

Gambling-related harms: identification, assessment and management

[D] Models of care and service delivery

NICE guideline NG248

*Evidence review underpinning recommendations 1.3.1 to 1.3.8
and a recommendation for research in the NICE guideline*

January 2025

Disclaimer

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or service users. The recommendations in this guideline are not mandatory and the guideline does not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

Local commissioners and/or providers have a responsibility to enable the guideline to be applied when individual health professionals and their patients or service users wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with compliance with those duties.

NICE guidelines cover health and care in England. Decisions on how they apply in other UK countries are made by ministers in the [Welsh Government](#), [Scottish Government](#), and [Northern Ireland Executive](#). All NICE guidance is subject to regular review and may be updated or withdrawn.

Copyright

© NICE 2025. All rights reserved. Subject to [Notice of rights](#).

ISBN: 978-1-4731-6804-6

Contents

Models of care and service delivery	6
Review question	6
Introduction	6
Summary of the protocol	6
Methods and process	8
Effectiveness evidence	8
Summary of included studies	8
Summary of the evidence	8
Economic evidence	8
Economic model	8
The committee's discussion and interpretation of the evidence	9
Recommendations supported by this evidence review	12
References – included studies	12
Appendices	13
Appendix A Review protocols	13
Review protocol for review question: What is the effectiveness of care pathways and models of care for people who participate in harmful gambling (including those comorbid conditions such as depression, anxiety and other substance-use disorders)?	13
Appendix B Literature search strategies	22
Literature search strategies for review question: What is the effectiveness of care pathways and models of care for people who participate in harmful gambling (including those comorbid conditions such as depression, anxiety and other substance-use disorders)?	22
Effectiveness searches	22
Economics searches	32
Appendix C Effectiveness evidence study selection	44
Study selection for: What is the effectiveness of care pathways and models of care for people who participate in harmful gambling (including those with comorbid conditions such as depression, anxiety and other substance-use disorders)?	44
Appendix D Evidence tables	45
Evidence tables for review question: What is the effectiveness of care pathways and models of care for people who participate in harmful gambling (including those with comorbid conditions such as depression, anxiety and other substance-use disorders)?	45
Appendix E Forest plots	46
Forest plots for review question: What is the effectiveness of care pathways and models of care for people who participate in harmful gambling (including those with comorbid conditions such as depression, anxiety and other substance-use disorders)?	46

Appendix F	GRADE and/or GRADE-CERQual tables.....	47
	GRADE tables for review question: What is the effectiveness of care pathways and models of care for people who participate in harmful gambling (including those with comorbid conditions such as depression, anxiety and other substance-use disorders)?	47
Appendix G	Economic evidence study selection.....	48
	Economic evidence study selection for: What is the effectiveness of care pathways and models of care for people who participate in harmful gambling (including those with comorbid conditions such as depression, anxiety and other substance-use disorders)?.....	48
Appendix H	Economic evidence tables	49
	Economic evidence tables for review question: What is the effectiveness of care pathways and models of care for people who participate in harmful gambling (including those with comorbid conditions such as depression, anxiety and other substance-use disorders)?.....	49
Appendix I	Economic model	50
	Economic model for review question: What is the effectiveness of care pathways and models of care for people who participate in harmful gambling (including those with comorbid conditions such as depression, anxiety and other substance-use disorders)?.....	50
Appendix J	Excluded studies	51
	Excluded studies for review question: What is the effectiveness of care pathways and models of care for people who participate in harmful gambling (including those with comorbid conditions such as depression, anxiety and other substance-use disorders)?.....	51
Appendix K	Research recommendations – full details.....	53
	Research recommendations for review question: What is the effectiveness of care pathways and models of care for people who participate in harmful gambling (including those with comorbid conditions such as depression, anxiety and other substance-use disorders)?.....	53
K.1.1	Research recommendation.....	53
K.1.2	Why this is important.....	53
K.1.3	Rationale for research recommendation	53
K.1.4	Modified PICO table	54

Models of care and service delivery

Review question

What is the effectiveness of care pathways and models of care for people who participate in harmful gambling (including those with comorbid conditions such as depression, anxiety and other substance-use disorders)?

Introduction

The treatment and support of people experiencing gambling-related harms is currently provided by a combination of a small number of specialist NHS clinics, private healthcare providers, voluntary and third sector providers, and some primary care gambling services with specialist GP input. The majority of these services have developed to respond to local and national demand with a lack of coordinated commissioning arrangements or agreed referral pathways. This lack of coordination and clear referral pathways may lead to inconsistencies in the ability to access treatment, whereby some people cannot or do not know how and where to access the help and support they need. In addition, people experiencing gambling-related harms may require support from mental health or substance use services, that complements the treatments offered for their gambling, and so it is important that integration of treatment services is considered.

With the planned and ongoing expansion of NHS clinics there is an opportunity as part of the development of this guideline to create a more coherent and connected service, with a standardised governance structure.

The aim of this review is to determine if there is evidence to support any care pathways or models of care for people experiencing gambling that harms.

Summary of the protocol

See Table 1 for a summary of the Population, Intervention, Comparison and Outcome (PICO) characteristics of this effectiveness review.

Table 1: Summary of the protocol (PICO table)

Population	People aged 18 years and older (including those with co-morbid conditions) who participate in harmful gambling.
Intervention	<p>Any care pathway or models for care (such as care coordination or stepped care) for people participating in harmful gambling (including those with comorbid conditions such as depression, anxiety and other substance-use disorders)</p> <p>Care pathways and models of care will be defined by the studies and are expected to vary in a range of ways, for example:</p> <ul style="list-style-type: none"> • initial points of access • referral routes between services • the environment in which assessment, treatment and care is delivered • how and when care is delivered • contribution of care providers • funding and commissioning arrangements for the provision of care and treatment and for movement between providers • care coordination • the role of information and communication technology
Comparison	<p>Different care pathways or models of care compared with each other or with:</p> <ul style="list-style-type: none"> • the standard or 'usual' care pathway or model of care • no comparator
Outcome	<p>Critical</p> <ul style="list-style-type: none"> • quality of life (measured using validated scales such as EQ-5D and SF-12) • gambling severity (assessed using validated scales such as the Problem Gambling Severity Index and objective, quantifiable measures such as gambling frequency or time or money spent on gambling) • satisfaction with services, including satisfaction of affected others (measured using validated satisfaction scales) • social functioning (measured using validated scales such as the Work and Social Adjustment Scale) • rates of readmission to gambling treatment services <p>Important:</p> <ul style="list-style-type: none"> • adverse events such as suicide, self-harm, or unplanned acute mental health hospital admission

EQ-5D: EuroQol health related quality of life (5 domains); SF-12: 12-item short form survey

For further details see the review protocol in appendix A.

Methods and process

This evidence review was developed using the methods and process described in [Developing NICE guidelines: the manual](#). Methods specific to this effectiveness review question are described in the review protocol in appendix A and the methods document (Supplement 1: methods).

Declarations of interest were recorded according to [NICE's conflicts of interest policy](#).

Effectiveness evidence

Included studies

A systematic review of the literature was conducted but no studies were identified which were applicable to this review question.

See the literature search strategy in appendix B and study selection flow chart in appendix C.

Excluded studies

Studies not included in this review are listed, and reasons for their exclusion are provided in appendix J.

Summary of included studies

No studies were identified which were applicable to this review question (and so there are no evidence tables in appendix D). No meta-analysis was conducted for this review (and so there are no forest plots in appendix E).

Summary of the evidence

No studies were identified which were applicable to this review question (and so there are no GRADE tables in appendix F).

Economic evidence

Included studies

A single economic search was undertaken for all topics included in the scope of this guideline, but no economic studies were identified which were applicable to this review question. See the literature search strategy in appendix B and economic study selection flow chart in appendix G.

Excluded studies

No economic studies were reviewed at full text and excluded from this review.

Economic model

No economic modelling was undertaken for this review because the committee agreed that other topics were higher priorities for economic evaluation.

The committee's discussion and interpretation of the evidence

The outcomes that matter most

When choosing which outcomes to prioritise, the guideline committee discussed the importance of ensuring that people who experience gambling that harms are at the centre of care pathways and models of care. Therefore, the committee wanted to identify outcomes that would reflect the impact of different care pathways on the overall wellbeing of people who experience gambling that harms and they therefore agreed that critical outcomes should be quality of life and social functioning. The committee also wanted to know the impact of different service delivery models on people's gambling activity and so they also chose gambling severity and rates of readmission to gambling treatment as critical outcomes. Finally, the committee wanted to know if different models of care impacted on people's satisfaction with services, and so they chose this as a critical outcome.

People who participate in gambling that harms are also at high risk of experiencing co-morbid conditions such as depression and anxiety and may be at risk of self-harm or suicide. Therefore, the committee agreed that important outcomes of this review should include adverse events such as suicide, self-harm, or unplanned acute mental health hospital admissions.

The quality of the evidence

No studies were identified which were applicable to this review question.

Benefits and harms

As no evidence was identified for this review, committee members discussed whether they should make recommendations or whether they should make research recommendations only. However, as the reconfiguration of gambling services is in its early stages, the committee agreed this was an opportunity to shape the future configuration of these services and suggest how the reconfigured services could be commissioned by the NHS to create a coordinated pathway of care for people experiencing gambling-related harms. The committee therefore drafted recommendations, drawing on their own knowledge and experience of existing models of care such as the [alcohol pathway](#) for England, the [routes to recovery pathway for substance use](#), the Improving Access to Psychological Therapies (IAPT) program (now called NHS Talking Therapies), and existing gambling service models.

The committee discussed that the planned reconfiguration of gambling services would likely lead to treatment services becoming commissioned by the NHS and so they drafted definitions of what these services would provide, and how this would compare to the treatment provided by the NHS-provided specialist gambling clinics: the committee agreed that the nature of that treatment would differ from the treatment offered by specialist gambling clinics and it would therefore be appropriate to recommend community based services would treat people with lower levels of gambling related harms. In this sense, a two tier treatment system would address the full spectrum of needs and complexity, ensuring availability of appropriate treatment. However, they recognised that many support services are currently provided by the voluntary sector and these, or NHS services, may continue to provide support to people, and so also recommended the ongoing delivery of gambling support services. The committee discussed that in the future, NHS commissioning of treatment services would mean that they are likely to be subject to the same clinical governance arrangements, audit and monitoring as other NHS services.

The committee discussed that people present to gambling treatment services with different levels of harms and therefore agreed to make a recommendation that gambling treatment services and support services should be commissioned to meet the different levels of needs

of people, taking into account the severity of gambling, the presence of comorbidities and other co-occurring needs.

The committee discussed that a fundamental principle of service delivery should be to ensure gambling treatment and support services are free of any influence from the gambling industry. Although they acknowledged this would be challenging to implement, the committee agreed it would be feasible and beneficial for services to be commissioned free from this influence, for example by requiring service providers to declare their funding and any conflicts of interest between commissioners or providers and the gambling industry to be declared. The committee agreed that the planned introduction of a statutory levy on the gambling industry would support this. The committee therefore recommended that commissioners of gambling treatment and support put these safeguards in place.

The committee agreed that at the time of developing the recommendations there was some uncertainty over the detail of future commissioning arrangements but agreed they could, based on their knowledge and experience, define what features should be included in future services. In discussing the service provision that needs to be in place to identify, support and treat people experiencing gambling-related harms, the committee agreed that the timeliness of assessment and provision of treatment is crucial to reduce the risk of developing further gambling-related harms. In the committees' knowledge and experience, people experiencing gambling that harms are at high risk of adverse events such as suicide if treatment is not delivered as soon as the need is identified. They therefore recommended to consider providing prompt and ongoing assessments.

Based on their knowledge and experience, the committee recognised that additional work is needed to ensure the recommended support benefits groups who typically lack access to mainstream services. Therefore, the committee recommended to provide easy access to treatment for these people and referred to the recommendations in 'improving access to treatment'.

The committee also discussed the importance of coordinated approaches for everyone experiencing gambling that harms. They agreed that when people experience gambling-related harms they typically have a range of needs not limited to treatment of their gambling and responding to those needs requires multidisciplinary and coordinated support with issues like mental health, and support from social care and, if appropriate, the criminal justice system. For this coordination to be effective, the committee agreed it needs to be built into the commissioning pathway, which would have the benefit of ensuring the different services have the most up to date information about a client, with continuity of care and agreed information-sharing.

The committee also discussed that some people who experience gambling that harms may have other comorbidities such as learning disabilities, alcohol and substance dependencies, mental health conditions, neurodiverse conditions such as severe attention deficit hyperactivity disorder, or acquired cognitive impairments, and that it was important that treatments for comorbidities and gambling that harms are coordinated to ensure that both gambling and comorbidities are being treated, and that treatments are tailored for the needs of these groups.

Based on their knowledge and experience, the committee agreed it is important that support and treatment services for people experiencing gambling that harms and their affected others are provided by trained individuals. The committee acknowledged potential resource requirements of ensuring a trained and competent workforce but agreed that it would avoid misdiagnoses and ensure expert, effective treatment is provided. The committee made a similar recommendation in the section on treatment of gambling and gambling-related harms.

Finally, the committee discussed that not all gambling treatment service providers currently collect information on people entering services and outcomes resulting from services. The committee discussed that if service providers collect people's baseline data, demographics,

and waiting times and measure outcomes at the end of treatment or support, they could contribute to a local understanding about whether services are reaching the intended population and achieving the intended treatment goals. The committee agreed that collecting and publishing these standardised data would also have the benefit of informing service design, addressing potential access concerns and local health inequalities.

As there was no evidence identified for this review, the committee also made a research recommendation. A description of this research recommendation can be found in appendix K.

Cost effectiveness and resource use

No economic evidence was identified for this review question. The committee highlighted that, currently, most services for people experiencing gambling that harms are provided by third sector and voluntary services, and that existing NHS-commissioned services for the care of this population are very limited. Therefore, the committee acknowledged that the recommendations are likely to have major resource implications. The committee made recommendations about models of care and service delivery for people experiencing gambling-related harms, considering existing evidence-based, cost-effective models of care in the NHS, such as the alcohol pathway, the model of care for substance misuse, and the Improving Access to Psychological Therapies (IAPT) programme. The committee discussed the advantages arising from services being commissioned by the NHS, including the opportunity to determine what governance structures should be in place and better specified desired treatment outcomes, and specified that gambling treatment services and gambling support services may be provided by a range of providers, including the NHS or the voluntary and charity sector. The committee also advised that, currently, the majority of people experiencing gambling-related harms in England are not receiving any care. The committee agreed that there would be a transition period as services for gambling treatment and support reconfigured and that there would be substantial resource implications involving setting up new services, reconfiguring existing services and transferring current staff or services from other providers into NHS-commissioned services. They noted, however, that the planned introduction of a statutory levy on the gambling industry would support this. The committee advised that people present to gambling treatment and support services with different levels of harms and therefore services should be structured in a way that matches the different levels of needs and preferences of people, to ensure optimal outcomes.

The committee estimated that at least some of the costs required to reconfigure and establish care pathways for this population will be offset by cost-savings further down the care pathway, if people experiencing gambling-related harms are treated and supported effectively within NHS commissioned services, according to their needs. They also took into account the high costs associated with gambling that harms, not only to the NHS (including costs incurred by treating comorbidities such as depression, alcohol dependence and illicit drug use) but also costs to other sectors, arising from unemployment and criminal activity, as well as intangible costs relating to suicides and the distress and impact on the quality of life of people experiencing gambling that harms, their family and close others. The Office for Health Improvement and Disparities estimated the annual economic burden of gambling that harms to be in the range of £1-£1.8 billion (in 2022 prices), comprising £400 million of direct costs to the government and £600 million to £1.4 billion of wider societal costs associated with suicide and depression. Considering also the largely unmet need for these services and the anticipated improved benefits arising from people receiving appropriate care in NHS-commissioned gambling treatment and support services according to their needs and preferences, the committee expressed the view that providing carefully planned services to people experiencing gambling-related harms within structured care pathways by a range of providers commissioned by the NHS would ensure efficient use of resources.

Other factors the committee took into account

As no evidence was identified for this review, the committee did not need to consider whether there was any potential bias due to gambling industry funding.

Recommendations supported by this evidence review

This evidence review supports recommendations 1.3.1 to 1.3.8 and a research recommendation on models of care.

