

What Is PANS/PANDAS?

Know the Signs. Know the Treatments.

PANS Pediatric Acute-onset
Neuropsychiatric Syndrome

PANDAS Pediatric Autoimmune
Neuropsychiatric Disorders Associated
with Streptococcal Infections

PANS/PANDAS

PANS Criteria

- ✧ Sudden & acute onset of OCD or severely restricted food intake
- ✧ Concurrent severe & abrupt onset of symptoms from at least 2 of the neuropsychiatric categories below:
 1. Anxiety, Separation Anxiety
 2. Emotional Lability, Depression
 3. Aggression, Irritability, Oppositional Behavior
 4. Behavioral/Developmental Regression
 5. Deterioration of learning abilities related to ADHD
 6. Sensory & Motor Abnormalities
 7. Somatic Signs: sleep disturbances, enuresis, urinary frequency
- ✧ Symptoms not better explained by a known medical or neurologic disorder. It is a "diagnosis of exclusion".

Additional Notes:

- ✧ There is no age requirement, typically symptoms start during grade school but post-pubertal cases are not excluded.
- ✧ Children with PANS
 - Are extremely ill
 - Can have Motor & Phonic tics (whooping, wringing hands)
 - Can have episodes of extreme anxiety or aggression.
 - Can have visual or auditory hallucinations identical to the psychotic symptoms seen in conditions such as schizophrenia, bipolar disorder, and lupus cerebritis.
 - Can have a decline in handwriting and math skills.

PANS/PANDAS is an autoimmune disorder often with an encephalitic onset, which negatively affects neurologic functioning, resulting in a rapid, acute onset of OCD, restricted food intake or tics along with other neuropsychiatric conditions. 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. During subsequent flares, symptoms can worsen and new symptoms may manifest. Initial triggers and secondary triggers may vary. Children are often misdiagnosed as having a psychiatric illness thus prescribed only psychotropic medications rather than treated correctly.

Children can recover completely if treated quickly & properly; if not, neuropsychiatric symptoms can exacerbate & become chronic.

PANS/PANDAS is a clinical diagnosis based on history and physical examination. PANS encompasses the whole group of acute onset cases of OCD or eating restrictions, concurrent with acute behavioral decline of at least 2 of 7 neuropsychiatric categories. PANS diagnosis does not require a known trigger, however it is often following contraction of/or exposure to a variety of agents including: *Streptococcus pyogenes*, *Borrelia burgdorferi*, varicella, herpes simplex, common cold, influenza *Mycoplasma pneumoniae* as well as other non-infectious agents such as environmental factors.

PANDAS, a subset of PANS, describes cases with a documented association with group A *Streptococcus* (GAS) infections. PANDAS is based on 5 criteria including acute abrupt onset of OCD and/or severe tics which are often accompanied by comorbid symptoms seen in PANS. Not all patients present with strep throat. Onset can occur 4-6 months post strep infection if antibiotics did not eliminate the bacteria.

NEW ENGLAND
PANS/PANDAS
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