

Win Back Control: a gambling self-help tool

Submission date 06/02/2019	Recruitment status No longer recruiting	<input checked="" type="checkbox"/> Prospectively registered <input checked="" type="checkbox"/> Protocol
Registration date 07/02/2019	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
Last Edited 04/06/2024	Condition category Mental and Behavioural Disorders	<input type="checkbox"/> Individual participant data

Plain English summary of protocol

Background and study aims

Switzerland has a wide array of gambling opportunities. The country has 21 casinos and about 9000 lottery-vending points. This makes Switzerland one of the densest countries in the world in terms of gambling places. About half of the adult population has played in the previous year. About 1 percent show signs of problematic gambling. However less than 1 in 10 of problem gamblers are in treatment. Most seek treatment only in response to a significant life crisis. Offering a web-based self-help tool could potentially reach people who otherwise would not seek traditional help.

This study will test the effectiveness of a web-based self-help intervention (programme) compared to a control condition with a self-help manual in reducing gambling activity in problem gamblers.

Who can participate?

Adults (aged at least 18), able to read and write in German or French and have gambled at least once a week during the last 30 days

What does the study involve?

Participants are randomly allocated to one of two groups. The intervention group is given access to the web-based self-help program (Win Back Control). The active control condition will receive a copy of a self-help manual which has been proven effective in other studies. Win Back Control consists of a gambling diary, nine modules designed to help people to reduce their gambling based on the principles of motivational interviewing, self-control practices, and methods of cognitive behavioural therapy. The participants are encouraged to complete as many modules as possible during the 8-week program duration.

All participants are followed up 16 weeks after the program ends to see whether they have reduced their gambling activity.

What are the possible benefits and risks of participating?

A possible benefit to participation is reducing one's own gambling. Possible risks include experiencing mild cravings and depression.

Where is the study run from?

Research Institute for Public Health and Addiction (ISGF) (Switzerland)

When is the study starting and how long is it expected to run for?
March 2019 to November 2021

Who is funding the study?
This project is co-financed by the 16 SOS-Spielsucht-Cantons, Gesundheitsförderung Schweiz and the Canton of Zurich.

Who is the main contact?
Mr Christian Baumgartner, christian.baumgartner@isgf.uzh.ch

Study website
<http://www.winbackcontrol.ch>

Contact information

Type(s)
Scientific

Contact name
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Additional identifiers

EudraCT/CTIS number
Nil known

IRAS number

ClinicalTrials.gov number
Nil known

Secondary identifying numbers
SNCTP000003127

Study information

Scientific Title

Developing and piloting of a web-based self-help tool for problem gambling in Switzerland: Win Back Control

Acronym

WBC

Study objectives

The web-based intervention will be more effective than the control condition in reducing gambling among problematic gamblers.

We have the following expectations with respect to the secondary outcomes between the baseline, 8-week follow up, and 24-weeks follow up:

1. Severity of gambling is more reduced in participants from study arm 1 than those in study arm 2 after the 8 weeks of intervention and at 24-weeks follow up.
2. Participants in study arm 1 demonstrate better improvements with regard to their mental health symptoms than those in study arm 2 at 24-weeks follow up.
3. Participants in study arm 1 decrease their alcohol and nicotine consumption more than those in study arm 2 after the 8 weeks of intervention and at 24-weeks follow up.
4. Participants in the study arm 1 are overall more satisfied with the received intervention than those in study arm 2 after their 8 weeks of intervention.

Ethics approval required

Old ethics approval format

Ethics approval(s)

Approved 18/12/2018, ethics committee of the Canton of Zurich (Cantonal Ethics Commission Zurich, Stampfenbachstrasse 121, 8090, Zürich, Switzerland; 043 259 79 72; Info.KEK@kek.zh.ch), ref: BASEC-Nr. 2018-01989

Study design

Two-armed randomized controlled trial

Primary study design

Interventional

Secondary study design

Randomised controlled trial

Study setting(s)

Internet/virtual

Study type(s)

Treatment

Participant information sheet

<http://www.winbackcontrol.ch/?q=teilnahmeinformationen>

Health condition(s) or problem(s) studied

Problematic gambling

Interventions

Participants are randomly allocated to one of two arms:

1. Intervention group: Web-based self-help program

Win Back Control is an automated web-based self-help tool based on classical CBT approaches for treating problematic gambling. It will consist of a gambling diary, nine modules designed to reduce gambling activity based on the principles of motivational interviewing, self-control practices, and methods of cognitive behavioural therapy ("The beginning of change and your goal", "Risk situations and goal achievement strategies", "Craving and irrational thoughts", "Tackling problems and dealing with slips", "Preserve your success", "Alcohol and nicotine", "Working on needs", "Challenging negative thoughts" and "Relaxation and mindfulness"). The core modules (1-5) have to be completed in their intended sequence, complimentary modules will be unrestricted from day one.