References – included studies

Effectiveness

No studies were identified which were applicable to this review question.

Appendices

Appendix A Review protocols

Review protocol for review question: What is the effectiveness of care pathways and models of care for people who participate in harmful gambling (including those comorbid conditions such as depression, anxiety and other substance-use disorders)?

Table 2: Review protocol

ID	Field	Content
0.	PROSPERO registration number	CRD42022341245
1.	Review title	Models of care and delivery of services
2.	Review question	What is the effectiveness of care pathways and models of care for people who participate in harmful gambling (including those with comorbid conditions such as depression, anxiety and other substance-use disorders)?
3.	Objective	To determine which care pathways and models of care are effective for people participating in harmful gambling.
4.	Searches	<p>The following databases will be searched:</p> <ul style="list-style-type: none"> • Applied Social Science Index and Abstracts (ASSIA) • Cumulative Index to Nursing and Allied Health Literature (CINAHL) • Cochrane Central Register of Controlled Trials (CENTRAL) • Cochrane Database of Systematic Reviews (CDSR) • Embase • Emcare • Epistemonikos • Health Management Information Consortium (HMIC) • International Health Technology Assessment (IHTA) • Medline and Medline In-Process

ID	Field	Content
		<ul style="list-style-type: none"> • PsycInfo • Social Care Online • Social Policy and Practice • Social Sciences Citation Index <p>Searches will be restricted by:</p> <ul style="list-style-type: none"> • Date: 2000 onwards (see rationale under Section 10) • English language • Human studies <p>Other searches:</p> <ul style="list-style-type: none"> • Inclusion lists of systematic reviews • Kings Fund reports • Campbell Collaboration • Gov.uk • National Grey Literature Collection • Be Gamble Aware • GamCare • Gambling Research Exchange Ontario • Gambling Commission • Advisory Board for Safer Gambling • Gambling Watch UK • Australian Gambling Research Centre • Gambling Compliance • Gambling and Addictions Research Centre • Responsible Gambling Council • Victorian Responsible Gambling Foundation <p>The searches will be re-run 6 weeks before final submission of the review and further studies retrieved for inclusion.</p> <p>The full search strategies will be published in the final review.</p>

ID	Field	Content
5.	Condition or domain being studied	Models of care and service delivery for people participating in harmful gambling.
6.	Population	<p>Inclusion: People aged ≥ 18 years (including those with co-morbid conditions) who participate in harmful gambling.</p> <p>Exclusion:</p> <ul style="list-style-type: none"> • People aged <18 years. • People with bipolar disorder only participating in gambling behaviour during manic episodes.
7.	Intervention	<p>Any care pathway or models for care (e.g. care coordination or stepped care) for people participating in harmful gambling (including those with comorbid conditions such as depression, anxiety and other substance-use disorders)</p> <p>Care pathways and models of care will be defined by the studies and are expected to vary in a range of ways, for example:</p> <ul style="list-style-type: none"> • Initial points of access • Referral routes between services • The environment in which assessment, treatment and care is delivered • How and when care is delivered • Contribution of care providers • Funding and commissioning arrangements for the provision of care and treatment and for movement between providers • Care coordination • The role of information and communication technology
8.	Comparator	<p>Different care pathways or models of care compared with each other or</p> <p>The standard or 'usual' care pathway or model of care or</p> <p>No comparator</p>
9.	Types of study to be included	<ul style="list-style-type: none"> • Systematic reviews of RCTs • Experimental studies using a randomly assigned control group design • Experimental studies using a non-randomly assigned control group design with match comparison or another method of controlling for confounding variables.

ID	Field	Content
		<ul style="list-style-type: none"> • Observational studies • With control group (i.e. case control or cohort studies) with match comparison or another method of controlling for confounding variables. • Without control group (i.e. uncontrolled before-after studies)
10.	Other exclusion criteria	<p>Inclusion:</p> <ul style="list-style-type: none"> • Full text papers • Studies conducted in high income countries (as defined by the World Bank) in Europe as well as Australia, New Zealand and Canada. <p>Exclusion:</p> <ul style="list-style-type: none"> • Articles published before 2000 • Studies using qualitative methods only • Non-English language articles • Conference proceedings
11.	Context	Recommendations will apply in all settings where harmful gambling may be identified, assessed, or treated.
12.	Primary outcomes (critical outcomes)	<ul style="list-style-type: none"> • Quality of life (measured using validated scales such as EQ 5D and SF-12) • Gambling severity (assessed using validated scales such as the Problem Gambling Severity Index and objective, quantifiable measures such as gambling frequency or time or money spent on gambling) • Satisfaction with services, including satisfaction of affected others (measured using validated satisfaction scales) • Social functioning (measured using validated scales such as the Work and Social Adjustment Scale) • Rates of readmission to gambling treatment services
13.	Secondary outcomes (important outcomes)	<ul style="list-style-type: none"> • Adverse events such as suicide, self-harm, or unplanned acute mental health hospital admission
14.	Data extraction (selection and coding)	<p>All references identified by the searches and from other sources will be uploaded into EPPI-Reviewer 5 and de-duplicated.</p> <p>Titles and abstracts of the retrieved citations will be screened to identify studies that</p>

ID	Field	Content
		<p>potentially meet the inclusion criteria outlined in the review protocol.</p> <p>Dual sifting will be performed on at least 10% of records; 90% agreement is required. Disagreements will be resolved via discussion between the two reviewers, and consultation with senior staff if necessary.</p> <p>Full versions of the selected studies will be obtained for assessment. Studies that fail to meet the inclusion criteria once the full version has been checked will be excluded at this stage. Each study excluded after checking the full version will be listed, along with the reason for its exclusion.</p> <p>A standardised form will be used to extract data from studies. The following data will be extracted: study details (reference, country where study was carried out, type and dates), participant characteristics, inclusion and exclusion criteria, details of the interventions if relevant, setting and follow-up, relevant outcome data and source of funding. One reviewer will extract relevant data into a standardised form, and this will be quality assessed by a senior reviewer.</p>
15.	Risk of bias (quality) assessment	<p>Quality assessment of individual studies will be performed according to Developing NICE guidelines: the manual, using the following checklists:</p> <ul style="list-style-type: none"> • ROBIS tool for systematic reviews • Cochrane RoB (2.0) for randomised controlled trials • Cochrane ROBINS-I tool for non-randomised (clinical) controlled trials and cohort studies • CASP case control checklist • Effective Practice and Organisation of Care (EPOC) RoB Tool (for before-and-after study) <p>The quality assessment will be performed by one reviewer and this will be quality assessed by a senior reviewer.</p>
16.	Strategy for data synthesis	<p>Depending on the availability of the evidence, the findings will be summarised narratively or quantitatively. Where possible, meta-analyses will be conducted using Cochrane Review Manager software. A fixed effect meta-analysis will be conducted and data will be presented as risk ratios or odds ratios for dichotomous outcomes, and mean differences or standardised mean differences for continuous outcomes. Heterogeneity in the effect estimates of the individual studies will be assessed using the I² statistic. Alongside visual inspection of the point estimates and confidence intervals, I² values of greater than 50% and 80% will be considered as significant and very significant heterogeneity, respectively.</p>

ID	Field	Content										
		<p>Heterogeneity will be explored as appropriate using sensitivity analyses and pre-specified subgroup analyses. If heterogeneity cannot be explained through subgroup analysis then a random effects model will be used for meta-analysis, or the data will not be pooled.</p> <p>The confidence in the findings across all available evidence will be evaluated for each outcome using an adaptation of the ‘Grading of Recommendations Assessment, Development and Evaluation (GRADE) toolbox’ developed by the international GRADE working group: http://www.gradeworkinggroup.org/</p> <p>Importance and imprecision of findings will be assessed against minimally important differences (MIDs). The following MIDs will be used: 0.8 and 1.25 for all relative dichotomous outcomes, for continuous outcomes +/- 0.5x control group SD.</p>										
17.	Analysis of sub-groups	<p>Evidence will be stratified according to the funding source of included studies:</p> <ul style="list-style-type: none">• Any industry funding• No industry funding• Unclear funding source <p>Evidence will be sub-grouped by the following only in the event that there is significant heterogeneity in outcomes:</p> <ul style="list-style-type: none">• Deprivation index of study area• Majority ethnicity of study area <p>Where evidence is stratified or sub-grouped the committee will consider on a case-by-case basis if separate recommendations should be made for distinct groups. Separate recommendations may be made where there is evidence of a differential effect of interventions in distinct groups. If there is a lack of evidence in one group, the committee will consider, based on their experience, whether it is reasonable to extrapolate and assume the interventions will have similar effects in that group compared with others.</p>										
18.	Type and method of review	<table><tr><td><input checked="" type="checkbox"/></td><td>Intervention</td></tr><tr><td><input type="checkbox"/></td><td>Diagnostic</td></tr><tr><td><input type="checkbox"/></td><td>Prognostic</td></tr><tr><td><input type="checkbox"/></td><td>Qualitative</td></tr><tr><td><input type="checkbox"/></td><td>Epidemiologic</td></tr></table>	<input checked="" type="checkbox"/>	Intervention	<input type="checkbox"/>	Diagnostic	<input type="checkbox"/>	Prognostic	<input type="checkbox"/>	Qualitative	<input type="checkbox"/>	Epidemiologic
<input checked="" type="checkbox"/>	Intervention											
<input type="checkbox"/>	Diagnostic											
<input type="checkbox"/>	Prognostic											
<input type="checkbox"/>	Qualitative											
<input type="checkbox"/>	Epidemiologic											

ID	Field	Content																					
		<input type="checkbox"/> Service Delivery <input type="checkbox"/> Other (please specify)																					
19.	Language	English																					
20.	Country	England																					
21.	Anticipated or actual start date	May 2022																					
22.	Anticipated completion date	February 2024																					
23.	Stage of review at time of this submission	<table border="1"> <thead> <tr> <th>Review stage</th><th>Started</th><th>Completed</th></tr> </thead> <tbody> <tr> <td>Preliminary searches</td><td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td></tr> <tr> <td>Piloting of the study selection process</td><td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td></tr> <tr> <td>Formal screening of search results against eligibility criteria</td><td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td></tr> <tr> <td>Data extraction</td><td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td></tr> <tr> <td>Risk of bias (quality) assessment</td><td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td></tr> <tr> <td>Data analysis</td><td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td></tr> </tbody> </table>	Review stage	Started	Completed	Preliminary searches	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Piloting of the study selection process	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Formal screening of search results against eligibility criteria	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Data extraction	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Risk of bias (quality) assessment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Data analysis	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Review stage	Started	Completed																					
Preliminary searches	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																					
Piloting of the study selection process	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																					
Formal screening of search results against eligibility criteria	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																					
Data extraction	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																					
Risk of bias (quality) assessment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																					
Data analysis	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																					
24.	Named contact	5a Named contact National Institute for Health and Care Excellence (NICE) 5b Named contact e-mail Gambling@nice.org.uk 5c Organisational affiliation of the review National Institute for Health and Care Excellence (NICE)																					
25.	Review team members	NICE review team																					
26.	Funding sources/sponsor	This systematic review is being completed by NICE which receives funding from the Department of Health and Social Care.																					
27.	Conflicts of interest	All guideline committee members and anyone who has direct input into NICE guidelines																					

ID	Field	Content
		(including the evidence review team and expert witnesses) must declare any potential conflicts of interest in line with NICE's code of practice for declaring and dealing with conflicts of interest. Any relevant interests, or changes to interests, will also be declared publicly at the start of each guideline committee meeting. Before each meeting, any potential conflicts of interest will be considered by the guideline committee Chair and a senior member of the development team. Any decisions to exclude a person from all or part of a meeting will be documented. Any changes to a member's declaration of interests will be recorded in the minutes of the meeting. Declarations of interests will be published with the final guideline.
28.	Collaborators	Development of this systematic review will be overseen by an advisory committee who will use the review to inform the development of evidence-based recommendations in line with section 3 of Developing NICE guidelines: the manual . Members of the guideline committee are available on the NICE website: https://www.nice.org.uk/guidance/indevelopment/gid-ng10210 .
29.	Other registration details	N/A
30.	Reference/URL for published protocol	https://www.crd.york.ac.uk/prospero/display_record.php?ID=CRD42022341245
31.	Dissemination plans	NICE may use a range of different methods to raise awareness of the guideline. These include standard approaches such as: notifying registered stakeholders of publication publicising the guideline through NICE's newsletter and alerts issuing a press release or briefing as appropriate, posting news articles on the NICE website, using social media channels, and publicising the guideline within NICE.
32.	Keywords	Harmful gambling; service delivery; model of care; care delivery; care pathway; service improvement
33.	Details of existing review of same topic by same authors	N/A
34.	Current review status	<input checked="" type="checkbox"/> Ongoing
		<input type="checkbox"/> Completed but not published
		<input type="checkbox"/> Completed and published

ID	Field	Content
		<input type="checkbox"/> Completed, published and being updated <input type="checkbox"/> Discontinued
35..	Additional information	N/A
36.	Details of final publication	www.nice.org.uk

ASSIA: Applied Social Science Index and Abstracts; CASP: Critical Appraisal Skills Program; CDSR: Cochrane Database of Systematic Reviews; CENTRAL: Cochrane Central Register of Controlled Trials; CINAHL: Cumulative Index to Nursing and Allied Health Literature; EQ-5D: EuroQol health related quality of life (5 domains); GRADE: Grading of Recommendations Assessment, Development and Evaluation; HMC: Health Management Information Consortium; HTA: Health Technology Assessment; IHTA: International Health Technology Assessment; MID: minimally important difference; NHS: National health service; NICE: National Institute for Health and Care Excellence; PROSPERO: International prospective register of systematic reviews RCT: randomised controlled trial; ROBINS-I: risk of bias In non-randomized studies of interventions; ROBIS: risk of bias in systematic reviews; RoB: risk of bias; SD: standard deviation; SF-12: 12-item short form survey

Appendix B Literature search strategies

Literature search strategies for review question: What is the effectiveness of care pathways and models of care for people who participate in harmful gambling (including those comorbid conditions such as depression, anxiety and other substance-use disorders)?

