



Pathological Gambling in Clinical Psychiatric Practice: A Case Series from a Tertiary Care Setting

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INTRODUCTION

Gambling disorder is characterized by persistent and recurrent maladaptive patterns of gambling behavior leading to clinically significant impairment or distress.^[1] Once classified as an impulse-control disorder, it is now recognized as a behavioral addiction due to shared neurobiological and phenomenological features with substance use disorders.^[2]

Global epidemiological studies estimate the prevalence of gambling disorder to range between 0.1 and 5% in the general population, although rates vary depending on cultural context and accessibility of gambling opportunities.^[3] In recent years, technological advancements and the proliferation of online gambling platforms have substantially altered the landscape of gambling behaviors, enabling continuous and easily accessible participation.^[4]

In India, gambling activities historically occurred through informal systems such as card games, lotteries and betting during sporting events. However, the emergence of digital platforms offering fantasy sports, online casinos and sports betting has expanded opportunities for gambling participation, particularly among younger individuals.^[5] Despite these changes, clinical literature documenting gambling-related psychopathology in Indian psychiatric practice remains limited.

Gambling disorder often co-occurs with psychiatric conditions such as depression, anxiety disorders and substance use disorders.^[6] The disorder may lead to severe financial distress, interpersonal conflict, occupational impairment and legal complications. Moreover, individuals frequently delay seeking help due to stigma, denial, or lack of awareness regarding treatment options.^[7]

Case series provide valuable insights into clinical presentations and contextual factors associated with behavioral addictions in specific sociocultural environments. The present case series describes five individuals presenting with gambling disorder to a tertiary care psychiatric service, highlighting clinical characteristics, comorbidities and management strategies.

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CASE SERIES

Case 1

A 29-year-old unmarried male working in the information technology sector presented with complaints of increasing financial stress and inability to control online sports betting. He reported initiating betting during major international cricket tournaments approximately three years earlier. Initially, the activity was occasional and perceived as recreational.

Over time, the frequency and monetary stakes increased substantially. He described spending several hours daily tracking match statistics and placing bets through mobile applications. Losses were often followed by attempts to recover money through additional bets, leading to escalating financial liabilities. He had borrowed money from friends and family without disclosing the true reason.

Mental status examination revealed anxious affect and preoccupation with gambling-related thoughts. There was no history of substance use or other psychiatric illness. He fulfilled DSM-5-TR criteria for gambling disorder. Management included cognitive-behavioral therapy (CBT) focusing on impulse control, financial monitoring and restructuring gambling-related cognitions. Selective serotonin reuptake inhibitor therapy was initiated due to associated anxiety symptoms. At the three-month follow-up, he reported reduced gambling urges and improved financial planning.

Case 2

A 35-year-old married businessman presented with complaints of depressed mood, irritability and mounting debt. He reported frequent visits to casinos during business trips, which gradually evolved into regular participation in online casino games upon returning home.

He described gambling as a means of coping with occupational stress. Over two years, cumulative losses exceeded several lakhs of rupees. His spouse discovered the behavior after repeated unexplained withdrawals from joint accounts, resulting in significant marital conflict.

Clinical assessment revealed features of major

depressive disorder along with a gambling disorder. Treatment involved antidepressant medication combined with CBT and marital counseling. Psychoeducation regarding gambling-related cognitive distortions was provided. Gradual improvement in mood and reduction in gambling frequency were noted during follow-up.

Case 3

A 23-year-old college student was referred for psychiatric evaluation after repeated absenteeism and academic decline. He reported spending considerable time on fantasy sports platforms and esports betting websites.

He initially began participating with small entry fees, but gradually increased the amount of money spent. He experienced intense excitement during games and described gambling as “a way to feel alive.” Despite accumulating debt through online payment systems, he continued to participate in tournaments.

Psychiatric assessment revealed impulsivity and symptoms suggestive of attention deficit traits. Treatment involved motivational interviewing, CBT and structured behavioral strategies such as restricting access to gambling websites and financial monitoring by family members. Academic functioning improved gradually over subsequent months.

Case 4

A 42-year-old male taxi driver presented with complaints of financial distress and alcohol misuse. He reported engaging in card gambling and local betting activities for more than a decade.

He described periods of heavy gambling during festivals and sporting events. In recent years, losses increased substantially, leading to borrowing from informal lenders. Alcohol consumption often occurred during gambling sessions and further impaired judgment.

Evaluation revealed comorbid alcohol use disorder along with gambling disorder. Management included pharmacotherapy for alcohol dependence, relapse prevention therapy and counseling aimed at reducing gambling triggers. Family involvement played an important role in maintaining treatment adherence.

