

LUDOPATHY OR GAMBLING DISORDER? A LITERATURE REVIEW OF DSM-5-TR, ICD-11, AND THE BRAZILIAN LEGAL FRAMEWORK

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ABSTRACT

Introduction: This review synthesizes concepts from the current literature on ludopathy, relevant to the growing need to discuss Gambling Disorder amid the legal expansion of online sports betting and regulated markets in Brazil. The article reviews the main features, including criteria according to DSM-5-TR and ICD-11; prevalence; factors; comorbidities; family and financial harm; treatment and prevention strategies; and operator compliance and liability toward customers. Excessive gambling has moved from being considered an impulse control disorder to being classified as an addiction with a solid scientific basis to evaluate diminished responsibility in contractual relations. Although the diagnostic categories of DSM-5-TR and ICD-11 converge, they still differ. With online betting so readily available, early diagnosis, prevention, and effective intervention are essential and should be accompanied by stringent market regulation.

Objective: The aim of this study is to investigate the conceptual evolution and clinical dimensions of ludopathy, while analyzing its intersection with the Brazilian legal framework in order to evaluate how current legislation and regulatory policies address gambling-related harms.

Theoretical Framework: The study is grounded in the DSM-5-TR and ICD-11 diagnostic frameworks, behavioral addictions literature, cognitive-behavioral theory, and public health policies, complemented by the Brazilian legal framework governing civil responsibilities, consumer protection, and administrative rules for betting. These frameworks provide a solid basis for understanding ludopathy as an addictive disorder requiring both clinical and legal oversight.

Method: The methodology adopts a narrative review of the literature, combining clinical diagnostic systems (DSM-5-TR and ICD-11) with an analysis of statutory provisions, regulatory decrees, and academic research concerning behavioral dependencies and the Brazilian legal framework. Data collection involved synthesizing legal, academic, and clinical sources relevant to the topic.

Results and Discussion: The findings demonstrate that ludopathy is recognized as a behavioral addiction characterized by loss of control and significant personal, social, and financial impairments. While the DSM-5-TR and ICD-11 show high conceptual convergence, the Brazilian legal framework faces structural challenges regarding consumer protection, enforcement of responsible gambling, and the rapid expansion of online betting markets.

Research Implications: The theoretical and practical implications offer critical support for legal scholars, public policymakers, regulatory agencies, and mental health professionals. The

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results contribute to strengthening the Brazilian legal framework, legislative strategies, and evidence-based regulatory policies for individuals affected by ludopathy.

Originality/Value: This study contributes to the literature by integrating clinical diagnostic perspectives (DSM-5-TR and ICD-11) with the Brazilian legal framework in a comprehensive review. Its relevance lies in offering a multidimensional understanding of ludopathy as a contemporary public health and legal challenge, driven by the recent expansion of online betting markets in Brazil.

Keywords: gambling disorder, ludopathy, behavioral addiction, DSM-5-TR, ICD-11, problem gambling.

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LUDOPATIA OU TRANSTORNO DO JOGO? UMA REVISÃO BIBLIOGRÁFICA DO DSM-5-TR, ICD-11 E DO ARCABOUÇO JURÍDICO BRASILEIRO

RESUMO

Introdução: Esta revisão sintetiza conceitos da literatura atual sobre ludopatia, relevantes para a crescente necessidade de discutir o Transtorno do Jogo em meio à expansão legal das apostas esportivas online e dos mercados regulados no Brasil. O artigo analisa as principais características do Transtorno do Jogo, incluindo critérios de acordo com o DSM-5-TR e o CIE-11; prevalência; fatores; comorbidades; danos familiares e financeiros; estratégias de tratamento e prevenção; e conformidade e responsabilidade do operador para com os clientes. O jogo excessivo passou de ser considerado um transtorno de controle de impulsos para ser classificado como um vício com base científica sólida para avaliar a diminuição da responsabilidade em relações contratuais. Embora as categorias diagnósticas DSM-5-TR e CID-11 convergam, elas ainda diferem. Com as apostas online tão facilmente disponíveis, o diagnóstico precoce, a prevenção e a intervenção eficaz são essenciais e devem ser acompanhados por uma regulação rigorosa do mercado.

Objetivo: O objetivo deste estudo é investigar a evolução conceitual e as dimensões clínicas da ludopatia, analisando sua interseção com o arcabouço jurídico brasileiro para avaliar como a legislação atual e as políticas regulatórias abordam os danos relacionados ao jogo.

