

· 世界全科医学工作研究 ·

【编者按】中国全科医学杂志与澳大利亚 Monash 大学和 Melbourne 大学的全科医学专家和心理学专家在 2012 年伊始共同推出“全科医学中的心理健康病案研究”学术专栏，该专栏由澳大利亚的几位专家轮流撰写，以介绍社区常见的心理问题及其解决方法为主要内容，获得了读者的广泛好评。今年本刊将继续该学术专栏的登载，以推动我国社区心理学服务的能力建设，并带动社区心理学研究的深入。与此同时，由几位澳大利亚教授合作撰写的著作《全科医学中的精神病学》正在由中国全科医学杂志社与国内外专家合作进行翻译，期望不久在中国出版。希望通过本学术专栏和翻译名著等工作，让中国的全科医学在心理健康服务方面迈上新的台阶。在此衷心感谢担任本栏目翻译点评工作的本刊编委、澳大利亚 Monash 大学杨辉教授对中国全科医学发展给予的帮助和支持！

全科医学中的心理健康病案研究（二十三）

——病理性赌博障碍

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【关键词】 病理性赌博障碍；全科医学；心理健康

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案例简介：所谓赌博，是指在不能确定结果的场合中，采用金钱或有价值的其他物品作为赌注，其主要目的是赢得额外的金钱或物品的活动。在国际上，70%~85%的成年人报告说在前 12 个月内曾参与某种形式的赌博活动^[1]。问题赌博是指具有持续地赌博的冲动，不在乎有害的消极后果，也没有停止赌博的愿望。新近发布的《精神疾病诊断与统计手册第 5 版》把赌博障碍划归为行为性成瘾^[2]。

问题赌博通常与其他的心理健康障碍有关，如抑郁、焦虑和酒精滥用，因此在治疗问题赌博的同时，往往要同时治疗其他心理健康问题^[3]。

赌博在中国是非法的。在中国的社区和民间，赌博是一种困境，它存在于民间，因此会给居民带来不少问题。目前中国还没有关于问题赌博流行率的调查数据，不过香港的研究以及国际上对华人的研究结果认为华人的问题赌博率为 1%~2%^[4]。事实上，中国的问题赌博需要更多的发现、评估和管理。对赌博者的抑郁和焦虑的筛查工作是非常重要的^[5]。

1 病史

陈杰（化名）女士 64 岁，生活在澳大利亚，她的丈夫 4 年前去世了。她的女儿阿曼达是一位 38 岁的地产销售顾问。这一天，阿曼达带着陈女士来你的全科医学诊所看病，她说很担心她妈妈的健康状况。陈女士有 20 年的高血压病史，6 年

的糖尿病病史，10 年的慢性关节炎病史。两个星期前，陈女士变得坐立不安，心情烦躁，说“生活真没什么意思”。阿曼达告诉你，她妈妈更喜欢听医生的建议，“你帮帮我吧，让我妈妈恢复健康”。

2 进一步的病史

陈女士和女儿女婿生活在一起，还没有外孙子（女）。她每个星期有 3 d 去附近的 TAB（澳大利亚博彩公司，在街头设置投注站，内设各种赌博游戏，包括电子赌博机）玩电子赌博机，通常从上午玩到晚上。她声称自己的技术非常高超。陈女士每天还要买三张彩票。在“手气不好”的日子里，或者在不玩赌博游戏机或不买彩票的日子里，她会变得非常抑郁，会整天坐在家看电视。女儿和女婿曾试着鼓励她多参加其他的社区活动，不过陈女士不想去，只想玩赌博机或买彩票。阿曼达每个月给陈女士 1 000 澳元作为零花钱，而且陈女士自己还领政府救济金。不过陈女士把这些钱全花在赌博机和彩票上，而且还跟朋友借钱，或者找借口跟女儿要更多的钱。有一次，女儿拒绝给她额外的钱，陈女士就跟女婿要钱。女儿曾多次劝说陈女士不要再玩赌博机或买彩票，都没有成功。陈女士说：“我还能做什么？你们这么忙，没时间和我说话。你就让我享受这个唯一的人生乐趣吧”。陈女士经常说她会赢回来的，“我输了这么多次，运气不好，下回一定是我赢，我知道赌博机的诀窍，我有这个灵感”。阿曼达跟你说，玩电子赌博机是有些老年人消磨时光的活动，不过“我妈妈太过于痴迷了”。

