M = 31.48, SD = 6.15, range = 8 - 48).
- A single-item assessed **past-year transition to retirement** (*no* = 0, *yes* = 1)

Statistical Procedure

- **Moderation analysis** was completed using Haye's Process Macro v3.4 (Hayes, 2017). Age, gender, income, and employment status were entered as covariates. LSNS was grand-mean centered prior to analysis.
- Simple slopes to probe the moderation were evaluated at LSNS levels of -1 SD and +1 SD from the centered mean.

Social Networks Moderate Problem Gambling Severity **Following Recent Retirement Transitions**

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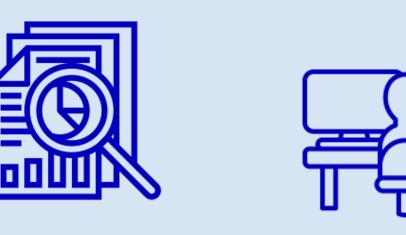
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Results

• $R^2 = .09, F(8, 220) = 2.67, p = .008$

Table 2 Regression: Gambling to Escape and Social Network Predicting PGSI

	b	SE	р	95% CI	
	D			Low	High
Age	.06	.12	.606	17	.29
Gender	.002	.25	.930	47	.51
Education	10	.06	.095	22	.02
Household income	09	.06	.151	22	.56
Employment status	.27	.15	.071	02	.56
Recent retirement	.07	.29	.017	.13	1.29
Social network	.001	.02	.951	04	04
Recent retirement* Social network	10	.04	.026	19	01

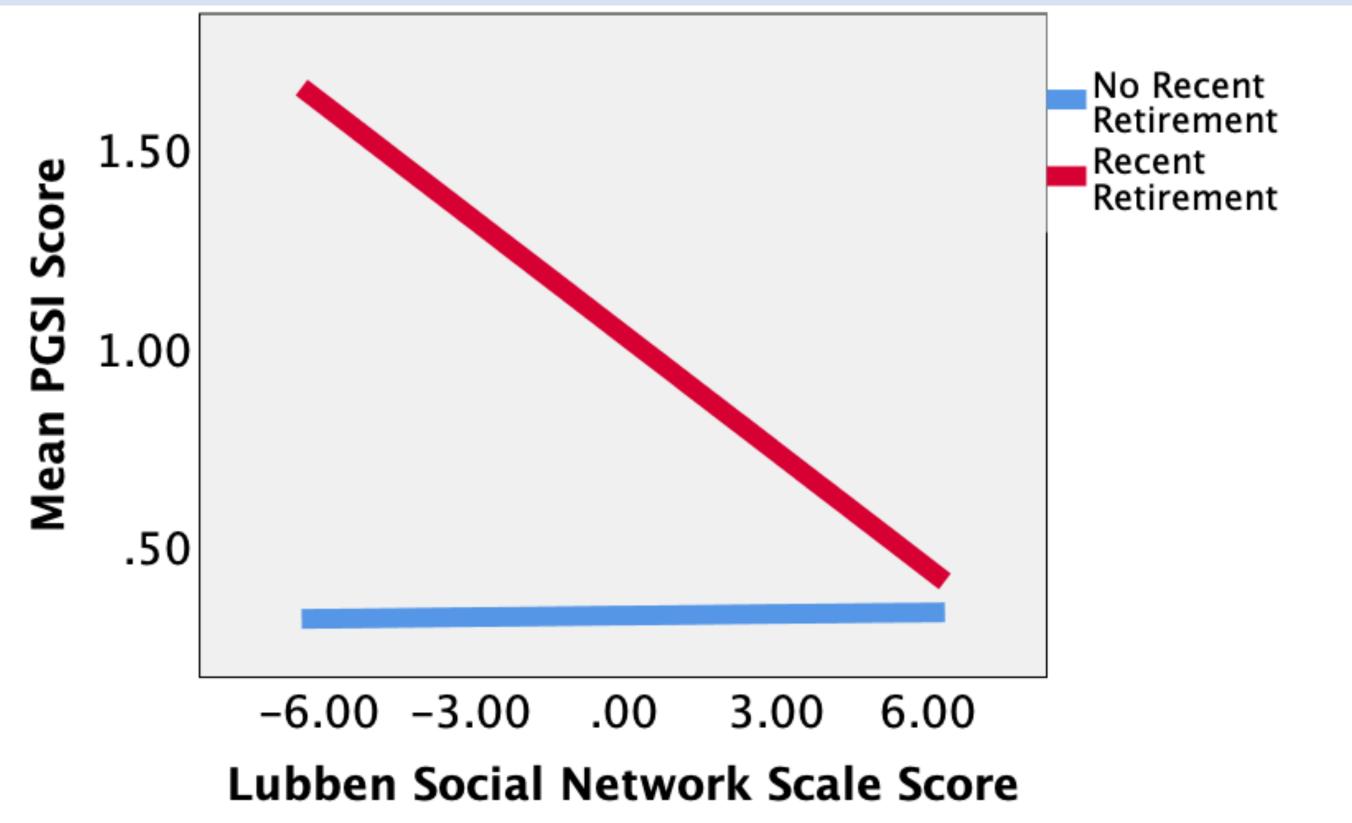




- -1 SD: b = 1.36, SE = .40, p = .001
- M: b = .71, SE = .29, p = .017
- +1 *SD*: *b* = .08, *SE* = .41, *p* = .851

Figure 1

Moderation of Relationship between Mean PGSI and Social Network by Recent Retirement



Note. LSNS scores were grand mean centered; thus, PGSI is graphed at levels of -1 SD (-6.15), M (0), +1 SD (6.15).





Summary:

- **moderated** by extent of social network.

Implications:

- 1999; Cohen-Mansfield et al., 2016).
- 2018).

Limitations & Future Directions: A **limitation** of this study is the cross-sectional design; future research should evaluate the temporal relationships between these variables. **Future research** should evaluate how to improve social connectedness in later-life, including during retirement transitions.

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Discussion

• The effect of recent retirement on mean PGSI score was **significantly**

• For those with lower- and mean-level social network scores, recent retirement significantly predicted greater mean PGSI score.

• Older adults with less integrated social networks are at risk of more gambling-related problems following retirement.

Older adults are likely to encounter age-related social losses for many reasons, including retirement transitions (Carstensen et al.,

 Problem gambling prevention efforts among older adults should include: (1) psychoeducation for aging adults about potential negative outcomes of gambling; and (2) education to primary care professionals about the risk of problem gambling in older adults, including vulnerabilities such as decreased social networks and retirement, so

that gambling problems may be identified and treated (Matheson et al.,





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