

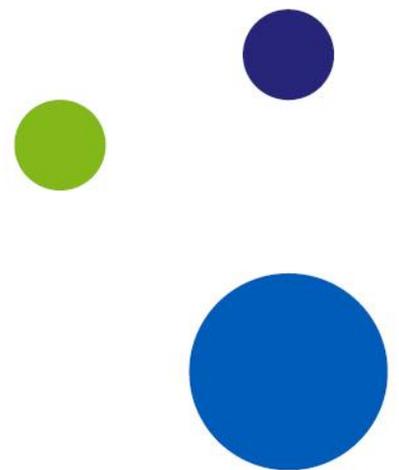


Breath Holding Attacks

Patient Information

Child Health Department

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What is a breath-holding attack?

Breath-holding attacks are a common problem, affecting up to one in twenty children. A breath-holding attack may happen after a child has a minor accident, has a fright or gets upset. The child will then cry and hold their breath.

If children start to cry after a little injury or tantrum, lose their breath and turn red in the face, followed by turning blue (especially around the mouth), it is known as a blue spell. The child may faint and go limp. The attack lasts only a short time and the child often feels tired and confused afterwards. A child may have a fit after a blue spell, but this is rare.

What causes breath-holding attacks?

The cause of breath-holding attacks is not known. Most children that go through a stage of breath-holding do not have a serious problem and are not epileptic. Sometimes there is a family history of similar attacks.

When do they start and will they stop?

Breath-holding attacks usually start before 18 months of age and usually stop by six years. Some children with pale spells may have faints as they grow older.

How often do they occur?

Attacks may happen fairly often, however, every child is different. Watch your child to understand when they are most likely to have an attack. This will help you know when they are going to have an attack.

What needs to be done for my child?

Although at first breath-holding attacks appear scary, you will become used to them. Discuss the problem with your doctor. Your child will need a careful examination to see that they do not have any other problems. Children with breath-holding are usually otherwise healthy.

What can be done in the meantime?

No special treatment is required. Anti-epileptic treatment is not effective and is not recommended. If your child has a lot of tantrums, a behaviour modification program may help, but will not stop the breath-holding. Talk with the Doctor when you are seen.

Remember

- Children commonly hold their breath after a fright or becoming upset.
- Children may appear drowsy and sleep for a while after an attack.
- Children with breath-holding don't usually have a serious underlying illness.

Please feel free to ask

If you have any questions or queries which we have not covered in this leaflet the staff will be pleased to answer your questions as clearly and honestly as they can.

Rainbow Ward, Tel. No: 01942 778762 or 778763, Ward open 24 hours

Please note that we can only give specific advice where we have recently been involved in the care of a child.

Comments, Compliments or Complaints

The Patient Relations/Patient Advice and Liaison Service (PALS) Department provides confidential on the spot advice, information and support to patients, relatives, friends and carers.

Contact Us

Tel: 01942 822376 (Monday to Friday 9am to 4pm)

The Patient Relations/PALS Manager
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Ask 3 Questions

Become more involved in decisions about your healthcare. You may be asked to make choices about your treatment. To begin with, try to make sure you get the answers to three key questions:

1. What are my options?
2. What are the pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?



How We Use Your Personal Information

For details on how we collect, use and store the information we hold about you, please take a look at our “how we use your personal information” leaflet which can be found on the Trust website: www.wwl.nhs.uk/patient_information/Leaflets/default.aspx

This leaflet is also available in audio, large print, Braille and other languages upon request. For more information call 01942 773106.

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