陈女士目前吃几种药，治疗她的高血压、糖尿病和关节炎。不过在玩赌博机的那些天，她经常忘记吃药，忘记监测血糖。陈女士还抽烟，每天两盒；她也喝酒，每天晚上 3 杯葡萄酒。她主诉自己大多数时间感到头痛和疲劳，睡眠不好。她说关节很疼，“不过在玩赌博机的时候就不疼了，这是我的止痛药”。

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注：Grant Blashki, Fiona Judd 的作者简介见 2012 年第 1A 期，Leon Piterman 的作者简介见 2012 年第 2A 期，见中国全科医学杂志社官方网站 (<http://www.chinagp.net>)；文后附英文来稿原文

3 体检

精神状态检查发现,陈女士梳妆整洁,但看上去很烦躁不安,神情紧张。在看病过程中,观察到她经常擦汗(不是由于天气原因),面色潮红。当阿曼达跟你谈论她的赌博问题时,她显得很不好意思。她比较合作,语速较慢,有时间、地点和人物的定向能力。她的心境是悲伤的,情绪焦躁,注意力不集中。记忆力正常,没有思维障碍,也没有感知异常。她说不玩赌博机的时候感到很无助,不过她否认自己有自杀想法。生命体征检查:体温 30℃,血压 150/80 mm Hg (1 mm Hg = 0.133 kPa),脉搏 80 次/min。没有与酒精滥用或糖尿病相关的症状。

4 提问

- 4.1 初步的心理学诊断是什么?
- 4.2 必须考虑到哪些其他的诊断?
- 4.3 需要做哪些进一步的检查?
- 4.4 应该怎样给陈女士提供治疗?

5 解答

5.1 可能的心理学诊断 应该考虑病理性赌博障碍的诊断。病理性赌博障碍是一种严重的问题赌博。病人全身心专注于赌博活动(频率高,每次持续时间长);她曾多次尝试停止或戒掉,但都没有成功;她在不赌博的时候表现为坐立不安和急躁;她通过赌博来化解孤独和丧亲之痛;她返回是为了赢回输掉的钱;她在赌博机和彩票上过多地花钱;她欺骗女儿和女婿以便能够得到更多的赌资。

5.2 应该考虑的其他诊断 病理性赌博障碍要与其他精神病学问题(如躁狂或轻躁狂发作)进行鉴别诊断。病理性赌博障碍的病人在“狂赌”的情况下可能表现为躁狂发作,不过一旦离开赌博场所,类似躁狂的症状就会消失。躁狂的人可能采取非典型行为和冒险行为,如赌博。不过这类赌博者必须存在这种心境障碍的其他症状,而且只有在心境紊乱的情况下才会出现发作症状。

共病问题:陈女士有吸烟和饮酒问题。病理性赌博障碍的病人经常存在酒精滥用问题,而且赌博的人也经常是尼古丁依赖者。研究表明,吸烟会增加赌博问题和精神病学症状的严重程度。2008年澳大利亚的一项调查发现,问题赌博者比其他人群有高出20倍的患严重心理忧郁的可能性,有高出4倍的有害程度的饮酒问题,有将近2.5倍的患抑郁的可能性^[6]。

