

# Why gamblers fail to win: evidence from neuroscience

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ADDICTION  RESEARCH

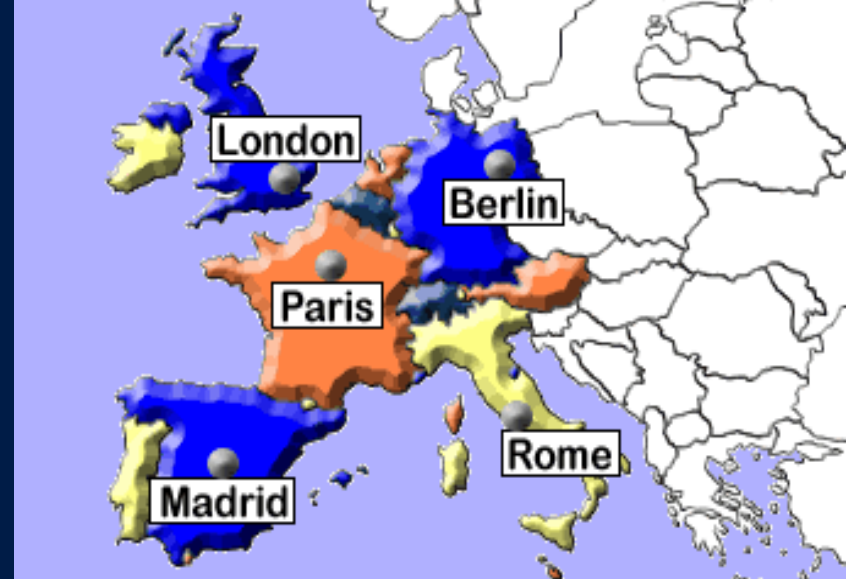
- Gambling in the Netherlands
- Gambling addiction?
- Neuroscience: New neuroimaging research in problem gamblers

# Gambling in the Netherlands

17 million inhabitants

Lifetime prevalence of pathological gambling: 0.4-1.2

Annual turnover of gambling revenues:  
2 billion US Dollars  
120 million US Dollars state tax income



Source: LADIS 2001, Dutch Ministry of Finance, IVV

# Casino's and gambling arcades

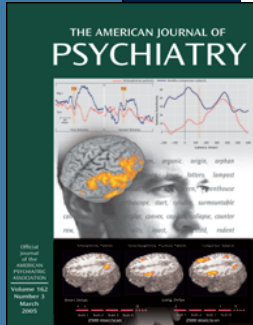
14 Holland Casino's:  
State is stakeholder  
300 gambling halls:  
35.000 slot  
machines

Slot machines in  
liquor-licensed bars  
and restaurants  
legal: 10.000 slot  
machines

Source: Holland Casino, Slot  
machine Organisation  
Netherlands (VAN)



# Gambling: a real addiction?



2006

## Editorial

### Pathological Gambling: Focusing on the Addiction, Not the Activity

CAROL A. TAMMINGA, M.D.  
ERIC J. NESTLER, M.D., PH.D.



## RESEARCH REPORT

### Should the scope of addictive behaviors be broadened to include pathological gambling?

RESEARCH REPORT

Nancy M. Petry

University of Connecticut Health Center, Farmington, CT, USA

2006

### Should addictive disorders include non-substance-related conditions?

Marc N. Potenza

Yale University School of Medicine, New Haven, CT, USA



2007

### Gambling and Substance Use Disorders: Current Status and Future Directions

Nancy M. Petry, PhD

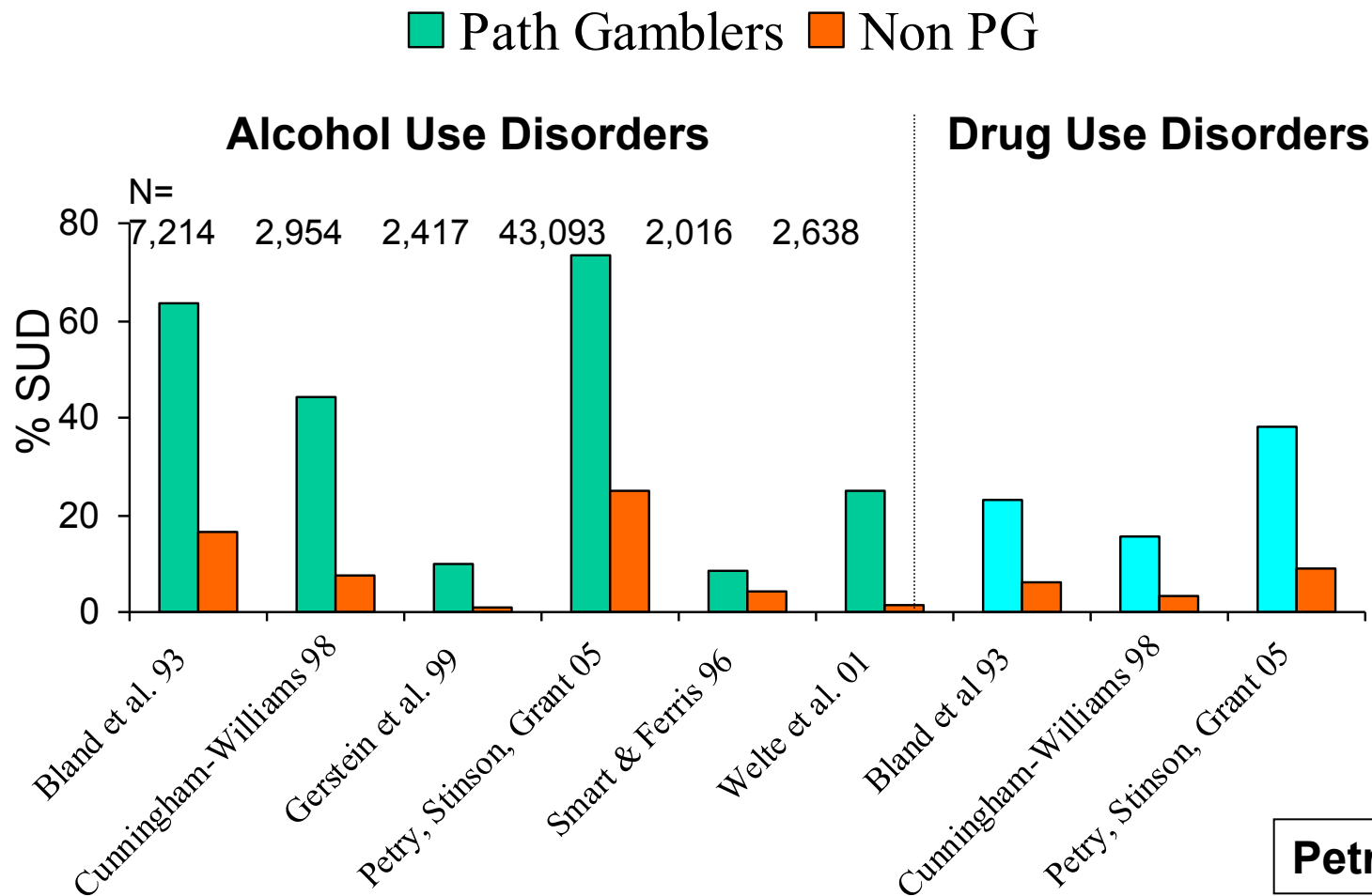
University of Connecticut Health Center, Farmington, Connecticut

