

The following material is excerpted from *What to do when your Child has Obsessive-Compulsive Disorder: Strategies and Solutions* by Aureen P. Wagner, Ph.D. This excerpt may be downloaded free of charge by parents, school personnel and health care professionals. This excerpt may be reproduced and distributed as long as it is in its entirety, and Dr. Aureen Wagner is given credit for the material. This excerpt may not be adapted or modified without specific permission from Dr. Aureen Wagner.

The information and techniques offered in this excerpt should not be used as a replacement for guidance, consultation, assessment or treatment by a qualified mental health professional.

PANDAS (Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal infections)

Perhaps the most dramatic discovery regarding potential causes of OCD in the last decade was that strep throat infections could activate OCD in some children. Drs. Swedo, Rapoport, Leonard and their colleagues at the National Institute of Mental Health (NIMH) found that a misdirected immune system reaction to strep infections might result in the abrupt development or worsening of OCD for *some, but not all* children. The antibodies generated by the immune system to combat the strep infection begin to mistake other body tissues for the strep bacteria. Sometimes, the antibodies attack the child's heart or joints and cause rheumatic heart disease or arthritis. At other times, the antibodies attack the basal ganglia in the brain, causing obsessive-compulsive symptoms, tics or Sydenham's chorea. They named this form of OCD *Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal Infections* or PANDAS.

A word of caution again: Strep throat is quite common among school-aged children. Not every child who gets frequent strep infections is at risk for OCD; nor is every child's OCD caused by strep infections. It is believed that children who have a genetic predisposition to OCD (see next section) are more susceptible to the strep-OCD connection; the strep infection may be the stressor that triggers OCD.

How do you know if your child has PANDAS OCD? First of all, your child must have a complete evaluation and receive an official diagnosis of OCD. The symptoms must have started before the onset of puberty. Then, the clinician will look for a particular pattern in the way the symptoms of OCD developed. The *onset* and *course* of PANDAS-triggered OCD is distinct from that of non-PANDAS OCD, although the actual symptoms are similar. The onset of PANDAS OCD is sudden and dramatic. Parents can often pinpoint the exact day the child's symptoms began. The symptoms also subside dramatically when the strep infection is resolved. Recurrences also occur as abruptly following a strep infection. Further, the symptoms tend to be severe rather than mild. There are also likely to be other personality changes, irritability, moodiness and separation anxiety. In non-

Copyright © Aureen Pinto Wagner, Ph.D. 2002

Contact: Permissions@Lighthouse-Press.com or (585) 594-0311 for permission to adapt.

For more information and to order, visit www.Lighthouse-Press.com or call toll-free 1-888-749-8768

PANDAS OCD, the onset and course are typically more gradual and insidious, with severity increasing over a period of time, not abruptly. Symptoms also tend to be prolonged rather than short-lived and do not remit as quickly or completely.

Signs and symptoms of PANDAS OCD

- ❑ Sudden and dramatic start or worsening of OCD and/or a tic disorder
- ❑ Symptoms starting between the ages of three and puberty
- ❑ Episodic waxing and waning of symptoms, not related to stress
- ❑ History of repeated or chronic strep or ear infections
- ❑ Repeated flare-ups of OCD following strep or ear infections
- ❑ Sudden remission of symptoms when the infection subsides or is treated
- ❑ Accompanying changes in mood and behavior, with moodiness, irritability, hyperactivity, sleep difficulties and separation anxiety
- ❑ Tics and rhythmic movements
- ❑ Positive throat culture for strep (Group A β -hemolytic streptococcus) and/or high levels of antistreptococcal antibodies in the blood

In *some* cases, identifying the infection with a throat culture and treating it with a full course of antibiotics can alleviate the OCD symptoms. In addition, prophylactic antibiotic treatment may be given to prevent further strep infections in children who are prone to repeated infections and resultant OCD flare-ups. Children with PANDAS may not need therapy or anti-OCD medications if the strep infection responds well to an antibiotic and OCD symptoms subside. Prolonged use of antibiotics can compromise the body's ability to fight more serious infections in the future, as the bacteria may become resistant to frequently used antibiotics. In addition, antibiotics also destroy the "good" bacteria in the system that facilitate digestion and fend off other intruders such as yeast infections.

Researchers at the NIMH are studying some experimental treatments for very severe cases of PANDAS. One method is *plasmapheresis*, which is a filtering of the child's blood to remove strep antibodies. It is an invasive, arduous inpatient procedure requiring a few days hospital stay. The other treatment is intravenous injection of *immunoglobulin*, which is a blood product and may carry risks of viral transmission. The NIMH has issued a bulletin cautioning against the use of these treatments in clinical settings, due to their invasiveness and potential risks.

Copyright © Aureen Pinto Wagner, Ph.D. 2002

Contact: Permissions@Lighthouse-Press.com or (585) 594-0311 for permission to adapt.

For more information and to order, visit www.Lighthouse-Press.com or call toll-free 1-888-749-8768