PANS/PANDAS
Know the Signs. Know the Treatments.
At least 1 in 200 children have PANS/PANDAS. It is a treatable pediatric autoimmune disorder typically appearing between age 3 and puberty but can develop later.
Children can recover completely if treated properly and as early as possible; if not, neuropsychiatric symptoms can exacerbate & become chronic.

Sudden Onset: OCD, Severe Eating Restriction, Anxiety, Emotional Lability, Depression, Aggression, ODD, Developmental/Behavioral Regression, Deterioration at School, Loss of Math & Handwriting Skills, ADHD, Sensory or Motor Abnormalities, Tics, Somatic Symptoms, Sleep Disturbances, Urinary Frequency.

Pediatric Acute-onset Neuropsychiatric Syndrome
Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal Infections

PANS/PANDAS is a misdirected immune response, often with an encephalitic onset, which negatively affects neurologic functioning, resulting in a rapid, acute onset of OCD, and/or restricted food intake along with at least two additional neuropsychiatric symptoms:

- Anxiety/Separation Anxiety
- Emotional Lability and/or Depression
- Irritability, Aggression, Severe Oppositional Behavior
- Behavioral/Developmental Regression
- Deterioration in school performance
- Sensory or motor abnormalities
- Somatic symptoms, including sleep disturbances, enuresis or urinary frequency

PANS/PANDAS is a clinical diagnosis and one of exclusion, based on history and examination, not simply one laboratory test. PANS diagnosis does not require a known trigger. Triggers can be strep or other pathogens like mycoplasma, coxsackie, lyme, epstein barr and more as well as non-infectious agents. Patient need not present with a current illness and some patients need only be exposed to a pathogen to be affected. Some children suffer debilitating flares while others function enough to continue to go to school but not remotely at the same functioning level. PANS/PANDAS symptoms may relapse and remit.

www.nepans.org