# **Pathological gambling: a disorder of self-regulation**

DSM-IV: persistent and recurrent maladaptive gambling behavior

- preoccupation with gambling
- gambling with increasing amounts -> achieve desired excitement
- unsuccessful efforts to control or stop gambling
- restless or irritated when trying to stop
- financial and social problems due to gambling
- **Returning after losing to try to win back money that was lost**

# Comorbidity PG-SUD: general population



# **Pathological Gambling as a behavioral addiction**

DSM-5 to reclassify PG with 'Addiction and Related Disorders' based on similarities:

- Core symptoms (criteria)
- Co-morbidities
- Shared heritability / genetics
- functional imaging and neurocognitive profile
- Effective treatments (CBT, nalmefene)



# **What's the fun in gambling?**

- Winning?
  - Excitement?
  - Prospect of a different life?
  - Stress release?
  - Rewarding effect when gambling?
- 
- What's different in problem gambling?

# Pathological Gambling as a behavioral addiction

DSM-5 to reclassify PG with 'Addiction and Related Disorders' based on similarities:

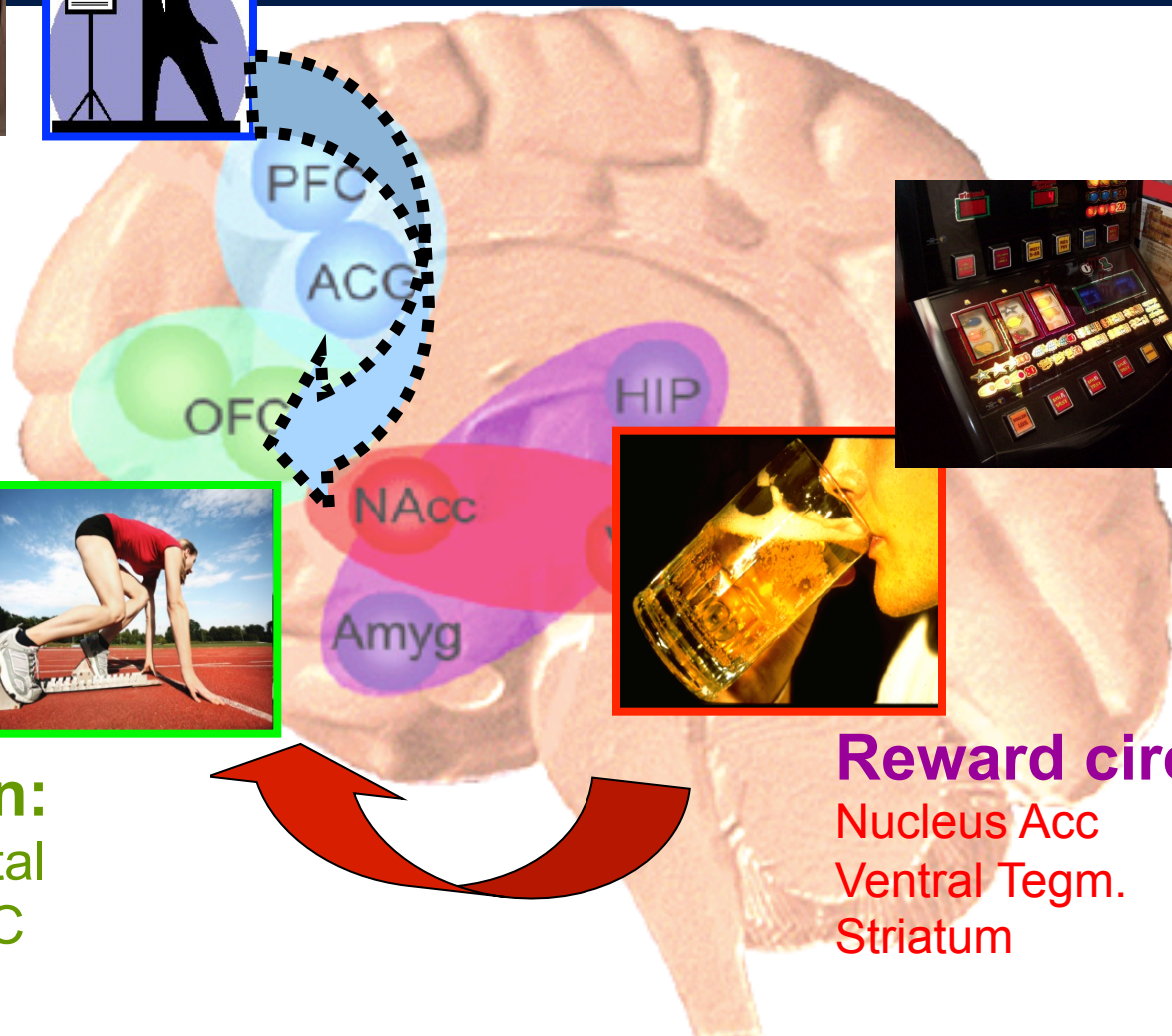
- Core symptoms
- Co-morbidities
- Shared heritability / genetics
- **functional imaging and neurocognitive profile**
- Effective treatments (CBT, nalmefene)

