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### Screening for pathological gambling among substance misusers

SIR: Pathological gambling is a recognised psychiatric disorder with an estimated prevalence of 1 to 2% of the population (Roy *et al*, 1988). To aid early identification Lesieur & Blume (1987) developed the South Oaks Gambling Screen (SOGS). This is a 20-item self-report questionnaire based on DSM-III criteria for pathological gambling. It has been shown to have internal consistency and high test-retest reliability and to correlate well with the criteria set out in DSM-III-R for pathological gambling.

We administered the SOGS to a consecutive series of 376 substance misusers admitted as inpatients to the Substance Abuse Rehabilitation Unit (ARU) at the Veterans Administration Medical Center, East Orange, New Jersey. The SOGS was administered by the admitting nurse as part of the admission process to the ARU on the first day of admission.

Forty-nine of the 376 patients (13%) scored 5 or greater on the SOGS, placing them in the pathological gambling category of the SOGS. Only three patients refused to complete the SOGS.

The possible clinical implication of this result is that substance misuse programmes need to be aware that a meaningful percentage of their patients may also have problems with gambling. Identification of such patients would allow for treatment plans to incorporate interventions aimed specifically at the problem gambling.

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### Attention deficit disorder

SIR: Sandberg (1996) provides an interesting review on the recent thinking about hyperkinetic syndrome and attention deficit disorder. The breadth of the topic does make a comprehensive review difficult; however I think that there were several important aspects to these disorders which were not referred to.

The review does not mention the association between deficits in attention and tic disorders such as Gilles de la Tourette syndrome. This is an important area since studies show that between 21 and 90% of children with Tourette's are restless and overactive (Robertson, 1994). In addition treatment of hyperactivity with stimulants such as methylphenidate can exacerbate pre-existing tics or possibly even precipitate tics in children predisposed to developing them.

Sandberg, while mentioning the association with reading disorder, did not refer to reported links between attention deficit disorder and other developmental difficulties such as dyspraxia. Gillberg *et al* (1989) have described children with deficits in attention, motor functioning and perception (DAMP) as a syndrome overlapping with other forms of overactivity.

The section on medication refers to the use of stimulants but fails to mention alternative drug treatments such as tricyclic antidepressants (mainly imipramine) or clonidine. Admittedly these are not first-line treatments and the use of tricyclics in children is not without risks but clonidine is proving to be a useful alternative. There are some reports suggesting that clonidine may be particularly recommended in cases where overactivity and tics co-exist (Hunt *et al*, 1985).

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