5.3 需要做的其他检查 你最应该做的是问题赌博障碍的筛查,这会有助于进一步的明确诊断,并确定是否需要治疗,以及何种方法最适宜这个病人。全科医生最重要和最可能做到的事情,是发现(即筛查)可能有问题赌博的病人。不过在现实中,无论是澳大利亚还是中国,全科医生都很少做问题赌博筛查^[7]。

确定病人是否存在病理性赌博障碍的金标准,是精神疾病诊断与统计手册第4版(DSM-IV)的诊断标准。不过要注意的是,DSM-IV标准并不能当做筛查工具来用。问题赌博的筛查工具有很多种,比如赌博者匿名二十题(GA20)、South Oaks 赌博筛查表(SOGS)。考虑到全科医生在提供医疗服务过程中的时间有限性,托马斯和他的同事推荐使用“单项筛查工具”。这个工具具有很好的心理测量学品质,而且经过了维多利亚州大规模抽样调查的检验。这个筛查工具只有一个最有价值的筛查提问:“你以前曾遇到过赌博的麻烦吗?”^[5,8]。

同时要注意的是,全科医生要对病人的躯体健康问题进行必要的检查和监测,特别是高血压和糖尿病相关的检查,包括全血检查、尿素和电解质检查、肝功能检查、血脂检查、血糖检查、糖化血红蛋白检查、心电图检查、尿液检查。

5.4 怎样治疗这样的病人 在大多数国家,赌博是一种备受指责的行为,赌博者在寻求帮助的时候会遇到较大障碍。特别是老年人在患有多种躯体疾病的情况下,问题赌博往往被掩盖掉或忽视掉,使得筛查和管理变得更加困难。应该给家庭成员和社区提供有关病理性赌博障碍的基本信息,让人们了解到病理性赌博障碍是一种心理障碍,需要管理和治疗。

针对病理性赌博障碍的大多数精神病学治疗措施,是由精神病学专家来提供的。不过,全科医生可以和专家们一起,通过“台阶式服务模型”来给病人提供服务^[9]。心理学专家和接受过心理学培训的全科医生都可以给病人提供心理学服务。

认知行为疗法(CBT)和动机谈话(MI)是最成熟的和经过科学研究评价的心理学方法,它适用于很多心理健康问题,也包括对问题赌博的心理治疗^[10]。这些治疗方法的提供者应该接受过培训并有足够的资质。

还应该考虑药理学治疗。抗抑郁药[选择性5-羟色胺再摄取抑制剂(SSRIs)]是最常用的治疗问题赌博者抑郁的药物。

全科医生应该持续地管理陈女士的躯体疾病。前面谈到的动机谈话不但可以针对赌博行为,也可以用于帮助病人针对高血压和糖尿病改变生活行为方式。

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• World General Practice/Family Medicine •

[Introduction of the Column] The Journal presents the Column of Case Studies of Mental Health in General Practice; with academic support from Australian experts in general practice, psychology and psychiatry from Monash University and the University of Melbourne. The Column's purpose is to respond to the increasing need for the development of mental health services in China. Through study and analysis of mental health cases, we hope to improve understanding of mental illnesses in Chinese primary health settings, and to build capacity amongst community health professionals in managing mental illnesses and psychological problems in general practice. A patient-centred whole-person approach in general practice is the best way to maintain and improve the physical and mental health of residents. Our hope is that these case studies will lead the new wave of general practice and mental health service development both in practice and research. A number of Australian experts from the disciplines of general practice, mental health and psychiatry will contribute to the Column. Professor Blashki, Professor Judd and Professor Piterman are authors of the text *General Practice Psychiatry*. The Journal cases are helping to prepare for the translation and publication of a Chinese version of the book in China. We believe Chinese mental health in primary health care will reach new heights under this international cooperation.

