MANAGING COMMON SYMPTOMS OF PANDAS/PANS

PANS TREATMENT GUIDELINES PART 1

PSYCHIATRIC AND BEHAVIORAL INTERVENTIONS

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Figure 3. Molly's fine writing. She was asked to write but did so with great reluctance.

I went to the cannon and took Peggy for a walk in the wood.
PANS TREATMENT

Infection, Inflammation

Psychotherapies
Psychiatric medications

Living with, managing a child and the illness

“Medical” Treatments

School accommodations
Rehab
OT
PT

Sequelae

PANS SX
• Caregiver Burden is high
• Uncharted treatment path
• Many professionals unaware of PANS
• Many appointments
• Parental leave
• Patient at home
• Patient separation anxiety
• Sleep disruption
• Difficult to manage behavior
• Social isolation
• Rest of family neglect
CAREGIVER BURDEN LIKE ALZHEIMERS’ FAMILIES

- Manuscript currently under review.

[Graph showing changes in Caregiver Burden Inventory over years for different disease states and study groups.]

- Mean CBI in Alzheimer’s study 1
- Mean CBI in Alzheimer’s study 2
- Mean CBI in Alzheimer’s study 3

[Legend for graph:
Flare status
Disease remission
Disease flare]
Medical Care for Child

Self Care

Educate Self about PANS

Be case manager

Safety

Family Duties

Interface with School
Reasonable Expectations

Simplify Life
Seek Support
Learn as much as possible
Care for Self
Expect some Setbacks

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GETTING TREATMENT

• Find a doctor
  • Size up the doctor: Do you say PANS or PANDAS?
  • Educate professionals

• Gather data
  • Time-line of infections, treatments and results (consult pediatrician)
  • Create a binder/electronic file of time-line, lab and evaluation reports

• Coordinate care among health care providers
  • Share lab
  • Schedule phone appointments, joint meetings
EVALUATE CHILD’S CAPACITY TO FUNCTION NOW:

IS IT REALISTIC TO EXPECT CHILD TO:

• Eat?
• Go to sleep now?
• Sleep alone?
• Stop compulsions?
• Stop crying?
• Stop being violent?
• Go to school?
• Get up early in the morning if he/she has not slept?
• Sit still in class?
• Concentrate?
• Do homework?
• Be quiet?
• Be away from home?
CHILDREN WITH PANS MELT DOWN

- Anxious protest
- Anxious avoidance
- Compulsions thwarted
- Mood
- Rage
- Sensory discomfort
- Sleep disturbance
- Fatigue, pain
- Trouble thinking things through, planning
- School stress
“RAGE ATTACKS:” DEFENSIVE AGGRESSION

- Attacks may come without warning
  - Uncharacteristic aggression
  - Biting
  - Kicking, hitting
  - Threatening language/ shocking

- Precipitants:
  - Threatening stimuli: real or perceived
  - Hunger
  - Thirst
  - Pain
  - Sensory overload
  - Frustration
  - Change in routine
  - Psychotic thinking
  - Irritability

- Marked sympathetic output

- Minimal cortical input

- Theories:
  - Inflammatory cytokines
  - Basal ganglia stimulates medial hypothalamus or the periaqueductal gray (like sham rage)
EXTERNALIZE THE PROBLEM:
THE PROBLEM IS PANS, NOT YOUR CHILD

• Name the problem
• Draw a picture of the problem
• Don’t punish PANS behaviors
• Is explosive behavior due to...
  • Bad Children?  
  • Bad Parenting?  
    NO!!!

• Parent and Child
  • Characteristics
  • Capacities
  • Deficits
  • Behaviors
  • Their interactions
PANS CAN LEAVE CHILDREN WITH COPING DEFICITS:

- Low flexibility
- Low adaptability
- Low frustration tolerance
- Low problem solving

- All needed to
  - adapt
  - environmental changes and demands,
  - internalize standards of conduct
- Increased demands for compliance without these coping abilities cause frustration and emotional arousal
WHAT SKILLS ARE MISSING?