Estrutura Teórica: O estudo baseia-se nos marcos diagnósticos do DSM-5-TR e CID-11, na literatura sobre dependências comportamentais, na teoria cognitivo-comportamental e nas políticas de saúde pública, complementados pelo arcabouço jurídico brasileiro que rege responsabilidades civis, proteção ao consumidor e regras administrativas para apostas. Esses arcabouços fornecem uma base sólida para entender a ludopatia como um transtorno viciante que requer supervisão tanto clínica quanto jurídica.

Método: A metodologia adota uma revisão narrativa da literatura, combinando sistemas diagnósticos clínicos (DSM-5-TR e CID-11) com uma análise de disposições legais, decretos regulatórios e pesquisas acadêmicas sobre dependências comportamentais e o arcabouço jurídico brasileiro. A coleta de dados envolveu a síntese de fontes jurídicas, acadêmicas e clínicas relevantes para o tema.

Resultados e Discussão: Os achados demonstram que a ludopatia é reconhecida como um vício comportamental caracterizado por perda de controle e comprometimentos pessoais, sociais e financeiros significativos. Enquanto o DSM-5-TR e o ICD-11 mostram alta convergência conceitual, o arcabouço jurídico brasileiro enfrenta desafios estruturais em relação à proteção



do consumidor, fiscalização do jogo responsável e à rápida expansão dos mercados de apostas online.

Implicações em Pesquisa: As implicações teóricas e práticas oferecem apoio fundamental para estudiosos do direito, formuladores de políticas públicas, órgãos reguladores e profissionais de saúde mental. Os resultados contribuem para o fortalecimento do arcabouço jurídico brasileiro, das estratégias legislativas e das políticas regulatórias baseadas em evidências para indivíduos afetados pela ludopatia.

Originalidade/Valor: Este estudo contribui para a literatura ao integrar perspectivas diagnósticas clínicas (DSM-5-TR e CID-11) com o arcabouço jurídico brasileiro em uma revisão abrangente. Sua relevância reside em oferecer uma compreensão multidimensional da ludopatia como um desafio contemporâneo de saúde pública e direito, impulsionado pela recente expansão dos mercados de apostas online no Brasil.

Palavras-chave: transtorno do jogo, ludopatia, dependência comportamental, DSM-5-TR, CID-11, jogo problemático.

¿LUDOPATÍA O TRASTORNO POR JUEGO? REVISIÓN BIBLIOGRÁFICA DEL DSM-5-TR, ICD-11 Y EL MARCO LEGAL BRASILEÑO

RESUMEN

Introducción: Esta revisión sintetiza conceptos de la literatura actual sobre ludopatía, relevantes para la creciente necesidad de debatir el Trastorno del Juego en medio de la expansión legal de las apuestas deportivas online y los mercados regulados en Brasil. El artículo revisa las principales características del Trastorno por el Juego, incluyendo criterios según el DSM-5-TR y la CIE-11; prevalencia; factores; comorbilidades; daños familiares y financieros; estrategias de tratamiento y prevención; y cumplimiento y responsabilidad del operador hacia los clientes. El juego excesivo ha pasado de considerarse un trastorno de control de impulsos a clasificarse como una adicción con una base científica sólida para evaluar la disminución de la responsabilidad en las relaciones contractuales. Aunque las categorías diagnósticas del DSM-5-TR y la CIE-11 convergen, siguen difiriendo. Con las apuestas online tan fácilmente disponibles, el diagnóstico temprano, la prevención y la intervención eficaz son esenciales y deben ir acompañados de una estricta regulación del mercado.

Objetivo: El objetivo de este estudio es investigar la evolución conceptual y las dimensiones clínicas de la ludopatía, analizando al mismo tiempo su intersección con el marco legal brasileño para evaluar cómo la legislación actual y las políticas regulatorias abordan los daños relacionados con el juego.

Marco teórico: El estudio se basa en los marcos diagnósticos del DSM-5-TR y la CIE-11, la literatura sobre adicciones conductuales, la teoría cognitivo-conductual y las políticas de salud pública, complementados por el marco legal brasileño que regula las responsabilidades civiles, la protección del consumidor y las normas administrativas para las apuestas. Estos marcos proporcionan una base sólida para entender la ludopatía como un trastorno adictivo que requiere supervisión tanto clínica como legal.

