

Head banging: Cause for worry, or normal childhood development?

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Most children who head bang—rhythmic movement of the head against a solid object, marked by compulsive repetitiveness¹—usually are normal, healthy, well-cared-for children, in whom no cause for this activity can be determined. More common in boys than in girls, childhood head banging usually starts when the child is age 18 months, but he (she) should grow out of it by age 4.^{1,2} Nevertheless, you should be prepared to provide careful, targeted evaluation when presented with a child who head bangs, and discuss with parents or caregivers the possibility of a nonphysiologic cause, such as disruptions or discord in the home.

First concern: Is this normal?

Although head banging is seen in 5% to 15% of healthy children,¹ children who are mentally retarded, blind, deaf, or autistic are more likely to participate in head banging.¹ There also may be a familial predisposition; head banging is more frequent among cousins of children who bang their heads.¹ Some studies have found that socioeconomic status, birth order, response to music, and motor development are correlated with head banging.¹

Leung and colleagues¹ propose that head banging is an integral part of normal development; a tension-releasing maneuver; an attention-seeking device; and a form of pain relief in response to acute illnesses. Fatigue, hunger, teething, or discomfort from a wet diaper can increase the tendency to head bang.

How does it happen?

Head banging generally occurs before sleep. The child will repeatedly bang his head—usually the frontal-parietal region—against a pillow, headboard, or railing of a crib 60 to

80 times per minute.¹ This repetitive motion may continue for a few minutes or as long as an hour. While head banging, the child does not seem to experience pain or discomfort, but may appear relaxed or happy. Although this habit appears alarming (calluses, bruises, abrasions, and contusions may occur—especially in children with mental retardation),^{1,2} there rarely is significant head damage.

Talking to concerned parents

Head banging can be confused with typical temper tantrums, spasms nutans (triad of pendular nystagmus, head nodding, and torticollis), and infantile myoclonic seizures (sudden dropping of the head and flexion of the arms).¹ Take a detailed history and careful evaluation of the parent-child relationship to uncover any underlying causes, such as an unhappy home environment (eg, divorce or neglect). A complete physical examination may reveal an ear infection, visual problems, deafness, cerebral palsy, mental retardation, or evidence of abuse.

Psychotropic medication is not recommended. Treatment options include:¹

- treating underlying abnormalities, such as otitis media
- padding the sides of the crib
- providing auditory stimulation, including allowing the child to participate in rhythmic actions during the day³
- fitting the child for a protective helmet.

References

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Disclosure

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