

Clinical Guidelines

The PANS PANDAS Steering Group (PPSG) works to improve standards of care for people living with PANS or PANDAS with the support of NHS England.

The PPSG oversees four working sub-groups, including the Clinical Guideline Development Group which is undertaking work to develop a guideline based on existing knowledge of the conditions. These will address the current variation in care occurring across the UK.



More information



Scan for more information for health professionals, or visit www.panspandasuk.org

CPD Training

We encourage all primary and secondary health professionals seeking to learn more about PANS and PANDAS to complete this free training module.



Evie developed PANS when she was five. Overnight, she suddenly became too terrified to leave her house and attend school.

About PANS PANDAS UK

It is our mission to raise awareness of these life-changing conditions, to engage and inform health, social care and education professionals and to support young people and families living with PANS and PANDAS.

Together we are building brighter futures for all those affected.

Contact Us



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CAMHS Information Leaflet (2026)

PANS PANDAS UK

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PANS and PANDAS Information leaflet for CAMHS

PANS

Paediatric Acute-Onset Neuropsychiatric Syndrome

PANDAS ICD-11: 8E4A.0 / 8A05.10

Paediatric Autoimmune Neuropsychiatric Disorder Associated with Streptococcal Infections

PANS and PANDAS are two post-infectious disorders in which severe symptoms of obsessive-compulsive behaviours, tics or eating restrictions develop suddenly*.



Evie, age 12, missed two years of primary school and required a specialist setting for secondary education.

PANS and PANDAS are diagnoses of exclusion, with symptoms often resembling autism, OCD, ADHD, depression, Tourette's syndrome and bipolar disorder. However, PANS and PANDAS are characterised by acute and profound change.

Diagnostic Criteria:

PANS

An abrupt, acute, dramatic onset* of obsessive-compulsive behaviours or severely restricted food intake along with two or more of the following symptoms, which are not better explained by a known neurologic or medical disorder:

- Anxiety
- Tics
- Emotional lability and depression
- Irritability, aggression, and severe oppositional behaviours
- Behavioural (developmental) regression
- Sudden deterioration in school performance
- Motor or sensory abnormalities
- Insomnia and sleep disturbances
- Enuresis and urinary frequency

There is no restriction for age of onset in PANS.

Recent research supports the theory of a misdirected immune response that weakens the blood-brain barrier, causing basal ganglia inflammation and impacting movement, cognitive perception, habit, executive function, and emotion.

Fluctuating presentation: Families report that symptoms can fluctuate over time and may be masked outside the home. Periods of worsening may last weeks or months, or reduce more quickly. Presentation in school or clinic may not reflect the level of distress or impairment seen at home.

PANDAS

PANDAS is a subset of PANS, and is considered when there is a temporal correlation between streptococcal infection and onset of symptoms.

- Presence of obsessive compulsions and/or tics, particularly multiple, complex or unusual tics
- Symptoms of the disorder first become evident between three years of age and puberty
- Acute onset* and episodic (relapsing-remitting) course.
- Association with neurological abnormalities.

PANS and PANDAS are medical conditions with psychiatric symptoms

Working together: A joined-up approach with input from colleagues working in physical and mental health services is recommended.

- A referral to Paediatrics should be made for medical assessment and ongoing treatment.
- Appropriate mental health support from CAMHS is also a key part of this multidisciplinary model as psychiatric symptoms of PANS and PANDAS are complex in nature.
- CAMHS has an important role in supporting risk, distress and symptom management.

Research has demonstrated that children with PANS require lower-than-typical doses of psychotropic medication in order to minimise severe side effects.

Managing psychiatric symptoms

in PANS or PANDAS: Psychological therapies may help support the emotional, behavioural and day-to-day impact of PANS and PANDAS. CBT, including ERP, may be considered for symptom management, where clinically appropriate. Broader therapeutic support may also be helpful for children and families coping with experiences of profound change, distress and trauma.

Consider PANS and PANDAS carefully.

Urgent recognition, assessment and intervention are essential for the best possible outcome.

*The requirement within the diagnostic criteria for an abrupt or acute onset was originally stipulated in order to create a well-defined cohort of patients for research purposes. It is beginning to be acknowledged that onset may not always be as rapid as the criteria currently state, however they have yet to be updated to reflect this.