• Executive function
  • Working memory
  • Organization
  • Shifting cognitive sets

• Language processing skills
  • Understanding others
  • Expressing one’s self
  • Forming verbal models in one’s mind
  • Labeling feelings

• Emotion regulation skills (Put aside emotion to accomplish a goal v. cognitive incapacitation)

• Cognitive flexibility (routines, transitions, black and white thinking)

• Social Skills
HOW CAN ADULTS BE VULNERABLE?

• Parent executive function issues
  • Setting priorities
  • Black and white thinking
  • Rigid definitions of correct parenting
  • Planning
  • Emotional difficulties
QUESTIONS TO ASK ONESELF…

• Is this a trainable moment?
• Is it imperative that my demand be met?
• Can we drop this demand?
• Can we figure out a workable solution?
TRY:

- Empathy
- Validate
- Define the problem
- Brainstorm a solution
  - Never mind
  - We must
  - Lets problem-solve
911: HOSPITALIZE?

- Home
  - Difficult to maintain safety
  - Difficult to administer treatments
  - Exhausting

- You know what is happening to the child
- You are in control of what is happening to the child

- 911: how to call, what to say
- ED: call me to talk to personnel there
- Talking to doctors
AVOID PSYCHIATRIC HOSPITALIZATION UNLESS:

• A medical-psych unit is available
• Available family resources cannot assure safety
• Severe food/drink restriction, but does not meet criteria for pediatric hospitalization
• Severe psychiatric symptoms when not in flare

• Can contain dangerous behaviors
• Usually rely on medications, to which PANS patients generally respond poorly
• Ill equipped to diagnose, treat infections, immune conditions
• Separation from family required
AVOID PEDIATRIC HOSPITALIZATION UNLESS:

• Life-saving treatment cannot be given otherwise (eg. plasmapheresis)

• Advantages
  • Can allow parents to stay 24/7
  • Can deliver medical treatments

• Disadvantages:
  • Not designed for/comfortable with combative, emotionally labile children
  • Many noises, sensory stimuli and sleep interruptions
  • Not set up to contain dangerous behaviors
  • Medical admission criteria usually not met?
HELPING CHILDREN COPE WITH TREATMENTS

- Environmental
  - Parent presence
  - Music
  - Electronic distractions
- Behavioral interventions
  - Desensitization, rewards
- Psychopharmacological interventions
  - Antihistamines
  - Benzodiazepines
  - Clonidine
- Appropriate pain control
PANS PSYCHOPHARMACOLOGY BASICS

• **Basis for Recommendations:**
  • Research has not established the most effective symptomatic treatments

• **PANS Patients Do Not Respond as Expected**

• **PANS Patients May Only Tolerate LOW Doses of Psychotropics**
  • PANS patients are more likely to exhibit
    • Agitation
    • Dystonia
    • Catatonia

• **PANS Symptoms are episodic:**
  • Review medication frequently

• **Pain may cause Behavioral Problems:**
  • PANS patients experience headache, abdominal pain and musculoskeletal pain.
FACILITATE PATIENT GETTING DIAGNOSTIC AND TREATMENT PROCEDURES

- Benzodiazepine Issues
  - Sedation
  - Memory issues
  - Paradoxical reaction
  - Dependence

- Other
  - Diphenhydramine
  - Clonidine
  - Propranolol
  - Atypical antipsychotics

- Benzodiazepines Help
  - Anxiety
  - Catatonia
  - Mania
  - Psychosis
  - Sleep
FOOD RESTRICTION

• Why?
  • Fear of vomiting
  • Smell
  • Texture
  • Contamination fears
  • Swallowing difficulty
  • Body image concerns

• Focus on calories in
• May require hospitalization
• Occupational therapy
• Dietary consultation
• Swallowing study
OCD MANAGEMENT

• Medication:
  • SSRI’s: pts. prone to side effects
  • Possibly more helpful for “left-over symptoms” than in acute phase