Effectiveness searches

Database: Medline and Medline In-Process

Date of last search: 03/04/2023

#	Searches
1	GAMBLING/
2	gambl*.ti,ab.
3	betting.ti,ab.
4	(bet or bets).ti,ab.
5	wager*.ti,ab.
6	((gaming or gambling or slot or fruit or poker or lottery or lotteries) adj5 (machine? or terminal?)).ti,ab.
7	(pokies or pokey or puggy or fruities).ti,ab.
8	((dice or card? or roulette or blackjack or poker or baccarat or crap or craps or keno or casino? or bingo or bookmaker? or book maker or bookie? or lottery or lotteries or lotto or scratch card? or scratchcard? or raffle or raffles or sweepstak* or amusement arcade? or slot?) adj5 (money or monetization or monetisation or monetary or currency or currencies or cryptocurrency or cryptocurrencies or reward* or win or wins or winning* or loss or losses or lose)).ti,ab.
9	((game or games or gaming or gamer?) adj5 (money or monetization or monetisation or monetary)).ti,ab.
10	(loot box* or lootbox*).ti,ab.
11	or/1-10
12	CRITICAL PATHWAYS/
13	((service? or care? or health* or practice? or program* or resourc* or patient? or model? or recover* or rehab* or therap*) adj5 (pathway? or path? or map?)).ti,ab.
14	((screen* or assess* or treat*) adj5 (pathway? or path? or map?)).ti,ab.
15	MODELS, ORGANIZATIONAL/
16	((service? or care? or health* or practice? or program* or resourc* or recover* or rehab* or therap* or reno) adj5 (model? or configur* or framework?)).ti,ab.
17	((institution* or organi?ation* or sector* or provider? or profession* or concept*) adj5 (model? or framework?)).ti,ab.
18	((screen* or assess* or treat*) adj5 (model? or framework?)).ti,ab.
19	"CONTINUITY OF PATIENT CARE"/
20	((coordinat* or co-ordinat* or continu*) adj5 (care or healthcare or service?)).ti,ab.
21	(step* adj5 (care or healthcare)).ti,ab.
22	"DELIVERY OF HEALTH CARE"/
23	((service? or care or healthcare) adj5 (deliver* or implement* or provision?)).ti,ab.
24	"DELIVERY OF HEALTH CARE, INTEGRATED"/
25	(integrat* adj5 (care or healthcare or therap* or service? or practice? or program* or model? or treatment?)).ti,ab.
26	INTERDISCIPLINARY COMMUNICATION/
27	INTERPROFESSIONAL RELATIONS/
28	INTERINSTITUTIONAL RELATIONS/
29	INTERSECTORAL COLLABORATION/
30	((inter* or multi* or joint*) adj3 (communicat* or collaborat* or coordinat* or co-ordinat* or cooperat* or co-operat* or integrat* or partner* or relations)).ti,ab.
31	PATIENT CARE TEAM/
32	((multi* or patient* or care or healthcare) adj5 team?).ti,ab.
33	MDT.ti,ab.
34	(commissioner? or commissioning or commissioned).ti,ab.
35	PUBLIC HEALTH/
36	(public* adj5 health* adj5 (approach* or program* or strateg* or policy or policies)).ti,ab.
37	or/12-36
38	11 and 37
39	limit 38 to english language
40	limit 39 to yr="2000 -Current"
41	LETTER/
42	EDITORIAL/
43	NEWS/
44	exp HISTORICAL ARTICLE/
45	ANECDOTES AS TOPIC/
46	COMMENT/
47	CASE REPORT/

#	Searches
48	(letter or comment*).ti.
49	or/41-48
50	RANDOMIZED CONTROLLED TRIAL/ or random*.ti,ab.
51	49 not 50
52	ANIMALS/ not HUMANS/
53	exp ANIMALS, LABORATORY/
54	exp ANIMAL EXPERIMENTATION/
55	exp MODELS, ANIMAL/
56	exp RODENTIA/
57	(rat or rats or mouse or mice).ti.
58	or/51-57
59	40 not 58
60	META-ANALYSIS/
61	META-ANALYSIS AS TOPIC/
62	(meta analy* or metanaly* or metaanaly*).ti,ab.
63	((systematic* or evidence*) adj2 (review* or overview*)).ti,ab.
64	(reference list* or bibliograph* or hand search* or manual search* or relevant journals).ab.
65	(search strategy or search criteria or systematic search or study selection or data extraction).ab.
66	(search* adj4 literature).ab.
67	(medline or pubmed or cochrane or embase or psychlit or psyclit or psychinfo or psycinfo or cinahl or science citation index or bids or cancerlit).ab.
68	cochrane.jw.
69	or/60-68
70	randomized controlled trial.pt.
71	controlled clinical trial.pt.
72	pragmatic clinical trial.pt.
73	randomi#ed.ab.
74	placebo.ab.
75	randomly.ab.
76	CLINICAL TRIALS AS TOPIC/
77	trial.ti.
78	or/70-77
79	Observational Studies as Topic/
80	Observational Study/
81	Epidemiologic Studies/
82	exp Case-Control Studies/
83	exp Cohort Studies/
84	Cross-Sectional Studies/
85	Controlled Before-After Studies/
86	Historically Controlled Study/
87	Interrupted Time Series Analysis/
88	Comparative Study.pt.
89	case control\$.tw.
90	case series.tw.
91	(cohort adj (study or studies)).tw.
92	cohort analy\$.tw.
93	(follow up adj (study or studies)).tw.
94	(observational adj (study or studies)).tw.
95	longitudinal.tw.
96	prospective.tw.
97	retrospective.tw.
98	cross sectional.tw.
99	or/79-98
100	exp EPIDEMIOLOGIC STUDIES/ or exp CLINICAL TRIAL/ or COMPARATIVE STUDY/
101	(control and study).mp.
102	program.mp.
103	or/100-102
104	(ANIMALS/ not HUMANS/) or COMMENT/ or EDITORIAL/ or exp REVIEW/ or META ANALYSIS/ or CONSENSUS/ or exp GUIDELINE/
105	hi.fs. or case report.mp.
106	or/104-105
107	103 not 106
108	59 and 69
109	59 and 78
110	59 and 99
111	59 and 107
112	or/108-111

Database: Embase

Date of last search: 03/04/2023

#	Searches
1	GAMBLING/
2	PATHOLOGICAL GAMBLING/
3	gambl*.ti,ab.
4	betting.ti,ab.
5	(bet or bets).ti,ab.
6	wager*.ti,ab.
7	((gaming or gambling or slot or fruit or poker or lottery or lotteries) adj5 (machine? or terminal?)).ti,ab.
8	(pokies or pokey or puggy or fruities).ti,ab.
9	((dice or card? or roulette or blackjack or poker or baccarat or crap or craps or keno or casino? or bingo or bookmaker? or book maker or bookie? or lottery or lotteries or lotto or scratch card? or scratchcard? or raffle or raffles or sweepstak* or amusement arcade? or slot?) adj5 (money or monetization or monetisation or monetary or currency or currencies or cryptocurrency or cryptocurrencies or reward* or win or wins or winning* or loss or losses or lose)).ti,ab.
10	((game or games or gaming or gamer?) adj5 (money or monetization or monetisation or monetary)).ti,ab.
11	(loot box* or lootbox*).ti,ab.
12	or/1-11
13	CLINICAL PATHWAY/
14	((service? or care? or health* or practice? or program* or resourc* or patient? or model? or recover* or rehab* or therap*) adj5 (pathway? or path? or map?)).ti,ab.
15	((screen* or assess* or treat*) adj5 (pathway? or path? or map?)).ti,ab.
16	NONBIOLOGICAL MODEL/
17	((service? or care? or health* or practice? or program* or resourc* or recover* or rehab* or therap* or reno) adj5 (model? or configur* or framework*).ti,ab.
18	((institution* or organi?ation* or sector* or provider? or profession* or concept*) adj5 (model? or framework*).ti,ab.
19	((screen* or assess* or treat*) adj5 (model? or framework*).ti,ab.
20	((coordinat* or co-ordinat* or continu*) adj5 (care or healthcare or service?)).ti,ab.
21	(step* adj5 (care or healthcare)).ti,ab.
22	HEALTH CARE DELIVERY/
23	((service? or care or healthcare) adj5 (deliver* or implement* or provision*).ti,ab.
24	INTEGRATED HEALTH CARE SYSTEM/
25	(integrat* adj5 (care or healthcare or therap* or service? or practice? or program* or model? or treatment?)).ti,ab.
26	INTERDISCIPLINARY COMMUNICATION/
27	INTERSECTORAL COLLABORATION/
28	((inter* or multi* or joint*) adj3 (communicat* or collaborat* or coordinat* or co-ordinat* or cooperat* or co-operat* or integrat* or partner* or relations)).ti,ab.
29	MULTIDISCIPLINARY TEAM/
30	((multi* or patient* or care or healthcare) adj5 team?).ti,ab.
31	MDT.ti,ab.
32	(commissioner? or commissioning or commissioned).ti,ab.
33	PUBLIC HEALTH/
34	(public* adj5 health* adj5 (approach* or program* or strateg* or policy or policies)).ti,ab.
35	or/13-34
36	12 and 35
37	limit 36 to english language
38	limit 37 to yr="2000 -Current"
39	letter.pt. or LETTER/
40	note.pt.
41	editorial.pt.
42	CASE REPORT/ or CASE STUDY/
43	(letter or comment*).ti.
44	or/39-43
45	RANDOMIZED CONTROLLED TRIAL/ or random*.ti,ab.
46	44 not 45
47	ANIMAL/ not HUMAN/
48	NONHUMAN/
49	exp ANIMAL EXPERIMENT/
50	exp EXPERIMENTAL ANIMAL/
51	ANIMAL MODEL/
52	exp RODENT/
53	(rat or rats or mouse or mice).ti.
54	or/46-53
55	38 not 54
56	SYSTEMATIC REVIEW/
57	META-ANALYSIS/
58	(meta analy* or metanaly* or metaanaly*).ti,ab.
59	((systematic or evidence) adj2 (review* or overview?)).ti,ab.
60	(reference list* or bibliograph* or hand search* or manual search* or relevant journals).ab.

#	Searches
61	(search strategy or search criteria or systematic search or study selection or data extraction).ab.
62	(search* adj4 literature).ab.
63	(medline or pubmed or cochrane or embase or psychlit or psyclit or psychinfo or psycinfo or cinahl or science citation index or bids or cancerlit).ab.
64	((pool* or combined) adj2 (data or trials or studies or results)).ab.
65	cochrane.jw.
66	or/56-65
67	random*.ti,ab.
68	factorial*.ti,ab.
69	(crossover* or cross over*).ti,ab.
70	((doubl* or singl*) adj blind*).ti,ab.
71	(assign* or allocat* or volunteer* or placebo*).ti,ab.
72	CROSSOVER PROCEDURE/
73	SINGLE BLIND PROCEDURE/
74	RANDOMIZED CONTROLLED TRIAL/
75	DOUBLE BLIND PROCEDURE/
76	or/67-75
77	Clinical study/
78	Case control study/
79	Family study/
80	Longitudinal study/
81	Retrospective study/
82	comparative study/
83	Prospective study/
84	Randomized controlled trials/
85	83 not 84
86	Cohort analysis/
87	cohort analy\$.tw.
88	(Cohort adj (study or studies)).tw.
89	(Case control\$ adj (study or studies)).tw.
90	(follow up adj (study or studies)).tw.
91	(observational adj (study or studies)).tw.
92	(epidemiologic\$ adj (study or studies)).tw.
93	(cross sectional adj (study or studies)).tw.
94	case series.tw.
95	prospective.tw.
96	retrospective.tw.
97	or/77-82,85-96
98	EPIDEMIOLOGY/ or CONTROLLED STUDY/ or exp CASE CONTROL STUDY/ or PROSPECTIVE STUDY/ or RETROSPECTIVE STUDY/ or COHORT ANALYSIS/ or FOLLOW UP/ or CROSS-SECTIONAL STUDY/ or exp CLINICAL TRIAL/ or COMPARATIVE STUDY/
99	(control and study).mp.
100	program.mp.
101	or/98-100
102	(ANIMAL/ not HUMAN/) or EDITORIAL/ or REVIEW/ or META-ANALYSIS/ or CONSENSUS/ or PRACTICE GUIDELINE/
103	hi.fs. or case report.mp.
104	or/102-103
105	101 not 104
106	55 and 66
107	55 and 76
108	55 and 97
109	55 and 105
110	or/106-109

Database: Emcare

Date of last search: 03/04/2023

#	Searches
1	GAMBLING/
2	PATHOLOGICAL GAMBLING/
3	gambli*.ti,ab.
4	betting.ti,ab.
5	(bet or bets).ti,ab.
6	wager*.ti,ab.
7	((gaming or gambling or slot or fruit or poker or lottery or lotteries) adj5 (machine? or terminal?)).ti,ab.
8	(pokies or pokey or puggy or fruities).ti,ab.
9	((dice or card? or roulette or blackjack or poker or baccarat or crap or craps or keno or casino? or bingo or bookmaker? or book maker or bookie? or lottery or lotteries or lotto or scratch card? or scratchcard? or raffle or raffles or sweepstak* or amusement arcade? or slot?) adj5 (money or monetization or monetisation or monetary or currency

#	Searches
	or currencies or cryptocurrency or cryptocurrencies or reward* or win or wins or winning* or loss or losses or lose)).ti,ab.
10	((game or games or gaming or gamer?) adj5 (money or monetization or monetisation or monetary)).ti,ab.
11	(loot box* or lootbox*).ti,ab.
12	or/1-11
13	CLINICAL PATHWAY/
14	((service? or care? or health* or practice? or program* or resourc* or patient? or model? or recover* or rehab* or therap*) adj5 (pathway? or path? or map?)).ti,ab.
15	((screen* or assess* or treat*) adj5 (pathway? or path? or map?)).ti,ab.
16	NONBIOLOGICAL MODEL/
17	((service? or care? or health* or practice? or program* or resourc* or recover* or rehab* or therap* or reno) adj5 (model? or configur* or framework*)).ti,ab.
18	((institution* or organi?ation* or sector* or provider? or profession* or concept*) adj5 (model? or framework*)).ti,ab.
19	((screen* or assess* or treat*) adj5 (model? or framework*)).ti,ab.
20	((coordinat* or co-ordinat* or continu*) adj5 (care or healthcare or service?)).ti,ab.
21	(step* adj5 (care or healthcare)).ti,ab.
22	HEALTH CARE DELIVERY/
23	((service? or care or healthcare) adj5 (deliver* or implement* or provision*)).ti,ab.
24	INTEGRATED HEALTH CARE SYSTEM/
25	(integrat* adj5 (care or healthcare or therap* or service? or practice? or program* or model? or treatment*)).ti,ab.
26	INTERDISCIPLINARY COMMUNICATION/
27	INTERSECTORAL COLLABORATION/
28	((inter* or multi* or joint*) adj3 (communicat* or collaborat* or coordinat* or co-ordinat* or cooperat* or co-operat* or integrat* or partner* or relations)).ti,ab.
29	MULTIDISCIPLINARY TEAM/
30	((multi* or patient* or care or healthcare) adj5 team?).ti,ab.
31	MDT.ti,ab.
32	(commissioner? or commissioning or commissioned).ti,ab.
33	PUBLIC HEALTH/
34	(public* adj5 health* adj5 (approach* or program* or strateg* or policy or policies)).ti,ab.
35	or/13-34
36	12 and 35
37	limit 36 to english language
38	limit 37 to yr="2000 -Current"
39	letter.pt. or LETTER/
40	note.pt.
41	editorial.pt.
42	CASE REPORT/ or CASE STUDY/
43	(letter or comment*).ti.
44	or/39-43
45	RANDOMIZED CONTROLLED TRIAL/ or random*.ti,ab.
46	44 not 45
47	ANIMAL/ not HUMAN/
48	NONHUMAN/
49	exp ANIMAL EXPERIMENT/
50	exp EXPERIMENTAL ANIMAL/
51	ANIMAL MODEL/
52	exp RODENT/
53	(rat or rats or mouse or mice).ti.
54	or/46-53
55	38 not 54
56	SYSTEMATIC REVIEW/
57	META-ANALYSIS/
58	(meta analy* or metanaly* or metaanaly*).ti,ab.
59	((systematic or evidence) adj2 (review* or overview*)).ti,ab.
60	(reference list* or bibliograph* or hand search* or manual search* or relevant journals).ab.
61	(search strategy or search criteria or systematic search or study selection or data extraction).ab.
62	(search* adj4 literature).ab.
63	(medline or pubmed or cochrane or embase or psychlit or psyclit or psychinfo or psycinfo or cinahl or science citation index or bids or cancerlit).ab.
64	((pool* or combined) adj2 (data or trials or studies or results)).ab.
65	cochrane.jw.
66	or/56-65
67	random*.ti,ab.
68	factorial*.ti,ab.
69	(crossover* or cross over*).ti,ab.
70	((doubl* or singl*) adj blind*).ti,ab.
71	(assign* or allocat* or volunteer* or placebo*).ti,ab.
72	CROSSOVER PROCEDURE/
73	SINGLE BLIND PROCEDURE/
74	RANDOMIZED CONTROLLED TRIAL/

#	Searches
75	DOUBLE BLIND PROCEDURE/
76	or/67-75
77	Clinical study/
78	Case control study/
79	Family study/
80	Longitudinal study/
81	Retrospective study/
82	comparative study/
83	Prospective study/
84	Randomized controlled trials/
85	83 not 84
86	Cohort analysis/
87	cohort analy\$.tw.
88	(Cohort adj (study or studies)).tw.
89	(Case control\$ adj (study or studies)).tw.
90	(follow up adj (study or studies)).tw.
91	(observational adj (study or studies)).tw.
92	(epidemiologic\$ adj (study or studies)).tw.
93	(cross sectional adj (study or studies)).tw.
94	case series.tw.
95	prospective.tw.
96	retrospective.tw.
97	or/77-82,85-96
98	EPIDEMIOLOGY/ or CONTROLLED STUDY/ or exp CASE CONTROL STUDY/ or PROSPECTIVE STUDY/ or RETROSPECTIVE STUDY/ or COHORT ANALYSIS/ or FOLLOW UP/ or CROSS-SECTIONAL STUDY/ or exp CLINICAL TRIAL/ or COMPARATIVE STUDY/
99	(control and study).mp.
100	program.mp.
101	or/98-100
102	(ANIMAL/ not HUMAN/) or EDITORIAL/ or REVIEW/ or META-ANALYSIS/ or CONSENSUS/ or PRACTICE GUIDELINE/
103	[hi.fs. or case report.mp.]
104	or/102-103
105	101 not 104
106	55 and 66
107	55 and 76
108	55 and 97
109	55 and 105
110	or/106-109

