

OCD vs. PANDAS/PANS

Pediatric Autoimmune Neuropsychiatric Disorder Associated With Streptococcus (PANDAS)/*Pediatric Acute-Onset Neuropsychiatric Syndrome (PANS)* are considered to be subtypes of pediatric OCD and are distinct from OCD in terms of age of onset, onset timeline, cause, symptoms, and treatment.

Age of onset:

For pediatric OCD, onset is most typically between 8 and 12 years old; whereas onset of PANDAS/PANS is often seen in children as young as 4 years old.

Onset:

While pediatric OCD typically has a gradual onset, the onset of PANDAS/PANS is markedly more acute. The onset of symptoms is dramatic and often sudden in PANDAS/PANS compared to the mounting increase in neutralizations or compulsions caused by repeated engagement in OCD cycles seen in pediatric OCD.

Causes:

The causes of pediatric OCD are some combination of genetics, an information processing problem in the brain, and learning to control distress through neutralizations. The causes of PANDAS/PANS are hypothesized to be the result of autoimmune antibodies mistakenly attacking the basal ganglia in the brain following an infection.

Symptoms:

The symptoms of PANDAS/PANS are a sudden, rapid-onset of OCD symptoms in addition to motor and behavioral abnormalities, including severe separation anxiety; eating disturbances or disordered eating; changes in urinary frequency; changes in handwriting; changes in academic performance; and tics or purposeless motor movements.

Treatment:

While the evidence-based treatments for pediatric OCD are exposure with response prevention (ERP) and medication (SSRIs, especially sertraline/Zoloft), the treatment for PANDAS/PANS is slightly more complicated. If the above onset and symptoms appear to be consistent with PANDAS/PANS, youth should first be tested for active infections, especially *Streptococcus pyogenes* (Strep), within 3 weeks of onset. Tests for other infections including Lyme disease, H1N1, mononucleosis, and mycoplasma may be indicated to rule-out these infections. Following testing, treatment for these infections should be done throughout antibiotics and other available treatments. Following treatment of the infection, remaining OCD symptoms should be treated with ERP by a CBT provider.