



OCD AND PANDAS

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This module explores pediatric obsessive-compulsive disorder (OCD), pediatric acute-onset neuropsychiatric syndrome (PANS), and pediatric autoimmune neuropsychiatric disorders associated with strep (PANDAS). It covers key characteristics, diagnostic criteria, and treatment approaches. The goal is to provide a comprehensive understanding of these conditions to support healthcare providers, caregivers, and educators.

WHAT IS OCD?

OCD stands for obsessive compulsive disorder. Children with OCD have obsessions and/or compulsions. An obsession is a recurrent and persistent thought, image, or urge that is unwanted and perceived as intrusive. Compulsions are those repetitive behaviors or mental acts that the individual is driven to perform in response to an obsession. In order for a child to receive an OCD diagnosis, symptoms must last longer than one hour per day or cause significant distress for the child, or symptoms are associated with functional impairment.

RISK FACTORS FOR OCD

Several risk factors have been associated with OCD:

Genetics: OCD has a complex genetic inheritance with multiple genes involved. Scientists are still working to identify which genes are key.

Autoimmunity: Some children have OCD that is mediated by an autoimmune disorder.

Life events as precipitants: Traumatic experiences, in particular, may lead to the onset or worsening of OCD symptoms in children.

COMORBID CONDITIONS

There are many comorbid conditions that can occur with OCD:

- Anxiety disorders
- Body dysmorphic disorder (preoccupation with perceived defects or flaws in physical appearance)
- Trichotillomania (hair pulling)
- Excoriation disorder (skin picking)
- ADHD
- Behavioral problems
- Tic disorders like Tourette's
- Adolescents with OCD may have co-occurring depression, bipolar disorder, eating disorders, or psychotic disorders

ASSESSMENT MEASURES

Assessment tools help determine the severity and characteristics of pediatric OCD:

Children's Yale-Brown Obsessive Compulsive Scale (CY-BOCS): The gold standard for measuring OCD severity; includes clinician-administered and self-report versions.

Multidimensional Anxiety Scale for Children, 2nd Edition (MASC 2): Evaluates a broad range of anxiety symptoms; available in both parent and child versions.

OCD INTERVENTIONS

Cognitive-Behavioral Therapy (CBT) is the most effective treatment for pediatric OCD. Core components include:

- Exposure and response prevention (ERP)
- Psychoeducation about OCD
- Relaxation and anxiety management techniques
- Cognitive restructuring
- Problem-solving strategies

Family involvement is crucial. While families often accommodate a child's compulsions to reduce distress, these behaviors can inadvertently reinforce OCD. Involving parents in treatment helps reduce accommodation and improve long-term outcomes.

Medication Treatment for OCD

Medication can be an effective supplement to CBT. First-line options are selective serotonin reuptake inhibitors (SSRIs), including:

- Fluoxetine
- Sertraline
- Fluvoxamine

All the medications above are FDA-approved for pediatric OCD. Another option is **clomipramine**, a tricyclic antidepressant which is also FDA-approved, but associated with more side effects and includes a requirement for cardiac monitoring.

WHAT ARE PANS AND PANDAS?

PANS (Pediatric Acute-Onset Neuropsychiatric Syndrome) refers to the abrupt onset of OCD or severely restricted eating. Symptoms must also include at least two additional neuropsychiatric issues, such as: separation anxiety, mood swings or depression, sleep disturbances, tics or sensory sensitivities. PANS can be caused by other infections (like COVID-19, flu, mycoplasma) or non-infectious environmental factors.

PANDAS (Pediatric Autoimmune Neuropsychiatric Disorders Associated with Strep) refers to the sudden onset of OCD and other neuropsychiatric symptoms in children following a strep infection. It is a specific subset of PANS. PANDAS is always linked to streptococcal infections.

PUTTING IT ALL TOGETHER

OCD in children can be debilitating, and early recognition and treatment are critical to improving a child's quality of life.

PANDAS is a subtype of PANS that is triggered by a strep infection and results in sudden-onset neuropsychiatric symptoms.

Effective treatment for both OCD and PANDAS involves a combination of psychotherapy, antimicrobial therapy, and immunomodulatory treatments.

Early intervention can lead to significant improvement in symptoms, allowing children to return to their normal activities.