Método: La metodología adopta una revisión narrativa de la literatura, combinando sistemas diagnósticos clínicos (DSM-5-TR e ICD-11) con un análisis de disposiciones legales, decretos regulatorios e investigaciones académicas sobre dependencias conductuales y el marco legal brasileño. La recopilación de datos implicó la síntesis de fuentes legales, académicas y clínicas relevantes para el tema.

Resultados y discusión: Los hallazgos demuestran que la ludopatía se reconoce como una adicción conductual caracterizada por la pérdida de control y discapacidades personales, sociales y financieras significativas. Aunque el DSM-5-TR y el CIE-11 muestran una alta convergencia conceptual, el marco legal brasileño enfrenta desafíos estructurales en cuanto a



la protección del consumidor, la aplicación del juego responsable y la rápida expansión de los mercados de apuestas online. **Implicaciones en la investigación:** Las implicaciones teóricas y prácticas ofrecen un apoyo fundamental para juristas, responsables de políticas públicas, organismos reguladores y profesionales de la salud mental. Los resultados contribuyen a fortalecer el marco legal brasileño, las estrategias legislativas y las políticas regulatorias basadas en la evidencia para las personas afectadas por la ludopatía.

Originalidad/Valor: Este estudio contribuye a la literatura integrando perspectivas diagnósticas clínicas (DSM-5-TR e ICD-11) con el marco legal brasileño en una revisión exhaustiva. Su relevancia radica en ofrecer una comprensión multidimensional de la ludopatía como un desafío contemporáneo de salud pública y legal, impulsado por la reciente expansión de los mercados de apuestas online en Brasil.

Palabras clave: trastorno por juego, ludopatía, adicción conductual, DSM-5-TR, CIE-11, juego problemático.

1 INTRODUCTION

Games of chance have been part of human history for centuries, whether for recreation, competition, or risk-taking (First *et al.*, 2022). However, with the digitalization of games of chance, the vast offerings of online betting providers, and the onset of sports wagering, gambling has become a major public health problem (Brianez & Cury, 2026; Hernandez and Bujardón Mendoza, 2020). This article deals with the widespread problem of misuse of gambling worldwide and tries to establish some of the epistemological bases for the specifics of addiction to gambling as it affects adults (Palumberi & Mannino, 2008), young people (Hernandez and Bujardón Mendoza, 2020), and even children (Vural *et al.*, 2026). It addresses addiction in general and substance abuse in particular, with special emphasis on the implications of gambling addiction (Pérez *et al.*, 2016). In this article, we investigate the neurological basis of gambling disorder and the legal aspects in the Brazilian framework.

Firstly, ludopathy is a multifactorial behavioral disorder characterized by impaired control over gambling activities, resulting in significant psychological, social, and financial harm (Salum *et al.*, 2026).

There are significant differences between current classifications of gambling disorder, especially in terms of how best to diagnose and address this growing behavioral health problem. The primary approach of the DSM-5-TR (APA, 2022) is a symptom-based medical approach to classification, whereas the ICD-11 (WHO, 2019) focuses on behavior and associated mental health, medical, and functional impairment(s). Together, the approaches of both classification systems allow an in-depth examination of the



conceptualization of contemporary psychiatry regarding gambling addiction and its increasing complexity in today's modern society.

This literature review examines Gambling Disorder (ludopathy) through the diagnostic categories provided by the two main classification systems currently in use: the DSM-5-TR (APA, 2022) and the ICD-11 (WHO, 2019). After outlining the disorder's historical evolution across diagnostic categories in contemporary psychiatry, the review compares current diagnostic criteria and highlights the main risk factors and comorbidities identified. It will also discuss the identified social and economic consequences and examine current treatment approaches. The review aims to summarize the literature to provide a deeper insight into Gambling Disorder as a behavioral addiction and into its implications for clinical practice, public health, and future research.

2 THEORETICAL FRAMEWORK

2.1 LUDOPATHY OR GAMBLING DISORDER?

The term *ludopathy* (also called *ludomania*), traditionally used in clinical and legal contexts, as well as in Romance languages, and the modern term for the same condition — *gambling disorder* — as defined in the current psychiatric taxonomy, belong to different structural frameworks. While in the past it was considered to be within the realm of impulse-control disorders, in recent years several researchers consider gambling to be a behavioral addiction, closely related to substance use-related disorders. These conditions share similar neurobiological markers, dysregulation of reward-related systems, and craving pathways (Potenza *et al.*, 2019; Salum *et al.*, 2026).

