

The Choking Game: Updates and Recommendations to Clinical Practitioners

BY KSHAMA SHAH, MD, MPH; MOLLY DIAZ, MD, MPH; LISA GARBATY; JOSEPH HAGEMAN, MD

The “Choking Game” is just one of many names that refer to an intentionally caused lack of oxygen to the brain, typically induced by strangulation by a device or another person.¹ More broadly known as asphyxial games, the ‘goal’ of the game is to experience a ‘rush,’ euphoric state, or syncopal episode. Based on our review of the issues and available statistics concerning the Choking Game, we recommend that clinical practitioners provide an overview of warning signs of risky behavior to parents and screen for such behaviors in the well child encounter.

While asphyxial ‘games’ have been practiced for generations, the Choking Game began receiving widespread attention approximately ten years ago, when popular media outlets reported on several resultant fatalities. In previous generations, two or more individuals would typically be engaged in the game, with one person strangulating the other to generate the rush associated with syncope and regaining consciousness. More recently, however, children and adolescents are increasingly playing the game alone and using tools such as belts, exercise bands, and ropes to apply pressure to their own necks. While already unsafe, the recent solo nature of the game and the use of additional tools have increased the dangers associated with the practice and risk of death.

The Centers for Disease Control and Prevention (CDC) estimates that 85 deaths occurred from the Choking Game between 1995 and 2007. This is likely an underestimate, as many deaths may be misclassified as intentional suicides.² A website called “Games Adolescents Shouldn’t Play” gathers data submitted by the public. They report eleven deaths in the United States in 2013 resulting from the Choking Game.³ With respect to incidents in Illinois, the “Dangerous Behaviors Foundation,” which also gathers data submitted by the public, has recorded twenty incidents – including eighteen deaths through 2011.⁴ Media reports from 2014 have highlighted even more recent events in Illinois towns involving youths playing the Choking Game.^{5,6}

A 2008 study of middle school and high school youth found that 68% knew about the Choking Game, 40% perceived no risk associated with the game, and 6.6% self-reported having tried the game.⁷ Despite widespread knowledge among youth, in a recent study, one third of pediatricians and family physicians had no knowledge of the Choking Game and only 2% included it in anticipatory guidance.⁸

Recent data show that engaging in the Choking Game has been associated with other risky and concerning behaviors such as

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substance abuse, sexual activity, and violence.^{9,10} Additionally, lower school performance has been linked with asphyxial games.¹¹ This research highlights the need for anticipatory guidance and screening for asphyxial games and other possibly associated risky behaviors.

One concern for conducting anticipatory guidance on the topic of asphyxial games is fear of offending families or prompting participation in the activity.¹² In examining parents’ perceptions of physicians’ roles, however, the exceeding majority of parents expected physicians to counsel children and adolescents on other risky behaviors. And, in fact, with widespread Internet access and peer-to-peer discussions on risky behaviors, there is no evidence to suggest that physician guided anticipatory guidance on those behaviors prompts adolescent participation.^{13,14}

Despite increasing demands on time during physician visits, pediatricians and family practitioners who see adolescents are well poised to provide older children, adolescents, and their families with guidance on risky behaviors. In a study of parents whose children passed away from the Choking Game, the most common recollection was of not knowing of the game’s existence.¹⁵ As more information becomes available on warning signs of child and adolescent participation in risky behavior and, more specifically, the Choking Game, it becomes easier for practitioners and parents to know what signs to look for. Our recommendation is for clinical practitioners to provide an overview of warning signs of risky behavior to parents and to screen for the presence of asphyxial games in the well child encounter. In addition, to facilitate education of families on these behaviors, we have worked with the Illinois PTA on a Parent Information handout – The Choking Game: What Parents and Caregivers Need to Know – available now for download and printing at www.illinoisap.org/wp-content/uploads/ChokingGame.pdf.

continued on page 14

continued from page 13

Who is most at risk?	What are warning signs for pediatricians and parents to watch for?	What are some other common names for the Choking Game?
<ul style="list-style-type: none"> Boys are at highest risk of death from the Choking Game; 87% of victims were male. Children between 11 and 16 years of age were at highest risk. 	<ul style="list-style-type: none"> Bloodshot eyes Marks on the neck Wearing high-necked shirts, even in warm weather <ul style="list-style-type: none"> Frequent or severe headaches Disorientation after spending time alone <ul style="list-style-type: none"> The unexplained presence of dog leashes, bungee cords, etc. Bleeding spots (petechiae) visible on the face or whites of the eyes 	<ul style="list-style-type: none"> Pass-out game Space monkey Suffocation roulette <ul style="list-style-type: none"> Scarf game Purple haze

ADAPTED FROM "THE CHOKING GAME: CDC'S FINDINGS ON A RISKY YOUTH BEHAVIOR": [HTTP://WWW.CDC.GOV/HOMEANDRECREATIONALSAFETY/CHOKING/CHOKING_GAME.HTML](http://www.cdc.gov/homeandrecreational/safety/choking/choking_game.html) ●

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continued from page 10

In Illinois, the IPC is a program of the Metropolitan Chicago Healthcare Council and is funded through a combination of state, federal, local, and private sources. It is nationally accredited by the American Association of Poison Control Centers. Last year, the IPC handled a total of almost 80,000 calls regarding emergency exposures and information requests. Approximately 47% of the poison exposure calls involved children ages five and younger.

The professional staff of the IPC is proud of its historical roots as the first poison center in the nation. The IPC looks forward to continue providing up-to-date poison information and recommendations to the medical community and general public for decades to come. ●

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