Adolescent "SHORT

Supported by the Missouri Department of Health and Senior Services, Endorsed by the Missouri American Academy of Pediatrics and the Midwest Chapter of Society for Adolescent Medicine Volume 8 • Number 3 • May / June 2006

Adolescent Update

This issue deals with a relatively unknown issue among teen providers and is a practice that can be deadly. It is important to explore this topic with teens who report any of the signs and symptoms associated with its use. Providers are encouraged to share this information, including distributing copies of this newsletter to those who need to know. If this is done, please let Patti Van Tuinen or Dr. Lynch know.

We are pleased that Adolescent Shorts readers continue to contact us with feedback about future topics and how the information has been helpful in your practices. We will be mailing out a survey to selected individuals soon to continue our quality assessment and to solicit more readership input. Please continue to request topic areas that are important to include in future issues.

For further information, please contact:



Daryl A. Lynch, MD (913) 696•8933 Patti Van Tuinen, M.Ed., C.H.E.S. (573) 751•6188

E-mail addresses:
Daryl A. Lynch, MD
dlynch@cmh.edu
Patti Van Tuinen
patti.vantuinen@dhss.mo.gov

Daryl A Lynch, MD is Section Chief of Adolescent Medicine at Children's Mercy Hospital and Consultant in Adolescent Health to MD-DHSS.

Patti Van Tuinen is the Adolescent Health Coordinator for the Mssouri Department of Health and Senior Services.

The "Choking Game" - A Deadly Game is Resurfacing

Daryl A. Lynch, MD, The Children's Mercy Hospital

The "choking game" has resurfaced again as a way for teens and pre-teens to get a thrill. This behavior consists of cutting down on the blood flow and oxygen to the brain. It carries enormous risk and has been the cause of many deaths among youth around the world. This activity is not new but has changed to involve greater risk that makes it more dangerous than in prior generations.

Many youth who play the "choking game" see no harm because it does not involve drugs or alcohol. Fascination with the prospect of getting high without using drugs may falsely enlist teens who would not otherwise seek risky behaviors. The Internet may also increase awareness of how to play the "choking game." In the past, most of this behavior was done in groups but a recent trend is that the game is played alone which also increases the risk of dying from a ligature that does not loosen, as expected.

The "choking game" may be done with others or alone. One person cuts off the air or decreases blood supply to another until that person nearly faints or passes out. Then the choker releases and air and blood flow returns. In an information sheet recently distributed by the American Academy of Pediatrics, New Hampshire's Chief Medical Examiner, Dr. Thomas Andrew, stated, "These victims are high-achieving, sports- and action-oriented kids." According to Dr. Andrew's website, http://www.stop-the-choking-game.com/, there have been at least six deaths among Missouri youth from this activity since March of 2004.

Another troubling report from Canada involves self-strangulation by hanging from cloth towel dispensers in schools. Four deaths and one near-death were recently attributed to males playing the "choking game" at school. Three were alone and two were with friends. These events lead to recommendations in schools that these types of towel dispensers be removed.

Effects that can be seen from playing the "choking game" range from minor to death. There may be bruising or red marks around the neck from the ligature, head injuries from falling when the individual passes out, short term memory loss, seizures, retinal hemorrhages, stroke or unexpected death.

According to Fredrick Kunkle, staff writer for the Washington Post (April 2, 2006; C05), there is scant research on this topic, but medical and forensic experts estimate that 250 to 1,000 young people die in the United States each year from some variant of this behavior. Many may be reported as suicides.

Autoerotic behavior during masturbation may account for some of the deaths. References to this behavior date as far back as the 1600's according to Kunkle. This activity involves using a ligature such as a rope, belt or necktie to constrict blood flow to the brain by squeezing the neck while, theoretically, heightening the intensity of pleasure. The ligature is supposed to loosen as the individual loses consciousness but may not, creating an extremely dangerous situation.