2.2 CONCEPTUALIZATION, DIAGNOSTICS, AND THEORETICAL FRAMEWORKS

Pathological gambling (PG) or Gambling Disorder (GD) has recently experienced a paradigm shift in its classification as a behavioral addiction. Formally, the diagnosis of Gambling Disorder is included in the Diagnostic and Statistical Manual of Mental Disorders (5th ed., text rev.) (APA, 2022) and the International Statistical Classification



of Diseases and Related Health Problems (11th ed.) (WHO, 2019), while First *et al.* (2022) elaborated its diagnostic criteria in considerable detail.

Regarding theoretical approaches to the study of ludopathy, etiological studies examine the relationship between the gambler's psychological vulnerability and the environments in which they gamble (Hernández Cruz & Bujardón Mendoza, 2020; Palumberi & Mannino, 2008). More recently, there is an increasing interest in the neurobiological basis of compulsive gambling as well as in its clinical characteristics, that is, the specific risk factors of the disorder and its related craving (Salum *et al.*, 2026). In addition to these lines of research, there are also existential and psychotherapeutic studies that view pathological gambling as a concealed expression of unknown pathologies or even as a maladaptive creative solution to human problems (Lopes, 2025). Finally, problem gambling has been a constant human feature in literature, and it is portrayed in the narratives of recognized quality in specific geographical regions (Urbina & Mariella, 2022).

2.3 CLINICAL EPIDEMIOLOGY, NEUROLOGICAL MARKERS, AND COMORBIDITIES

Hodgins *et al.* (2011) provided a comprehensive review of problem gambling as a chronic and often relapsing behavior that frequently co-occurs with other psychiatric disorders. The core endophenotype of impulsivity was also addressed and supported by trait and behavioral measures of impulsivity that were elevated in both clinical and subclinical problem gamblers in the robust meta-analysis by Ioannidis and colleagues (Ioannidis *et al.*, 2019).

Recent neuroimaging meta-analyses on valence processing have also provided insight into shared altered processing in reward- and punishment-related brain circuits. Clinical GD is also highly variable and presents differently across ages, ethnicities, and geographic locations. Recent large, national surveys of problem gamblers worldwide have also been compared across genders, for example, to reveal symptom and severity differences (Kavla *et al.*, 2026; Matsushita *et al.*, 2026). Importantly, individuals with substance use disorders (SUD) are affected by GD and vice versa, and require integrated approaches to treatment (Rash & Weinstock, 2016).



2.4 COGNITIVE PROCESSES, STIGMA, AND PSYCHOSOCIAL IMPACT

Research has found that cognitive distortions and maladaptive ways of dealing with emotions play a crucial role in people with a gambling disorder. Researchers have studied the interaction between emotions and decision-making tasks in cognitive laboratories (Mari *et al.*, 2024). Then again, various external factors influence a person with a gambling disorder in their behavior, such as maladaptive emotion regulation strategies described by Ioniță *et al.* (2026).

Programs to deal with problem gambling also are affected by social psychosocial factors that make access to treatment difficult for people with Gambling Disorder. The stigmatizing attitude of the public towards Gambling Disorder as well as the self-stigma presented by individuals with Gambling Disorder have been extensively described (Aonso-Diego *et al.*, 2026). These factors interact with regional risk profiles for casino players and urban populations (Pérez *et al.*, 2016).

2.5 EMERGING THERAPEUTIC INTERVENTIONS AND MODERN HORIZONS

Treating a multifaceted pathology, as is the case with gambling disorder, needs novel therapeutic approaches to address people with different needs. Contemporary clinical practice guidelines and their modifications for addressing trauma and addiction, as well as for people with complicated problems, such as those treated with Seeking Safety (Najavits *et al.*, 2026), are examined for their relevance to individuals with gambling disorder. In addition, some non-pharmacological approaches for treating people with GD are reviewed to identify their potential effectiveness, including those that have been recently examined by Tannous *et al.* (2026) for individuals with severe GD.

New waves of research are addressing the digital era. Growing digitalization is highlighting early-onset vulnerabilities in the new generation. According to Vural *et al.* (2026), these young individuals are dealing with an “invisible digital threat” of modern behavioral addictions and need to be protected by means of public health and clinical research in the field of addiction that will anticipate future challenges.



