

EPV0076

Treatment challenges in co-occurring substance use and gambling disorder: A case reportE. Medved^{1*} and M. Delić¹¹University psychiatric clinic Ljubljana, Ljubljana, Slovenia

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Introduction: Gambling disorder was previously classified as an impulse control disorder in the DSM-IV, but with the introduction of DSM-5, it has been redefined as a behavioural addiction. This reclassification reflects a growing understanding of how gambling shares many characteristics with substance use disorders, including the compulsive nature of the behaviour, its neurological underpinnings, and the significant consequences it has on an individual's life. The shift from an impulse disorder to an addiction framework highlights the chronic, relapsing nature of the condition and underscores the need for more comprehensive treatment approaches. Gambling disorder is now recognized as one of the major public health issue due to its association with significant psychological, social, and financial harm. Furthermore, it frequently co-occurs with other psychiatric conditions, particularly mood disorders and substance use disorders, making treatment and recovery more complex. This dual diagnosis often results in overlapping symptoms that reinforce each other, complicating the course of treatment and decreasing the likelihood of sustained abstinence. Addressing the multifaceted nature of gambling disorder is critical to improving therapeutic outcomes, particularly in individuals with comorbid conditions.

Objectives: This case report aims to examine the challenges in maintaining abstinence in individuals with co-occurring substance use and gambling disorders, focusing on the role of impulsivity and motivational instability. It also seeks to explore effective treatment strategies to improve long-term recovery outcomes.

Methods: A case report approach was employed, following a 23-year-old male patient with a history of multiple psychiatric hospitalizations due to substance use and gambling disorders. The patient's treatment journey was analysed, with particular attention to his motivation, therapeutic engagement, and relapse patterns.

Results: The patient struggled with maintaining long-term abstinence due to impulsivity, frustration intolerance, and repeated relapses, exacerbated by non-compliance with treatment. Although initial motivation for recovery was present, it deteriorated over time, resulting in premature termination of treatment programs. Persistent gambling and substance use led to significant personal and financial consequences.

Conclusions: Effective treatment for co-occurring gambling and substance use disorders must prioritize enhancing frustration tolerance, impulse control, and stable motivation. Comprehensive therapeutic interventions, continuous support, and realistic goal-setting are crucial for improving abstinence and preventing relapse. Understanding the interconnectedness of gambling and substance use is key to tailoring effective treatments.

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EPV0080

The nightmare of scratch tickets: a case report on Gambling DisorderF. Jarmela de Pina¹, N. Monteiro^{1*}, I. Faria^{1,2}, F. Sola¹ and C. Silva^{1,2}¹Centro de Responsabilidade Integrada de Psiquiatria, Centro Hospitalar e Universitário de Coimbra and ²Faculdade de Medicina da Universidade de Coimbra, Coimbra, Portugal

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Introduction: Gambling disorder (GD) can be defined as the maintenance of gambling behavior despite its negative impact both on the health, social, work and financial aspects of one's life, with growing importance over other interests, loss of control over this behavior and an intense need of maintaining it. In the last decades, the prevalence of GD has been increasing, while it remains an underdiagnosed and undertreated disorder. Regarding scratch tickets (ST), Portugal is the European country with the biggest per capita spending, more than doubling the European average, with 150€ spent annually.

Objectives: We report the case of a woman with GD and aim to briefly discuss the most recent evidence on this subject.

Methods: Description of clinical case and brief review of the literature on the subject.

Results: G. is a caucasian 66-year-old woman without past psychiatric history. Her first contact with ST happened in 2016, when she started working at a kiosk and spent around 1€/day. In 2017, after going through a divorce, her gambling habits worsened, spending around 70€/day. She spent most of her income on gambling and started developing depressive symptoms. By the end of 2020, she is put in a medical leave of absence and starts seeing a therapist. To better control her spendings, her daughter is appointed as her bank account holder, but the patient relapses a week after returning to work, having contracted a loan to keep up with her addiction. She maintains this behavior until 2023 when she is referenced to a Psychiatry appointment and starts treatment, including individual psychotherapy sessions and weekly Gambling Anonymous meetings. In January 2024, G. joins an in-hospital patient group for gambling addicts and decides to retire, to distance herself from the environment that potentiates her addiction. She is now in remission and has been abstinent from gambling for over a year. She still has occasional thoughts about gambling as well as craving to gamble, but all other psychiatric symptoms have resolved, and she has been discharged from Psychiatry appointments.

Conclusions: The average ST gambler is middle aged, plays weekly and earns less than minimum wage, with the chance of gambling decreasing drastically if monthly wage is >1500€. Additionally, service workers are 55% more likely to gamble ST when compared to their counterparts. With the lack of regulation, growth in publicity and the possibility of anonymity, the prevalence of GD is growing, becoming essential that we detect this disorder promptly so that a multidisciplinary treatment can be implemented.

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