



TEXAS
Health and Human
Services

Pediatric Acute-Onset Neuropsychiatric Syndrome (**PANS**)



**Doctors, Counselors, Nurses, Teachers:
Early Recognition = Better Outcomes!**

Is there a child in your family or
community who has suddenly developed
anxiety, OCD or food restrictions?

Have you considered potential
underlying causes?



Diagnosis

Abrupt onset or recurrence of OCD, eating
restrictions or both with sudden concurrent
symptoms in at least two of seven:

1. Heightened anxiety, separation anxiety,
irrational fears
2. Exaggerated mood swings, depression,
or both
3. Irritability, aggression and/or severe
oppositional behaviors
4. Behavioral (developmental) regression
5. Sudden deterioration in school performance
6. Motor or sensory abnormalities
(touch, visual images, sound)
7. Somatic signs and symptoms,
(sleep disturbances, bedwetting or frequent
urination)

Epidemiology

- Peak onset age 6.5 years
- 1 in 200 impaired, 5–10% school-aged with observed strep-related neuro and behavioral symptoms
- 80% of PANS patients show symptoms of neuroinflammation, post-infectious autoimmunity, or both

Behavior

- Anxiety
- Depression
- Focus or Concentration Issues
- Regression in School
- Insomnia, Bedwetting

PSYCHOLOGY • COUNSELING • PSYCHIATRY

Immunity

- Frequently Ill
- Immune Dysregulation
- Autoimmune Disorders (?)
- Neuroinflammation

ANTI-INFLAMMATORY DRUGS • IMMUNOMODULATORS +/- IVIG

Infection

- Group A Strep
- Mycoplasma
- Vector-Borne Pathogens
- Carrier Status

ANTIBIOTICS • PREVENTION • SURVEILLANCE

Source: PANS Advisory Council
hhs.texas.gov/pans



Find more information at:

www.Stanfordchildrens.org/en/service/pans-pandas/what-are-pans-pandas

www.Childmind.org • www.Nepans.org • www.Aspire.care • hhs.texas.gov/pans.