Other names for the "choking game"

Breath Play Space Monkey Space Cowboy Rising Sun Choke Out Fainting Knock Out Airplaning Cloud Nine Pass Out Game Hawaiian High Gasp Hanging Ghost **Black Out Game Fainting Game** Purple Dragon American Dream Natural High California High Flatliner or Flatline Suffocation Roulette

Warning signs

- Unexplainable bruising or red marks around the neck
- Ligatures (bed sheets, belts, T-shirts, ties, ropes) tied in strange knots and/or found in unusual places
- Wear marks on furniture (bunk beds and/or closet rods) from previous incidences
- Disorientation and/or grogginess after being alone
- Unusual need for privacy (locked bedroom doors)
- Bloodshot eyes, pinpoint bruising around the eyes

Preventing harm from the "choking game"

Physicians and other health care providers who see adolescents in primary care, urgent care centers or emergency departments may be able to prevent and intervene before death or disability occurs with awareness of the risky "choking game." Providers must keep this activity in mind and be willing to discuss it at a clinic visit, particularly at a preventative visit. It must be added to the differential diagnosis when dealing with headaches, behavior changes, head injuries or abnormal marks around the neck or neck area in youth.

Parents and teachers should openly discuss the dangers of the "choking game," perhaps including it in a discussion involving artificial ways of seeking a thrill or high from drugs or alcohol. Reinforce that there is a chance of low oxygen levels in the brain, brain damage or death, every time, due to malfunction of the ligature or other complications. Parents should also be aware of the signs which may include: unexplained marks or bruises on the neck area; belts, leashes, ropes, or other ligatures tied in strange knots or found in unusual places; disorientation after being alone; and/or being overly eager to lock doors.

Parents who know that their children are participating in this behavior should increase supervision and awareness of activities and whereabouts. Parents and school personnel should work together to prevent any further activity and to warn students about the dangers. Parents can also alert their friends who have children, and the parents of their children's friends.

As with many risky behaviors among adolescents, prevention is the best approach for parents, teachers and providers to initiate. It is essential that teens know the dangers about this activity in order to prevent future deaths and harmful effects from the "choking game."

R E F E R E N C E S

Shlamovitz GZ et al,

"Suffocation Roulette: a case of recurrent syncope in an adolescent boy,"

Ann Emerg Med 2003: 42(2): 310.

Le D and Macnab AJ,

"Self Strangulation by Hanging from Cloth Towel Dispensers in Canadian Schools," Inj Prev 2001: 7(3): 231-233.

iii, 110, 1101, (e), 110

Hageman JR, "The Choking Game and Autoerotic Asphyxiation," Illinois Pediatrician, Spring, 2006, 24: 8-9.

WEB RESOURCES

http://www.stop-the-choking-game.com
Individual sites as memorials and advice to parents

http://www.semissourian.com/story/1144763.html
News story about young man in southeast Missouri who died from the "choking game"

http://www.dphhs.mt.gov/newsevents/newsreleases2 005/july/faintinggame.shtml

Montana Department of Public Health and Human Services news release

http://www.telecomassociation.com/pubs/chokingga mereport/index.html

Information and helpful links for parents and other adults

Adolescent "SHORIS" is a bimonthly newsletter supported by the Mssouri Department of Health and Senior Sevices about adolescent issues for Mssouri providers.

Any comments or suggestions are welcome and should be directed to either Daryl Lynch, MD or Patti Van Tuinen.



Section of Adolescent Medicine 2401 Gillham Road Kansas City, MO 64108

www.childrens-mercy.org

Children's Mercy Hospitals and Clinics is an equal opportunity/affirmative action employer and a United Way agency.

Adolescent "SHORIS"

Editorial: Daryl A. Lynch, MD Art Direction: CMA Designs Printing: SOLI Printing

Adolescent "SHORTS" is produced to advocate for and promote adolescent health and well being. Information contained in their newsletter is not a substitute for legal, medical or policy advice. Readers are urged to consult their own advisor about specific situations or questions.

Articles in *Adolescent "SHORTS"* refer to boys and girls. For simplicity, the pronouns "he" and "she" are used interchangeably unless otherwise noted.

Non-Profit Org. U.S. Postage PAID Kansas City, MO Permit 4301