Case Studies of Mental Health in General Practice (23)

—Pathological Gambling Disorder

Shane Thomas, Hui Yang, Grant Blashki, Leon Piterman, Fiona Judd

[Key words] Pathological gambling disorder; General practice; Mental health

Introduction to the case: Gambling is the wagering of money or something of value on an event with an uncertain outcome with the intention of winning additional money and/or goods or services. Internationally, 70%–85% of adults report participated in some form of gambling activity in the previous 12 months^[1]. Problem gambling is an urge to continuously gamble despite harmful negative consequences. The fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-V), includes gambling disorder as a behavioural addiction^[2].

Problem gambling is frequently associated with other mental health disorders including depression, anxiety and alcohol abuse, so treatment for problem gambling often involves simultaneous treatment for other mental health disorders^[3].

Gambling in mainland China is illegal. Gambling in Chinese local communities is a dilemma because while it is part of the community it may create problems for citizens. There are no national studies of the prevalence of problem gambling in Mainland China. Hong Kong studies and studies of overseas Chinese however suggest that Chinese people may have problem gambling rates of between 1 to 2 per cent^[4]. In fact, problem gambling in China needs to be detected more often and assessed and managed. Screening for problem gambling amongst people with depression and anxiety is also important^[5].

1 History

Ms Chenjie is a 64 year old widow living in Australia whose husband died four years ago. Her daughter Amanda, a 38 year old real estate representative, has brought her to your general practice clinic because she is concerned with her mother's health. Ms Chenjie has history of hypertension (for 20 years), type II diabetes mellitus (for 6 years), and chronic arthritis (for 10 years). Two

weeks ago, she became restless and irritable and said to her daughter 'life is not worth living'. Amanda told you that her mother preferred to take the advice of other doctor, and she presents to the doctor asking, 'please help me to bring my mother back on track'.

2 Further history

Ms Chenjie lives with Amanda and her son-in-law. She has no grandchildren. She attends a local hotel (with TAB sign) three days a week and wagers money on the slot machines. Often she plays from mid-morning to late evening. She claims she can beat the game. Ms Chenjie also buys three lottery tickets each day. She becomes very depressed on 'unlucky days' and when she is not at the slot machines or the lottery booth. Other days, she sits and watches TV at home. Her daughter and son-in-law have tried to get her involved in other community activities but she resists. Amanda give her mother 1 000 A \$ a month for her pocket money, and Ms Chenjie herself also receives the pension. But Ms Chenjie spends all of the money on the slot machine and lottery and also borrows money from friends or asks for more money from her daughter. Ms Chenjie even turns to her son-in-law for money for dubious reasons when her daughter refuses. Amanda explains that she has tried several times to ask her mother stop gambling, but was unsuccessful 'What else can I do?' Chenjie explains, 'You both are too busy to talk with me. Let me enjoy the only joy of life'. Ms Chenjie always says she will win, 'I have lost many times which is just bad luck, and it must be my turn next time - I have my sixth sense.' Amanda agreed that game is sort of a 'killing time' activity for some older people, but is now concerned that her mother is excessively addicted.

Ms Chenjie takes several medicines for her physical conditions, however she often fails to take her medicines and monitor her blood glucose, especially on gaming days. She also smokes (two packs per day) and drinks alcohol (three glasses of wine every evening). She complains of headache and tiredness for most of the day, and has poor sleep. She says that the joint pain is serious but the slot machine is her 'pain-killer'.

3 Examination

On mental status examination, Ms Chenjie is well groomed but

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appears restless and nervousness, with sweating and facial flushing during the consultation. She looks embarrassed when Amanda talks with you about her gambling problem. She is cooperative, speaks slowly and is orientated in time place and person. Her mood is sad, and affect has an agitated distracted quality. Her memory is normal and she has no thought disorder or perceptual abnormalities. She said she feels hopeless at 'game free time', but denies any suicidal ideas. Her vital signs are temperature 37 °C, BP 150/80 mm Hg, pulse 80/min, and no current signs related to the alcohol use or diabetes.