# **Similar brain processes in (pathological) gambling as in substance dependence?**

- Reward circuitry activated when winning money, and when anticipating winning money

# Impaired Response Inhibition-Salience Attribution model

(Goldstein & Volkow, 2002, 2006)



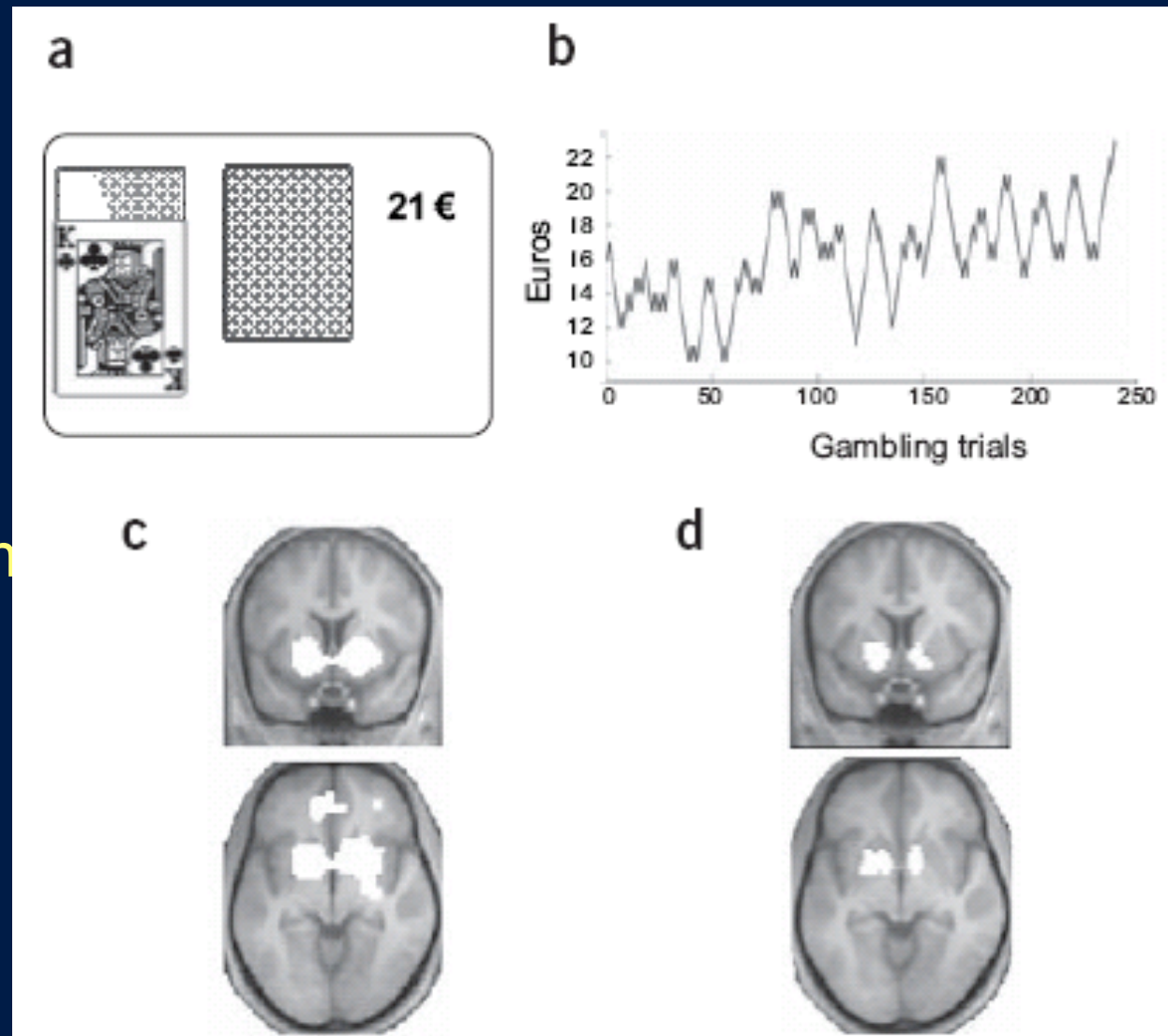
**Control:**  
Dorsolateral  
Prefrontal Cortex  
DLPFC / ACC

**Motivation:**  
Orbital Frontal  
Cortex - OFC

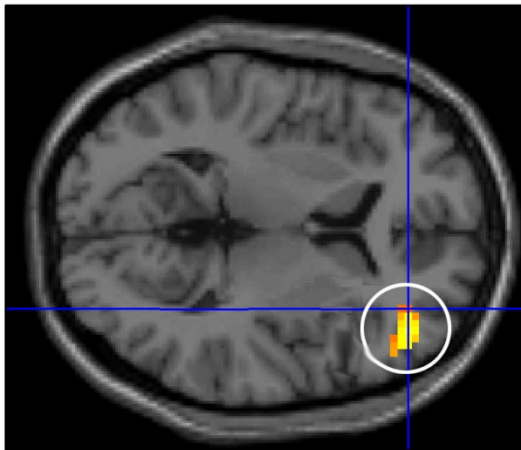
**Reward circuitry:**  
Nucleus Acc  
Ventral Tegn.  
Striatum

# Brain activity after winning money in (problem) gamblers

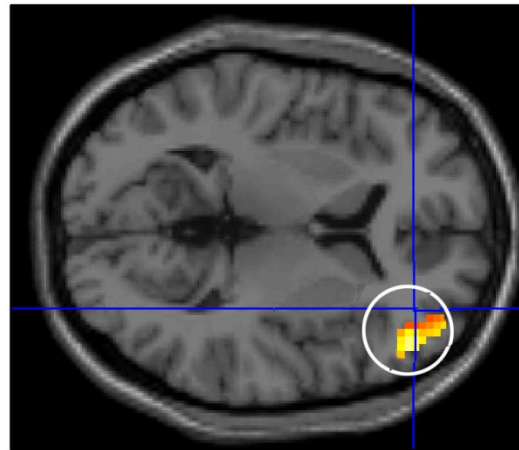
Reuter et al.  
(2005, *Nat Neurosc*):  
Diminished  
activity of  
reward related  
brain areas  
Ventral striatum  
VMPFC



