



BACKGROUND

- There is a critical need to identify and develop effective interventions for pathological gambling¹
- **The proper evaluation of these studies requires transparent, or clear, reporting**
- Detail and clarity in reports are needed to understand the methodology, results, and the interpretation of the findings²
- To improve transparent reporting, systematic reviews in various fields have evaluated the 'quality of reporting' using standardized reporting guidelines

OBJECTIVES

1. Systematically review and retrieve published reports of behavioral interventions for pathological gambling
2. Identify strengths and weakness in reporting quality
3. Assess the extent to which reporting quality changed between 2000 and 2011

METHODS

- **Specific search strategies to retrieve treatments**
 - PubMed, Web of Science, PsychINFO
 - Peer-reviewed studies (Jan 2000 to Apr 2011) with comparison treatment group
- **Created a 59-item Adapted TREND Questionnaire (ATQ) with 23 particularly important questions to assess quality of reporting**
 - **TREND (Transparent Reporting of Evaluations with Nonrandomized Designs)** was specifically developed by the CDC and American Public Health Association to guide standardized reporting for nonrandomized trials⁶
- **Data abstraction** - Three reviewers used the ATQ to systematically assess each study

RESULTS

- 26 studies identified and reviewed
- **Studies averaged 38 positive responses (sd=6; range=26-49) out of 59 questions (65%)**
- The quality of reporting for these studies did not change over time (Figure 1)

Table 1: Percent of Studies Receiving Positive Responses to Selected Questions

METHODS	
Reported the person who delivered the intervention	81%
Described the method for inputting missing data	69%
Reported funding for the study	65%
Reported the recruitment setting (e.g. gay bar, city)	54%
Described the intervention setting	52%
Reported activities to increase compliance or adherence (e.g. incentives)	46%
Reported involvement with IRB	42%
Described how the sample size was determined	35%
RESULTS	
Described baseline characteristics relevant to the gamblers being studied	96%
Described baseline demographic of participants in each study condition	88%
Reported the number of participants who completed the follow up	85%
Reported the number of participants screened for eligibility and enrolled	77%
Reported the dates defining the periods of recruitment	31%
Described baseline characteristics of those lost and those retained	24%
DISCUSSION	
Discussed the generalizability (external validity) of the trial findings	54%
Discussed the success of and barriers to implementing the intervention; fidelity of implementation	38%
Presented a baseline comparison between study population and target population of interest	15%

