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.