Database: PsycInfo

Date of last search: 03/04/2023

#	Searches
1	GAMBLING/
2	GAMBLING DISORDER/
3	gambl*.ti,ab.
4	betting.ti,ab.
5	(bet or bets).ti,ab.
6	wager*.ti,ab.
7	((gaming or gambling or slot or fruit or poker or lottery or lotteries) adj5 (machine? or terminal?)).ti,ab.
8	(pokies or pokey or puggy or fruities).ti,ab.
9	((dice or card? or roulette or blackjack or poker or baccarat or crap or craps or keno or casino? or bingo or bookmaker? or book maker or bookie? or lottery or lotteries or lotto or scratch card? or scratchcard? or raffle or raffles or sweepstak* or amusement arcade? or slot?) adj5 (money or monetization or monetisation or monetary or currency or currencies or cryptocurrency or cryptocurrencies or reward* or win or wins or winning* or loss or losses or lose)).ti,ab.
10	((game or games or gaming or gamer?) adj5 (money or monetization or monetisation or monetary)).ti,ab.
11	(loot box* or lootbox*).ti,ab.
12	or/1-11
13	((service? or care? or health* or practice? or program* or resourc* or patient? or model? or recover* or rehab* or therap*) adj5 (pathway? or path? or map?)).ti,ab.
14	((screen* or assess* or treat*) adj5 (pathway? or path? or map?)).ti,ab.
15	((service? or care? or health* or practice? or program* or resourc* or recover* or rehab* or therap* or reno) adj5 (model? or configur* or framework*).ti,ab.
16	((institution* or organi?ation* or sector* or provider? or profession* or concept*) adj5 (model? or framework*).ti,ab.
17	((screen* or assess* or treat*) adj5 (model? or framework*).ti,ab.
18	"CONTINUUM OF CARE"/
19	((coordinat* or co-ordinat* or continu*) adj5 (care or healthcare or service?)).ti,ab.
20	(step* adj5 (care or healthcare)).ti,ab.
21	HEALTH CARE DELIVERY/

#	Searches
22	((service? or care or healthcare) adj5 (deliver* or implement* or provision*)).ti,ab.
23	INTEGRATED SERVICES/
24	INTERDISCIPLINARY TREATMENT APPROACH/
25	MULTIMODAL TREATMENT APPROACH/
26	(integrat* adj5 (care or healthcare or therap* or service? or practice? or program* or model? or treatment*)).ti,ab.
27	((inter* or multi* or joint*) adj3 (communicat* or collaborat* or coordinat* or co-ordinat* or cooperat* or co-operat* or integrat* or partner* or relations)).ti,ab.
28	((multi* or patient* or care or healthcare) adj5 team?).ti,ab.
29	MDT.ti,ab.
30	(commissioner? or commissioning or commissioned).ti,ab.
31	PUBLIC HEALTH/
32	(public* adj5 health* adj5 (approach* or program* or strateg* or policy or policies)).ti,ab.
33	or/13-32
34	12 and 33
35	limit 34 to english language
36	limit 35 to yr="2000 -Current"
37	(meta analysis or "systematic review").md. or META ANALYSIS/ or "SYSTEMATIC REVIEW"/
38	(meta analy* or metanaly* or metaanaly*).ti,ab.
39	((systematic* or evidence*) adj2 (review* or overview*)).ti,ab.
40	(reference list* or bibliograph* or hand search* or manual search* or relevant journals).ab.
41	(search strategy or search criteria or systematic search or study selection or data extraction).ab.
42	(search* adj4 literature).ab.
43	cochrane.jw.
44	((pool* or combined) adj2 (data or trials or studies or results)).ab.
45	(medline or pubmed or cochrane or embase or psychlit or psyclit or cinahl or science citation index or bids or cancerlit).ab.
46	or/37-45
47	clinical trial.md. or Clinical trials/ or Randomized controlled trials/ or Randomized clinical trials/ or (assign* or allocat* or crossover* or cross over* or ((doubl* or singl*) adj blind*) or factorial* or placebo* or random* or volunteer* or trial?).ti,ab.
48	EPIDEMIOLOGY/
49	COHORT ANALYSIS/
50	FOLLOWUP STUDIES/
51	LONGITUDINAL STUDIES/
52	PROSPECTIVE STUDIES/
53	RETROSPECTIVE STUDIES/
54	case control\$.tw.
55	case series.tw.
56	(cohort adj (study or studies)).tw.
57	cohort analy\$.tw.
58	(follow up adj (study or studies)).tw.
59	(observational adj (study or studies)).tw.
60	longitudinal.tw.
61	prospective.tw.
62	retrospective.tw.
63	cross sectional.tw.
64	or/48-63
65	EPIDEMIOLOGY/ or PROSPECTIVE STUDIES/ or RETROSPECTIVE STUDIES/ or COHORT ANALYSIS/ or FOLLOWUP STUDIES/ or exp CLINICAL TRIALS/
66	(control and study).mp.
67	program.mp.
68	or/65-67
69	36 and 46
70	36 and 47
71	36 and 64
72	36 and 68
73	or/69-72
74	limit 73 to ("0100 journal" or "0110 peer-reviewed journal")

Database: Health Management Information Consortium (HMIC)

Date of last search: 03/04/2023

#	Searches
1	GAMBLING/
2	GAMBLERS/
3	GAMBLING MACHINES/
4	AMUSEMENT ARCADES/
5	CASINOS/
6	BOOKMAKERS/
7	LOTTERIES/

#	Searches
8	NATIONAL LOTTERY/
9	gambl*.ti,ab.
10	betting.ti,ab.
11	(bet or bets).ti,ab.
12	wager*.ti,ab.
13	((gaming or gambling or slot or fruit or poker or lottery or lotteries) adj5 (machine? or terminal?)).ti,ab.
14	(pokies or pokey or puggy or fruities).ti,ab.
15	((dice or card? or roulette or blackjack or poker or baccarat or crap or craps or keno or casino? or bingo or bookmaker? or book maker or bookie? or lottery or lotteries or lotto or scratch card? or scratchcard? or raffle or raffles or sweepstak* or amusement arcade? or slot?) adj5 (money or monetization or monetisation or monetary or currency or currencies or cryptocurrency or cryptocurrencies or reward* or win or wins or winning* or loss or losses or lose)).ti,ab.
16	((game or games or gaming or gamer?) adj5 (money or monetization or monetisation or monetary)).ti,ab.
17	(loot box* or lootbox*).ti,ab.
18	or/1-17
19	CARE PATHWAYS/
20	((service? or care? or health* or practice? or program* or resourc* or patient? or model? or recover* or rehab* or therap*) adj5 (pathway? or path? or map?)).ti,ab.
21	((screen* or assess* or treat*) adj5 (pathway? or path? or map?)).ti,ab.
22	MODELS/
23	((service? or care? or health* or practice? or program* or resourc* or recover* or rehab* or therap* or reno) adj5 (model? or configur* or framework*).ti,ab.
24	((institution* or organi?ation* or sector* or provider? or profession* or concept*) adj5 (model? or framework*).ti,ab.
25	((screen* or assess* or treat*) adj5 (model? or framework*).ti,ab.
26	"CONTINUITY OF PATIENT CARE"/
27	((coordinat* or co-ordinat* or continu*) adj5 (care or healthcare or service?)).ti,ab.
28	(step* adj5 (care or healthcare)).ti,ab.
29	HEALTH SERVICE PROVISION/
30	SERVICE DELIVERY/
31	((service? or care or healthcare) adj5 (deliver* or implement* or provision*).ti,ab.
32	INTEGRATED CARE/
33	COLLABORATIVE CARE/
34	(integrat* adj5 (care or healthcare or therap* or service? or practice? or program* or model? or treatment*).ti,ab.
35	INTERPROFESSIONAL COMMUNICATION/
36	INTERPROFESSIONAL RELATIONS/
37	INTERAGENCY COLLABORATION/
38	((inter* or multi* or joint*) adj3 (communicat* or collaborat* or coordinat* or co-ordinat* or cooperat* or co-operat* or integrat* or partner* or relations)).ti,ab.
39	HEALTH CARE TEAMS/
40	MULTIDISCIPLINARY TEAMS/
41	((multi* or patient* or care or healthcare) adj5 team?).ti,ab.
42	MDT.ti,ab.
43	COMMISSIONING/
44	(commissioner? or commissioning or commissioned).ti,ab.
45	PUBLIC HEALTH/
46	(public* adj5 health* adj5 (approach* or program* or strateg* or policy or policies)).ti,ab.
47	or/19-46
48	18 and 47
49	limit 48 to yr="2000 -Current"

Database: Social Policy and Practice

Date of last search: 03/04/2023

#	Searches
1	gambl*.ti,ab.
2	betting.ti,ab.
3	(bet or bets).ti,ab.
4	wager*.ti,ab.
5	((gaming or gambling or slot or fruit or poker or lottery or lotteries) adj5 (machine? or terminal?)).ti,ab.
6	(pokies or pokey or puggy or fruities).ti,ab.
7	((dice or card? or roulette or blackjack or poker or baccarat or crap or craps or keno or casino? or bingo or bookmaker? or book maker or bookie? or lottery or lotteries or lotto or scratch card? or scratchcard? or raffle or raffles or sweepstak* or amusement arcade? or slot?) adj5 (money or monetization or monetisation or monetary or currency or currencies or cryptocurrency or cryptocurrencies or reward* or win or wins or winning* or loss or losses or lose)).ti,ab.
8	((game or games or gaming or gamer?) adj5 (money or monetization or monetisation or monetary)).ti,ab.
9	(loot box* or lootbox*).ti,ab.
10	or/1-9
11	((service? or care? or health* or practice? or program* or resourc* or patient? or model? or recover* or rehab* or therap*) adj5 (pathway? or path? or map?)).ti,ab.
12	((screen* or assess* or treat*) adj5 (pathway? or path? or map?)).ti,ab.
13	((service? or care? or health* or practice? or program* or resourc* or recover* or rehab* or therap* or reno) adj5

#	Searches
	(model? or configur* or framework*).ti,ab.
14	((institution* or organi?ation* or sector* or provider? or profession* or concept*) adj5 (model? or framework*).ti,ab.
15	((screen* or assess* or treat*) adj5 (model? or framework*).ti,ab.
16	((coordinat* or co-ordinat* or continu*) adj5 (care or healthcare or service?)).ti,ab.
17	(step* adj5 (care or healthcare)).ti,ab.
18	((service? or care or healthcare) adj5 (deliver* or implement* or provision*).ti,ab.
19	(integrat* adj5 (care or healthcare or therap* or service? or practice? or program* or model? or treatment*).ti,ab.
20	((inter* or multi* or joint*) adj3 (communicat* or collaborat* or coordinat* or co-ordinat* or cooperat* or co-operat* or integrat* or partner* or relations)).ti,ab.
21	((multi* or patient* or care or healthcare) adj5 team?).ti,ab.
22	MDT.ti,ab.
23	(commissioner? or commissioning or commissioned).ti,ab.
24	(public* adj5 health* adj5 (approach* or program* or strateg* or policy or policies)).ti,ab.
25	or/11-24
26	10 and 25
27	limit 26 to yr="2000 -Current"

Database: Cochrane Central Register of Controlled Trials (CENTRAL); and Cochrane Database of Systematic Reviews (CDSR)

Date of last search: 03/04/2023

#	Searches
#1	MeSH descriptor: [Gambling] this term only
#2	gambli*.ti,ab
#3	betting.ti,ab
#4	(bet or bets).ti,ab
#5	wager*.ti,ab
#6	((gaming or gambling or slot or fruit or poker or lottery or lotteries) near/5 (machine* or terminal*).ti,ab
#7	(pokies or pokey or puggy or fruities).ti,ab
#8	((dice or card or cards or roulette or blackjack or poker or baccarat or crap or craps or keno or casino* or bingo or bookmaker* or "book maker" or bookie* or lottery or lotteries or lotto or "scratch card*" or scratchcard* or raffle or raffles or sweepstak* or "amusement arcade*" or slot or slots) near/5 (money or monetization or monetisation or monetary or currency or currencies or cryptocurrency or cryptocurrencies or reward* or win or wins or winning* or loss or losses or lose)).ti,ab
#9	((game or games or gaming or gamer*) near/5 (money or monetization or monetisation or monetary)).ti,ab
#10	("loot box*" or lootbox*).ti,ab
#11	#1 or #2 or #3 or #4 or #5 or #6 or #7 or #8 or #9 or #10
#12	MeSH descriptor: [Critical Pathways] this term only
#13	((service* or care* or health* or practice* or program* or resourc* or patient* or model or models or recover* or rehab* or therap*) near/5 (pathway* or path or paths or map or maps)).ti,ab
#14	MeSH descriptor: [Models, Organizational] this term only
#15	((service* or care* or health* or practice* or program* or resourc* or recover* or rehab* or therap* or reno) near/5 (model or models or configur* or framework*).ti,ab
#16	((institution* or organisation* or organization* or sector* or provider* or profession* or concept*) near/5 (model or models or framework*).ti,ab
#17	((screen* or assess* or treat*) near/5 (model or models or framework*).ti,ab
#18	MeSH descriptor: [Continuity of Patient Care] this term only
#19	((coordinat* or co-ordinat* or continu*) near/5 (care or healthcare or service?)).ti,ab
#20	(step* near/5 (care or healthcare)).ti,ab
#21	MeSH descriptor: [Delivery of Health Care] this term only
#22	((service* or care or healthcare) near/5 (deliver* or implement* or provision*).ti,ab
#23	MeSH descriptor: [Delivery of Health Care, Integrated] this term only
#24	(integrat* near/5 (care or healthcare or therap* or service* or practice* or program* or model or models or treatment*).ti,ab
#25	MeSH descriptor: [Interdisciplinary Communication] this term only
#26	MeSH descriptor: [Interprofessional Relations] this term only
#27	MeSH descriptor: [Interinstitutional Relations] this term only
#28	MeSH descriptor: [Intersectoral Collaboration] this term only
#29	((inter* or multi* or joint*) near/3 (communicat* or collaborat* or coordinat* or co-ordinat* or cooperat* or co-operat* or integrat* or partner* or relations)).ti,ab
#30	MeSH descriptor: [Patient Care Team] this term only
#31	((multi* or patient* or care or healthcare) near/5 (team or teams)).ti,ab
#32	MDT.ti,ab
#33	(commissioner* or commissioning or commissioned).ti,ab
#34	MeSH descriptor: [Public Health] this term only
#35	(public* near/5 health* near/5 (approach* or program* or strateg* or policy or policies)).ti,ab
#36	#12 or #13 or #14 or #15 or #16 or #17 or #18 or #19 or #20 or #21 or #22 or #23 or #24 or #25 or #26 or #27 or #28 or #29 or #30 or #31 or #32 or #33 or #34 or #35
#37	#11 and #36
#38	#11 and #36 with Cochrane Library publication date Between Jan 2000 and Jun 2022

Database: International Health Technology Assessment Database (INAHTA)

Date of last search: 03/04/2023

#	Searches
	All:(gamble or gambler or gamblers or gambling or gambled or betting or bet or bets or wager or wagers)
	AND Publication Year: 2000-2022