4 Questions

- 4.1 What is the probability psychological diagnosis?
- 4.2 What other diagnoses should be considered?
- 4.3 What further investigations are required?
- 4.4 How should Ms Chenjie be treated?

5 Answers

5.1 What is the probability psychological diagnosis? Pathological gambling disorder should be considered - a severe form of problem gambling. She is preoccupied with the game (many days and long hours); she has experience of repeated unsuccessful efforts to cut back or stop playing; she is restless and irritable when she stops playing; she uses the game as way of escaping from loneliness and bereavement; she returns to the game to try to get even; she spends excessive money on the game and lottery; and she lies to daughter and son-in-law to get more money for gambling.

5.2 What other diagnoses should be considered? Other mental health problems, such as manic or hypomanic episodes need to be differentiated from the pathological gambling. Patients with pathological gambling may exhibit behaviour during a gambling binge that resembles a manic episode. However, once the individual is away from the gambling, these manic-like features dissipate. People with elevated mood can behave in uncharacteristic ways and take risks like gambling but this occurs along with other symptoms of the mood disorder - and is episodic behaviour which only occurs during an episode of mood disturbance.

Co-morbidity: Ms Chenjie has smoking and alcohol drinking problem. Alcohol abuse is often associated with pathological gambling disorder. And gamblers are often nicotine-dependent; smoking is associated with increased severity of gambling problems and psychiatric symptoms. A 2008 Australian study found people with a gambling problem were nearly 20 times more likely to display severe psychological distress, more than four times more likely to drink alcohol at harmful levels than people without a gambling problem and nearly 2.5 times more likely to be depressed^[6].

5.3 What further investigations are required? Screening tools can be used to identify potential cases of problem gambling, to provide a definitive diagnosis and to assess the therapeutic need. The most important role of general practitioners is to find (screen) people for problem gambling. However, many general practitioners are not screening for gambling problems in their patients, both in Australia and in China^[7].

The gold standard for determining whether a person has pathological gambling is the DSM-IV criteria however it is NOT a measurement (screening) tool. There are many screening tools available, for instance Gamblers Anonymous Twenty Questions (GA20) and South Oaks Gambling Screen (SOGS). In consideration of the limited time available of general practitioners, Thomas and his colleagues proposed the use of a 'One-item Screening Tool' that is found to have good psychometric qualities in a large representative Victorian survey, so the GP should simply ask patients, "Have you ever had an issue with your gambling?"^[5,8] as an appropriate screening question.

Further investigations that would be worthwhile in light of the

high blood pressure and diabetes would include FBE, U + E, LFT, TSH, Lipids, Glucose, HbA_{1c}, ECG and urine tests.

5.4 How should Ms Chenjie be treated? In most countries, gambling is heavily stigmatised. For instance, gambling in China is identified (officially and socially) as one of 'social tumours' together with prostitution and drug abuse. There are major barrier to help-seeking for gamblers, especially for older people who have complex comorbidities and physical problems, which may mask the underlying gambling problems. Family and community members should be provided information about pathological gambling disorder; the patient has a mental disorder and need help to manage and treatment.

The most treatment approaches for pathological gambling are provided by mental health services or specialists. However, general practitioners can work with specialist as shown in a collaborative model^[9]. Psychological approaches for problem gambling can be provided by both specialist or trained general practitioners.

Cognitive behavioural therapy (CBT) and Motivational interviewing (MI) are two of the most established and researched psychological therapies for a wide range of mental health problem, including problem gambling^[10]. The provider should be appropriate trained and qualified.

Pharmacological approaches should also be considered in the overall context of the patient presentation. In practice, antidepressants [selective serotonin reuptake inhibitors (SSRIs)] are the most frequent medicine used in the treatment of depression of problem gamblers.

General practitioners of course need to also manage Ms Chenjie's physical illnesses. Of note, the Motivational interviewing approach may well be useful not only for the gambling but to facilitate behaviour changes for better management of her hypertension, diabetes and lifestyle.

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