**Discussion with Dr. Sarah Owens**

**Bold = My question**

Unbolded = Dr. Sarah Owens responce

**What's your opinion on the increasing amount of pandas diagnosis? Why do you think this is increasing?**

I think that more healthcare providers are now familiar with PANDAS due to advocacy, research, and education campaigns, which leads to better identification and diagnosis of cases that might previously have been misdiagnosed as primary psychiatric disorders like OCD or Tourette’s syndrome. I think that the COVID-19 pandemic also significantly increased awareness of post-infectious syndromes (due to recognition of cases of long-COVID), which has probably helped with identification and diagnosis of PANDAS as well.

**What are the challenges with diagnosing pandas, and how can it be differentiated from other psychiatric conditions?**

Diagnosing PANDAS is challenging because it shares symptoms with many other psychiatric and neurodevelopmental conditions including Attention Deficit Hyperactivity Disorder (ADHD), Obsessive Compulsive Disorder (OCD), Oppositional Defiant Disorder (ODD), and Autism Spectrum Disorder (ASD), amongst others. Thus, in order to make the diagnosis, clinicians must rely on a detailed medical and mental health history and be on the lookout for a sudden onset of symptoms temporally linked to a streptococcal (“strep”) or other infection (in which case the diagnosis is PANS – pediatric acute onset neuropsychiatric syndrome). Furthermore, if the symptoms tend to come and go and tend to worsen with any illness, infection, allergies, or other immune triggers, or if they respond to treatment with antibiotics or anti-inflammatories (e.g., Ibuprofen), then this can help to distinguish PANDAS from other psychiatric conditions.

**What role does therapy play in treating children with pandas, in addition to medical treatments like antibiotics or immunotherapy?**

Oftentimes children need to start with the medical aspects of PANDAS treatment first to address the underlying infection and/or inflammation, before starting individual psychological therapy. However, psychologists can provide therapy to the child’s parents and/or family in the meantime to (a) further develop their knowledge and understanding about the condition, (b) support them in processing their own thoughts and feelings in the context of having a family member with PANDAS, (c) reducing parent and family accommodation of OCD symptoms (as accommodation tends to make the symptoms worse over time), and (d) developing strategies to reduce functional impairment for the child and family, even when the child is in a flare. Once the infection/inflammation has been at least somewhat addressed, individual therapies for the child with PANDAS often include cognitive behavioural therapy (CBT) and exposure and response prevention (ERP).

- CBT addresses the emotional and cognitive disruptions caused by PANDAS.

Children often experience intense anxiety, mood swings, and difficulty regulating their emotions during flares. CBT teaches tools to identify and reframe negative thought patterns and helps children develop coping mechanisms for emotional regulation and stress management.

* ERP is one of the most effective therapies for helping children manage obsessive-

compulsive symptoms. ERP encourages children to face anxiety-provoking thoughts or situations without engaging in compulsions, gradually reducing the intensity of their symptoms. This is particularly important for children with PANDAS, as their OCD-like symptoms emerge abruptly and can significantly impact their daily functioning.

**In your practice what are the long term physiological effects of children who experience pandas?**

This depends on how early the child is diagnosed and treated. With proper identification and treatment, and with careful monitoring of inflammatory/immune triggers and strategies to prevent symptom flare-ups (“flares”), most children recover fully with no long-term physiological effects. However, children may experience lingering symptoms if the infection/inflammation has been untreated for too long. In these cases, the child may continue to suffer from physical symptoms including tics, chronic pain (e.g., headaches, abdominal discomfort), fatigue, sleep issues, and food aversion even after the initial inflammatory/immune trigger has resolved.