

Is it OCD or is it PANDAS/PANS?



If you have a patient presenting with repetitive behaviors and chronic anxiety, it may be Obsessive Compulsive Disorder (OCD) or it may be a subtype of OCD: *Pediatric Autoimmune Neuropsychiatric Disorder Associated with Streptococcus (PANDAS)/Pediatric Acute-Onset Neuropsychiatric Syndrome (PANS)*. There are recognizable differences between these conditions:

	PEDIATRIC OCD	PANDAS/PANS	
AGE	Typically see first onset between 8–12 years old.	Typically affects children between 4–14 years old.	
TIMELINE	Subclinical symptoms become gradually more severe over time.	Acute, dramatic onset of symptoms.	
SYMPTOMS	Patient may experience a wide range of symptoms, cycling between <u>obsessions</u> that cause anxiety, and <u>compulsions</u> to reduce it. Common <u>obsessions</u> may include fears of contamination; pathological doubt; unwanted thoughts and/or images of an aggressive, religious, or sexual nature; or the need for symmetry. Common <u>compulsions</u> may involve excessive checking, washing and/or cleaning, or reassurance seeking; or counting, ordering, or arranging things.	Sudden, rapid-onset of obsessive-compulsive behavior, as well as possible movement and behavioral abnormalities, including: <ul style="list-style-type: none"> • Severe separation anxiety • Anorexia or disordered eating • Urinary frequency • Tics and/or purposeless motor movements • Acute handwriting difficulty 	
CAUSE	There is a probable familial/genetic link and possible involvement of the cortico-striato-pallidothalamic (CSPT) pathway. Chronic avoidance of anxiety-producing stimuli is also seen as a contributing factor.	PANDAS: Hypothesized to be the result of autoimmune antibodies mistakenly attacking the basal ganglia in the brain following a <i>Streptococcus pyogenes</i> (Group A Strep) infection.	PANS: Hypothesized to be the result of autoimmune antibodies mistakenly attacking the basal ganglia in the brain, following an infection such as mycoplasma, mononucleosis, Lyme, and H1N1.
TREATMENT	<p>If you have a patient presenting with the symptoms listed above with a more gradual onset or in the absence of any active infection:</p> <p>TEAM-UP</p> <ul style="list-style-type: none"> ❑ Team-up with an OCD specialist to help create a treatment plan. <ul style="list-style-type: none"> • A licensed mental health professional will use effective and empirically validated therapies for OCD, such as cognitive behavioral therapy (CBT) and exposure and response prevention (ERP), to treat the OCD symptoms. • Visit the IOCDF’s treatment provider database at www.iocdf.org/findproviders.aspx to find an OCD specialist in your area. • Psychiatric medication (SRIs) may be used where warranted due to symptom severity. 	<p>Acute-onset OCD (PANDAS/PANS) is not the typical presentation of pediatric OCD. If you have a patient presenting with the symptoms listed above with a sudden onset:</p> <p>TEST, TREAT, & TEAM-UP</p> <ul style="list-style-type: none"> ❑ Test for active infections, especially strep, within 3 weeks of onset. <ul style="list-style-type: none"> • If clinically indicated, additionally test for mycoplasma, mononucleosis, Lyme disease, or H1N1. ❑ Treat any active infections thoroughly. <ul style="list-style-type: none"> • Use antibiotics to treat active infections according to the standards of care for each infectious agent. • Intravenous Immunoglobulin (IVIG) may be recommended for severe or persistent cases. ❑ Team-up with an OCD specialist to help create a treatment plan. <ul style="list-style-type: none"> • A licensed mental health professional will use a form of cognitive behavioral therapy (CBT) called exposure and response prevention (ERP) to treat the OCD symptoms. • Visit the IOCDF’s treatment provider database at www.iocdf.org/findproviders.aspx to find an OCD specialist in your area. 	