Database: Epistemonikos

Date of last search: 03/04/2023

#	Searches
	(title:((gambl* OR betting OR bet OR bets OR wager* OR "gaming machine*" OR "slot machine*" OR "fruit machine*" OR "poker machine*" OR "lottery machine*" OR "lotteries machine*" OR "gaming terminal*" OR "slot terminal*" OR "fruit terminal*" OR "poker terminal*" OR "lottery terminal*" OR "lotteries terminal*" OR pokies OR pokey OR puggy OR fruities) AND (pathway or pathways or path or paths or map or maps or model or models or configur* or framework or frameworks or "coordinat* care" or "co-ordinat* care" or "continuity of care" or "continuum of care" or "stepped care" or "step up" or "step down" or "service delivery" or "care delivery" or "healthcare delivery" or "service provision" or "care provision" or "healthcare provision" or "integrat* care" or "integrat* healthcare" or "integrat* therapy" or "integrat* therapies" or "integrat* service" or "integrat* services" or "integrat* program*" or "integrat* treatment" or "integrat* treatments" or "interdisciplinary communicat*" or "intersectoral collaborat*" or "interprofessional relations" or "multi disciplin* team" or "multi disciplin* teams" or "multidiscipline* team" or "multidiscipline* teams" or "patient care team*" or MDT or commissioner or commissioners or commissioning or commissioned or "public health*")) OR abstract:((gambl* OR betting OR bet OR bets OR wager* OR "gaming machine*" OR "slot machine*" OR "fruit machine*" OR "poker machine*" OR "lottery machine*" OR "lotteries machine*" OR "gaming terminal*" OR "slot terminal*" OR "fruit terminal*" OR "poker terminal*" OR "lottery terminal*" OR "lotteries terminal*" OR pokies OR pokey OR puggy OR fruities) AND (pathway or pathways or path or paths or map or maps or model or models or configur* or framework or frameworks or "coordinat* care" or "co-ordinat* care" or "continuity of care" or "continuum of care" or "stepped care" or "step up" or "step down" or "service delivery" or "care delivery" or "healthcare delivery" or "service provision" or "care provision" or "healthcare provision" or "integrat* care" or "integrat* healthcare" or "integrat* therapy" or "integrat* therapies" or "integrat* service" or "integrat* services" or "integrat* program*" or "integrat* treatment" or "integrat* treatments" or "interdisciplinary communicat*" or "intersectoral collaborat*" or "interprofessional relations" or "multi disciplin* team" or "multi disciplin* teams" or "multidiscipline* team" or "multidiscipline* teams" or "patient care team*" or MDT or commissioner or commissioners or commissioning or commissioned or "public health*")) Publication year: 2000-2022

Database: Cumulative Index to Nursing and Allied Health Literature (CINAHL)

Date of last search: 03/04/2023

#	Searches
S1	TI (gambl* or betting or bet or bets or wager* or "gaming machine*" or "slot machine*" or "fruit machine*" or "poker machine*" or "lottery machine*" or "lotteries machine*" or "gaming terminal*" or "slot terminal*" or "fruit terminal*" or "poker terminal*" or "lottery terminal*" or "lotteries terminal*" or pokies or pokey or puggy or fruities) Limiters - Published Date: 20000101-
S2	TI (pathway or pathways or path or paths or map or maps or model or models or configur* or framework or frameworks or "coordinat* care" or "co-ordinat* care" or "continuity of care" or "continuum of care" or "stepped care" or "step up" or "step down" or "service delivery" or "care delivery" or "healthcare delivery" or "service provision" or "care provision" or "healthcare provision" or "integrat* care" or "integrat* healthcare" or "integrat* therapy" or "integrat* therapies" or "integrat* service" or "integrat* services" or "integrat* program*" or "integrat* treatment" or "integrat* treatments" or "interdisciplinary communicat*" or "intersectoral collaborat*" or "interprofessional relations" or "multi disciplin* team" or "multi disciplin* teams" or "multidiscipline* team" or "multidiscipline* teams" or "patient care team*" or MDT or commissioner or commissioners or commissioning or commissioned or "public health*") Limiters - Published Date: 20000101-
S3	S1 and S2

Database: Applied Social Science Index and Abstracts (ASSIA)

Date of last search: 03/04/2023

#	Searches
	AB, TI (gambl* or betting or bet or bets or wager* or "gaming machine*" or "slot machine*" or "fruit machine*" or "poker machine*" or "lottery machine*" or "lotteries machine*" or "gaming terminal*" or "slot terminal*" or "fruit terminal*" or "poker terminal*" or "lottery terminal*" or "lotteries terminal*" or pokies or pokey or puggy or fruities)
AND	AB, TI (pathway or pathways or path or paths or map or maps or model or models or configur* or framework or frameworks or "coordinat* care" or "co-ordinat* care" or "continuity of care" or "continuum of care" or "stepped care" or "step up" or "step down" or "service delivery" or "care delivery" or "healthcare delivery" or "service provision" or "care provision" or "healthcare provision" or "integrat* care" or "integrat* healthcare" or "integrat* therapy" or "integrat* therapies" or "integrat* service" or "integrat* services" or "integrat* program*" or "integrat* treatment" or "integrat* treatments" or "interdisciplinary communicat*" or "intersectoral collaborat*" or "interprofessional relations" or "multi disciplin* team" or "multi disciplin* teams" or "multidiscipline* team" or "multidiscipline* teams" or "patient care team*" or MDT or commissioner or commissioners or commissioning or commissioned or "public health*")
AND	Additional limits - Date: From January 01 2000

Database: Social Care Online

Date of last search: 03/04/2023

#	Searches
	AllFields:'gamble or gambler or gamblers or gambling or gambled or betting or bet or bets or wager or wagers or "gaming machine" or "slot machine" or "fruit machine" or "poker machine" or "lottery machine" or "lotteries machine" or "gaming terminal" or "slot terminal" or "fruit terminal" or "poker terminal" or "lottery terminal" or "lotteries terminal" or pokies or pokey or puggy or fruities'
	AND AllFields:'pathway or pathways or path or paths or map or maps or model or models or configuring or configuration or configurations or framework or frameworks or "coordinated care" or "coordinating care" or "co-ordinated care" or "co-ordinating care" or "continuity of care" or "continuum of care" or "stepped care" or "step up" or "step down" or "service delivery" or "care delivery" or "healthcare delivery" or "service provision" or "care provision" or "healthcare provision" or integrate or integrates or integrated or integrating or "interdisciplinary communication" or "interdisciplinary communications" or "intersectoral collaboration" or "intersectoral collaborations" or "interprofessional relations" or "multi discipline" or "multi disciplinary" or "patient care team" or "patient care teams" or MDT or commissioner or commissioners or commissioning or commissioned or "public health" or "public healthcare"'
	AND PublicationYear:'2000 2022'

Database: Social Sciences Citation Index

Date of last search: 03/04/2023

#	Searches
	(gambl* or betting or bet or bets or wager* or "gaming machine*" or "slot machine*" or "fruit machine*" or "poker machine*" or "lottery machine*" or "lotteries machine*" or "gaming terminal*" or "slot terminal*" or "fruit terminal*" or "poker terminal*" or "lottery terminal*" or "lotteries terminal*" or pokies or pokey or puggy or fruities) and (pathway or pathways or path or paths or map or maps or model or models or configur* or framework or frameworks or "coordinat* care" or "co-ordinat* care" or "continuity of care" or "continuum of care" or "stepped care" or "step up" or "step down" or "service delivery" or "care delivery" or "healthcare delivery" or "service provision" or "care provision" or "healthcare provision" or "integrat* care" or "integrat* healthcare" or "integrat* therapy" or "integrat* therapies" or "integrat* service" or "integrat* services" or "integrat* program*" or "integrat* treatment" or "integrat* treatments" or "interdisciplinary communicat*" or "intersectoral collaborat*" or "interprofessional relations" or "multi disciplin* team" or "multi disciplin* teams" or "multidiscipline* team" or "multidiscipline* teams" or "patient care team*" or MDT or commissioner or commissioners or commissioning or commissioned or "public health*") (Title) Timespan: 2000-01-01 to 2022-06-14

Other sources

All websites listed in the protocol were searched and browsed.

Date of last search: 11/04/2023

Economics searches

Please note that a combined literature search was undertaken to cover the economics aspects of all the review questions in a single search.

Database: Medline and Medline In-Process

Date of last search: 04/04/2023

#	Searches
1	GAMBLING/
2	(gambl* not standard gamble).ti,ab.
3	betting.ti,ab.
4	(bet or bets).ti,ab.
5	wager*.ti,ab.
6	((gaming or gambling or slot or fruit or poker or lottery or lotteries) adj5 (machine? or terminal?)).ti,ab.
7	(pokies or pokey or puggy or fruities).ti,ab.
8	((dice or card? or roulette or blackjack or poker or baccarat or crap or craps or keno or casino? or bingo or bookmaker? or book maker or bookie? or lottery or lotteries or lotto or scratch card? or scratchcard? or raffle or raffles or sweepstak* or amusement arcade? or slot?) adj5 (money or monetization or monetisation or monetary or currency or currencies or cryptocurrency or cryptocurrencies or reward* or win or wins or winning* or loss or losses or lose)).ti,ab.
9	((game or games or gaming or gamer?) adj5 (money or monetization or monetisation or monetary)).ti,ab.
10	or/1-9
11	limit 10 to english language
12	limit 11 to yr="2000 -Current"
13	LETTER/
14	EDITORIAL/
15	NEWS/
16	exp HISTORICAL ARTICLE/

#	Searches
17	ANECDOTES AS TOPIC/
18	COMMENT/
19	CASE REPORT/
20	(letter or comment*).ti.
21	or/13-20
22	RANDOMIZED CONTROLLED TRIAL/ or random*.ti,ab.
23	21 not 22
24	ANIMALS/ not HUMANS/
25	exp ANIMALS, LABORATORY/
26	exp ANIMAL EXPERIMENTATION/
27	exp MODELS, ANIMAL/
28	exp RODENTIA/
29	(rat or rats or mouse or mice).ti.
30	or/23-29
31	12 not 30
32	ECONOMICS/
33	VALUE OF LIFE/
34	exp "COSTS AND COST ANALYSIS"/
35	exp ECONOMICS, HOSPITAL/
36	exp ECONOMICS, MEDICAL/
37	exp RESOURCE ALLOCATION/
38	ECONOMICS, NURSING/
39	ECONOMICS, PHARMACEUTICAL/
40	exp "FEES AND CHARGES"/
41	exp BUDGETS/
42	budget*.ti,ab.
43	cost*.ti,ab.
44	(economic* or pharmaco?economic*).ti,ab.
45	(price* or pricing*).ti,ab.
46	(financ* or fee or fees or expenditure* or saving*).ti,ab.
47	(value adj2 (money or monetary)).ti,ab.
48	resourc* allocat*.ti,ab.
49	(fund or funds or funding* or funded).ti,ab.
50	(ration or rations or rationing* or rationed).ti,ab.
51	ec.fs.
52	or/32-51
53	"VALUE OF LIFE"/
54	QUALITY OF LIFE/
55	quality of life.ti,kf.
56	((instrument or instruments) adj3 quality of life).ab.
57	QUALITY-ADJUSTED LIFE YEARS/
58	quality adjusted life.ti,ab,kf.
59	(qaly* or qald* or qale* or qtime* or life year or life years).ti,ab,kf.
60	disability adjusted life.ti,ab,kf.
61	daly*.ti,ab,kf.
62	(sf36 or sf 36 or short form 36 or shortform 36 or short form36 or shortform36 or sf thirtysix or sfthirtysix or sfthirty six or sf thirty six or shortform thirtysix or shortform thirty six or short form thirtysix or short form thirty six).ti,ab,kf.
63	(sf6 or sf 6 or short form 6 or shortform 6 or sf six or sfsix or shortform six or short form six or shortform6 or short form6).ti,ab,kf.
64	(sf8 or sf 8 or sf eight or sfeight or shortform 8 or shortform 8 or shortform8 or short form8 or shortform eight or short form eight).ti,ab,kf.
65	(sf12 or sf 12 or short form 12 or shortform 12 or short form12 or shortform12 or sf twelve or sftwelve or shortform twelve or short form twelve).ti,ab,kf.
66	(sf16 or sf 16 or short form 16 or shortform 16 or short form16 or shortform16 or sf sixteen or sfsixteen or shortform sixteen or short form sixteen).ti,ab,kf.
67	(sf20 or sf 20 or short form 20 or shortform 20 or short form20 or shortform20 or sf twenty or sftwenty or shortform twenty or short form twenty).ti,ab,kf.
68	(hql or hqol or h qol or hrqol or hr qol).ti,ab,kf.
69	(hye or hyes).ti,ab,kf.
70	(health* adj2 year* adj2 equivalent*).ti,ab,kf.
71	(pqol or qls).ti,ab,kf.
72	(quality of wellbeing or quality of well being or index of wellbeing or index of well being or qwb).ti,ab,kf.
73	nottingham health profile*.ti,ab,kf.
74	sickness impact profile.ti,ab,kf.
75	exp HEALTH STATUS INDICATORS/
76	(health adj3 (utilit* or status)).ti,ab,kf.
77	(utilit* adj3 (valu* or measur* or health or life or estimat* or elic* or disease or score* or weight)).ti,ab,kf.
78	(preference* adj3 (valu* or measur* or health or life or estimat* or elic* or disease or score* or instrument or instruments)).ti,ab,kf.
79	disutilit*.ti,ab,kf.
80	rosser.ti,ab,kf.

#	Searches
81	willingness to pay.ti,ab,kf.
82	standard gamble*.ti,ab,kf.
83	(time trade off or time tradeoff).ti,ab,kf.
84	tto.ti,ab,kf.
85	(hui or hui1 or hui2 or hui3).ti,ab,kf.
86	(eq or euroqol or euro qol or eq5d or eq 5d or euroqual or euro qual).ti,ab,kf.
87	duke health profile.ti,ab,kf.
88	functional status questionnaire.ti,ab,kf.
89	dartmouth coop functional health assessment*.ti,ab,kf.
90	or/53-89
91	31 and 52
92	31 and 90
93	91 or 92

Database: Embase

Date of last search: 04/04/2023

#	Searches
1	GAMBLING/
2	PATHOLOGICAL GAMBLING/
3	(gambl* not standard gamble).ti,ab.
4	betting.ti,ab.
5	(bet or bets).ti,ab.
6	wager*.ti,ab.
7	((gaming or gambling or slot or fruit or poker or lottery or lotteries) adj5 (machine? or terminal?)).ti,ab.
8	(pokies or pokey or puggy or fruities).ti,ab.
9	((dice or card? or roulette or blackjack or poker or baccarat or crap or craps or keno or casino? or bingo or bookmaker? or book maker or bookie? or lottery or lotteries or lotto or scratch card? or scratchcard? or raffle or raffles or sweepstak* or amusement arcade? or slot?) adj5 (money or monetization or monetisation or monetary or currency or currencies or cryptocurrency or cryptocurrencies or reward* or win or wins or winning* or loss or losses or lose)).ti,ab.
10	((game or games or gaming or gamer?) adj5 (money or monetization or monetisation or monetary)).ti,ab.
11	or/1-10
12	limit 11 to english language
13	limit 12 to yr="2000 -Current"
14	letter.pt. or LETTER/
15	note.pt.
16	editorial.pt.
17	CASE REPORT/ or CASE STUDY/
18	(letter or comment*).ti.
19	or/14-18
20	RANDOMIZED CONTROLLED TRIAL/ or random*.ti,ab.
21	19 not 20
22	ANIMAL/ not HUMAN/
23	NONHUMAN/
24	exp ANIMAL EXPERIMENT/
25	exp EXPERIMENTAL ANIMAL/
26	ANIMAL MODEL/
27	exp RODENT/
28	(rat or rats or mouse or mice).ti.
29	or/21-28
30	13 not 29
31	HEALTH ECONOMICS/
32	exp ECONOMIC EVALUATION/
33	exp HEALTH CARE COST/
34	exp FEE/
35	BUDGET/
36	FUNDING/
37	RESOURCE ALLOCATION/
38	budget*.ti,ab.
39	cost*.ti,ab.
40	(economic* or pharmaco?economic*).ti,ab.
41	(price* or pricing*).ti,ab.
42	(financ* or fee or fees or expenditure* or saving*).ti,ab.
43	(value adj2 (money or monetary)).ti,ab.
44	resourc* allocat*.ti,ab.
45	(fund or funds or funding* or funded).ti,ab.
46	(ration or rations or rationing* or rationed).ti,ab.
47	or/31-46
48	SOCIOECONOMICS/

