

Breath-holding Spells

What is a breath-holding spell?

A breath-holding spell is an event in which a child stops breathing for a short time. These spells can cause a child to pass out (lose consciousness). Breath-holding spells often happen when a young child is angry or afraid. These spells can happen right after a minor accident, a painful event or when frustrated.

Breath-holding spells are often part of a toddler temper tantrum. The spells are not intentional behavior on the child's part. The spell is a reflex reaction to something unpleasant to the child.

Why do these spells occur?

Breath-holding spells occur in 5% of otherwise healthy children. They can occur in children between 6 months and 6 years of age. They are most common from 1 to 3 years of age. Breath-holding spells vary in how often they happen and how severe they are. Some children have them once a year while others may have several spells within one day. Often parents who have seen one breath-holding spell can predict when another is going to happen.

Breath-holding spells are most often not serious, do not cause permanent damage, or affect a child's future health. They slowly go away on their own.

Are there different types of breath-holding spells and symptoms?

There are two types of breath-holding spells.

Cyanotic or "blue" spells are the most common type. These start with a short burst of vigorous crying after anger, frustration, pain, or fear. Sometimes there is hyperventilating. This is followed by a

pause in breathing after breathing out (exhaling). The face begins to turn red followed by turning blue, especially around the lips. This lasts only a short time and the child often goes limp and passes out. The spell may sometimes cause the muscles to twitch or the body to stiffen. After a few seconds, breathing starts up again and the skin color returns to normal. The child regains consciousness soon after.

Pallid or "pale" spells are the less common type. These spells follow a painful event, such as falling and bumping the head or being suddenly startled. The child opens the mouth as if to cry but nothing comes out. The child stops breathing, becomes very pale, passes out, and becomes limp. The heart rate slows down during these spells. In longer spells, the child can arch the back and become stiff. After the spell, the heart rate speeds up again, breathing restarts, and consciousness returns. The child may recover quickly or may be drowsy and sleep for awhile after the spell.

Some children have both cyanotic and pallid spells at one time or another in their lives.

What causes breath-holding spells?

Breath-holding spells are caused by a change in the usual breathing pattern or a slowing of the heart rate. These are brought on by pain or strong emotions.

In some children, breath-holding spells may be related to iron deficiency anemia. This is a condition in which the body does not make a normal number of red blood cells.

Sometimes there is a history of these spells in the family.

How are breath-holding spells diagnosed?

Breath-holding spells are usually diagnosed after the doctor hears a report of the symptoms. Recording the symptoms and describing them accurately will help with the diagnosis. If your doctor thinks the child might have a seizure disorder, anemia, or heart irregularity, tests may be done. Some children will have a brain wave test (EEG) done to evaluate for seizures. Not all children with breath-holding spells need a brain wave test done. A blood test to check for anemia might be done.

How are breath-holding spells treated?

Unless a doctor decides there is a health problem causing the spells, there is no medical treatment for them.

During a breath-holding spell, protect the child from injury. Lay the child on the side and watch. Do not hold the child upright and do not shake the child or put anything in the mouth. Do not splash water on the child.

Breath-holding spells will stop on their own, often within a minute or less. The child will catch their breath and start to cry or scream. Seizures rarely happen with breath-holding spells. There is no increased risk of the child later developing seizures from these spells.

After the spell is over treat the child normally. Do not punish the child's behavior.

These spells can be frightening, but parents should treat the child as normally as possible. Do not treat the child differently from other children. Help your child to feel safe. Make sure your child gets plenty of rest. Try to reduce his or her frustration, but allow normal childhood activities. When possible, use distraction to avoid temper tantrums.

Where can I get more information about breath-holding spells?

American Academy of Pediatrics

www.AAP.org

Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person's health needs are different, you should talk with your doctor or others on your health care team when using this information. If you have an emergency, please call 911. Copyright ©8/2017. University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Clinical Nutrition Services Department and the Department of Nursing. HF#7290