Two main aims of this investigation are:

1. To describe additional clinical characteristics of PANS and/or PANDAS groups within a pediatric movement disorders with streptococcal infection (PANDAS).
2. To date the prevalence of PANS/PANDAS has been evaluated in pediatric patients with tic disorder (11% abrupt symptom onset, total sample size=80), children at a movement disorders clinic (1% PANS, total sample size=284), and youth at our outpatient OCD clinic (5% PANS/PANDAS, total sample size=136). 1, 2

To our knowledge, no study has screened an ED population for PANS/PANDAS.

TABLE 1. Proposed Diagnostic Criteria for Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal Infections and Pediatric Acute-onset Neuropsychiatric Syndrome (PANS). 4

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Criteria</th>
</tr>
</thead>
</table>
| PANDAS    | A. Presence of obsessive-compulsive and/or tic disorder  
B. Pediatric-onset symptoms persist beyond 1 year – pancythopenia  
C. Abrupt onset of symptoms or dramatic symptom exacerbation with a streptococcal infection.  
D. Associated with a concomitant streptococcal infection  
E. Associated with other neuropsychiatric symptoms (e.g. chronic movement disorders) |
| PANS      | A. Abrupt and dramatic onset of OCD symptoms or severe restriction of food intake  
B. Concurrent and sudden onset of at least two of the following symptoms:  
   i. Anxiety  
   ii. Irritability or difficulty with emotional expression  
   iii. Agitation and/or oppositional behavior  
   iv. Behavioral and/or developmental regression  
   v. Deterioration in school performance  
   vi. Sensory, motor, or cognitive abnormalities  
   vii. Somatic signs or symptoms  
C. Symptomatic cannot be better explained by other medical conditions (e.g. autoimmune disorders) |

References

5. Including guanfacine, methylphenidate (biphentin and concerta)