2.6 COMPARISON OF GAMBLING DISORDER DEFINITIONS IN THE DSM-5-TR AND ICD-11

Both DSM-5-TR (APA, 2022) and ICD-11 (WHO, 2019) have recently conceptualized gambling disorder as a behavioral addiction rather than as an impulse control disorder and have therefore moved on from the earlier understanding of this condition. Although recent changes to the understanding and diagnosis of gambling disorder have been largely alike, there are, however, substantial differences in terms of taxonomy, clinical specification, and diagnostic threshold between the two diagnostic frameworks.

The DSM-5-TR further places the gambling disorder within the category of Substance-Related and Addictive Disorders. This is a reflection of the behaviors that have been previously described as sharing several key features, including being related to several genetic vulnerabilities and having similar neurobiological underpinnings to other substance-related addictions. In contrast, the ICD-11 places the gambling disorder within the category of Disorders Due to Addictive Behaviors. This is a unique category to the ICD-11 and one that sits outside of the categories for substance use disorders. However, several clinical specifiers can be used to indicate whether an individual's primary form of gambling is online or offline.

A key aspect of how both manuals diagnose gambling disorder is the criteria used to arrive at said diagnosis. Again, the DSM-5-TR uses a polythetic approach, meaning that there are 9 criteria for gambling disorder, and that a diagnosis is made when four or more of these are met over the course of 12 months (e.g., chasing losses, tolerance, withdrawal, deceptive behavior with or without others to hide the extent of involvement with gambling). The DSM-5-TR also defines severity based on the number of criteria met (mild: 4-5; moderate: 6-7; severe: 8-9). The ICD-11, on the other hand, uses a mandatory 'core triad' that defines the disorder. These three components are: (1) impaired control over gambling; (2) increased priority given to gambling above other interests and activities; and (3) continued behavior despite consequences of such behavior that are formally described as legal, social, or financial (in total negative). All three of these components must be present in the individual and lead to marked distress and/or significant problems ('functional impairment'), which is typically reported to last for a period of greater than 12 months.



The two systems differ significantly in the methodologies used to define this clinical disorder, with polythetic criteria such as those in the DSM more likely to define a broader clinical population, often at higher prevalence than that identified by more rigid approaches such as the required triad in the ICD-11. Importantly, both manuals have moved away from terms such as ‘pathological gambling’ to decrease stigma and increase treatment-seeking among individuals affected by this clinically significant disorder (APA, 2022; WHO, 2019). The differences between DSM5 TR and ICT-11 is depicted in the following Table 1:

Table 1

Comparison of Gambling Disorder Frameworks: DSM-5-TR and ICD-11

Diagnostic Feature	DSM-5-TR	ICD-11
Publishing Organization	American Psychiatric Association (APA)	World Health Organization (WHO)
Primary Category	Substance-Related and Addictive Disorders	Disorders Due to Addictive Behaviors
Diagnostic Model	Polythetic approach (meeting a minimum number of criteria)	Mandatory triad (all core components required)
Diagnostic Threshold	Meeting ≥ 4 out of 9 core criteria over a 12-month period	Presence of all 3 core features causing marked distress or functional impairment over ≥ 12 months
Severity Grading	Explicitly graded (Mild: 4–5; Moderate: 6–7; Severe: 8–9)	Described qualitatively through clinical presentation and functional impairment
Clinical Specifiers	Episodic / Persistent; In early remission / In sustained remission; Severity levels	Online / Offline involvement; Episodic / Continuous patterns
Prevalence Capture	Generally yields higher prevalence rates due to inclusive polythetic structure	Generally yields lower prevalence rates due to strict mandatory triad criteria

Source: elaborated by the authors (2026)



2.7 LEGAL ASPECTS OF GAMBLING IN BRAZIL

The issue of ludopathy, similar to that of other psychoactive substances, requires limits, regulated advertising and ample information on the risks it entails. In order to fight against ludopathy it is necessary a combined effort by government, private companies and civil society in order to provide protection to individuals and ensure their human dignity (Brianez and Cury, 2026). As has been stated, ludopathy is a public health issue and, nowadays, it is an even greater challenge when facing a rising digital betting market (Hodgins *ET AL.*, 2011). The focus of a social problem of this nature is not just confined to individual behavior and requires not only prevention and treatment plans but also awareness campaigns as well. Without an appropriate confrontation, an activity intended for leisure ends up generating suffering and exclusion to many individuals and, ultimately, destroys lives.