Case 5

A 31-year-old software professional presented with severe anxiety and insomnia related to online cryptocurrency-based betting platforms. He reported compulsively monitoring betting outcomes throughout the night, resulting in sleep deprivation and occupational difficulties.

He described experiencing intense urges to gamble, particularly after financial losses. Attempts to abstain were associated with restlessness and irritability. Psychological assessment revealed cognitive distortions related to perceived control over gambling outcomes.

Treatment included CBT focusing on impulse control, digital detox strategies and sleep hygiene interventions. Short-term pharmacotherapy was prescribed for insomnia. At follow-up, he reported improved sleep and a reduction in gambling behavior.

DISCUSSION

The present case series highlights several clinically relevant aspects of gambling disorder in contemporary psychiatric practice. First, the cases demonstrate the increasing role of digital gambling platforms, including sports betting applications, fantasy gaming and online casinos. These technologies allow continuous access to gambling activities,

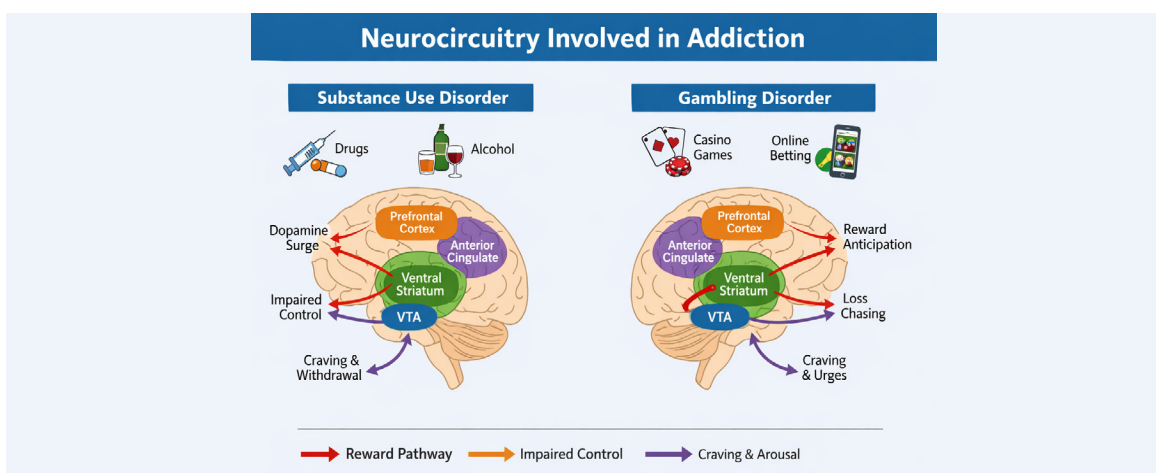
which may facilitate the progression from recreational engagement to problematic behavior.^[4]

Second, financial loss and concealment of gambling behavior emerged as common themes across cases. Individuals frequently attempt to recover losses through additional gambling, a phenomenon often referred to as “chasing losses.” This behavioral pattern contributes to escalating debt and psychological distress.^[8]

Third, the cases illustrate the high prevalence of psychiatric comorbidity associated with gambling disorder. Depression, anxiety, impulsivity and substance use were observed in several individuals. Previous studies indicate that comorbid psychiatric disorders may exacerbate gambling behavior and complicate treatment outcomes.^[6]

The neurobiological mechanisms underlying gambling disorder involve dysregulation of reward pathways, particularly those mediated by dopaminergic systems in the brain. Functional neuroimaging studies have demonstrated similarities between gambling disorder and substance use disorders, supporting its classification as a behavioral addiction^[2] (Figure 1).

From a treatment perspective, cognitive-behavioral therapy remains one of the most effective psychological interventions for gambling disorder. CBT focuses on identifying and modifying maladaptive



Source: Author-generated illustration based on published neurobiological models of addiction.

Figure 1: Neurocircuitry involved in addiction.

Schematic representation of key brain regions implicated in substance use disorder and gambling disorder, including the ventral striatum, prefrontal cortex, anterior cingulate cortex, and ventral tegmental area (VTA). Both conditions involve dysregulation of the mesolimbic reward pathway leading to craving, impaired control, and maladaptive reward processing

beliefs about gambling probabilities, enhancing coping strategies and improving impulse control.^[9]

Pharmacological treatments may be considered in individuals with comorbid psychiatric conditions or severe gambling urges. Agents such as selective serotonin reuptake inhibitors and opioid antagonists have demonstrated varying degrees of benefit in clinical trials.^[10]

The sociocultural context of gambling in India also warrants attention. Although certain forms of gambling are legally restricted, informal and online gambling opportunities remain widely accessible. The rapid expansion of digital payment systems and mobile internet access has further facilitated participation in online betting platforms.^[5]

Public health initiatives aimed at raising awareness about behavioral addictions and promoting responsible gambling practices may help reduce the burden of gambling-related harm. Clinicians should routinely screen for gambling behaviors, particularly in patients presenting with unexplained financial stress or psychiatric symptoms.

