

Gambling in Canadian Primary Care: A Narrative Review

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Context

Primary care actors and more specifically family doctors are often the initial reference for people who suffer from the negative consequences of gambling. However, without an expertise in this area and an effective detection of people who would benefit from interventions, these potential partnerships remain under-exploited.

Objective

To explore the available scientific literature concerning gambling and primary care.

Method

A narrative review of the available literature was conducted:

Databases searched: Academic Search Complete, CINAHL Plus with Full Text, MEDLINE with Full Text, APA PsycInfo, Social Work Abstracts, SocINDEX

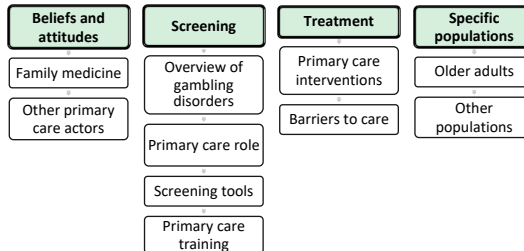
Key words used:

- **Gambling:** gambi*, betting, electronic gaming machines, lotto, casino, poker, bingo, blackjack lottery, slot machine
- **Primary care:** primary care, primary healthcare, primary health care practitioner, family medicine, family doctor, family practice

From the 789 articles retrieved, 305 duplicates were removed. Twenty-eight articles were retained as they addressed directly both gambling and the primary care context. While only two of the remaining studies concerned Canada specifically, a global picture of the subject was drawn from the complete body which offers useful insights on how Canadian primary care practices could improve regarding gambling issues.

Analysis

The literature was analyzed and organized in four themes determined inductively and which represent the main areas of interest for gambling in primary care. Sub-themes served to further classify the articles.



Results

Beliefs & attitudes

Family medicine: Family doctors outside of Canada recognize possible effects of gambling on their patients' health. They claim a role in the care of people who gamble but entertain doubts as to their knowledge and competency in this area (1, 2).

Other primary care actors: Social workers and nurses are documented in the literature as important actors who may also encounter gamblers in primary care (3, 4).

Screening

Overview of gambling disorders: Problems with gambling can present in a variety of ways in primary care including anxiety, depression, insomnia and family conflicts (5).

Primary care role: There is no consensus on the systematic screening of gambling disorders in Canadian primary care as of now and factors such as screening tool availability, at-risk group targeting, and primary care training are to be considered in defining the role of primary care in screening (6).

Screening tools: Brief tools with one or two items are more readily used in a primary care setting. One Canadian study proposes screening questions for the primary care context specifically tailored to an older population (6). The EIGHT tool is a brief screening tool for problem gambling which has been validated in various contexts and cultures for use by family doctors and the BPGS-2 is another two-item tool that can detect both problematic and at-risk gambling (7, 8)

Primary care training: A UK study demonstrated that receiving training on gambling can increase family doctors' awareness of screening for gambling problems (9).

Treatment

Primary care interventions: Several studies outside the scope of this review discuss effective treatment options for gambling disorders. However, only a few pilot studies have considered interventions specific to the primary care setting. Among them, an internet program has shown promising results (10).

Barriers to access: Fear of stigma and shame are important barriers to accessing care, notably in specific subgroups of Canada's population mentioned below (11).

Specific populations

Older adults: This population is particularly at risk of suffering from negative consequences of gambling and best practices for addressing this population in Canada have been described by a literature review (6).

Others: Specific situations such as homelessness and poverty are associated to an increased vulnerability to negative effects of gambling and have been explored specifically in a Canadian context (12).

Limitations

- o Lack of knowledge on the topic of gambling issues in Canadian primary care settings :
 - o The definition of different gambling disorders and what constitutes problematic gambling habits is not well defined in primary care, leading to various uses of terminology.
 - o There is no gold standard available for the evaluation of interventions or screening tools in Canadian primary care.
 - o Lack of studies: only two of the 28 studies included concerned the Canadian population directly.
- o A narrative review of literature is, by definition, not comprehensive.

Conclusion

More research on gambling in primary care is necessary. From the present review, two important remarks can be made:

- CONTINUING EDUCATION ON GAMBLING AND TRAINING FOR PRIMARY CARE ACTORS IS A PRIORITY.
- SCREENING TOOLS SHOULD BE FURTHER STUDIED AND SELECTED FOR THE PRIMARY CARE SETTING AND WHILE THEIR USE SHOULD BE CONSIDERED FOR THE GENERAL POPULATION, MORE VULNERABLE SUB-GROUPS WOULD BENEFIT FROM PARTICULAR CONSIDERATION IN THIS PROCESS.

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