The growth of the betting market in Brazil has had significant effects on the economy as well as on the country's social structure. The expansion of betting activities, generally known as "bets", has generated considerable debate on the subject among several parties and has caused new challenges in the relationships between operators in the market and their clients. The fixed-odds betting market has become more organized with the enactment of Law No. 14,790/2023 (Brasil, 2023) and it is now being disciplined and regulated by a specific body of law. In such legislation there are stipulated parameters for its practice through regulated and officially licensed platforms as well as rules and duties that such operators must comply with. However, the scope of effects of betting activities goes far beyond the legal and economic aspects of such practice and, when practiced irregularly or abusively, it generates considerable losses, especially the grave one of compulsive betting, which not only affects the individual who gambles but also affects family and social relations of such person.

Law No. 14,790/2023 (Brasil, 2023) regulated the fixed-odds betting market in Brazil (the so-called "bets" in Brazilian Portuguese^c), covering both sporting events and online games, by establishing strict rules for the commercial exploitation of the activity through grants issued by the Ministry of Finance. The text defines taxation on operators' revenues and bettors' prizes, stipulates strict advertising guidelines to prevent indebtedness and abusive advertising to minors, and imposes compliance mechanisms

^c In Brazilian Portuguese, the term "bet" is used as in English.



aimed at combating money laundering, manipulation of sports results and gambling addiction (ludopathy). Article 2nd, items V and VII regulated virtual gambling and online gaming, respectively.

Section II of Law 14,790/2023 (Brasil, 2023) describes administrative infractions related to the operation of fixed-odds betting lotteries, punishable by. Infractions include operating without authorization, omitting information, obstructing inspection, and running propaganda for unauthorized operators. Article 40 (Brasil, 2023) extends liability to individuals who carry out activities without authorization or make improper advertising. Section III establishes penalties for violators, which can range from warnings to fines of up to BRL 2 billion, plus sanctions such as suspension of activities and disqualification from managing lotteries. The application of penalties will consider the seriousness of the infraction, recidivism, and the offender's economic capacity (Brasil, 2023).

3 METHODOLOGY

The This literature review synthesizes empirical studies and clinical practice on Gambling Disorder. Given the fast pace of growth of digital sports betting and online gambling within formally regulated markets, this review aims to examine how current clinical frameworks portray this behavioral, social, and psychological addiction.

3.1 SEARCH STRATEGY AND DATA SOURCES

For this review, we searched several academic and medical databases: PubMed (Search filter: Human and English), PsycINFO (Human and English), SciELO (Human and English), and Google Scholar (Search filter: Human and English). To identify additional studies by analyzing the reference lists of selected review articles and classification manuals of psychiatric disorders, we searched the databases already cited.

3.2 INCLUSION AND EXCLUSION CRITERIA

Therefore, the following were included in the review: a) empirical studies (analytical cross-sectional, longitudinal, case report and series, experimental design) of



qualitative and quantitative nature; b) systematic reviews, meta-analyses; c) epidemiological studies and reports (surveys and administrative data); d) clinical guidelines (an evidence-based systematic approach to health care); and seminal theoretical articles, analyzing in detail the historical development of concepts, initially classified as an impulse-control disorder and today considered a behavioral addiction. On the other hand, the following were excluded from the review: a) literature regarding chemical dependence (substance use disorder), in the absence of an analysis of behavior (behavioral) addictions; and/or b) non-academic, non-peer-reviewed articles and other media, the content of which was not supported by evidence.

3.3 DATA EXTRACTION AND SYNTHESIS

Data from the selected studies were organized in terms of the research framework, in thematic analysis of the various aspects of the issue studied, namely: (a) the evolution of diagnostic concepts of the disorder, comparing the polythetic threshold concept (Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision – DSM-5-TR –, American Psychiatric Association, 2022) with the mandatory clinical triad of the International Classification of Diseases, 11th Revision (ICD-11 –, World Health Organization, 2019); (b) the prevalence of online sports betting; (c) co-morbid psychiatric and medical conditions; (d) negative social and familial aspects; and (e) approaches to prevention and treatment based on empirical evidence. This integrated review aims to assess the current public health challenges posed by markets with regulated online gambling.

