

Casino Gambling Addiction And Seizures

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Abstract – Excessive or pathological gambling is a genuine public health problem. Classified by DSM-IV as impulsive control Disorder, pathological gambling is defined as the inappropriate, persistent and repeated games. It's considered as a behavioral addiction.

The problem related to the gambling can also cause health disorders. These are generally mental problems (depressive state, anxiety) or cases of co-morbid addictions (excessive consumption of tobacco, alcohol and drugs). However, somatic disorder such as seizure related to the gambling addicts is unusual. This work aims to report a case of convulsive seizure occurring during gambling at the casino in a pathological player

Keywords – Casino, Gambling, Addiction, Seizures.

Excessive or pathological gambling is a genuine public health problem. Classified by DSM-IV as impulsive control Disorder, pathological gambling is defined as the inappropriate, persistent and repeated games. It's considered as a behavioral addiction. Neurobiological, genetic and therapeutic arguments confirm that games belong to the spectrum of addiction.

Pathological gambling disrupts personal, family or professional flourishing [1].

The problem related to the gambling can also cause health disorders. Almost 40% of problem gamblers and 80% of pathological gamblers reported suffering from a health problem due to their gambling habits at the casino [2]. These are generally mental problems (depressive state, anxiety) or cases of co-morbid addictions (excessive consumption of tobacco, alcohol and drugs) [2,3]. However, somatic disorder such as seizure related to the gambling addicts is unusual. This work aims to report a case of convulsive seizure occurring during gambling at the casino in a pathological player.

Mr M 32years old, was brought by his wife to the Neuropsychiatric service for loss of consciousness. On interrogation, we learned that he presented generalized tonic-clonic seizures of brief duration, less than 5 minutes, repeatedly, more than 4 times in 24 hours. His wife said that he only sleeps a few hours because he is obstinate in gambling in casinos. He spends almost 2/3 of his monthly salary and has received two requests for an explanation from his line manager because he oftenly miss the work. However, it did not change his behavior. Six months ago, he borrowed money from Microfinance. The day before the seizure, his wife accompanied him and he played until 4 a.m.

Concerning his story: alcoholic weaned, there is neither history of epilepsy nor a head trauma in his life. The neurological examination was normal as well as the EEG. He was treated with Diazepam for a few days and benefited from psychotherapy. Then, he was followed on an outpatient basis.

The passage from one addiction to another is often noted in the clinic. Like the case of our patient, he was alcoholic weaned before being addicted to pathological gambling at the casino. It is obvious that a drug addict or alcoholic patient can go through phases of compulsive gambling without these phases being always identified by the care teams.

However, it can happen for some patients alternatively alcoholic, drug addicts, gamblers[4].

Like these patients, pathological gamblers often have financial problems. According to the literature, 28% said they were in debt. Players frequently borrow money from relatives, friends, credit companies or their spouses.

Through this clinic case, pathological gambling also endangers player's employments. According to Künzi and al, gambling at the casino is the cause of absences from workplace [2,3].

In addition, pathological gambling has an impact on health. These are generally psychological problems or cases of co-morbid addictions. However, in our case, these are generalized tonic-clonic convulsive seizures. According to the interrogation, this patient has no history of epilepsy and the day before the onset of seizure, he played until 4 a.m.

According to J.A. Quirk and al, photosensitivity is the most important causative factor for the vast majority of patients who have a first attack while playing electronic game on a screen. Additional risk factors included tiredness, drugs known to lower the seizure threshold and fasting. A family history of photic seizures has been identified in some patients. However, a few patients have had recurrent seizures upon repeated exposure to electronic games on screens without any electrical evidence of photosensitivity. Such patients may still have photosensitive trait that has not been revealed by routine testing or that would only have been evident in specific circumstance such as sleep deprivation. The latter seemed to be a contributing factor. They found that there is no evidence that prolonged play in a single session is more dangerous, provided it does not lead to sleep deprivation. Other factors including viewing distance, degree of fixation and sequence of flashing lights at on-screen electronic games, may be relevant in some patients [5]. Thus, it would be probable in the case of this patient that it was sleep deprivation and prolonged exposure to the screen would promote the onset of convulsive seizure.

Nevertheless, it should not be excluded that he has a low epileptogenic threshold. In the literature, the most frequent types of seizures were generalized tonic-clonic convulsion as in the case of our patients [5].

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