#	Searches
49	exp QUALITY OF LIFE/
50	quality of life.ti,kw.
51	((instrument or instruments) adj3 quality of life).ab.
52	QUALITY-ADJUSTED LIFE YEAR/
53	quality adjusted life.ti,ab,kw.
54	(qaly* or qald* or qale* or qtime* or life year or life years).ti,ab,kw.
55	disability adjusted life.ti,ab,kw.
56	daly*.ti,ab,kw.
57	(sf36 or sf 36 or short form 36 or shortform 36 or short form36 or shortform36 or sf thirtysix or sftthirtysix or sftthirty six or sf thirty six or shortform thirtysix or shortform thirty six or short form thirtysix or short form thirty six).ti,ab,kw.
58	(sf6 or sf 6 or short form 6 or shortform 6 or sf six or sfsix or shortform six or short form six or shortform6 or short form6).ti,ab,kw.
59	(sf8 or sf 8 or sf eight or sfeight or shortform 8 or shortform 8 or shortform8 or short form8 or shortform eight or short form eight).ti,ab,kw.
60	(sf12 or sf 12 or short form 12 or shortform 12 or short form12 or shortform12 or sf twelve or sftwelve or shortform twelve or short form twelve).ti,ab,kw.
61	(sf16 or sf 16 or short form 16 or shortform 16 or short form16 or shortform16 or sf sixteen or sfsixteen or shortform sixteen or short form sixteen).ti,ab,kw.
62	(sf20 or sf 20 or short form 20 or shortform 20 or short form20 or shortform20 or sf twenty or sftwenty or shortform twenty or short form twenty).ti,ab,kw.
63	(hql or hqol or h qol or hrqol or hr qol).ti,ab,kw.
64	(hye or hyes).ti,ab,kw.
65	(health* adj2 year* adj2 equivalent*).ti,ab,kw.
66	(pqol or qls).ti,ab,kw.
67	(quality of wellbeing or quality of well being or index of wellbeing or index of well being or qwb).ti,ab,kw.
68	NOTTINGHAM HEALTH PROFILE/
69	nottingham health profile*.ti,ab,kw.
70	SICKNESS IMPACT PROFILE/
71	sickness impact profile.ti,ab,kw.
72	HEALTH STATUS INDICATOR/
73	(health adj3 (utilit* or status)).ti,ab,kw.
74	(utilit* adj3 (valu* or measur* or health or life or estimat* or elic* or disease or score* or weight)).ti,ab,kw.
75	(preference* adj3 (valu* or measur* or health or life or estimat* or elic* or disease or score* or instrument or instruments)).ti,ab,kw.
76	disutilit*.ti,ab,kw.
77	rosser.ti,ab,kw.
78	willingness to pay.ti,ab,kw.
79	standard gamble*.ti,ab,kw.
80	(time trade off or time tradeoff).ti,ab,kw.
81	tto.ti,ab,kw.
82	(hui or hui1 or hui2 or hui3).ti,ab,kw.
83	(eq or euroqol or euro qol or eq5d or eq 5d or euroqual or euro qual).ti,ab,kw.
84	duke health profile.ti,ab,kw.
85	functional status questionnaire.ti,ab,kw.
86	dartmouth coop functional health assessment*.ti,ab,kw.
87	or/48-86
88	30 and 47
89	30 and 87
90	88 or 89

Database: Emcare

Date of last search: 04/04/2023

#	Searches
1	GAMBLING/
2	PATHOLOGICAL GAMBLING/
3	(gambl* not standard gamble).ti,ab.
4	betting.ti,ab.
5	(bet or bets).ti,ab.
6	wager*.ti,ab.
7	((gaming or gambling or slot or fruit or poker or lottery or lotteries) adj5 (machine? or terminal?)).ti,ab.
8	(pokies or pokey or puggy or fruities).ti,ab.
9	((dice or card? or roulette or blackjack or poker or baccarat or crap or craps or keno or casino? or bingo or bookmaker? or book maker or bookie? or lottery or lotteries or lotto or scratch card? or scratchcard? or raffle or raffles or sweepstak* or amusement arcade? or slot?) adj5 (money or monetization or monetisation or monetary or currency or currencies or cryptocurrency or cryptocurrencies or reward* or win or wins or winning* or loss or losses or lose)).ti,ab.
10	((game or games or gaming or gamer?) adj5 (money or monetization or monetisation or monetary)).ti,ab.
11	or/1-10

#	Searches
12	limit 11 to english language
13	limit 12 to yr="2000 -Current"
14	letter.pt. or LETTER/
15	note.pt.
16	editorial.pt.
17	CASE REPORT/ or CASE STUDY/
18	(letter or comment*).ti.
19	or/14-18
20	RANDOMIZED CONTROLLED TRIAL/ or random*.ti,ab.
21	19 not 20
22	ANIMAL/ not HUMAN/
23	NONHUMAN/
24	exp ANIMAL EXPERIMENT/
25	exp EXPERIMENTAL ANIMAL/
26	ANIMAL MODEL/
27	exp RODENT/
28	(rat or rats or mouse or mice).ti.
29	or/21-28
30	13 not 29
31	HEALTH ECONOMICS/
32	exp ECONOMIC EVALUATION/
33	exp HEALTH CARE COST/
34	exp FEE/
35	BUDGET/
36	FUNDING/
37	RESOURCE ALLOCATION/
38	budget*.ti,ab.
39	cost*.ti,ab.
40	(economic* or pharmaco?economic*).ti,ab.
41	(price* or pricing*).ti,ab.
42	(financ* or fee or fees or expenditure* or saving*).ti,ab.
43	(value adj2 (money or monetary)).ti,ab.
44	resourc* allocat*.ti,ab.
45	(fund or funds or funding* or funded).ti,ab.
46	(ration or rations or rationing* or rationed).ti,ab.
47	or/31-46
48	SOCIOECONOMICS/
49	exp QUALITY OF LIFE/
50	quality of life.ti,kw.
51	((instrument or instruments) adj3 quality of life).ab.
52	QUALITY-ADJUSTED LIFE YEAR/
53	quality adjusted life.ti,ab,kw.
54	(qaly* or qald* or qale* or qtime* or life year or life years).ti,ab,kw.
55	disability adjusted life.ti,ab,kw.
56	daly*.ti,ab,kw.
57	(sf36 or sf 36 or short form 36 or shortform 36 or short form36 or shortform36 or sf thirtysix or sfthirtysix or sfthirty six or sf thirty six or shortform thirtysix or shortform thirty six or short form thirtysix or short form thirty six).ti,ab,kw.
58	(sf6 or sf 6 or short form 6 or shortform 6 or sf six or sfsix or shortform six or short form six or shortform6 or short form6).ti,ab,kw.
59	(sf8 or sf 8 or sf eight or sfeight or shortform 8 or shortform 8 or shortform8 or short form8 or shortform eight or short form eight).ti,ab,kw.
60	(sf12 or sf 12 or short form 12 or shortform 12 or short form12 or shortform12 or sf twelve or sftwelve or shortform twelve or short form twelve).ti,ab,kw.
61	(sf16 or sf 16 or short form 16 or shortform 16 or short form16 or shortform16 or sf sixteen or sfsixteen or shortform sixteen or short form sixteen).ti,ab,kw.
62	(sf20 or sf 20 or short form 20 or shortform 20 or short form20 or shortform20 or sf twenty or sftwenty or shortform twenty or short form twenty).ti,ab,kw.
63	(hql or hqol or h qol or hrqol or hr qol).ti,ab,kw.
64	(hye or hyes).ti,ab,kw.
65	(health* adj2 year* adj2 equivalent*).ti,ab,kw.
66	(pqol or qls).ti,ab,kw.
67	(quality of wellbeing or quality of well being or index of wellbeing or index of well being or qwb).ti,ab,kw.
68	NOTTINGHAM HEALTH PROFILE/
69	nottingham health profile*.ti,ab,kw.
70	SICKNESS IMPACT PROFILE/
71	sickness impact profile.ti,ab,kw.
72	HEALTH STATUS INDICATOR/
73	(health adj3 (utilit* or status)).ti,ab,kw.
74	(utilit* adj3 (valu* or measur* or health or life or estimat* or elicit* or disease or score* or weight)).ti,ab,kw.
75	(preference* adj3 (valu* or measur* or health or life or estimat* or elicit* or disease or score* or instrument or instruments)).ti,ab,kw.

#	Searches
76	disutilit*.ti,ab,kw.
77	rosser.ti,ab,kw.
78	willingness to pay.ti,ab,kw.
79	standard gamble*.ti,ab,kw.
80	(time trade off or time tradeoff).ti,ab,kw.
81	tto.ti,ab,kw.
82	(hui or hui1 or hui2 or hui3).ti,ab,kw.
83	(eq or euroqol or euro qol or eq5d or eq 5d or euroqual or euro qual).ti,ab,kw.
84	duke health profile.ti,ab,kw.
85	functional status questionnaire.ti,ab,kw.
86	dartmouth coop functional health assessment*.ti,ab,kw.
87	or/48-86
88	30 and 47
89	30 and 87
90	88 or 89

Database: PsycInfo

Date of last search: 04/04/2023

#	Searches
1	GAMBLING/
2	GAMBLING DISORDER/
3	(gambl* not standard gamble).ti,ab.
4	betting.ti,ab.
5	(bet or bets).ti,ab.
6	wager*.ti,ab.
7	((gaming or gambling or slot or fruit or poker or lottery or lotteries) adj5 (machine? or terminal?)).ti,ab.
8	(pokies or pokey or puggy or fruities).ti,ab.
9	((dice or card? or roulette or blackjack or poker or baccarat or crap or craps or keno or casino? or bingo or bookmaker? or book maker or bookie? or lottery or lotteries or lotto or scratch card? or scratchcard? or raffle or raffles or sweepstak* or amusement arcade? or slot?) adj5 (money or monetization or monetisation or monetary or currency or currencies or cryptocurrency or cryptocurrencies or reward* or win or wins or winning* or loss or losses or lose)).ti,ab.
10	((game or games or gaming or gamer?) adj5 (money or monetization or monetisation or monetary)).ti,ab.
11	or/1-10
12	limit 11 to english language
13	limit 12 to yr="2000 -Current"
14	(letter or editorial or comment reply).dt. or case report/
15	(letter or comment*).ti.
16	or/14-15
17	exp randomized controlled trial/
18	random*.ti,ab.
19	or/17-18
20	16 not 19
21	animal.po.
22	(rat or rats or mouse or mice).ti.
23	or/20-22
24	13 not 23
25	ECONOMICS/
26	HEALTH CARE ECONOMICS/
27	exp "COSTS AND COST ANALYSIS"/
28	RESOURCE ALLOCATION/
29	budget*.ti,ab.
30	cost*.ti,ab.
31	(economic* or pharmaco?economic*).ti,ab.
32	(price* or pricing*).ti,ab.
33	(financ* or fee or fees or expenditure* or saving*).ti,ab.
34	(value adj2 (money or monetary)).ti,ab.
35	resourc* allocat*.ti,ab.
36	(fund or funds or funding* or funded).ti,ab.
37	(ration or rations or rationing* or rationed).ti,ab.
38	or/25-37
39	"QUALITY OF LIFE"/
40	"HEALTH RELATED QUALITY OF LIFE"/
41	quality of life.ti.
42	((instrument or instruments) adj3 quality of life).ab.
43	quality adjusted life.ti,ab.
44	(qaly* or qald* or qale* or qtime* or life year or life years).ti,ab.
45	disability adjusted life.ti,ab.
46	daly*.ti,ab.

#	Searches
47	(sf36 or sf 36 or short form 36 or shortform 36 or short form36 or shortform36 or sf thirtysix or sftthirtysix or sftthirty six or sf thirty six or shortform thirtysix or shortform thirty six or short form thirtysix or short form thirty six).ti,ab.
48	(sf6 or sf 6 or short form 6 or shortform 6 or sf six or sfsix or shortform six or short form six or shortform6 or short form6).ti,ab.
49	(sf8 or sf 8 or sf eight or sfeight or shortform 8 or shortform 8 or shortform8 or short form8 or shortform eight or short form eight).ti,ab.
50	(sf12 or sf 12 or short form 12 or shortform 12 or short form12 or shortform12 or sf twelve or sftwelve or shortform twelve or short form twelve).ti,ab.
51	(sf16 or sf 16 or short form 16 or shortform 16 or short form16 or shortform16 or sf sixteen or sfsixteen or shortform sixteen or short form sixteen).ti,ab.
52	(sf20 or sf 20 or short form 20 or shortform 20 or short form20 or shortform20 or sf twenty or sftwenty or shortform twenty or short form twenty).ti,ab.
53	(hql or hqol or h qol or hrqol or hr qol).ti,ab.
54	(hye or hyes).ti,ab.
55	(health* adj2 year* adj2 equivalent*).ti,ab.
56	(pqol or qls).ti,ab.
57	(quality of wellbeing or quality of well being or index of wellbeing or index of well being or qwb).ti,ab.
58	nottingham health profile*.ti,ab.
59	sickness impact profile.ti,ab.
60	(health adj3 (utilit* or status)).ti,ab.
61	(utilit* adj3 (valu* or measur* or health or life or estimat* or elic* or disease or score* or weight)).ti,ab.
62	(preference* adj3 (valu* or measur* or health or life or estimat* or elic* or disease or score* or instrument or instruments)).ti,ab.
63	disutilit*.ti,ab.
64	rosser.ti,ab.
65	willingness to pay.ti,ab.
66	standard gamble*.ti,ab.
67	(time trade off or time tradeoff).ti,ab.
68	tto.ti,ab.
69	(hui or hui1 or hui2 or hui3).ti,ab.
70	(eq or euroqol or euro qol or eq5d or eq 5d or euroqual or euro qual).ti,ab.
71	duke health profile.ti,ab.
72	functional status questionnaire.ti,ab.
73	dartmouth coop functional health assessment*.ti,ab.
74	or/39-73
75	24 and 38
76	24 and 74
77	75 or 76
78	limit 77 to ("0100 journal" or "0110 peer-reviewed journal")

Database: Health Management Information Consortium (HMIC)

Date of last search: 04/04/2023

#	Searches
1	GAMBLING/
2	GAMBLERS/
3	GAMBLING MACHINES/
4	AMUSEMENT ARCADES/
5	CASINOS/
6	BOOKMAKERS/
7	LOTTERIES/
8	NATIONAL LOTTERY/
9	(gamb* not standard gamble).ti,ab.
10	betting.ti,ab.
11	(bet or bets).ti,ab.
12	wager*.ti,ab.
13	((gaming or gambling or slot or fruit or poker or lottery or lotteries) adj5 (machine? or terminal?)).ti,ab.
14	(pokies or pokey or puggy or fruities).ti,ab.
15	((dice or card? or roulette or blackjack or poker or baccarat or crap or craps or keno or casino? or bingo or bookmaker? or book maker or bookie? or lottery or lotteries or lotto or scratch card? or scratchcard? or raffle or raffles or sweepstak* or amusement arcade? or slot?) adj5 (money or monetization or monetisation or monetary or currency or currencies or cryptocurrency or cryptocurrencies or reward* or win or wins or winning* or loss or losses or lose)).ti,ab.
16	((game or games or gaming or gamer?) adj5 (money or monetization or monetisation or monetary)).ti,ab.
17	or/1-16
18	limit 17 to yr="2000 -Current"
19	exp ECONOMICS/
20	exp COSTS/
21	exp FEES/
22	exp BUDGETS/
23	RESOURCE ALLOCATION/

