Abrupt, dramatic onset of obsessive-compulsive disorder or severely restricted food intake. Concurrent presence of additional neuropsychiatric symptoms, with similarly severe and acute onset, from at least two of the following seven categories:

- anxiety
- emotional lability or depression
- irritability, aggression or severely oppositional behaviors
- behavioral (developmental) regression
- deterioration in school performance
- sensory or motor abnormalities
- somatic signs and symptoms including sleep disturbances, enuresis or urinary frequency

Symptoms are not better explained by a known neurologic or medical disorder, such as Sydenham’s chorea, systemic lupus erythematosus, Tourette disorder or others.

PANS is a clinical diagnosis. The following is the working criteria:

- Abrupt, dramatic onset of obsessive-compulsive disorder or severely restricted food intake.
- Concurrent presence of additional neuropsychiatric symptoms, with similarly severe and acute onset, from at least two of the following seven categories:

PANS at a Glance
Learn more about this commonly misdiagnosed disorder.

1 : 200
Children affected by PANDAS/PANS*

4 - 10
Average age of onset

49%
Of patients who had OCD and tics as primary symptoms

81%
Of patients who reported infections of streptococcal pharyngitis

*These are estimates of lifetime prevalence. Based on U.S. research of OCD incidence and CDC 2013 national surveillance report of emergency hospitalizations of youth to age 21 with mental health issues related to OCD, Tourettes, & Acute Mood Disorders. (MMWR 2013;62(Suppl; May 15, 2013): 1-35. Percentage of cases based on 2018 PANDAS Network survey 1,400 families and multiple published clinical studies.

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