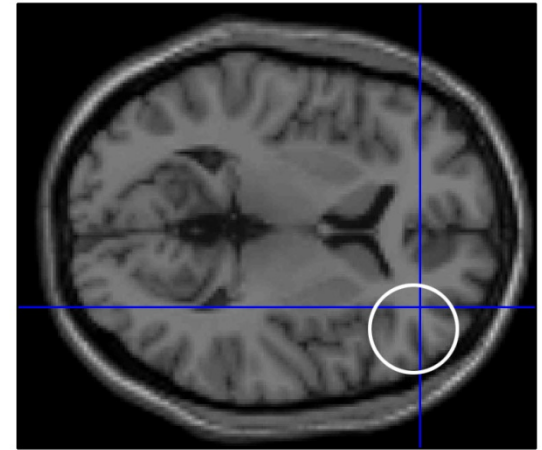
# Reward: Probabilistic Reversal Learning Task



**Controls**



**Smokers**



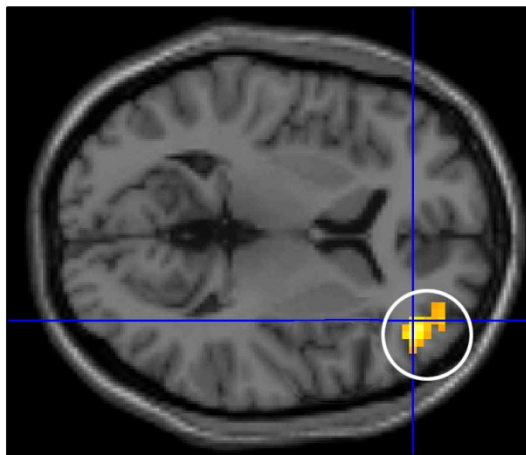
**Problem Gamblers**

Reward associated with activation Right VLPFC, Right Occipital/Parietal Cortex, Right Frontal Operculum, Bilateral Caudate Nuclues and Subthalamic Regions

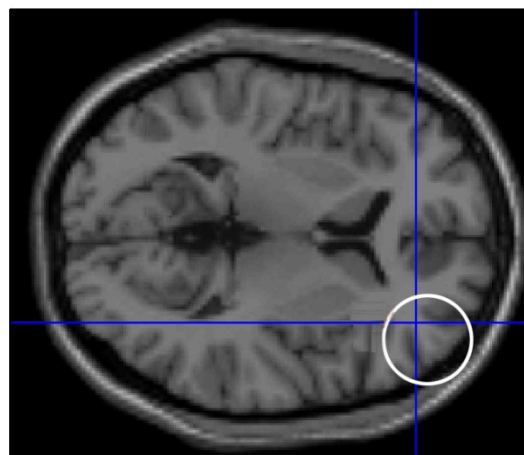
Significantly less activation of VLPFC in gamblers compared to smokers and controls (figures)

Findings similar to studies by Reuter (2005) and Tanabe (2007) who found reduced activation in PG in the VMPFC, a structure incompletely covered in our study. Similar finding in OCD (Remijnse, 2006)!

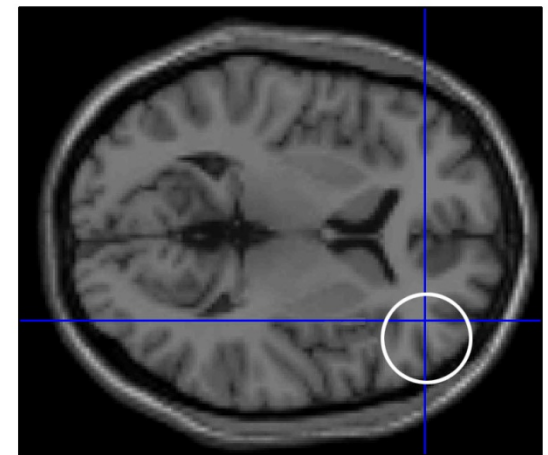
# Punishment Probabilistic Reversal Learning Task



**Controls**



**Smokers**



**Problem Gamblers**

Loss associated with activation Right Frontal Operculum, Insula en Subthalamic Region

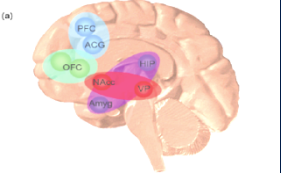
Significantly less activation VLPFC in smokers and gamblers compared to controls (figures)