CLINICAL IMPLICATIONS

The cases described in this series underscore several important clinical implications for psychiatric practice in the evolving landscape of behavioral addictions. Gambling disorder often remains under-recognized in routine clinical settings, particularly in countries where gambling is socially stigmatized or legally restricted. Patients rarely present with gambling-related complaints directly; instead, they commonly seek help for secondary consequences such as financial stress, depressive symptoms, anxiety, insomnia, or interpersonal conflict. Consequently, clinicians should maintain a high index of suspicion and routinely screen for gambling behaviors, especially in individuals presenting with unexplained financial difficulties, impulsivity, substance use, or mood disturbances. Simple screening questions regarding frequency of gambling, loss of control and attempts to recover financial losses can facilitate early identification.

The cases also highlight the significant role of online gambling platforms and digital payment systems, which have increased accessibility and anonymity of gambling activities. Young adults, par-

ticularly those with frequent smartphone and internet use, may be at higher risk of engaging in online betting, fantasy sports platforms and cryptocurrency-based gambling. From a clinical standpoint, it is therefore essential to assess digital behaviors, including online gaming and betting habits, as part of a comprehensive psychiatric evaluation. Awareness of these emerging modalities may help clinicians better understand the triggers, patterns and reinforcements associated with gambling behavior.

Another critical implication is the high prevalence of psychiatric comorbidity in individuals with gambling disorder. Depression, anxiety disorders, attention-deficit traits and substance use were observed in several cases in this series. Comorbid conditions may both contribute to the development of gambling behavior and complicate treatment outcomes. For example, individuals may engage in gambling as a maladaptive coping strategy to regulate negative affect or escape psychological distress. Therefore, treatment planning should adopt an integrated approach addressing both gambling behavior and co-occurring psychiatric conditions. Failure to identify and treat these comorbidities may increase the likelihood of relapse.

Psychological interventions remain the cornerstone of treatment for gambling disorder. Cognitive-behavioral therapy (CBT) has demonstrated effectiveness in addressing distorted beliefs related to gambling probabilities, impulsive decision-making and loss-chasing behavior. In addition, motivational interviewing can be useful in enhancing readiness for change, particularly in patients who initially minimize the severity of their gambling behavior. Behavioral strategies such as financial monitoring, restriction of access to gambling platforms and involvement of family members in supervision may further support recovery.

Pharmacological treatment may be considered in selected cases, particularly when significant comorbid psychiatric symptoms are present. Antidepressants, mood stabilizers and opioid antagonists have shown potential benefit in certain individuals with severe gambling urges or impulsivity. However, pharmacotherapy is generally most effective when combined with structured psychosocial interventions.

The cases further highlight the importance of family involvement and psychoeducation. Gambling-related financial losses and secrecy often result in strained interpersonal relationships. Engaging family members in treatment can improve adherence, facilitate monitoring of financial behavior and provide emotional support for the patient. Psychoeducation about the nature of behavioral addictions may also reduce stigma and promote early help-seeking.

Finally, from a public health perspective, the increasing accessibility of digital gambling platforms calls for greater awareness among clinicians, educators and policymakers. Early identification and intervention within psychiatric services may help prevent progression to severe financial and psychosocial harm. Integrating screening for behavioral addictions into routine mental health assessments may therefore represent an important step toward improving clinical outcomes in individuals affected by gambling disorder.

CONCLUSION

Gambling disorder represents an emerging behavioral addiction with significant clinical and psychosocial implications. The present case series illustrates diverse presentations of pathological gambling in an Indian psychiatric setting, including online sports betting, casino gambling and fantasy gaming platforms.

Comorbid psychiatric conditions, financial distress and interpersonal conflict were commonly observed. Effective management requires an integrated approach combining psychological interventions, pharmacotherapy when indicated and family involvement.

Greater awareness among clinicians and improved research on behavioral addictions in India are essential to facilitate early identification and appropriate treatment.

DECLARATION OF PATIENT CONSENT

The authors certify that they have obtained all appropriate patient consent forms. In the form, the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information

to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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CONFLICTS OF INTEREST

There are no conflicts of interest.

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