PREVALENCE OF PEDIATRIC ACUTE-ONSET NEUROPSYCHIATRIC SYNDROME IN CHILD AND ADOLESCENT EATING DISORDERS

Objectives:
To identify the lifetime prevalence and clinical correlates of those meeting strict PANS and/or PANDAS criteria within a pediatric eating disorder cohort.

Methods:
Consecutive youth presenting to an interdisciplinary pediatric eating disorder subspecialty program were included for study. Rigorously collected clinical assessment and parent-report data were examined for the presence of diagnostic PANS and PANDAS criteria. Comparative analyses were performed between PANS and non-PANS groups.

Results:
Among 100 youth aged 8-18 years old with a confirmed eating disorder, 52% (n=52) met PANS criteria and none met PANDAS criteria. Within the PANS group, 75% (n=39) had abrupt onset OC symptoms while 88.5% (n=46) had abrupt onset eating restriction. Those in the PANS group were more likely to be female, be prescribed an SSRI, and have parent-reported abrupt OC symptom onset, abrupt food refusal, relapsing and remitting course, and concurrent anxiety, depression, irritability or aggression, behavioural regression, school deterioration, and sleep problems, enuresis, and/or frequent urination. There were no differences with respect to age at symptom onset, BMI, comorbid psychiatric illness or medical/autoimmune illness.

Conclusion:
Lifetime PANS rates within pediatric ED were higher than that previously reported for OCD populations. However, the large majority had abrupt onset OC symptoms as well as abrupt food restriction. This appears to be a distinct subgroup that requires further characterization with respect to functional impacts and management approaches.