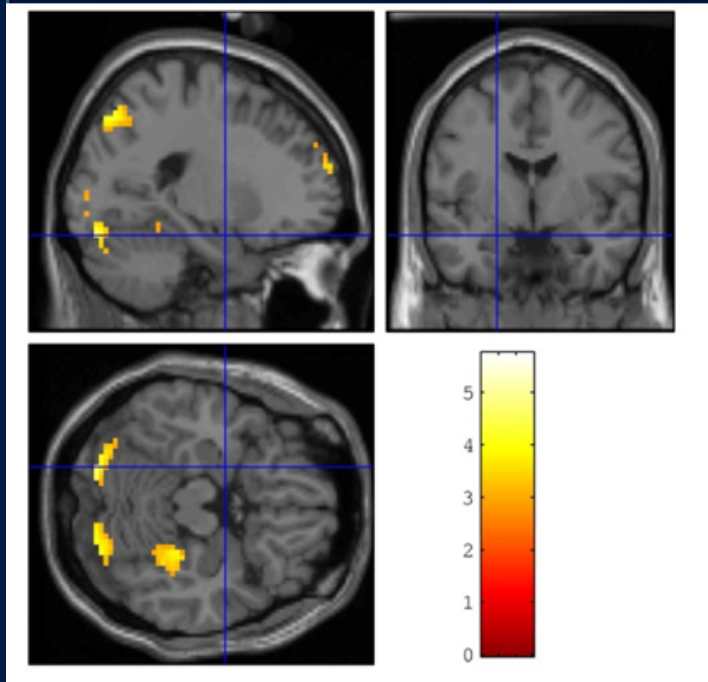
# Cue reactivity in problem gamblers





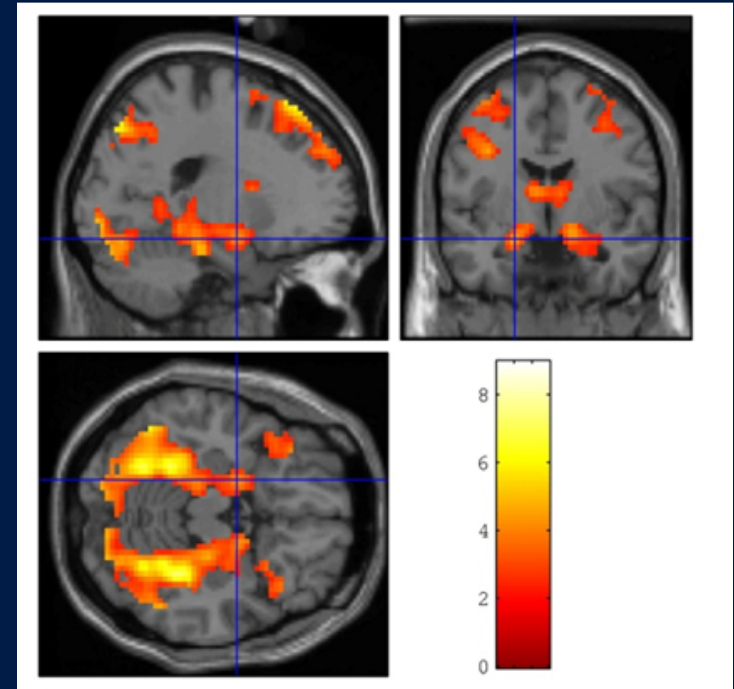


# Cue reactivity in problem gamblers



Control

Ventral route, dorsal route,  
Limbic: striatum, hippocampus, amygdala  
More craving: higher activation in limbic areas

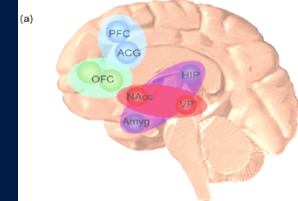


Problem group  
Gamblers

Goudriaan, De Ruiter, Veltman,  
Oosterlaan, van den Brink,  
2009 (Addiction Biology)

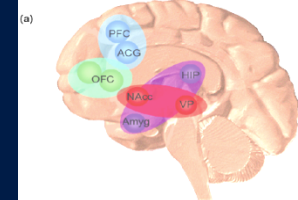


# Error Monitoring: Stop Signal Task



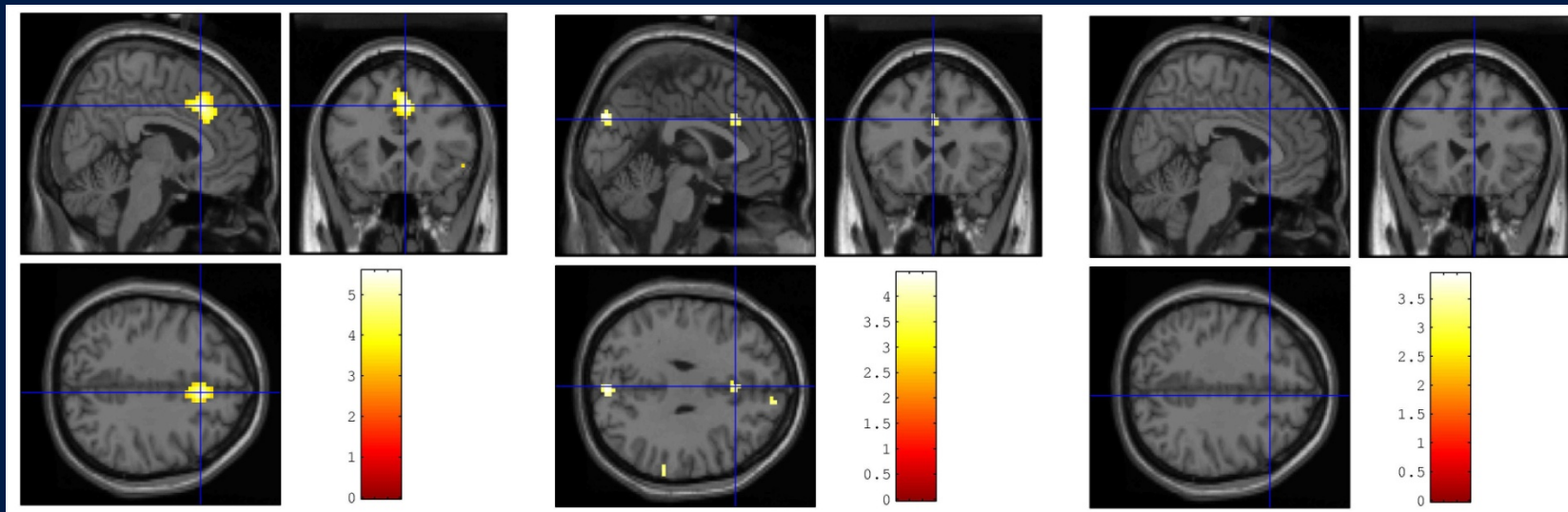
OR





# Error Monitoring: Stop Task

## Activation in response to errors



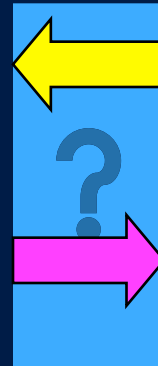
**Controls**

**Smokers**

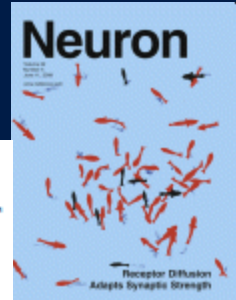
**Problem Gamblers**

- Significantly less activation dACC following errors in gamblers compared to smokers and normal controls (figures)
- Finding consistent with Potenza et al (2003) - Stroop Task PG vs HC

