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Opinion
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Psychopharmacotherapy in Gambling Disorder

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Abtract

In recent years, there are differences in the definition of school bullying, and different definitions adapt to different subjects. School bullying occurs from time to time in all countries around the world. Learning from the existing experience and practices of other countries, especially the practices of developed countries, has a great effect on promoting the rule of law of school bullying. School bullying has different effects on the physical and mental health of the bully and the bystanders. It is feasible to intervene students through psychological prevention and treatment. In recent years, the definition and legislation of school bullying in China have begun to improve. We have made new discoveries and new problems in school bullying, and it is still a prospect to prevent and control school bullying.

Keywords: School bullying; Concept definition; Foreign prevention; Bystanders; Psychological prevention; Victims; School violence; Criminal responsibility; Pedagogy; Potential bullies; Deeply miserable

Opinion

Putting something valuable at risk in the pursuit of a bigger gain is what is meant when someone says they are gambling [1]. The fifth edition of the Diagnostic and Statistical Manual of Mental Disorders includes gambling disorder (GD), formerly known as pathological gambling, as the first "behavioral addiction" to be classified as a non-substance behavioral addiction. Gambling disorder is defined by a persistent, recurring pattern of gambling that causes significant distress or impairment [2]. A 2023 systematic review found that being a single young male or married for less than 5 years, living alone, having a poor education, and struggling financially are the primary risk factors for developing/maintaining a gambling disorder [3]. The pandemic of COVID-19 has also had an impact on the prevalence of pathological gambling. According to a 2021 evaluation, the effects of COVID-19 on gambling and problematic gambling are varied, maybe causing a reduction in existing or future issues in some, but also driving increasing problematic gambling in others who are more vulnerable [4]. GD has been related to a low quality of life. Indeed, changes in multiple areas, including financial (bankruptcy, missing credit card payments, mortgage foreclosure), social (marriage troubles, deteriorated family connections), physical (hypertension), and mental health (depression, suicide, sleeplessness), are related with GD [5].

GD, like substance use disorders, are inherited. Twin studies show a substantial link between the heredity of gambling disorders and the link between alcohol and gambling problems [6]. According to several studies, differences in fronto-striatal and limbic brain areas, such as the striatum, orbitofrontal cortex, anterior cingulate cortex, insula, hippocampus, and amygdala, have been associated to GD. These areas are linked to clinical features of GD, such as reward or excitement sensitivity, loss-chasing behavior, stress dysregulation, and social-emotional issues [5].

From a clinical standpoint, patients suffering with GD exhibit specific features. In 2005 Griffiths identified six basic features present in people suffering from behavioral addictions, including salience (the activity becomes highly valued and takes precedence over other activities), mood modification (the emotional response to the behavior; this may take the form of an adrenaline surge while engaging in the behavior or may result in a decrease in a depressive state), tolerance (the need to increase the amount of behavior required to attain the appropriate level of mood modulation), withdrawal symptoms (unpleasant sensations or physiologic withdrawal symptoms when reducing or discontinuing the activity), conflict (conflicts with other activities or people as

a result of the behavior), and relapse (a relatively high rate of returning back to the initial behavior) [7]. According to the DSM-5, craving is one of the primary criteria for the diagnosis of drug use disorder; however, it is not one of the main criteria for GD. In a 2023 systematic review it is been evaluated the role of craving in GD. Some research found a link between craving and gambling-related characteristics, and craving was also linked to the severity of GD, gambling episodes, chasing persistence, and income-generating transgressions. GD appears to be linked to emotional states and negative urgency. Finally, other research tested the effectiveness of specific therapies for GD on lowering gambling cravings [8]. Many disorders co-occur with gambling disorder, these include: substance-use disorders (in order of prevalence: nicotine dependence, alcohol or drug abuse, alcohol or drug dependence), impulse-control disorders (in order of prevalence: intermittent explosive disorder, conduct disorder, oppositional-defiant disorder, attention deficit hyperactivity disorder), mood disorders (in order of prevalence: major depressive disorder or dysthymia, bipolar disorders) and anxiety disorders (in order of prevalence: phobia, panic disorder, generalized anxiety disorder, post-traumatic stress disorders) [5].

A considerable amount of data has demonstrated that psychological therapies, particularly those based on cognitive-behavioral therapy/methods and/or motivational interviewing, are the most effective therapeutic procedures. Other potential therapies include various self-help techniques including mindfulness. Interventions such as couples therapy and support groups may improve therapeutic adherence and retention, whereas medication is especially beneficial in individuals with comorbidities [9]. No medication is approved with an indication by the US Food and Drug Administration for the treatment of gambling disorder. Opioid antagonists and mood stabilizers have shown potential efficacy in decreasing GD-related symptomatology. Lithium was very beneficial in people who also had bipolar disorder [10,11]. The use of opioid antagonists (naltrexone, nalmefene) and atypical antipsychotics (olanzapine) to reduce the severity of gambling symptoms over the short term is supported by a 2022 Cochrane review, but it is not yet clear to what extent these pharmacological agents can reduce other gambling or psychological functioning indices. The results of mood stabilizers, especially anticonvulsants, in the management of disordered or problem gambling, on the other hand, are ambiguous, and there is little evidence to support the effectiveness of antidepressants [12]. In a 2017 review it is highlighted that there is no pharmaceutical treatment that has been shown to be effective in removing GD, with therapies merely tending to reduce GD symptoms to a "acceptable level." These regimens appear to be highly beneficial, particularly for individuals who have co-morbid illnesses such as bipolar depression and ADHD. Only the opioid antagonist naltrexone had solid results for the treatment of pure GD without evident comorbidities [13].

By delving into one of the most recent systematic reviews [14], it appears that there are still few randomized controlled clinical studies with a substantial number of patients such that the evidence of the outcomes can be justified. Furthermore, and this must be said, there are even fewer randomized controlled trials that compare psychopharmacological therapy with psychotherapy or group therapies, or that show a combination of the two treatments as more beneficial than each one alone. In the future, randomized controlled studies comparing various psychopharmacological therapy in patients with gambling disorders and psychiatric comorbidity and individuals without any psychiatric comorbidity other than gambling disorder will be reasonable. Research in the pharmacological field for this disorder, which, despite the economic crisis, rising living costs, and inflation, affects all social classes, must lead to the use of drugs not only to target a specific symptom (depression, anxiety, insomnia, etc.), but to strike deeply at the roots of a disorder about which we still know far too little. We believe that the problem of craving, which is absent from the DSM criteria, should be explored more, since knowing something that is ubiquitous to all kinds of addiction and applying it to gambling disorder might open up new avenues for psychopharmacological therapy. Additional measures (genetic, neuroimaging, and cognitive characteristics) may aid in identifying parameters that may be utilized to pick appropriate therapies on an individual basis, as well as better defining brain mechanisms that predict and mediate the success of various treatments. Although this is not the appropriate place for such a debate, tougher social regulations are undoubtedly required to prevent the "simple game" from developing in such an unhealthy way.

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