



New York University
Child Study Center

577 First Avenue New York, NY 10016
Telephone: (212) 263-6622 Facsimile: (212) 263-0281

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PANDAS Fact Sheet for Physicians

What are the diagnostic criteria for Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcus (PANDAS)?

- 1) Presence of Obsessive Compulsive Disorder (OCD) or a tic disorder
 - 2) Onset between 3 years and puberty
 - 3) *Abrupt* onset of symptoms or course characterized by *dramatic* exacerbations of symptoms
 - 4) *Temporal* association of symptom onset (OCD ± tics) or exacerbation in association with Group A Beta hemolytic streptococcus (GABHS)
 - 5) Abnormal neurological findings such as hyperactivity and choreiform movements present during exacerbation
- (Swedo, Leonard, et al; 1998; Am J Psych)

When to consider PANDAS?

Abrupt, explosive or dramatic onset or exacerbations of OCD and/or tic disorder

What laboratory tests confirm the diagnosis?

In temporal association with abrupt onset of tics and/or OCD:

Confirmed: Positive throat culture, rising antibody titers including ASOT and anti-DNAseB.

Note:

ASOT peaks first, within 3-6 weeks of infection.

AntiDNAseB peaks later, within 6-8 weeks of infection, and may stay elevated up to 12 weeks.

Recommended Clinical Approach to Patients with Suspected PANDAS?

- 1) Patients with signs and symptoms of acute strep infection should be studied for GABHS with culture and titers
- 2) Children with abrupt or explosive onset/exacerbation of OCD/tic disorders should have a throat culture. If symptoms have been present > 1 week, serial ASOT may be indicated to document previous strep (rise at 3-6 weeks)
- 3) In absence of symptoms of strep, a positive throat culture is difficult to interpret, since some children may be "carriers"
- 4) Routine MRI is not recommended for abrupt/explosive onset/exacerbation of tics/OCD
- 5) Antibiotic treatment of acute strep infection is indicated by positive throat culture or rapid strep test.

Prepared by Barbara Coffey, M.D., Director, Institute for Tourette's and Movement Disorders, NYU Child Study Center. March 2006

6) Conventional treatment of tics and/or OCD (ie medication and/or cognitive-behavioral therapy) is indicated if tic and/or OCD symptoms are causing significant distress or impairment to the child. Most patients with PANDAS still require conventional treatment.

7) Currently, there is no rationale generally for use of *prophylactic* antibiotics for tics/OCD. In some individual children who meet strict diagnostic criteria for PANDAS, with *recurrent* exacerbations of OCD/tics in association with clear-cut laboratory documented strep infection, prophylactic antibiotics may be considered.

8) Immunological therapies such as plasma exchange and intravenous immunoglobulin are indicated only in research protocols per National Institute of Mental Health guidelines (NIMH-E-News, July 12, 2000)

When to refer for consultation:

The NYU Child Study Center Institute for Tourette's and Movement Disorders is a site for NIMH and NINDS sponsored studies of PANDAS. Children with suspected symptoms can be referred for clinical evaluation by calling 212-263-8916 for intake.

Questions from physicians can be directed to Dr. Coffey at 212-263-3926 or by email: Barbara.coffey@med.nyu.edu.