# Differences?



# Slot machine gambling in MRI



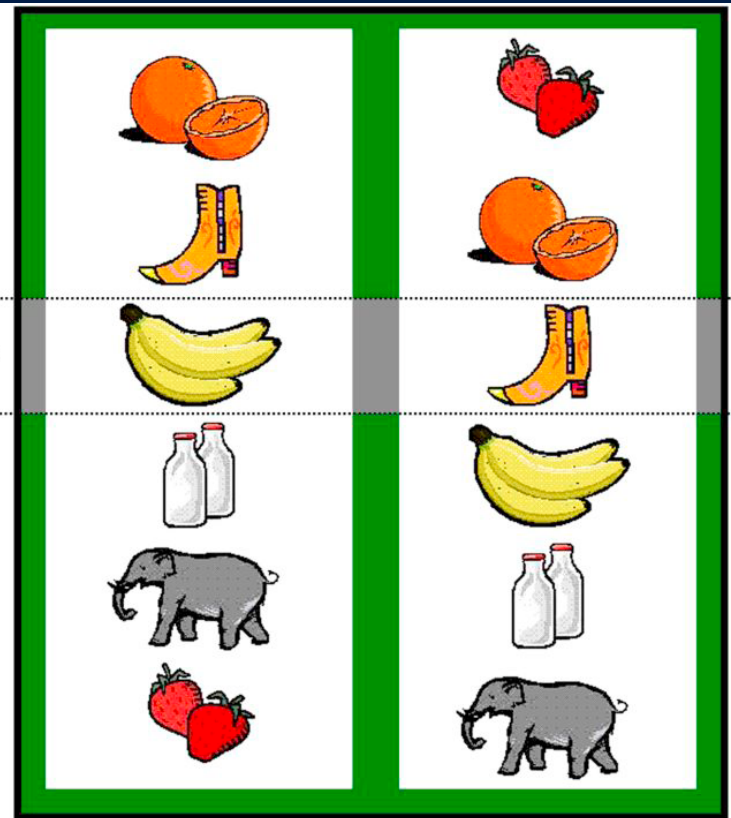
Luke Clark<sup>1,\*</sup>, Andrew J. Lawrence<sup>1</sup>, Frances Astley-Jones<sup>1</sup>, and Nicola Gray<sup>1</sup>

<sup>1</sup>*Behavioural and Clinical Neuroscience Institute, Department of Experimental Psychology, University of Cambridge, CB2 3EB Cambridge, UK.*

## What is the effect of near wins in your brain?

No Win

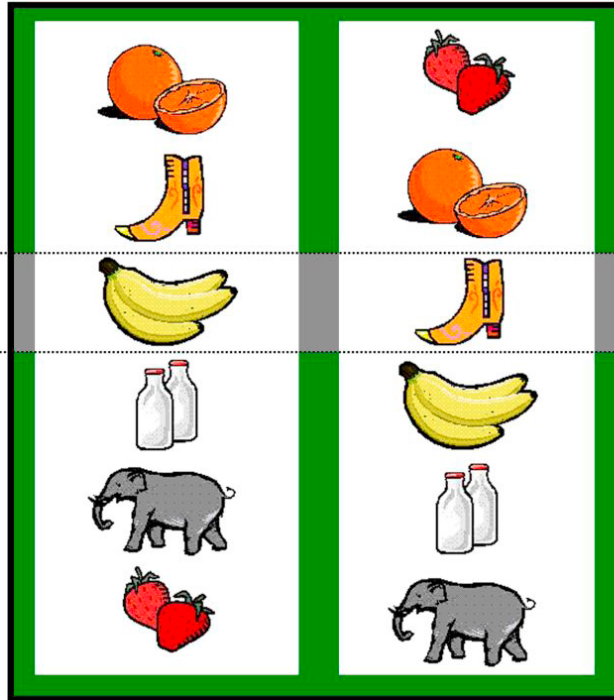
Total: £0





No Win

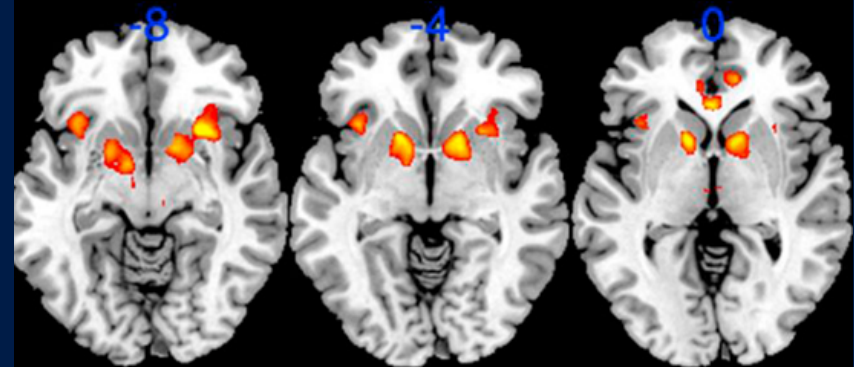
Total: £0



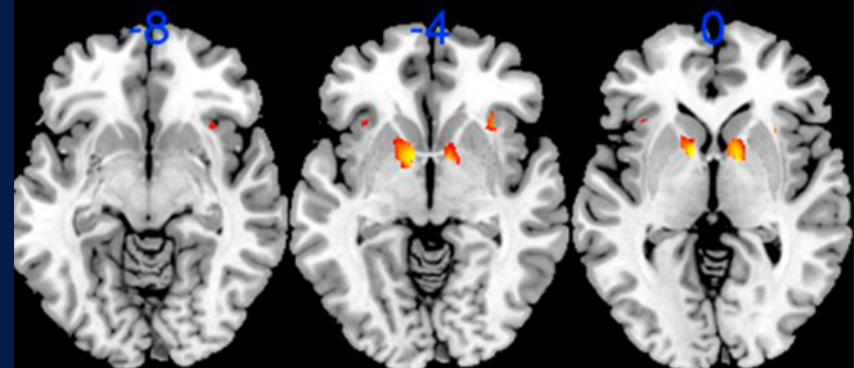
- Stronger response to near-wins: stronger propensity to keep gambling