• CBT:
  • Small study supports effectiveness of CBT with family

• Caretakers:
  • Refrain from accommodation
  • Externalize and label symptoms
  • Contain “spread” of symptoms
STRATEGIES TO DEAL WITH RAGE

• Punishment does not work
• Distraction can be powerful
• Minimize risk factors: sleep, hunger, abrupt transitions
• Must set limits on violence
• Use 911 prn
• Pharmacological
  • Benzodiazepines
  • Gabapentin?
  • Antipsychotics
• Treat the underlying infection, inflammation
SEPARATION ANXIETY

• Symptoms may be short-lived:
  • Maybe do not fight it
  • Go back to room, school as soon as tolerated

• Parents need breaks
  • Encourage parent to help find additional attachment figures

• Cognitive Behavioral Therapy:
  • Label as PANS symptom
  • Help child address probability/severity of feared event
  • Stepwise, practice separations: time/distance (Parent in hallway, library, car, on a walk...)
  • Praise, rewards

• “Safe place in school” to which may retreat
SLEEP DISTURBANCE:
A FUNCTION OF:

- Separation anxiety
- Enuresis
- Insomnia
- Night terrors
- Temperature dysregulation
- REM sleep disorder

Strategies:
- Proximity
- Melatonin
- Diphenhydramine
- Benzodiazepine
- Trazodone
PAIN

• Muscle/joint pain
• Headaches
• Stomach aches

• Anti-inflammatories
• ? Dietary changes
• Gabapentin
• Low dose naltrexone
• Physical therapy

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FATIGUE:
POOR PHYSICAL AND COGNITIVE STAMINA

• Reduce school load
  • Fewer classes
  • Accept work done by bedtime as adequate
  • Selected problems
  • Permission to excuse self from class
  • Place to rest

• PE Accommodations
  • Adaptive
  • Excused
SCHOOL ACCOMMODATIONS

• Most children miss some school
• Difficult to plan for needs with an illness with a fluctuating course
• Cognitive symptoms may be significant and trail other sx in resolution
  • Concentration
  • Memory
  • Processing speed
  • Math and reading difficulties
  • “Brain fog”
• Tell school specifically how they can help:
  • Specific
  • Detail
• Be assertive
• ADHD accommodations:
  • Preferential seating
  • Extended time on tests
  • Resource class for executive function help

• Permission to take breaks, “errand” breaks
  • Without interrupting class
  • Without asking for permission
HANDWRITING DIFFICULTIES

• Occupational therapy
• Photocopy enlarge assignment pages for larger writing area
• Write on large grid paper
• Note taker
• Scribe in class
• Scribe for dictation
• Proctor/scribe for tests
• Assistive technology
  • Keyboard
  • Computer
  • Audio-recording
SLOW PROCESSING

- Cut down assignment number
- Cut down assignment length
- Extra time for tests, in-class assignments
- Give directions in written form, orally, and provide on school homework website

Math Difficulties

- Calculation difficulties common
- Tape chart with times table, etc. to desk
- Allow electronic calculator

- Psycho-educational testing
- Neuropsychological testing
SCHOOL: EXPOSURE TO INFECTION?

- Strep notification
- Strep letter
- Hand washing education
- Prophylactic antibiotics?
PSYCHOTHERAPIES OF PANS

- CBT with family involvement has support
- Can work with parents even when patient is not available
- Other therapies derive from guidelines for specific symptoms
FOCI OF OUR PANS PARENT SKILLS GROUP THERAPY

Mindfulness

Parents of kids with chronic illnesses

Acceptance and Commitment Therapy tools

Post-Traumatic Stress Disorder

Distress Tolerance

Chain Analysis/Emotion Regulation

Radical Acceptance

Cognitive Skills

Collaborative Problem Solving

Impact of chronic illness on siblings and other family members
Support groups
Other Parents
Community
Family
Friends
Teacher
School
Psychologist
Psychiatrist
Rheumatologist/Immunologist
Ear Nose Throat MD
Pediatrician
PCP
Parent
Psych