

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.

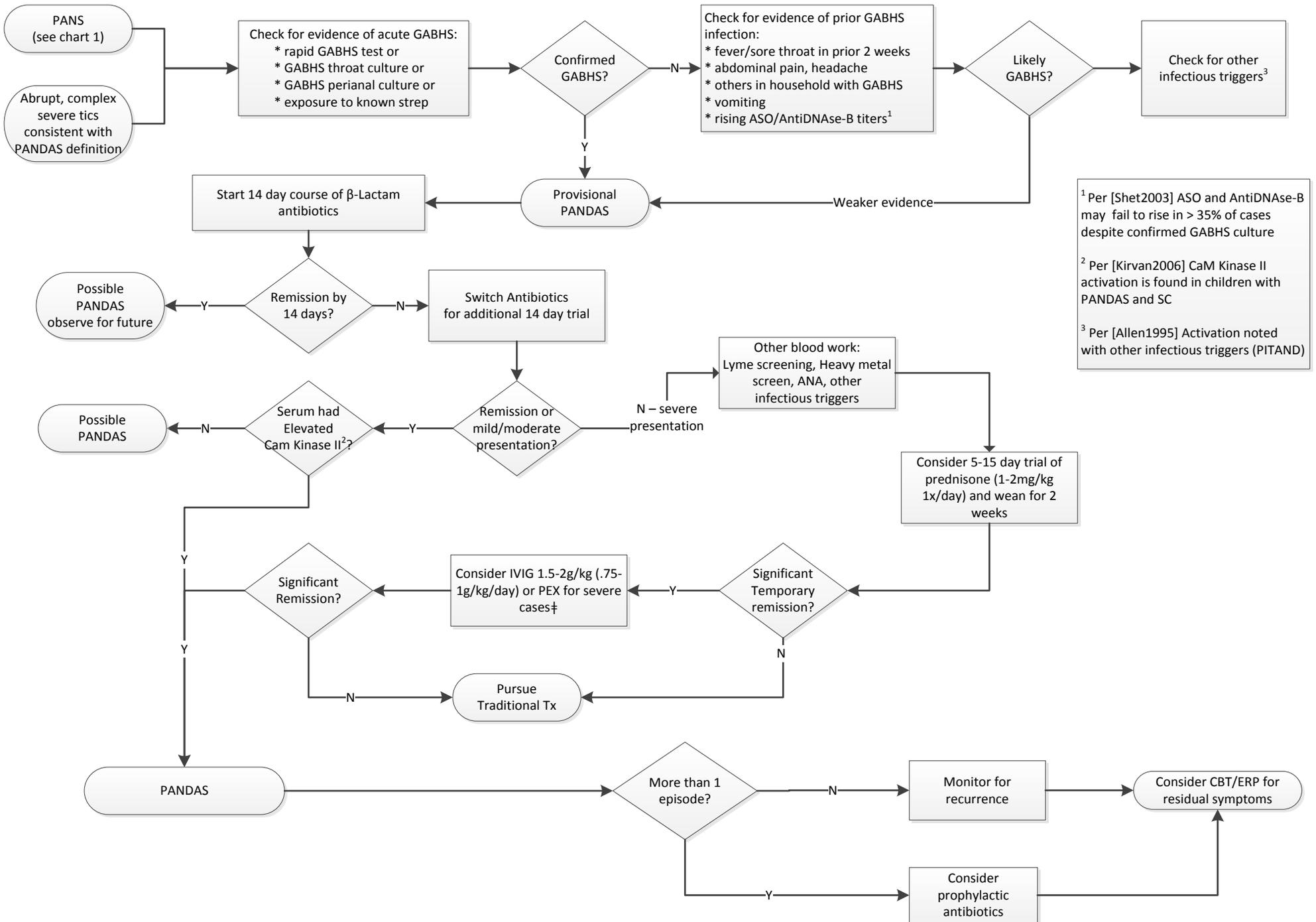
Typical presentation has a shift of >16 pts in CYBOC scores.

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>



¹ Per [Shet2003] ASO and AntiDNase-B may fail to rise in > 35% of cases despite confirmed GABHS culture

² Per [Kirvan2006] CaM Kinase II activation is found in children with PANDAS and SC

³ Per [Allen1995] Activation noted with other infectious triggers (PITAND)