#	Searches
24	budget*.ti,ab.
25	cost*.ti,ab.
26	(economic* or pharmaco?economic*).ti,ab.
27	(price* or pricing*).ti,ab.
28	(financ* or fee or fees or expenditure* or saving*).ti,ab.
29	(value adj2 (money or monetary)).ti,ab.
30	resourc* allocat*.ti,ab.
31	(fund or funds or funding* or funded).ti,ab.
32	(ration or rations or rationing* or rationed).ti,ab.
33	or/19-32
34	"QUALITY OF LIFE"/
35	QUALITY-ADJUSTED LIFE YEARS/
36	HEALTH STATUS MEASURES/
37	HEALTH SERVICE INDICATORS/
38	quality of life.ti.
39	((instrument or instruments) adj3 quality of life).ab.
40	quality adjusted life.ti,ab.
41	(qaly* or qald* or qale* or qtime* or life year or life years).ti,ab.
42	disability adjusted life.ti,ab.
43	daly*.ti,ab.
44	(sf36 or sf 36 or short form 36 or shortform 36 or short form36 or shortform36 or sf thirtysix or sftthirtysix or sftthirty six or sf thirty six or shortform thirtysix or shortform thirty six or short form thirtysix or short form thirty six).ti,ab.
45	(sf6 or sf 6 or short form 6 or shortform 6 or sf six or sfsix or shortform six or short form six or shortform6 or short form6).ti,ab.
46	(sf8 or sf 8 or sf eight or sfeight or shortform 8 or shortform 8 or shortform8 or short form8 or shortform eight or short form eight).ti,ab.
47	(sf12 or sf 12 or short form 12 or shortform 12 or short form12 or shortform12 or sf twelve or sftwelve or shortform twelve or short form twelve).ti,ab.
48	(sf16 or sf 16 or short form 16 or shortform 16 or short form16 or shortform16 or sf sixteen or sfsixteen or shortform sixteen or short form sixteen).ti,ab.
49	(sf20 or sf 20 or short form 20 or shortform 20 or short form20 or shortform20 or sf twenty or sftwenty or shortform twenty or short form twenty).ti,ab.
50	(hql or hqol or h qol or hrqol or hr qol).ti,ab.
51	(hye or hyes).ti,ab.
52	(health* adj2 year* adj2 equivalent*).ti,ab.
53	(pqol or qls).ti,ab.
54	(quality of wellbeing or quality of well being or index of wellbeing or index of well being or qwb).ti,ab.
55	nottingham health profile*.ti,ab.
56	sickness impact profile.ti,ab.
57	(health adj3 (utilit* or status)).ti,ab.
58	(utilit* adj3 (valu* or measur* or health or life or estimat* or elic* or disease or score* or weight)).ti,ab.
59	(preference* adj3 (valu* or measur* or health or life or estimat* or elic* or disease or score* or instrument or instruments)).ti,ab.
60	disutilit*.ti,ab.
61	rosser.ti,ab.
62	willingness to pay.ti,ab.
63	standard gamble*.ti,ab.
64	(time trade off or time tradeoff).ti,ab.
65	tto.ti,ab.
66	(hui or hui1 or hui2 or hui3).ti,ab.
67	(eq or euroqol or euro qol or eq5d or eq 5d or euroqual or euro qual).ti,ab.
68	duke health profile.ti,ab.
69	functional status questionnaire.ti,ab.
70	dartmouth coop functional health assessment*.ti,ab.
71	or/34-70
72	18 and 33
73	18 and 71
74	72 or 73

Database: Social Policy and Practice

Date of last search: 04/04/2023

#	Searches
1	(gambl* not standard gamble).ti,ab.
2	betting.ti,ab.
3	(bet or bets).ti,ab.
4	wager*.ti,ab.
5	((gaming or gambling or slot or fruit or poker or lottery or lotteries) adj5 (machine? or terminal?)).ti,ab.
6	(pokies or pokey or puggy or fruities).ti,ab.
7	((dice or card? or roulette or blackjack or poker or baccarat or crap or craps or keno or casino? or bingo or bookmaker?

#	Searches
	or book maker or bookie? or lottery or lotteries or lotto or scratch card? or scratchcard? or raffle or raffles or sweepstak* or amusement arcade? or slot?) adj5 (money or monetization or monetisation or monetary or currency or currencies or cryptocurrency or cryptocurrencies or reward* or win or wins or winning* or loss or losses or lose)).ti,ab.
8	((game or games or gaming or gamer?) adj5 (money or monetization or monetisation or monetary)).ti,ab.
9	or/1-8
10	limit 9 to yr="2000 -Current"
11	budget*.ti,ab.
12	cost*.ti,ab.
13	(economic* or pharmaco?economic*).ti,ab.
14	(price* or pricing*).ti,ab.
15	(financ* or fee or fees or expenditure* or saving*).ti,ab.
16	(value adj2 (money or monetary)).ti,ab.
17	resourc* allocat*.ti,ab.
18	(fund or funds or funding* or funded).ti,ab.
19	(ration or rations or rationing* or rationed).ti,ab.
20	or/11-19
21	quality of life.ti.
22	((instrument or instruments) adj3 quality of life).ab.
23	quality adjusted life.ti,ab.
24	(qaly* or qald* or qale* or qtime* or life year or life years).ti,ab.
25	disability adjusted life.ti,ab.
26	daly*.ti,ab.
27	(sf36 or sf 36 or short form 36 or shortform 36 or short form36 or shortform36 or sf thirtysix or sftirtysix or sftirty six or sf thirty six or shortform thirtysix or shortform thirty six or short form thirtysix or short form thirty six).ti,ab.
28	(sf6 or sf 6 or short form 6 or shortform 6 or sf six or sfsix or shortform six or short form six or shortform6 or short form6).ti,ab.
29	(sf8 or sf 8 or sf eight or sfeight or shortform 8 or shortform 8 or shortform8 or short form8 or shortform eight or short form eight).ti,ab.
30	(sf12 or sf 12 or short form 12 or shortform 12 or short form12 or shortform12 or sf twelve or sftwelve or shortform twelve or short form twelve).ti,ab.
31	(sf16 or sf 16 or short form 16 or shortform 16 or short form16 or shortform16 or sf sixteen or sfsixteen or shortform sixteen or short form sixteen).ti,ab.
32	(sf20 or sf 20 or short form 20 or shortform 20 or short form20 or shortform20 or sf twenty or sftwenty or shortform twenty or short form twenty).ti,ab.
33	(hql or hqol or h qol or hrqol or hr qol).ti,ab.
34	(hye or hyes).ti,ab.
35	(health* adj2 year* adj2 equivalent*).ti,ab.
36	(pqol or qls).ti,ab.
37	(quality of wellbeing or quality of well being or index of wellbeing or index of well being or qwb).ti,ab.
38	nottingham health profile*.ti,ab.
39	sickness impact profile.ti,ab.
40	(health adj3 (utilit* or status)).ti,ab.
41	(utilit* adj3 (valu* or measur* or health or life or estimat* or elic* or disease or score* or weight)).ti,ab.
42	(preference* adj3 (valu* or measur* or health or life or estimat* or elic* or disease or score* or instrument or instruments)).ti,ab.
43	disutilit*.ti,ab.
44	rosser.ti,ab.
45	willingness to pay.ti,ab.
46	standard gamble*.ti,ab.
47	(time trade off or time tradeoff).ti,ab.
48	tto.ti,ab.
49	(hui or hui1 or hui2 or hui3).ti,ab.
50	(eq or euroqol or euro qol or eq5d or eq 5d or euroqual or euro qual).ti,ab.
51	duke health profile.ti,ab.
52	functional status questionnaire.ti,ab.
53	dartmouth coop functional health assessment*.ti,ab.
54	or/21-53
55	10 and 20
56	10 and 54
57	55 or 56

Database: Cochrane Central Register of Controlled Trials (CENTRAL)

Date of last search: 04/04/2023

#	Searches
#1	MeSH descriptor: [Gambling] this term only
#2	gambl*.ti,ab
#3	betting.ti,ab
#4	(bet or bets).ti,ab
#5	wager*.ti,ab

#	Searches
#6	((gaming or gambling or slot or fruit or poker or lottery or lotteries) near/5 (machine* or terminal*)):ti,ab
#7	(pokies or pokey or puggy or fruities):ti,ab
#8	((dice or card or cards or roulette or blackjack or poker or baccarat or crap or craps or keno or casino* or bingo or bookmaker* or "book maker" or bookie* or lottery or lotteries or lotto or "scratch card*" or scratchcard* or raffle or raffles or sweepstak* or "amusement arcade*" or slot or slots) near/5 (money or monetization or monetisation or monetary or currency or currencies or cryptocurrency or cryptocurrencies or reward* or win or wins or winning* or loss or losses or lose)):ti,ab
#9	((game or games or gaming or gamer*) near/5 (money or monetization or monetisation or monetary)):ti,ab
#10	#1 or #2 or #3 or #4 or #5 or #6 or #7 or #8 or #9
#11	#1 or #2 or #3 or #4 or #5 or #6 or #7 or #8 or #9 with Cochrane Library publication date Between Jan 2000 and Mar 2022
#12	MeSH descriptor: [Economics] this term only
#13	MeSH descriptor: [Value of Life] this term only
#14	MeSH descriptor: [Costs and Cost Analysis] explode all trees
#15	MeSH descriptor: [Economics, Hospital] explode all trees
#16	MeSH descriptor: [Economics, Medical] explode all trees
#17	MeSH descriptor: [Resource Allocation] explode all trees
#18	MeSH descriptor: [Economics, Nursing] this term only
#19	MeSH descriptor: [Economics, Pharmaceutical] this term only
#20	MeSH descriptor: [Fees and Charges] explode all trees
#21	MeSH descriptor: [Budgets] explode all trees
#22	budget*:ti,ab
#23	cost*:ti,ab
#24	(economic* or pharmaco?economic*):ti,ab
#25	(price* or pricing*):ti,ab
#26	(financ* or fee or fees or expenditure* or saving*):ti,ab
#27	(value near/2 (money or monetary)):ti,ab
#28	resourc* allocat*:ti,ab
#29	(fund or funds or funding* or funded):ti,ab
#30	(ration or rations or rationing* or rationed):ti,ab
#31	#12 or #13 or #14 or #15 or #16 or #17 or #18 or #19 or #20 or #21 or #22 or #23 or #24 or #25 or #26 or #27 or #28 or #29 or #30
#32	MeSH descriptor: [Value of Life] this term only
#33	MeSH descriptor: [Quality of Life] this term only
#34	"quality of life":ti
#35	((instrument or instruments) near/3 "quality of life"):ab
#36	MeSH descriptor: [Quality-Adjusted Life Years] this term only
#37	"quality adjusted life":ti,ab
#38	(qaly* or qald* or qale* or qtime* or "life year" or "life years"):ti,ab
#39	"disability adjusted life":ti,ab
#40	daly*:ti,ab
#41	(sf36 or "sf 36" or "short form 36" or "shortform 36" or "short form36" or shortform36 or "sf thirtysix" or sfthirtysix or "sfthirty six" or "sf thirty six" or "shortform thirtysix" or "shortform thirty six" or "short form thirtysix" or "short form thirty six"):ti,ab
#42	(sf6 or "sf 6" or "short form 6" or "shortform 6" or "sf six" or sfsix or "shortform six" or "short form six" or shortform6 or "short form6"):ti,ab
#43	(sf8 or "sf 8" or "sf eight" or sfeight or "shortform 8" or "shortform 8" or shortform8 or "short form8" or "shortform eight" or "short form eight"):ti,ab
#44	(sf12 or "sf 12" or "short form 12" or "shortform 12" or "short form12" or shortform12 or "sf twelve" or sftwelve or "shortform twelve" or "short form twelve"):ti,ab
#45	(sf16 or "sf 16" or "short form 16" or "shortform 16" or "short form16" or shortform16 or "sf sixteen" or sfsixteen or "shortform sixteen" or "short form sixteen"):ti,ab
#46	(sf20 or "sf 20" or "short form 20" or "shortform 20" or "short form20" or shortform20 or "sf twenty" or sftwenty or "shortform twenty" or "short form twenty"):ti,ab
#47	(hql or hqol or "h qol" or hrqol or "hr qol"):ti,ab
#48	(hye or hyes):ti,ab
#49	(health* near/2 year* near/2 equivalent*):ti,ab
#50	(pqol or qls):ti,ab
#51	(quality of wellbeing or "quality of well being" or "index of wellbeing" or "index of well being" or qwb):ti,ab
#52	"nottingham health profile*":ti,ab
#53	"sickness impact profile":ti,ab
#54	MeSH descriptor: [Health Status Indicators] explode all trees
#55	(health near/3 (utilit* or status)):ti,ab
#56	(utilit* near/3 (valu* or measur* or health or life or estimat* or elicit* or disease or score* or weight)):ti,ab
#57	(preference* near/3 (valu* or measur* or health or life or estimat* or elicit* or disease or score* or instrument or instruments)):ti,ab
#58	disutilit*:ti,ab
#59	rosser:ti,ab
#60	"willingness to pay":ti,ab
#61	"standard gamble*":ti,ab
#62	("time trade off" or "time tradeoff"):ti,ab

#	Searches
#63	tto:ti,ab
#64	(hui or hui1 or hui2 or hui3):ti,ab
#65	(eq or euroqol or "euro qol" or eq5d or "eq 5d" or euroqual or "euro qual"):ti,ab
#66	"duke health profile":ti,ab
#67	"functional status questionnaire":ti,ab
#68	"dartmouth coop functional health assessment":ti,ab
#69	#32 or #33 or #34 or #35 or #36 or #37 or #38 or #39 or #40 or #41 or #42 or #43 or #44 or #45 or #46 or #47 or #48 or #49 or #50 or #51 or #52 or #53 or #54 or #55 or #56 or #57 or #58 or #59 or #60 or #61 or #62 or #63 or #64 or #65 or #66 or #67 or #68
#70	#11 and #31
#71	#11 and #69
#72	#70 or #71

Database: International Health Technology Assessment Database (INAHTA)

Date of last search: 04/04/2023

#	Searches
	All:(gamble or gambler or gamblers or gambling or gambled or betting or bet or bets or wager or wagers)
	AND Publication Year: 2000-2022

Database: NHS Economic Evaluation Database (NHSEED)

Date of last search: 04/04/2023

#	Searches
1	MeSH DESCRIPTOR GAMBLING IN NHSEED
2	(gambl*) TI IN NHSEED
3	(betting) IN NHSEED
4	(bet or bets) IN NHSEED
5	(wager*) IN NHSEED
6	((gaming or gambling or slot or fruit or poker or lottery or lotteries) near5 (machine* or terminal*)) IN NHSEED
7	(pokies or pokey or puggy or fruities) IN NHSEED
8	((dice or card or cards or roulette or blackjack or poker or baccarat or crap or craps or keno or casino* or bingo or bookmaker* or book maker or bookie* or lottery or lotteries or lotto or scratch card* or scratchcard* or raffle or raffles or sweepstak* or amusement arcade* or slot*) near5 (money or monetization or monetisation or monetary or currency or currencies or cryptocurrency or cryptocurrencies or reward* or win or wins or winning* or loss or losses or lose)) IN NHSEED
9	((game or games or gaming or gamer*) near5 (money or monetization or monetisation or monetary)) IN NHSEED
10	#1 OR #2 OR #3 OR #4 OR #5 OR #6 OR #7 OR #8 OR #9

Database: Cumulative Index to Nursing and Allied Health Literature (CINAHL)

Date of last search: 04/04/2023

#	Searches
S1	TI (gambl* or betting or bet or bets or wager* or "gaming machine*" or "slot machine*" or "fruit machine*" or "poker machine*" or "lottery machine*" or "lotteries machine*" or "gaming terminal*" or "slot terminal*" or "fruit terminal*" or "poker terminal*" or "lottery terminal*" or "lotteries terminal*" or pokies or pokey or puggy or fruities) Limiters - Publication Year: 2000-
S2	TI (budget* OR cost* OR economic* OR pharmaco-economic* OR price* OR pricing* OR financ* OR fee OR fees OR expenditure* OR saving* OR "value for money" OR "monetary value" OR "resourc* allocat*" OR "allocat* resourc*" OR fund OR funds OR funding* OR funded OR ration OR rations OR rationing* OR rationed or "quality of life" or "quality adjusted life" or "disability adjusted life" or "short form or shortform" or "health year equivalent*" or "nottingham health profile*" or "sickness impact profile*" or "health status indicator*" or "health utilit*" or "utilit* valu*" or "utilit* measur*" or "willingness to pay" or "standard gamble*" or "time trade off" or "time tradeoff" or "duke health profile" or "functional status questionnaire" or "dartmouth coop functional health assessment") Limiters - Publication Year: 2000-
S3	S1 and S2

Database: Applied Social Science Index and Abstracts (ASSIA)

Date of last search: 04/04/2023

#	Searches
	AB, TI (gambl* or betting or bet or bets or wager* or "gaming machine*" or "slot machine*" or "fruit machine*" or "poker machine*" or "lottery machine*" or "lotteries machine*" or "gaming terminal*" or "slot terminal*" or "fruit terminal*" or "poker terminal*" or "lottery terminal*" or "lotteries terminal*" or pokies or pokey or puggy or fruities)
AND	AB, TI (budget* OR cost* OR economic* OR pharmaco-economic* OR price* OR pricing* OR financ* OR fee OR fees OR expenditure* OR saving* OR "value for money" OR "monetary value" OR "resourc* allocat*" OR "allocat* resourc*" OR fund OR funds OR funding* OR funded OR ration OR rations OR rationing* OR rationed or "quality of life" or "quality adjusted life" or "disability adjusted life" or "short form or shortform" or "health year equivalent*" or "nottingham health profile*" or "sickness impact profile*" or "health status indicator*" or "health utilit*" or "utilit* valu*" or "utilit* measur*" or "willingness to pay" or "standard gamble*" or "time trade off" or "time tradeoff" or "duke health profile" or "functional status questionnaire" or "dartmouth coop functional health assessment")

