

CT Children's CLASP Guideline

Suspected Pediatric Acute-onset Neuropsychiatric Syndrome (PANS)

INTRODUCTION	<p>PANS (Pediatric Acute-onset Neuropsychiatric Syndrome) and a suggested subset, PANDAS (Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal Infections), are proposed, but to date unsubstantiated, conditions in which a proposed infectious and autoimmune response results in a sudden onset of neuropsychiatric symptoms and functional impairment in a pre-pubertal child. Acute psychiatric symptoms may occur alone or in conjunction with neurologic signs/symptoms and do not exclude other DSM5 diagnoses manifesting similar psychiatric symptoms.</p> <p>At this time, the diagnosis and management of these entities are controversial within the medical community due to a lack of conclusive studies. The AAP currently recommends that children be managed by specialists who have experience with the presenting signs and symptoms.</p> <p>We recommend that clinicians do not perform the PANS/PANDAS medical diagnostic testing in otherwise healthy children with mild to moderate, non disabling OCD or tics. The 2018 AAP Red Book Guidelines do <u>not</u> support testing of GAS without acute clinical signs and symptoms of GAS infection, or antibiotic treatment or prophylaxis, IVIG (Intravenous Immune Globulin), or plasmapheresis for children suspected of having PANDAS.</p>
INITIAL EVALUATION AND MANAGEMENT	<p>TARGETED HISTORY:</p> <ul style="list-style-type: none">▪ Look for signs of function impairment▪ Consider other diagnosis OCD, Manic-Depressive illness, Sydenham chorea/acute rheumatic fever, systemic lupus erythematosus, Tourette disorder, etc. <p>TARGETED EXAM:</p> <ul style="list-style-type: none">▪ Assess for involuntary movement▪ Assess for pharyngitis <p>INITIAL MANAGEMENT:</p> <ul style="list-style-type: none">▪ In the presence of an active pharyngitis/ suspected GAS infection, a throat culture can be done (with consideration of ASO titers, although this should be obtained at the onset of symptoms and then 4-6 weeks later). If cultures are positive, then GAS should be treated with the appropriate antibiotics. However, with negative cultures or declining titers, a GAS infection is not present and antibiotics are not indicated. (The use of prophylactic antibiotics is not supported by the AAP at this time.)
WHEN & HOW TO REFER	<p>Refer to the appropriate subspecialist as indicated above based on the presenting symptoms:</p> <p><u>If there are functionally disabling tics and/or a new motor deficit:</u></p> <ul style="list-style-type: none">▪ Refer to Pediatric Neurology via CT Children's One Call Access Center Phone: 833.733.7669 Fax: 833.226.2329 <p><u>If there is OCD and/or other impairing behavioral symptoms:</u></p> <ul style="list-style-type: none">▪ Refer to a behavioral health provider that specializes in Cognitive Behavioral Therapy <p><u>If there are any significant psychiatric concerns (including suicidal ideation): (RED FLAG)</u></p> <ul style="list-style-type: none">▪ Refer to the Emergency Room immediately.
WHAT TO EXPECT	<p>What to expect from CT Children's Visit:</p> <ul style="list-style-type: none">▪ Comprehensive history and physical▪ Review of systems▪ Targeted treatment of behavioral symptoms, as indicated▪ Patient and family education on the diagnosis and management of the behavioral symptoms.