

and wait. It could easily have gone the other way. Tight underpants had not entered my differential diagnostic list.

– JOSEPH H. FRIEDMAN, MD

Disclosure of Financial Interests

Joseph Friedman, MD, and spouse/significant other. Consultant: Acadia Pharmacy, Ovation, Transoral; Grant Research Support: Cephalon, Teva, Novartis, Boehringer-Ingelheim, Sepracor, Glaxo; Speakers' Bureau: Astra Zeneca, Teva, Novartis, Boehringer-Ingelheim, GlaxoAcadia, Sepracor, Glaxo

Smith Kline, Neurogen, and EMD Serono.

Conflicts: In addition to the potential conflicts posed by my ties to industry that are listed, during the years 2001-2009 I was a paid consultant for: Eli Lilly, Bristol Myers Squibb, Janssen, Ovation, Pfizer, makers of each of the atypicals in use or being tested.

The Games Our Children Play

Children know it by a variety of street names: the blackout game, the pass-out game, space-monkey and particularly, the choking game. This bizarre form of adolescent entertainment consists of strangulation by one's own hands or with a noose in order "to achieve a brief euphoric state caused by cerebral hypoxia (reduced oxygen supply to the brain)." Thus in a nation that provides its youth with an abundance of entertaining sources of diversion, some of our children will nonetheless seek out unconventional, and occasionally lethal, contrivances, perhaps autoerotic, to achieve momentary feelings of rapture.

The United States Public Health Service took official notice of this potentially dangerous practice in 2008, and solely by surveying the American newspapers, identified 106 deaths in youths 6 – 19 years of age during the years 1995 – 2007, thus justifying a more serious, prospective inquiry into self-induced asphyxia.

What was known in examining the limited information derived, initially, from anecdotal newspaper accounts? First, it was largely a male preoccupation (87 %) with an average age of 13.3 years. Of critical importance was the fact that such deaths, as judged by newspaper reports, were increasing in number, with but two or three case-reports in 1995 – 97, increasing to over 20 cases annually beyond the year 2000. In general, interviewed parents were unaware that their child had been engaged in "the choking game." Interviews with classmates, however, provided abundant evidence that such involvement was well-known amongst the peers of these dead children.

In 2008, public health agencies in Oregon, Ohio and Ontario distributed questionnaires to 8th graders to assess the extent and gravity of this aberrant behavior. The Oregon survey, with 10,642 respondents, represented the first systematic study of the problem. Amongst these 8th graders, 36.2% heard of the "choking game", 30.4% knew a classmate who had participated, and 5.7% had participated themselves. Children of Hispanic heritage were more likely to participate while children of Asiatic parents, strikingly less so than the other ethnic groups. The independently gathered data in Ohio and Ontario provided similar statistics to those from Oregon.

The following generalizations were offered: Boys much more than girls undertake this activity; and rural youth significantly more than urban youths participate. Choking game participants are more likely to have a self-admitted history of substance abuse, other unhealthy behaviors and self-identified mental health problems. And when asked a bland question such as how they would measure their "well-being", those youngsters admitting to self-choking exercises also described their well-being as average or poor. And those who admitted to self-choking experiences also

declared a higher measure of peer rejection or other disruptive happenings, including being bullied as a child.

Are there any physical signs visible to parents or teachers that might hint that the child had voluntarily undergone episodes of self-choking? Certainly bloodshot eyes, small hemorrhages in the coverings of the eye, neck-marks, severe headaches and global disorientation after spending time alone.

Does informing the general public about a threat to children lessen its peril? Or, by widely disseminating such information, might it actually increase the hazard? Two serious threats to the lives of youngsters come to mind: About 20 children between the ages of 6 and 19 kill themselves each year in this nation. And this number is surely less than the real number since many families view such tragedies with shame and accordingly hide the cause of death. Establishing suicide prevention programs, educating both parents and teachers to recognize the early risk factors which may culminate in a child killing himself, has measurably lessened the frequency of suicide in youth. Childhood abuse was yet another socially hidden subject until some New York pediatricians in 1965 publicized this abomination; and society, through the preventive actions of relatives, teachers, and health workers, took measures to lessen it.

The Public Health Service cautions that educational messages designed to prevent these self-strangulation tragedies should be carefully tested before being widely distributed "to minimize unintended consequences such as increased participation" in such activities.

Awareness, ultimately, is better than ignorance. In the last century, public health agencies have learned that sharing verifiable information with the general public has always helped to diminish the human burden of venereal disease, smoking, teenage pregnancy and AIDS infection. And if but one parent, by virtue of reading about self-strangulation and its visible signs, can thereby prevent a tragedy in a single child, then the 750 words invested in this commentary become justified.

– STANLEY M. ARONSON, MD

Stanley M. Aronson, MD is dean of medicine emeritus, Brown University.

Disclosure of Financial Interests

Stanley M. Aronson, MD, and spouse/significant other have no financial interests to disclose.

CORRESPONDENCE

e-mail: SMAMD@cox.net