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Efficacy of Online Psychotherapies in Poker Gambling Disorder: an Online Randomized Clinical Trial

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Introduction

Online clinical trial is an emergent design that could be of particular interest in problem gamblers, due to poor access to health care system. Online gamblers could benefit from non face-to-face therapy. Our study is the first exclusively online randomized controlled trial among problem gamblers with a naturalistic recruitment in their gambling environment.

Objectives

This randomized clinical trial assessed the efficacy of 3 internet-based brief interventions on problem poker gamblers compared to a control group at 6 and 12 weeks.

Methods

All poker gamblers who have started a poker session on Winamax site, on Day-1 during the inclusion period were screened; subjects could be included only once. Subjects could be included if they obtained minimum scores of the Canadian Problem Gambling Index - Problem Gambling Severity (CPGI-PGSI) ≥5. 1109 Subjects were randomized in 4 groups: (1) Control= waiting list, n=264; (2) email with personal normative information , n= 288; (3) self-help program to be downloaded , based on Cognitive Behavioral Therapy (CBT) and Motivational Interviewing(MI), n= 259; (4) same program of CBT and MI dispensed weekly by email contacts with a psychologist, n= 298. Subjects were followed and gambling behavior was assessed at the end of the program at 6 weeks and after a maintenance phase at 12 weeks. The main judgment criterion was change in CPGI-PGSI at 6 weeks.

Results

High dropout rate occurred on the CPGI-PGSI and was higher in groups 3 and 4. Mean CPGI-PGSI scores decrease in all the 4 groups. No significant difference could be shown between the 3 intervention groups vs control group in any of the measured outcomes (no missing data due to automatic collection by the operator except for CPGI).

Discussion In non-treatment –seekers problematic poker gamblers, inclusion process in a clinical trial could be equivalent to 'prompt commitment there and then", which is a recognized brief, and therefore have a therapeutic effect. This could explain that no difference could be shown between the groups. High dropout rate could be explained by the non-treatment-seeking status, but also by poor acceptability of therapeutic interventions requiring high personnel investment in this population.

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