knowledge snapshot

A systematic review of general practitioners' practices, knowledge, attitudes, and beliefs regarding gambling disorder

What this article is about

Gambling disorder (GD) can lead to various negative consequences, including poor physical and mental health. People experiencing GD are more likely to consult general practitioners (GPs) or need emergency department treatment visits. They are also more likely to be hospitalized. Moreover, GD can cause harm to significant others, including spouses, children, and other family members of people who gamble.

Primary care services, including GPs and emergency departments, are often the first point of contact for health care. The purpose of this study was to examine clinical practices for managing GD in primary care and the factors that influence these practices. Specifically, the researchers wanted to identify the clinical practices that GPs and emergency department physicians used to manage GD. In addition, the researchers examined the attitudes and beliefs that influence physicians in the management of GD.

What was done?

The researchers searched the databases MEDLINE, PsycINFO, Embase, Web of Science, and CINAHL. Their search included articles published since the inception of the databases to October 2024. The researchers followed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines.

To be included in the review, articles had to focus on GPs or emergency department physicians. They also had to focus on practices (e.g., screening and treatment) and psychosocial factors (e.g., attitudes, beliefs, and knowledge) around the management of people experiencing problem gambling or GD. Only empirical studies written in English, French, German, or Italian were considered.

Why is this article important?

This systematic review examined clinical practices for managing gambling disorder (GD) and problem gambling in primary care, and the factors that influence these practices. It highlights several barriers to screening for and treating GD in primary care. The findings note that no general practitioners (GPs) routinely screened for GD and very few (7–14%) treated GD themselves. Some GPs had negative attitudes towards GD, including attributing gambling-related harms to personal weakness. This review emphasizes the importance of increasing GPs' knowledge about gambling-related harms and care pathways. It suggests several areas for improvement related to the training and practices of GPs with respect to treating patients with GD. More research is needed on screening modalities for GD in emergency departments, brief interventions, and referral pathways.

The researchers identified a total of 1,783 records through database searching. After screening, a total of 12 articles were included in this systematic review.

What you need to know

Summary of included studies: The 12 included articles were published in English and reflected nine distinct studies. The studies were mainly conducted in the UK (33%), with one study each in Australia, Canada, New Zealand, Poland, and Switzerland. Half of the studies were quantitative studies that used surveys and included a total of 461 GPs. The rest were qualitative studies, primarily using interviews or focus groups, and included 51 GPs. None of the studies looked at the practices of emergency department physicians or their perceptions of the clinical management of GD.

Study quality: The researchers used the Mixed Methods Appraisal Tool (MMAT) to determine the quality of the included studies. Five articles were at low risk of bias. The other articles were at higher risk of bias, primarily because of insufficient information. For example, some quantitative studies did not provide enough information to determine whether their sample represented the target population or whether the measurements used were appropriate.

Practices: GPs did not usually screen for GD. Survey data showed that about 33% of GPs never screened for GD and 33% screened occasionally. Most GPs had patients with GD. But two-thirds (68%) noted that they had managed fewer than six patients with GD over the course of their career. Most GPs did not treat patients with GD themselves. Instead, they referred patients with GD to mental health providers, specialized addiction treatment centers, counsellors, or Gamblers Anonymous.

Knowledge: Most GPs (over 89%) recognized GD as an addiction. Almost two-thirds (62–65%) acknowledged GD as a public health problem. Most GPs (62–98%) knew about GD-related harms, diagnostic criteria, and co-occurring psychiatric disorders (e.g., depression). But only 29% were aware of physical disorders linked to GD. Most GPs had low confidence in their knowledge of GD and referral pathways.

Attitude and beliefs: Over 65% of GPs agreed that they had a potential important role in GD treatment. However, just one-third (34%) believed that it was feasible to get practically involved. The confidence of GPs in their ability to screen for GD varied (53–92%). About half (51%) of GPs viewed GD as a serious condition as substance use disorders. About 48% of GPs believed that gambling-related problems were due to personal weakness. There were structural barriers to GD treatment at the patient, system, and policy levels. At the system level there was a lack of standardized screening tools, treatment guidelines, and referral pathways, as well as a low priority given to GD in public health services. There were also stigma-related barriers to help-seeking, such as concerns about being labelled as addicts.

Who is it intended for?

This article is intended for GPs, healthcare educators, and curriculum developers.

About the researchers

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Citation

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