Clark, Lawrence, Astley-Jones,  
Gray, 2009

Win



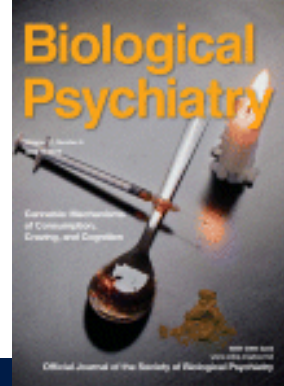
Near-Win



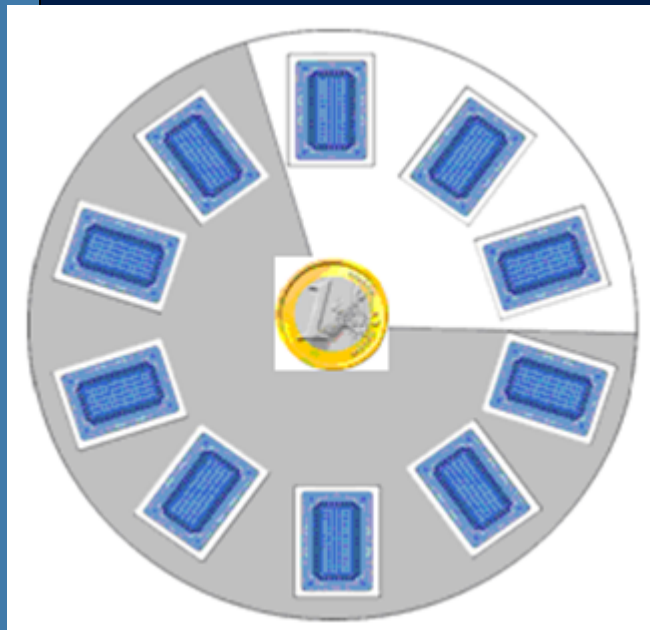
- What about the anticipation of winning?
- Does overestimation of winning play a role?

# Distorted Expectancy Coding in Problem Gambling: Is the Addictive in the Anticipation?

Ruth J. van Holst<sup>a, b, c</sup>, Dick J. Veltman<sup>a, b, c</sup>, Christian Büchel<sup>d</sup>, Wim van den Brink<sup>a, b</sup>, Anna E. Goudriaan<sup>a, b</sup>



