Obsessive Compulsive disorder

Avoidant/Restrictive Food Intake Disorder

Initial onset
Abrupt and
Dramatic?

Concurrent presence of additional neuropsychiatric symptoms, with similarly severe and acute onset, from at least two of the following seven categories (see text for full description):

1. Anxiety (e.g., separation anxiety, social anxiety, irrational fears)
2. Emotional lability and/or depression
3. Irritability, aggression and/or severely oppositional behaviors
4. Behavioral (developmental) regression (e.g., baby talk)
5. Deterioration in school performance (e.g., regression in math)
6. Sensory or motor abnormalities (e.g., issues with clothing elastic, dysgraphia)
7. Somatic signs and symptoms, including sleep disturbances, enuresis or urinary frequency

Symptoms are not better explained by a known neurologic or medical disorder, such as Sydenham chorea/Acute Rheumatic Fever, systemic lupus erythematosus, Tourette disorder or others.

Common Obsessive Compulsive symptoms in children are:
- Doorway rituals
- Contamination fears
- Compulsive hand washing
- Counting/Touching ritual
- Symmetry issues
- Excessive confessing

To be considered for PANS, the child must meet the DSM 5 criteria for OCD or be diagnosed with avoidant or restrictive food intake disorder.

Abrupt and dramatic onset is defined as significant behavioral change that is typically isolated to a particular day or week. Typical presentation has a shift of $>16$ pts in CYBOC scores. Unlike traditional OCD or ED, many parents can name the time/day when onset occurs in their child.

In children, daytime urinary frequency (with no apparent UTI) is a common first clinical complaint.

The diagnostic work-up of patients suspected of PANS must be comprehensive enough to rule out these and other relevant disorders. The nature of the co-occurring symptoms will dictate the necessary assessments, which may include MRI scan, lumbar puncture, electroencephalogram or other diagnostic tests.

Swedo SE, Leckman JF, Rose NR. From research subgroup to clinical syndrome: modifying the PANDAS criteria to describe PANS (pediatric acute-onset neuropsychiatric syndrome). Pediatrics & Therapeutics 2012, 2:2. On-line article available at: http://dx.doi.org/10.4172/2161-0665.1000113
Check for evidence of acute GABHS:
* rapid GABHS test or
* GABHS throat culture or
* GABHS perianal culture or
* exposure to known strep

Check for evidence of prior GABHS infection:
* fever/sore throat in prior 2 weeks
* abdominal pain, headache
* others in household with GABHS
* vomiting
* rising ASO/AntiDNAse-B titers

Start 14 day course of β-Lactam antibiotics

Remission by 14 days?

Remission or mild/moderate presentation?

Serum had Elevated CaM Kinase II?

Consider IVIG 1.5-2g/kg (75-1g/kg/day) or PEX for severe cases

Consider prophylactic antibiotics

Confmed GABHS?

Likely GABHS?

Check for other infectious triggers

More than 1 episode?

Possible PANDAS

Serum had Elevated CaM Kinase II?

Significant Remission?

Pursue Traditional Tx

More than 1 episode?

Significant Remission?

Consider IVIG 1.5-2g/kg (75-1g/kg/day) or PEX for severe cases

Consider prophylactic antibiotics

Consider CBT/ERP for residual symptoms

Other blood work:
Lyme screening, Heavy metal screen, ANA, other infectious triggers

Per [Shet2003] ASO and AntiDNAse-B may fail to rise in > 35% of cases despite confirmed GABHS culture

Per [Kirvan2006] CaM Kinase II activation is found in children with PANDAS and SC

Per [Allen1995] Activation noted with other infectious triggers (PITAND)

Provisional PANDAS

Weaker evidence

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