



## Lifetime vs. Past-Year Prevalence Rates

One of the tasks accomplished by the National Gambling Impact Study Commission was a nationwide, random survey of American adults that estimated the prevalence of pathological gambling. According to this survey, 0.1 percent of American adults are "past year" pathological gamblers (put another way, one adult out of 1,000 adults is a "past year" pathological gambler), and 0.8 percent of American adults are "lifetime" pathological gamblers (or, 8 out of 1,000 adults is a "lifetime" pathological gambler).<sup>1</sup> What's the difference between a "lifetime" and a "past year" pathological gambler? Which prevalence figure is more relevant?

The term "lifetime pathological gambler" can be applied to someone who at any point in his/her life has exhibited the symptoms of pathological gambling. As the nationwide random survey data indicate (and as many state-specific surveys have corroborated), many "lifetime" pathological gamblers are not "past year" pathological gamblers, meaning that they no longer exhibit symptoms (perhaps they have given up gambling, have learned to better control their gambling, e.g.). It is typical of prevalence studies to show fewer "past year" cases than "lifetime" cases.

A "past year pathological gambler" (sometimes referred to in the literature as a "current pathological gambler") is someone who has exhibited the symptoms of pathological gambling within the past year. If a major concern of the Commission's research is to establish the current level of pathological gambling in the United States, the "past year" figure is the more appropriate indicator. Australian psychologists Michael Walker and Mark Dickerson explain:

If lifetime prevalence has a valid meaning, then it refers to the occurrence of some characteristic that, if present at all, is present for life. The notion of lifetime prevalence as applied to pathological gambling would be meaningful (though redundant) if it was true that 'pathological gambler' was an enduring description of a person: once a pathological gambler, always a pathological gambler. However, there is little evidence that pathological gambling is a lifelong problem.<sup>2</sup>

Top scientists in the United States agree. As the National Research Council recently stated, "the information of greatest policy relevance is generally the prevalence of current pathological or problem gambling, that is, estimates over a relatively recent but behaviorally representative time frame (e.g., the past year)."<sup>3</sup>

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<sup>1</sup> National Opinion Research Center at the University of Chicago, et al., *Gambling Impact and Behavior Study*, Report to the National Gambling Impact Study Commission, April 1, 1999, p. 25.

<sup>2</sup> Michael B. Walker and Mark G. Dickerson, "The Prevalence of Problem and Pathological Gambling: A Critical Analysis," *Journal of Gambling Studies* 12 (Summer 1996), p. 239.

<sup>3</sup> National Research Council, *Pathological Gambling: A Critical Review* (Washington, DC: National Academy Press, 1999), p. 3-1. See also Walker and Dickerson, cit. supra, p. 238: "(W)hatever criteria are chosen to define cases of pathological gambling, those criteria must refer to the present either conceived as 'now' or as a short period in the past leading up to now."

The literature suggests that "lifetime" measures are inherently problematic. Above we indicated that someone scoring as a lifetime pathological gambler "can be" a person who at any point in his/her life exhibited the symptoms of pathological gambling. It's possible, though, that he or she may not have had the disorder, even though he or she answers the relevant questions accurately and the Commission's survey counts him / her as a "lifetime pathological gambler."

An example illustrates. Suppose there were three and only three diagnostic criteria for the flu: a temperature of 102 degrees or above, aches and pains, and a sore throat. Also suppose that one can be categorized as "flu sufferer" only if one satisfies all three diagnostic criteria. A questionnaire tapping "lifetime flu suffering" would ask: Have you ever had a fever exceeding 102 degrees? Have you ever been bothered by aches and pains? And have you ever had a sore throat?

One could answer all three questions in the affirmative, and might therefore be categorized as a "lifetime flu sufferer." But if a person suffered one symptom in the winter of 1996, another in the winter of 1997, and the third symptom last year, the person probably has not recently had the flu.

What's missing from "lifetime" measures of flu and pathological gambling is a sensitivity to the appropriate time frame for exhibiting the necessary clustering of the diagnostic indicators, one reason why interpretations of the "lifetime" diagnosis via survey research are inherently problematic.<sup>4</sup> Only to the extent that the symptoms cluster in time is there evidence of a coherent disorder.

Finally, insensitivity to an appropriate timeframe is a reason why measures of "lifetime" pathological gambling have been shown to generate more false positives (individuals identified in a survey as having a problem who, upon closer inspection, actually do not have a problem) than measures of "current" or "past year" pathological gambling.<sup>5</sup>

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<sup>4</sup> Howard J. Shaffer, et al., *Estimating the Prevalence of Disordered Gambling Behavior in the United States and Canada: A Meta-analysis* (Boston: Harvard Medical School Division on Addictions, December 10, 1997), p. 64.

<sup>5</sup> On the issue of false positives, see, e.g., Robert P. Culleton, "The Prevalence Rates of Pathological Gambling: A Look at Methods," *Journal of Gambling Behavior* 5 (Spring 1989), pp. 22-41; Mark Dickerson, "A Preliminary Exploration of a Two-Stage Methodology in the Assessment of the Extent and Degree of Gambling Related Problems in the Australian Population," in *Gambling Behavior and Problem Gambling* (Reno, NV: Institute for the Study of Gambling and Commercial Gaming, 1993), pp. 347-364; and Max W. Abbott and Rachel A. Volberg, "The New Zealand National Survey of Problem and Pathological Gambling," *Journal of Gambling Studies* 12 (Summer 1996), pp. 143-160.