Figure 1: Percent of Positive Responses For Each Study Versus Publication Year

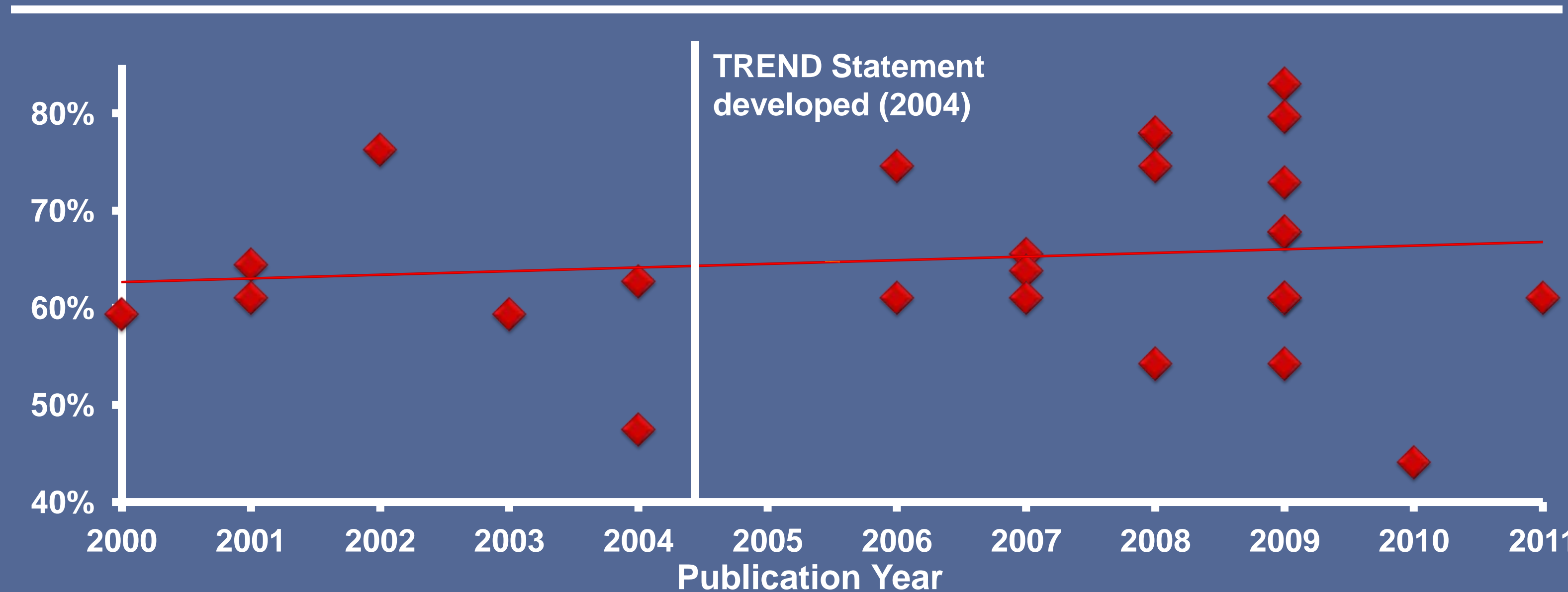
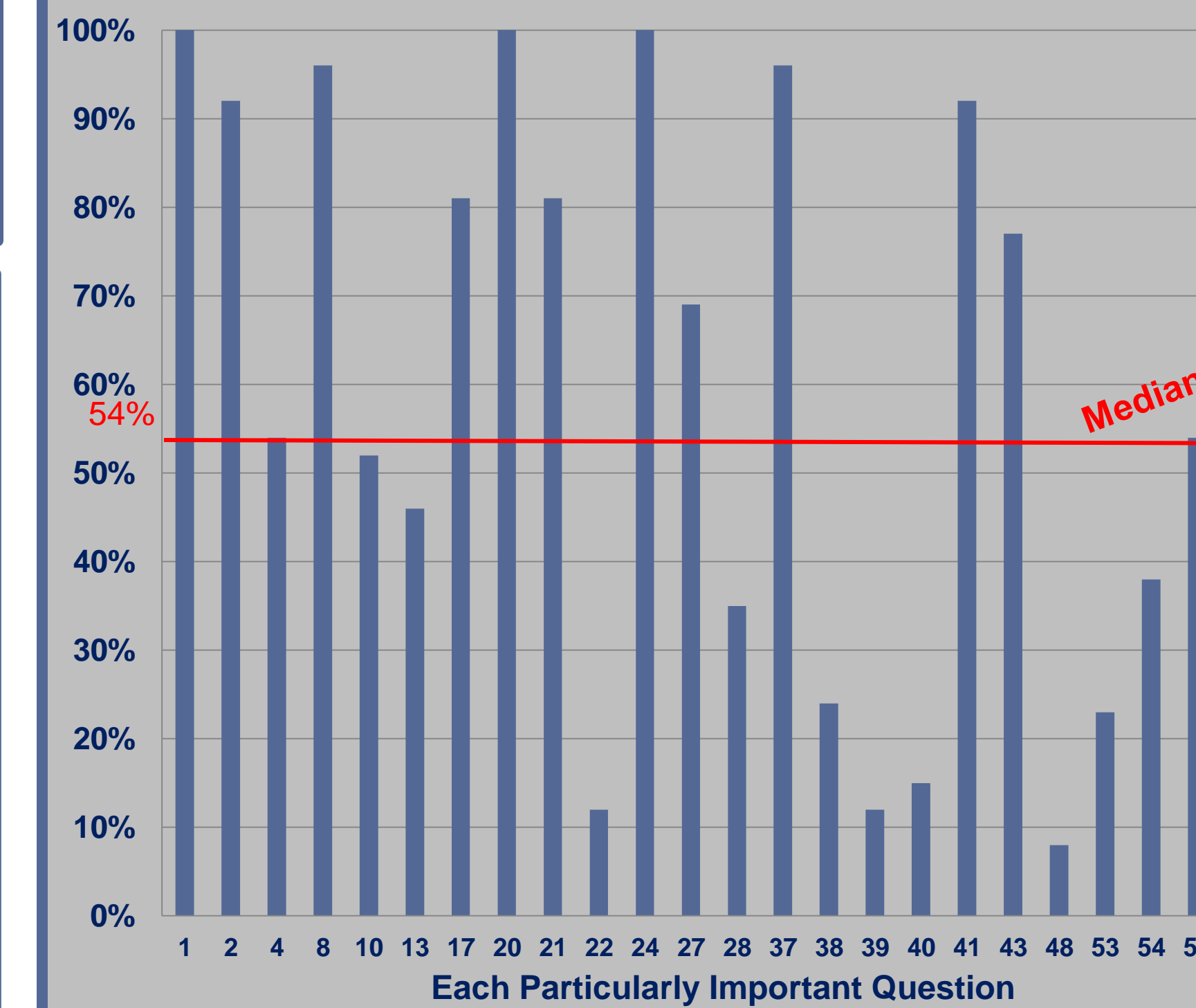


Table 2: Percent of Studies Receiving Positive Responses For Each Particularly Important ATQ Question



CONCLUSIONS

- Many areas in these reports fail to meet guidelines for transparent reporting
- This shortcoming prevents clinicians and policy-makers from adequately interpreting, evaluating, and translating findings into empirically supported recommendations

REFERENCES

1. Ladouceur R & Shaffer H (2005) Treating problem gamblers: Working towards empirically supported treatment, *J Gambling Studies*, 21, 1-4.
2. Des Jarlais DC et al. (2004) Improving the reporting quality of nonrandomized evaluations of behavioral and public health interventions: the TREND statement, *Am J Public Health*, 94, 361-6.

[HTTP://WWW.UCLAGAMBLINGSTUDIES.ORG](http://www.uclagamblingstudies.org)

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