4 RESULTS AND DISCUSSIONS

The literature analyses found that, today, ludopathy or gambling disorder is classified as a behavioral addiction in the current psychiatric classification systems (American Psychiatric Association, 2022; World Health Organization, 2019). Gambling disorder shares important similarities with other addictions, particularly those due to psychoactive substances, such as the involvement of neurobiological, genetic, and other vulnerability factors as well as similar alterations in brain reward and other circuits (Aonso-Diego *et al.*, 2026; Potenza *et al.*, 2019; Salum *et al.*, 2026).



Moreover, major psychiatric classification systems differ significantly in how they diagnose the same condition. Both the DSM-5-TR (APA, 2022) and ICD-11 (WHO, 2019) consider gambling as an addictive disorder. Both criteria include impaired control over gambling, increasing salience given to gambling over time, and persistent pursuit of gambling despite the adverse consequences it has for the individual and their family. However, DSM-5-TR uses a polythetic approach and states that four of nine criteria must be met within 12 months. Severity of gambling disorder is rated from mild to severe. The ICD-11, on the other hand, uses a simple triad consisting of impaired control, increasing salience, and persistent pursuit despite adverse consequences of such a nature as to cause significant impairment. The latter system is expected to capture a much lower prevalence of the disorder and its various forms compared with the polythetic approach of DSM-5-TR (Ioannidis *et al.*, 2019).

Another major aspect of the literature reviewed is the psychological and social impact on gamblers and individuals affected by gambling, and the rapid growth of online sports betting and digital gaming platforms worldwide. This expansion is seen as a source of vulnerability for early-onset gambling addiction in children and adolescents (Vural *et al.*, 2026). Clinical and epidemiological studies describe the comorbidity of substance use disorders (Rash & Weinstock, 2016) and high levels of trait impulsivity (Ioannidis *et al.*, 2019) in gamblers. On the other hand, negative psychosocial consequences of public stigma as well as self-stigma of gambling problems impede timely help-seeking by individuals with gambling problems (Aonso-Diego *et al.*, 2026). Hence, there is a growing need for the use of evidence-based psychological treatments and their cognitive-behavioral strategies as well as for trauma-informed approaches for the treatment of gambling disorder (Najavits *et al.*, 2026).

5 RESEARCH LIMITATIONS

We must also consider several limitations. First, because this review uses qualitative study selection and analysis, it is subject to greater potential selection bias than systematic reviews. In addition, because information on online betting markets and regulations is disseminated in many ways, some very current information may not yet be published as peer-reviewed studies. Lastly, we restricted studies to sources written in



English, Portuguese, or Spanish, potentially omitting important clinical or epidemiological information in other languages.

6 CONCLUSIONS

The classification of ludopathy, or more accurately, of gambling disorder, as an addictive disorder is thus complete in both DSM-5-TR and ICD-11 classifications. Despite many differences, both classifications share a fundamental conceptual basis. That is, the psychiatrically relevant complex of symptoms and deficits brought about by gambling has moved in the classification systems from an impulse-control disorder to an addictive disorder.

In addition, both classifications view the complex set of phenomena known as ludopathy from a solid, shared conceptual standpoint. Differing only in diagnostic threshold (a polythetic set of criteria rather than a mandatory clinical triad), the two systems require methods to enable more or less equivalent measurement of prevalence and clinical assessment. Problem gambling is a psychiatric entity that is affected by a variety of distinct factors, including the various combinations of coexisting psychiatric disorders, specific cognitive distortions, and very strong, socially held stigmas. To address the unique problems affecting individuals with problem gambling, there is a growing need for interventions at multiple levels that are early, comprehensive, distinctive, and innovative. Early, standardized diagnostic recognition, accordingly, should be achieved through a robust regulatory framework that, in turn, is matched by effective, evidence-based treatments.

FUTURE RESEARCH

Future research would greatly benefit from longitudinal studies that assess the neurobiological and behavioral changes that occur in individuals who engage in digital gambling versus traditional land-based gaming. It is also important to explore how different cultural and regulatory environments affect addiction in children and adolescents who engage in online and/or land-based gaming. The use of integrated psychological approaches in treatment (including trauma-informed psychological



interventions) that target the specific forms of distorted thinking found in individuals with digital gambling disorders would also be highly useful in future trials.



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