Breath Holding Spells, BHS

Breath holding spells (BHS) are when children hold their breath in response to fear, anger, pain or being startled. They are a common pediatric problem. Spells usually begin by one year of age. The greatest number of such events tends to be in the second year of life. By age 5 most breath holding spells are gone.

CAUSES

BHS seem to be due to an abnormal nervous system reflex. This causes otherwise normal children to hold their breath long enough to change color and sometimes pass out. Breath-holding spells (BHS) are dramatic, uncontrolled events that happen in otherwise healthy children. **This condition is sometimes passed on from the parents (*genetic*). Low iron levels in the body may increase the frequency of BHS.**

SYMPTOMS

There are two kinds of BHS – *cyanotic* **(turn blue) and the less common** *pallid* **(turn pale). Some children have both types. Spells often follow this pattern:**

- Something triggers (scolding, upsetting, pain, etc.) the spell.
- They may begin to cry (or not). After a few cries or prolonged crying, the child becomes silent and stops breathing.
- The skin becomes blue or pale.
- The child passes out and falls down.
- Sometimes there is brief twitching, jerking or stiffening of the muscles.
- The child shortly wakes up and may be a bit drowsy for a moment.

Mild spells end before passing out.

DIAGNOSIS

With typical BHS, the story and the physical exam make the diagnosis. In severe or unclear cases, seizures, heart problems and other more uncommon problems are checked for.

TREATMENT

- Iron pills or liquid may be given if there is a low level of iron in the blood.
- Medicine is not usually recommended. If the spells are frequent, your caregiver may suggest a trial of medicine.

HOME CARE

- You cannot prevent every minor mishap or conflict in your child's life. This is not practical or possible. A complete understanding of the harmlessness of this problems will help you deal with it when it occurs. When your child becomes upset and cries, reasonable efforts should be made to calm your child. Try to distract them with another activity or an offer of something to drink, etc. If an episode happens in spite of these measures, watching the child and prevention of injury are generally all that is necessary.
- If you can, before your child falls, help your child lie down. This is to help them avoid hitting their head.
- Act calm during the spell. Your child will pick up on your anxiety and may become more frightened themselves if they sense you are afraid.
- If your child loses consciousness, the child should be placed on their side. This is to help them avoid breathing in food or secretions. If a spell occurs while eating, and an airway is blocked, the airway must be cleared. Other reviving (*resuscitative*) efforts are not necessary.
- Do not hold your child upright during the spell. Lying them flat helps shorten the spell.
- Put a damp, cool washcloth on your child’s forehead until breathing starts again.
- Once the episode is over, the child should be reassured. If the spell was due to a temper tantrum, do not give in to whatever the tantrum was about.
- You should not draw too much attention to the event, or worry too much. This will only further upset your

child. Breath holding behavior should not be given too much attention as this may encourage repeat episodes.
- Do not allow the BHS to prevent you from normal discipline and limit setting.

PROGNOSIS

Breath holding spells are frightening to see. They are not harmful and children will outgrow them. There are no serious long-term effects. There may be a slightly a mildly increased incidence of fainting spells (*syncope*) later in life. These are more likely in childhood or adolescence.

SEEK MEDICAL CARE IF:

- The spells are getting worse or more frequent.
- There seem to be changes in the breath holding spells or new changes in your child's behavior that you are concerned about.

SEEK IMMEDIATE MEDICAL CARE IF:

- Muscle twitching, stiffening or jerking that last more than a few seconds.
- Your child has signs of head injury:
  - Severe headache.
  - Repeated vomiting.
  - Your child is difficult to awaken or acts confused.
  - Difficulty walking.

MAKE SURE YOU:

- Understand these instructions.
- Will watch your condition.
- Will get help right away if you are not doing well or get worse.

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