#	Searches
	or "utilit* measur*" or "willingness to pay" or "standard gamble*" or "time trade off" or "time tradeoff" or "duke health profile" or "functional status questionnaire" or "dartmouth coop functional health assessment*")
AND	Additional limits - Date: From January 2000

Database: Social Care Online

Date of last search: 04/04/2023

#	Searches
	AllFields: 'gamble or gambler or gamblers or gambling or gambled or betting or bet or bets or wager or wagers or "gaming machine" or "slot machine" or "fruit machine" or "poker machine" or "lottery machine" or "lotteries machine" or "gaming terminal" or "slot terminal" or "fruit terminal" or "poker terminal" or "lottery terminal" or "lotteries terminal" or pokies or pokey or puggy or fruities'
	AND AllFields: 'budget or cost or economic or pharmaco-economic or price or pricing or finance or fee or fees or expenditure or saving or "value for money" or "monetary value" or "allocate resource" or "resource allocation" or fund or funds or funding or funded or ration or rations or rationing or rationed' or "quality of life" or "quality adjusted life" or "disability adjusted life" or "short form or shortform" or "health year equivalent" or "sickness impact profile" or "health status indicator" or "health utility" or "utility value" or "utility measure" or "standard gamble" or "time trade off" or "time tradeoff"
	AND PublicationYear:'2000 2020'

Database: Social Sciences Citation Index

Date of last search: 04/04/2023

#	Searches
	(gambl* or betting or bet or bets or wager* or "gaming machine*" or "slot machine*" or "fruit machine*" or "poker machine*" or "lottery machine*" or "lotteries machine*" or "gaming terminal*" or "slot terminal*" or "fruit terminal*" or "poker terminal*" or "lottery terminal*" or "lotteries terminal*" or pokies or pokey or puggy or fruities) and (budget* OR cost* OR economic* OR pharmaco-economic* OR price* OR pricing* OR financ* OR fee OR fees OR expenditure* OR saving* OR "value for money" OR "monetary value" OR "resourc* allocat*" OR "allocat* resourc*" OR fund OR funds OR funding* OR funded OR ration OR rations OR rationing* OR rationed or "quality of life" or "quality adjusted life" or "disability adjusted life" or "short form or shortform" or "health year equivalent*" or "nottingham health profile*" or "sickness impact profile*" or "health status indicator*" or "health utilit*" or "utilit* valu*" or "utilit* measur*" or "willingness to pay" or "standard gamble*" or "time trade off" or "time tradeoff" or "duke health profile" or "functional status questionnaire" or "dartmouth coop functional health assessment*") (Title) Timespan: 2000-01-01 to 2022-03-24

Other sources

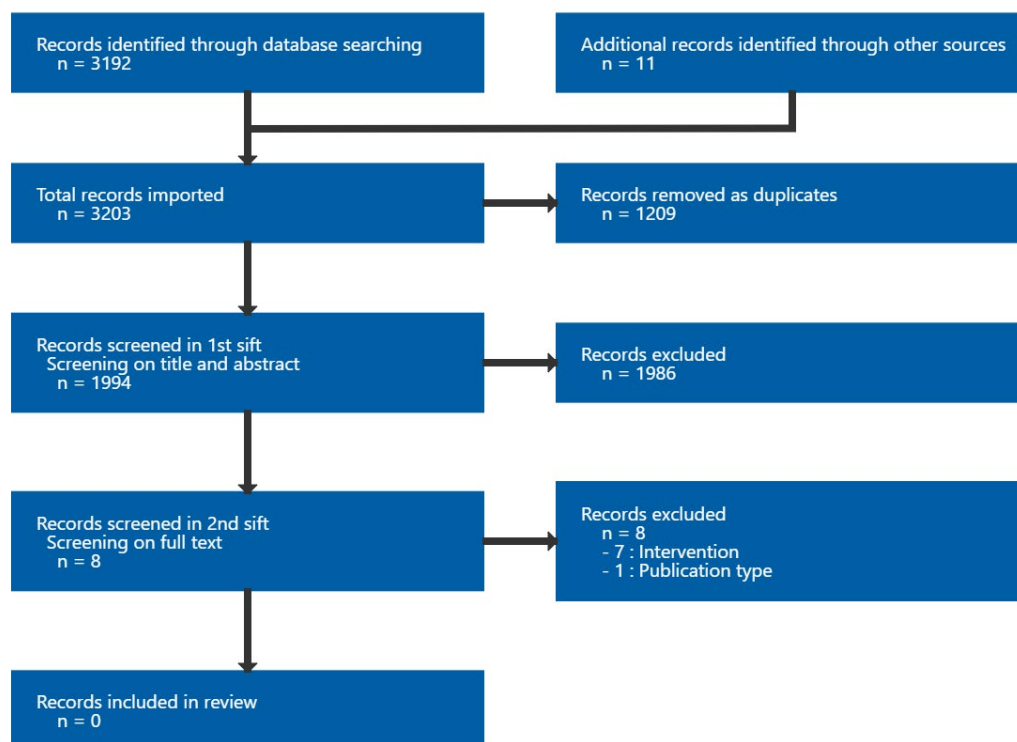
All websites listed in the protocol were searched and browsed.

Date of last search: 11/04/2023

Appendix C Effectiveness evidence study selection

Study selection for: What is the effectiveness of care pathways and models of care for people who participate in harmful gambling (including those with comorbid conditions such as depression, anxiety and other substance-use disorders)?

Figure 1. Study selection flow chart



Appendix D Evidence tables

Evidence tables for review question: What is the effectiveness of care pathways and models of care for people who participate in harmful gambling (including those with comorbid conditions such as depression, anxiety and other substance-use disorders)?

No evidence was identified which was applicable to this review question.

Appendix E Forest plots

Forest plots for review question: What is the effectiveness of care pathways and models of care for people who participate in harmful gambling (including those with comorbid conditions such as depression, anxiety and other substance-use disorders)?

No meta-analysis was conducted for this review question and so there are no forest plots.

Appendix F GRADE and/or GRADE-CERQual tables

GRADE tables for review question: What is the effectiveness of care pathways and models of care for people who participate in harmful gambling (including those with comorbid conditions such as depression, anxiety and other substance-use disorders)?

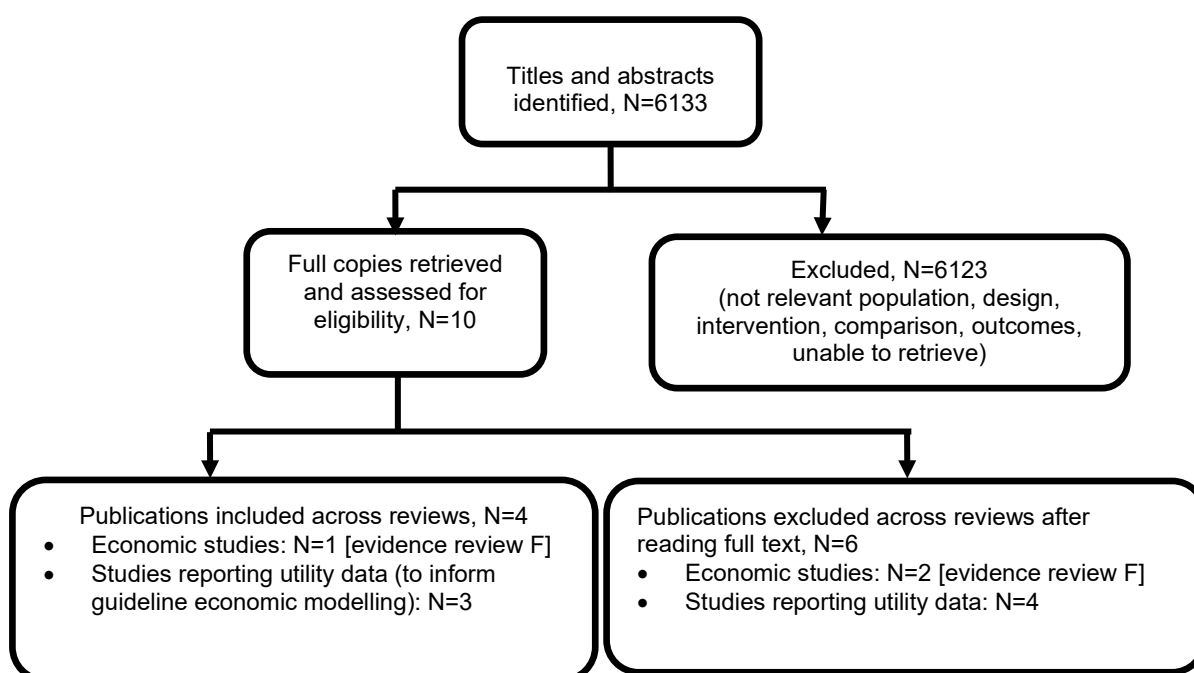
No evidence was identified which was applicable to this review question.

Appendix G Economic evidence study selection

Economic evidence study selection for: What is the effectiveness of care pathways and models of care for people who participate in harmful gambling (including those with comorbid conditions such as depression, anxiety and other substance-use disorders)?

A global health economics search was undertaken for all areas covered in the guideline. **Figure 2** shows the flow diagram of the selection process for economic evaluations of interventions and strategies associated with the care of people experiencing harmful gambling, their families, friends and others close to them, and studies reporting gambling-related health state utility data.

Figure 2: Study selection flow chart



Appendix H Economic evidence tables

Economic evidence tables for review question: What is the effectiveness of care pathways and models of care for people who participate in harmful gambling (including those with comorbid conditions such as depression, anxiety and other substance-use disorders)?

No economic evidence was identified which was applicable to this review question.

Appendix I Economic model

Economic model for review question: What is the effectiveness of care pathways and models of care for people who participate in harmful gambling (including those with comorbid conditions such as depression, anxiety and other substance-use disorders)?

No economic analysis was conducted for this review question.

Appendix J Excluded studies

Excluded studies for review question: What is the effectiveness of care pathways and models of care for people who participate in harmful gambling (including those with comorbid conditions such as depression, anxiety and other substance-use disorders)?

Excluded effectiveness studies

Table 3: Excluded studies and reasons for their exclusion

Study	Reason for exclusion
Archer, Marc, Harwood, Hannah, Stevelink, Sharon et al. (2020) Community reinforcement and family training and rates of treatment entry: a systematic review. <i>Addiction</i> (Abingdon, England) 115(6): 1024-1037	- Intervention Paper includes a specific treatment or intervention rather than care pathways or models.
Dickson-Gillespie, L., Rugle, L., Rosenthal, R. et al. (2008) Preventing the incidence and harm of gambling problems. <i>Journal of Primary Prevention</i> 29(1): 37-55	- Intervention Paper includes a specific treatment or intervention rather than care pathways or models.
Jackson, Alun C. (2005) Problematic gambling behaviour.	- Publication type Book chapter
Mladenovic, Ivica, Lazetic, Goran, Lecic-Tosevski, Dusica et al. (2015) Treatment of pathological gambling - integrative systemic model. <i>Psychiatria Danubina</i> 27(1): 107-11	- Intervention Paper describes a model but does not contain information about effectiveness.
NOWER, Lisa and BLASZEZYNSKI, Alex (2004) The pathways model as harm minimization for youth gamblers in educational settings. <i>Child and Adolescent Social Work Journal</i> 21(1): 25-45	- Intervention Paper does not have any information regarding care pathways or models.
Riley, Ben; Smith, David; Oakes, Jane (2011) Exposure therapy for problem gambling in rural communities: a program model and early outcomes. <i>The Australian journal of rural health</i> 19(3): 142-6	- Intervention Paper includes a specific treatment or intervention rather than care pathways or models.
Shaffer, Howard J, Ladouceur, Robert, Blaszczyński, Alex et al. (2016) Extending the RENO model: Clinical and ethical applications. <i>The American journal of orthopsychiatry</i> 86(3): 297-309	- Intervention Paper describes a model but does not contain information about effectiveness.
Tolchard, Barry and Battersby, Malcolm W (2013) Cognitive behaviour therapy for problem gamblers: A clinical outcomes evaluation. <i>Behaviour Change</i> 30(1): 12-23	- Intervention Paper includes a specific treatment or intervention rather than care pathways or models

Excluded economic studies

No economic evidence was reviewed at full text and excluded from this review.

Appendix K Research recommendations – full details

Research recommendations for review question: What is the effectiveness of care pathways and models of care for people who participate in harmful gambling (including those with comorbid conditions such as depression, anxiety and other substance-use disorders)?

K.1.1 Research recommendation

What is the effectiveness and cost-effectiveness of care pathways and models of care for people who experience gambling-related harms (including those with comorbid conditions such as depression, anxiety and other substance-use disorders, those at high risk and those under-represented in services)?

K.1.2 Why this is important

The development of NHS gambling treatment services is underway and there is no evidence available to determine what is the most effective and cost-effective model of care.

K.1.3 Rationale for research recommendation

Table 4: Research recommendation rationale

Importance to ‘patients’ or the population	An effective and cost-effective model of care will ensure people experiencing gambling that harms can access treatment and will receive appropriate treatment and care.
Relevance to NICE guidance	The NICE guideline on gambling that harms needs to provide guidance to the NHS on the best way to deliver gambling treatment services
Relevance to the NHS	The NHS is currently setting up a national network of specialist gambling treatment clinics and it is essential that these form a coordinated part of the overall treatment of people experiencing gambling that harms.
National priorities	Gambling harm is recognised as an increasing problem and has been prioritised by the Office for Health Improvement and Disparities.
Current evidence base	No evidence on the effectiveness of care pathways and models of care was identified.
Equality considerations	Research should be designed to address that certain subgroups may be of higher risk of harm from gambling compared to others (for example young men, people living in lower socio-economic areas). Some subgroups may also have more difficulties accessing treatment services (for example people with neurodevelopmental disabilities and acquired cognitive impairments, people from LGBT+ communities, and people living in lower socio-economic areas).

K.1.4 Modified PICO table

Table 5: Research recommendation modified PICO table

Population	People aged 18years and older (including those with co-morbid conditions) who participate in gambling that harms.
Intervention	<p>Any care pathway or models for care (such as care coordination or stepped care) for people participating in gambling that harms (including those with comorbid conditions such as depression, anxiety and other substance-use disorders)</p> <p>Care pathways and models of care will be defined by the studies and are expected to vary in a range of ways, for example:</p> <ul style="list-style-type: none"> • initial points of access • referral routes between services • the environment in which assessment, treatment and care is delivered • how and when care is delivered • contribution of care providers • funding and commissioning arrangements for the provision of care and treatment and for movement between providers • care coordination • the role of information and communication technology
Comparator	<p>Different care pathways or models of care compared with each other or with:</p> <ul style="list-style-type: none"> • the standard or 'usual' care pathway or model of care • no comparator
Outcome	<p>Critical:</p> <ul style="list-style-type: none"> • quality of life (measured using validated scales such as EQ-5D and SF-12) • gambling severity (assessed using validated scales such as the Problem Gambling Severity Index and objective, quantifiable measures such as gambling frequency or time or money spent on gambling) • satisfaction with services, including satisfaction of affected others (measured using validated satisfaction scales) • social functioning (measured using validated scales such as the Work and Social Adjustment Scale) • rates of readmission to gambling treatment services • Cost-effectiveness (including resource use measurements and QALY estimations using a validated preference-based measure such as the EQ-5D or SF-6D). <p>Important:</p> <ul style="list-style-type: none"> • adverse events such as suicide, self-harm, or unplanned acute mental health hospital

	admission
Study design	<ul style="list-style-type: none"> • Systematic reviews of RCTs • Experimental studies using a randomly assigned control group design • Experimental studies using a non-randomly assigned control group design with match comparison or another method of controlling for confounding variables. • Observational studies <ul style="list-style-type: none"> ○ With control group (such as case control or cohort studies) with match comparison or another method of controlling for confounding variables ○ Without control group (such as uncontrolled before-after studies)
Timeframe	Short and long term

EQ-5D: EuroQol health related quality of life (5 domains); RCT: Randomised Controlled Trial; SF-12: 12-item short form survey