2. Active control group: Self-help manual

The active control condition will receive a copy of a self-help manual via email, which is based on the principles of motivational interviewing, self-control practices, and methods of cognitive behavioural therapy. The efficacy of the manual has been proven in other studies. The masking technique is open as masking is not possible in the applied design.

Once participants have completed their baseline assessment, they will be randomized by a computer program in a 1:1 ratio to 1 of 2 groups, and this assignment will be automatically registered in the background database. As participants will see if they have been assigned to the control condition, there is a risk that some might try to circumvent their assignment by registering another account in hope to end up in a different group. In case a participant surmounts the administrative hurdle, he nevertheless will be assigned to the same group for a certain amount of time, based on his IP-address. Measures will be taken at baseline, 8-week follow up, and 24-weeks follow up.

Intervention Type

Behavioural

Primary outcome measure

Current primary outcome measure as of 18/03/2019:

Primary outcome variable will be the number of days played over last 30 days assessed through self-report questionnaire form at baseline, after 8 weeks and at 24 weeks follow-up.

Previous primary outcome measure:

Primary outcome variable will be the time spent gambling, the number of days per week of play and the amount of money lost assessed through self-report questionnaire form at baseline, after 8 weeks and at 24 weeks follow-up.

Secondary outcome measures

1. Problem gambling severity measured using the PGSI at initial assessment, after 8 weeks and at 24 weeks follow-up.
2. Symptoms of gambling disorder measured using the G-SAS at initial assessment, after 8 weeks and at 24 weeks follow-up.
3. Use of alcohol and tobacco measured using timeline followback forms at initial assessment, after 8 weeks and at 24 weeks follow-up.
4. Depression measured using PHQ-9 at initial assessment and at 24 weeks follow-up.
5. Anxiety measured using GAD-7 at initial assessment and at 24 weeks follow-up.
6. Attention deficit symptoms measured using ASRS-V1.1 at initial assessment and at 24 weeks follow-up.

7. PTSD measured using the Short Screening Scale for DSM-IV Posttraumatic Stress Disorder at initial assessment and at 24 weeks follow-up.
8. Client satisfaction measured using the CSQ-I measured after 8 weeks.
9. Treatment retention measured using consumption diary continuously.

Overall study start date

01/01/2018

Completion date

01/11/2021

Eligibility

Key inclusion criteria

1. Gambling activity at least once a week 30 days prior to study entry
2. At least 18 years old
3. Internet access
4. Proficiency in German or French

Participant type(s)

Healthy volunteer

Age group

Adult

Lower age limit

18 Years

Sex

Both

Target number of participants

352

Total final enrolment

360

Key exclusion criteria

1. Self-reported engagement in other psychosocial treatments for problem gambling
2. Elevated suicidality (scoring greater than "minimal risk" on a screener)
3. Past-90 day psychosis or mania
4. Presence of a severe substance use disorder (SUD)

Date of first enrolment

01/03/2019

Date of final enrolment

01/01/2021

Locations

Countries of recruitment

Switzerland

Study participating centre

Swiss Research Institute for Public Health and Addiction

Konradstrasse 32

Zurich

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8005

Sponsor information

Organisation

Research Institute for Public Health and Addiction (ISGF)

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Sponsor type

Research organisation

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ROR

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Funder(s)

Funder type

Research organisation

Funder Name

Gesundheitsförderung Schweiz

Funder Name

16 SOS-Spielsucht-Cantons

Funder Name

Canton of Zurich

Results and Publications

Publication and dissemination plan

Planned publication in a high-impact peer-reviewed journal.

Intention to publish date

01/02/2022

Individual participant data (IPD) sharing plan

The datasets generated during and/or analysed during the current study are available from the corresponding author on reasonable request

IPD sharing plan summary

Available on request

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Protocol article	protocol	08/12/2019	05/11/2020	Yes	No
Results article		01/09/2023	04/06/2024	Yes	No