## Win or lose?



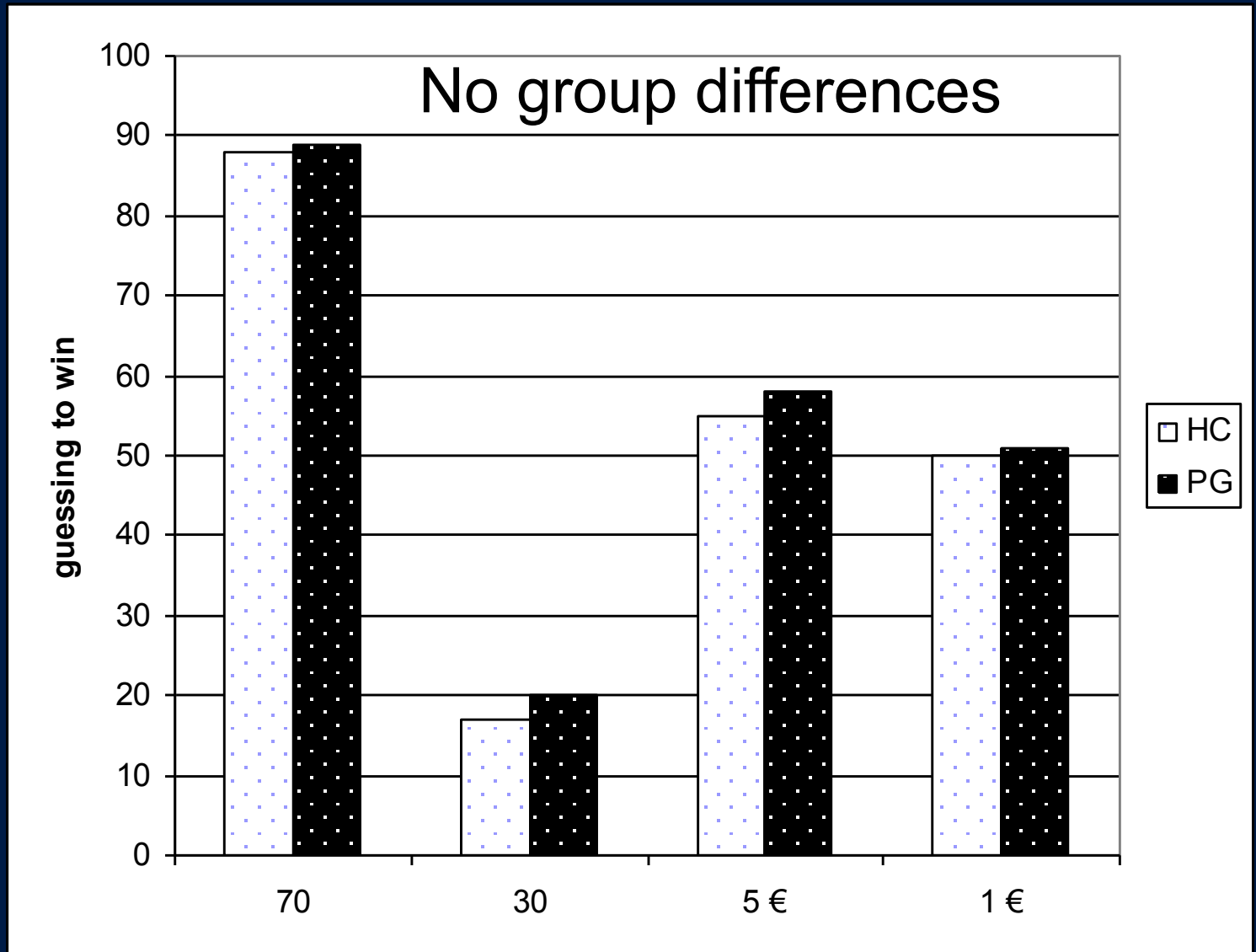
**WAIT**



Van Holst, Veltman, van den Brink, Goudriaan, *Biol Psychiatry*, 2012



# Behavioural results



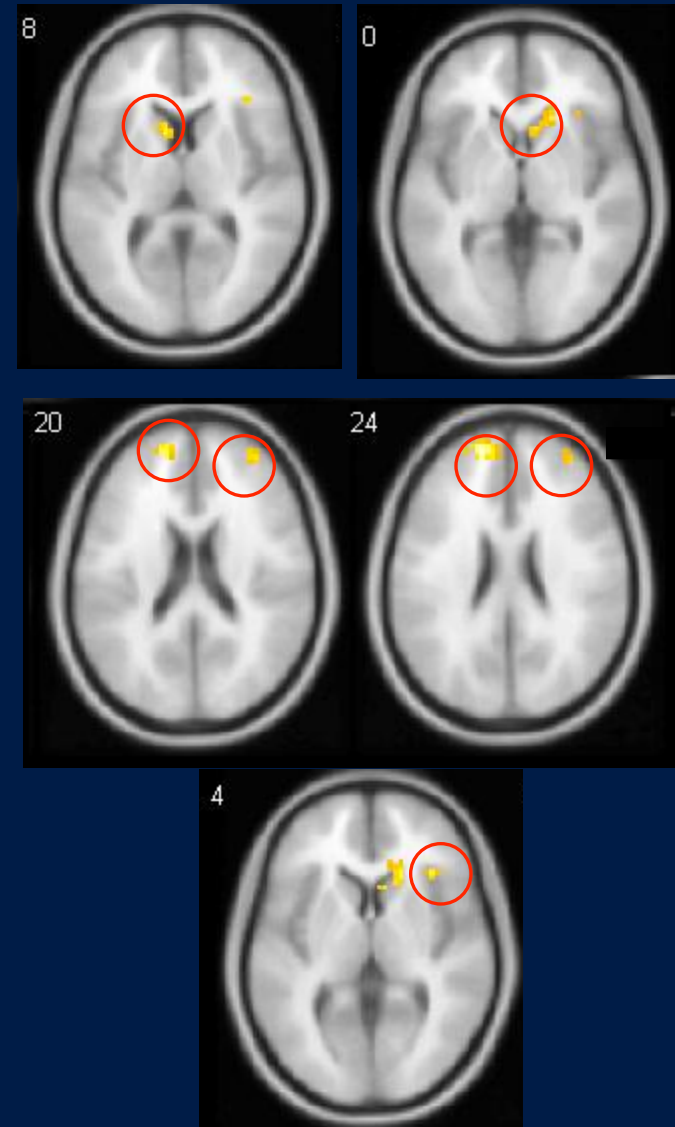
# fMRI results: Expectation of winning

PRGs compared to HCs  
activate more brain reward  
areas:

- bilateral ventral striatum

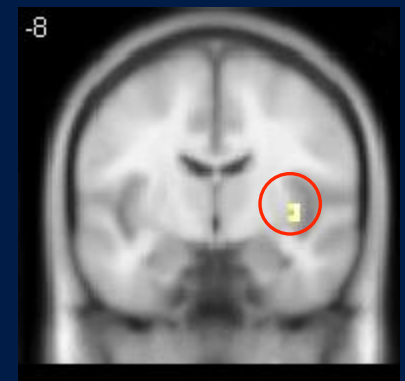
- bilateral VMPFC

- left Insula



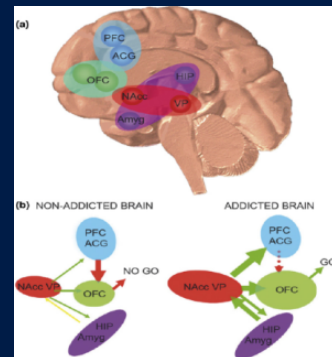
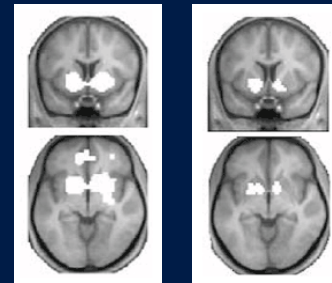
# Expectation of losing

Both groups activate the left insula and right amygdala: no group differences

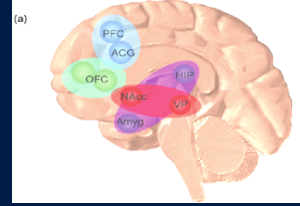


# In summary, problem gamblers:

- Show less reactivity in reward areas during monetary gains (Reuter et al., 2005) **and losses** (De Ruiter et al., 2008)
- Show diminished activity of the cognitive control network during response inhibition (De Ruiter et al., 2012)
- show diminished executive functions in neurocognitive studies (Goudriaan et al., 2006; Lawrence et al., 2009; Ledgerwood et al., 2012)



# Conclusions



The addictive is *also* in the

- **Near-win:** Recruit reward areas during near-misses (Clark et al., 2010)
- **Anticipation:** Problem gamblers show heightened activity in reward system during expectation of winning (Van Holst et al., 2012)
- **Imbalance** between control and motivation crucial for continued gambling (Reuter et al., Potenza et al., de Ruiter et al., Goudriaan et al.)
- Neuroimaging, neurocognitive, comorbidity patterns, genetics all point to similarities between PG and substance use disorders

# Acknowledgements:

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Johan van der Meer

Aart Nederveen

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**Thank you for your  
attention!**

**Questions...**

## Jellinek Addiction Treatment Center

(Mostafa Handoume, Henri Neelissen, Ragna Stam)

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**Gambling** (New Investigator Grant)

- **ERAB**

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# Questions and Discussion!

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# Demographics

|                  | PRGs (n=15)   | HCS (n=16)    |                                |
|------------------|---------------|---------------|--------------------------------|
| Age, mean (SD)   | 38.00 (13.42) | 34.92 (11.98) | T(26)= -0.92<br><i>p</i> =0.37 |
| SOGS, mean (SD)* | 10.00 (4.03)  | 0.08 (0.28)   | H(1)=19.33,<br><i>p</i> <0.001 |
| BDI, mean (SD)   | 8.87 (7.03)   | 6.00 (4.04)   | H(1)=1.91,<br><i>p</i> =0.16   |