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The Neurobiology and Treatment of Non-Substance Addictions

Q: Why should psychiatrists learn about behavioral or non-substance addictions?

A: Psychiatrists and other health care practitioners should know about behavioral addictions or non-substance addictions because they often go unrecognized and untreated within clinical settings. There are relatively high prevalence rates for these conditions. Additionally, they can impact peoples’ lives substantially, so early recognition and intervention can be very helpful with respect to diminishing the negative impact that these conditions may have.

Q: What is your recommendation for identifying individuals with behavioral or non-substance addictions?

A: With respect to identifying individuals with behavioral or non-substance addictions, multiple considerations should be made. First, with many of the behavioral or non-substance addictions there may not be the signs and symptoms that occur with substance addictions. For example, individuals may not show signs of intoxication or withdrawal that may make recognizing substance addiction perhaps a little less challenging than non-substance addictions. There may also be individual differences with respect to the different types of behavioral addictions. So, for example, gambling, internet use, and perhaps other forms of behavioral addictions may have different signs and symptoms. However, there are some common features; for example, people are not functioning well in specific areas of life, be it school, for adolescents, or college-aged students, or at work for individuals who are a bit older. Then trying to understand what may be having a negative impact is really important. In this regard, understanding non-substance addictions may help explain why some people may be encountering difficulties in their life.

Q: What are some of the non-substance addictions?

A: People have debated the extent to which non-substance behaviors may be considered as addictions or not. In the current edition of the Diagnostic and Statistical Manual, DSM-5, gambling disorder has been classified together with substance use disorders and represents a non-substance or behavioral addiction. Behaviors in other domains were considered; for example, with respect to internet use, and video game playing and these may represent behavioral addictions that may be included in future editions of the DSM in the main text area.
A: (continued) Currently, internet gaming disorder has been included in section 3 of the DSM-5. This section is for disorders or conditions that need further examination. With this in mind, the area of behavioral addictions currently includes gambling disorder and may include internet use, video game playing, as well as other behaviors. So, for example, excessive and problem-atic sexual behavior, shopping, or semi-substance behavior such as food have all been considered as potentially being addictive in nature. People are debating the extent to which an addiction model best fits to these behaviors.

Q: What factors might complicate treatment for people with behavioral or non-substance addictions?

A: There are multiple factors that may complicate treatment for individuals with non-substance or behavioral addictions. One important consideration is co-occurring psychiatric conditions. Gambling disorder as well as other non-substance or behavioral addictions have been shown to occur frequently with other psychiatric conditions, including mood, anxiety, and substance use disorders. Additionally, personality disorders have also been found to co-occur frequently with gambling disorder and other behavioral addictions. Thus, considering the multiple conditions that may complicate treatment of the non-substance or behavioral addiction is important. Additional factors may be different groups; for example, adolescents may differ from adults with respect to the types of non-substance behaviors in which they engage and the impact. So, for example, with respect to money, adolescents may have less money, but more time they can devote to engagement in certain behaviors and these sorts of considerations are important. Also, men and women or boys and girls, may engage differentially in specific behaviors; for example, video game playing. Considering sex differences is important in understanding these behaviors and intervening appropriately. Additionally, older adults as compared to younger adults may have specific life circumstances; for example, retirement that may impact in different ways, such as freeing up time, but having less of an ability to recoup lost money, so considering these aspects are important.

Q: What forms of treatment might work best for people with behavioral or non-substance addictions?

A: With respect to most other psychiatric conditions, the research into effective treatments for individuals with behavioral or non-substance addictions, is at a relatively early stage. However, there are data to suggest that both behavioral and pharmacological interventions may be helpful. Specifically, for gambling disorder, there are data to suggest that cognitive behavioral therapy as well as imaginal desensitization are helpful and data that suggest that opioid antagonists like naltrexone may be helpful for people with gambling problems. However, there are no medications that have an FDA indication for gambling disorder or most other non-substance addictions.

Q: How would you structure treatment in the case of an individual who has a psychiatric disorder and a co-occurring addiction?

A: With respect to co-occurring disorders, there are data to suggest that a treatment algorithm for medication might be based upon the presence or absence of co-occurring conditions. So, there are data to suggest that mood stabilizing drugs may help people with co-occurring gambling disorder and bipolar disorder; it may help concurrently in both the gambling and mood domains. Similarly, individuals with a family history of alcoholism or a personal history may be more likely to respond favorably to opioid antagonists, like naltrexone. Some early data suggests that certain medications, like serotonin reuptake inhibitors might be well-suited for individuals with gambling disorders and co-occurring anxiety disorders.

Q: Is there a final message that you want your audience to take home from your lecture?

A: I think it is important for people to be aware of the potential for people to engage problematically, potentially addictively, in certain non-drug or non-substance behaviors. The engagement in these behaviors can have a significant negative health impact on the individual, their family, and their employers. Thus it is important for the general public to recognize that these behaviors may represent significant public health concerns. There should be a raised awareness about how to identify these individuals and help them with the problems that may be occurring.