



This is particularly true for teenagers. Even though it is illegal for anyone under age 18 to receive money from the Ontario Lottery Corporation, there is now a thriving industry in which older students moonlight as bookies for younger ones.

However, gambling is still a “secret” addiction. It has no clear physical symptoms, so how can a family physician identify it? “Be aware that people loathe to talk about it,” said Milligan, who added that gamblers are too ashamed for self-disclosure.

“Ask the gambling question,” he said. “Put it into your repertoire as much as questions about relationship issues and alcohol. Always keep in mind the extensive crossover between addictions. When alcohol or drugs are the primary abuse, about 40% of addicts have a concurrent gambling addiction; when gambling is the primary abuse, about 50% also have alcohol or drug addictions.”

Milligan said research into health issues concerning gambling is still at the developmental stage, but physical ailments such as problems with the lower back and abdomen are exacerbated when gamblers sit for too long and ignore biological needs. [In May, the *Ottawa Citizen* reported that some adults wear diapers when playing slot machines at casinos so that they do not have to give up their chair to answer nature’s call. — Ed.] Milligan noted that withdrawal from gambling addiction can mimic substance withdrawal by causing anxiety, tremors and headaches.

“If you are seeing anything that sends up your antennae such as depression, relationship problems, weight loss or panic attacks, then ask, ‘How are you spending your leisure time?’ ”

Early intervention by physicians can help patients come to terms with their ambivalence about whether they want to stop their behaviour. “One of the most difficult things gamblers have to come to terms with is that if they give up gambling they will never reach the same high again.”

Physicians can raise their consciousness about the pros and cons of gambling. What does the patient get out of gambling, what would they lose if they gave it up, and what is its impact on their lives?

Change comes from new learning, said Milligan. Gambling addicts have to learn they have no control over a system that is totally random and that their sense of control is false. They have to realize that the gambling industry is always going to be the winner and anyone who is winning is bound to lose. Once the gambler perceives there is a problem, change becomes possible. “At the Donwood,” said Milligan, “we believe that anybody can wind up with a gambling problem and that we can intervene at any point in the process.”

“You have a small window of opportunity — you have to get to them in the short period when they are not in the action, when they are rational. You talk to them about their belief system, their faulty cognition and the emotional payoffs gambling gives them. You work with them around future plans, their responsibilities, other sources of self-esteem and other activities to replace gambling.”

Milligan ended on a positive note. “We believe that people can deal with their gambling problem and not go back. They can get on with their lives without having to take on the label of pathological gambler. Full recovery is possible.” ?

Don't make assumptions about substance abuse in elderly

The symptoms of alcoholism and substance abuse in elderly patients can be mistaken for the natural symptoms of aging, says Eileen McKee, executive director of Toronto’s Community Older Persons Alcohol Program.

Confusion, depression, memory loss and loss of interest in activities not only may be signs of aging but also symptoms of abuse. “Don’t make assumptions,” said McKee, who warned that misdiagnosis can also happen the other way. Don’t assume a patient is an alcoholic just because there’s alcohol on his breath.

McKee said these patients will not present the normal red flags of addiction: changes in employment, absenteeism or withdrawal from society. “Be suspicious about what you are seeing,” she said. “Having gone through the Depression, the elderly are usually very skilled in saving money, so financial problems provide a good clue.”

The most important aspect of treatment is reaching out to these patients. “If you wait for them to admit they have a problem, they will die,” she warned. “Work to help them see that there is a problem. Raise their awareness of the implications and consequences of their drinking.”

McKee warned of myths that makes intervention difficult. One is that the elderly don’t do well in treatment. Change happens slowly, she said, but about 70% of patients can be helped to improve the quality of their lives.

McKee also challenged the myth that “seniors don’t have many pleasures, so let them drink. That really says a lot about what we consider quality of life. It is important to address this and bring other pleasures into their life — like helping them join a social club or getting them involved in volunteer activities.”