



How can we support the PANS/PANDAS student?

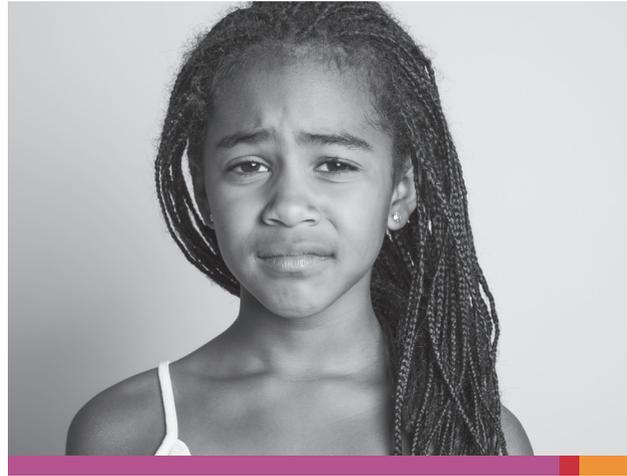
Learn about and understand the condition.

Communicate frequently with the parents, especially during a flare.

Assess the impact of an individual's symptoms on their school day and make accommodations where possible.

Notify the family about any reported cases of illness in the child's class. Strep infections, chickenpox, influenza, hand foot and mouth disease or any other illness specified by the parent.

Remember that during a flare the child has little control over their behaviour. This is due to inflammation in their brain, they are not misbehaving – please try to be understanding.



Who we are

About us

It is our mission to raise national awareness of these life changing conditions, create support networks for families who are affected and develop ongoing relationships with a network of doctors in order to encourage education in these conditions.

Contact us

-  www.panspandasuk.org
-  panspandasuk@gmail.com
-  PANS PANDAS UK Support Group
-  @PandasPans



PANS PANDAS UK
awareness support education

School Information Leaflet

c/o Baldwins, Pegasus House, Pegasus Court, Tachbrook Park,
Leamington Spa, Warwickshire CV34 6LW



School Information Leaflet

PANS PANDAS UK

PANS

Paediatric Acute-Onset Neuropsychiatric Syndrome

PANDAS

*Paediatric Autoimmune Neuropsychiatric Disorder
Associated with Streptococcal Infections*



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WORKING TOGETHER

What is PANS/PANDAS?

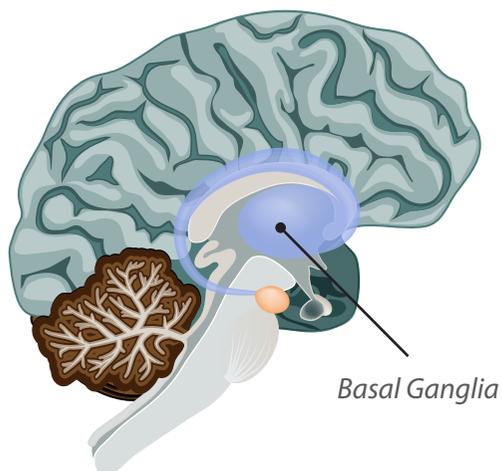
A brief outline ...

PANS/PANDAS is a broad spectrum of acute onset neuropsychiatric conditions that may include OCD, tics, severe eating restrictions, cognitive, behavioral and neurological symptoms. Triggers may include strep throat, influenza, hand foot and mouth disease, chicken pox, pneumonia, allergens, anxiety, trauma or other environmental factors.

In simple terms, instead of becoming ill with a sore throat, sore ears, temperature, etc..., the immune system attacks a small area of the brain called the Basal Ganglia which controls voluntary motor movements, procedural learning, habits and emotion.

Some children suffer debilitating flares while others function enough to continue to go to school.

PANS/PANDAS symptoms may relapse and remit. During subsequent flares, symptoms can worsen and new symptoms may manifest. Children are often misdiagnosed with psychiatric problems, ASD or ADHD.



What are the symptoms?

Symptoms usually start with an abrupt onset of OCD or tics, severely restricted food intake along with two or more of the symptoms listed below.

- Anxiety (particularly separation anxiety)
- Emotional lability (extreme emotions which can fluctuate rapidly and are not always appropriate to the situation) and/or Depression
- Aggression and/or irritability
- Hyperactivity
- Severely oppositional behaviour
- Behavioural regression
- Developmental regression
- Deterioration in school performance
- Sensory and/or motor abnormalities
- Insomnia and/or sleep disturbances
- Enuresis and/or urinary frequency
- Hallucinations and/or psychosis

“ Amy was top of the class, confident and popular with her peers, then one day she wouldn't leave her mother at the school gate, she was quiet and confused all the time. She could barely contribute to class anymore ”

Support Accommodations

Symptoms	School related difficulties
! Recommended school accommodations	
Anxiety	Difficulty separating from main carer which may result in poor attendance
! Consider: Flexibility, shorter days, earlier or later starts	
Deterioration in school performance	Cognitive changes, memory issues, dysgraphia, Maths deterioration, difficulties in Art and loss of motor skills. Refusal to do homework
! Consider: Extra time and support, laptop use if appropriate and homework accommodations	
Sensory Abnormalities	Inability to wear certain items of clothing/footwear, increased sensitivity to light and sound
! Accommodate the child's heightened sensory issues enabling them to attend school and provide a 'safe' place to go if overwhelmed	
Perceptual & Physical issues	Tics and bodily movements affecting fine and gross motor skills
! Provide understanding and acceptance	
Incontinence or urinary frequency	New onset enuresis for a child who was toilet trained or a constant need to leave the classroom to use the bathroom
! Accommodate with discretion the child's need to have frequent visits to the bathroom	
Restricted food or water intake	Inability to eat normally or restrictive diet
! Allow child to have access to water and snacks if required	
Social Issues with peers	Victim of bullying
! Education of peers, awareness and support	
OCD	Need to carry out compulsions
! Awareness and support	