

Supplementary material for

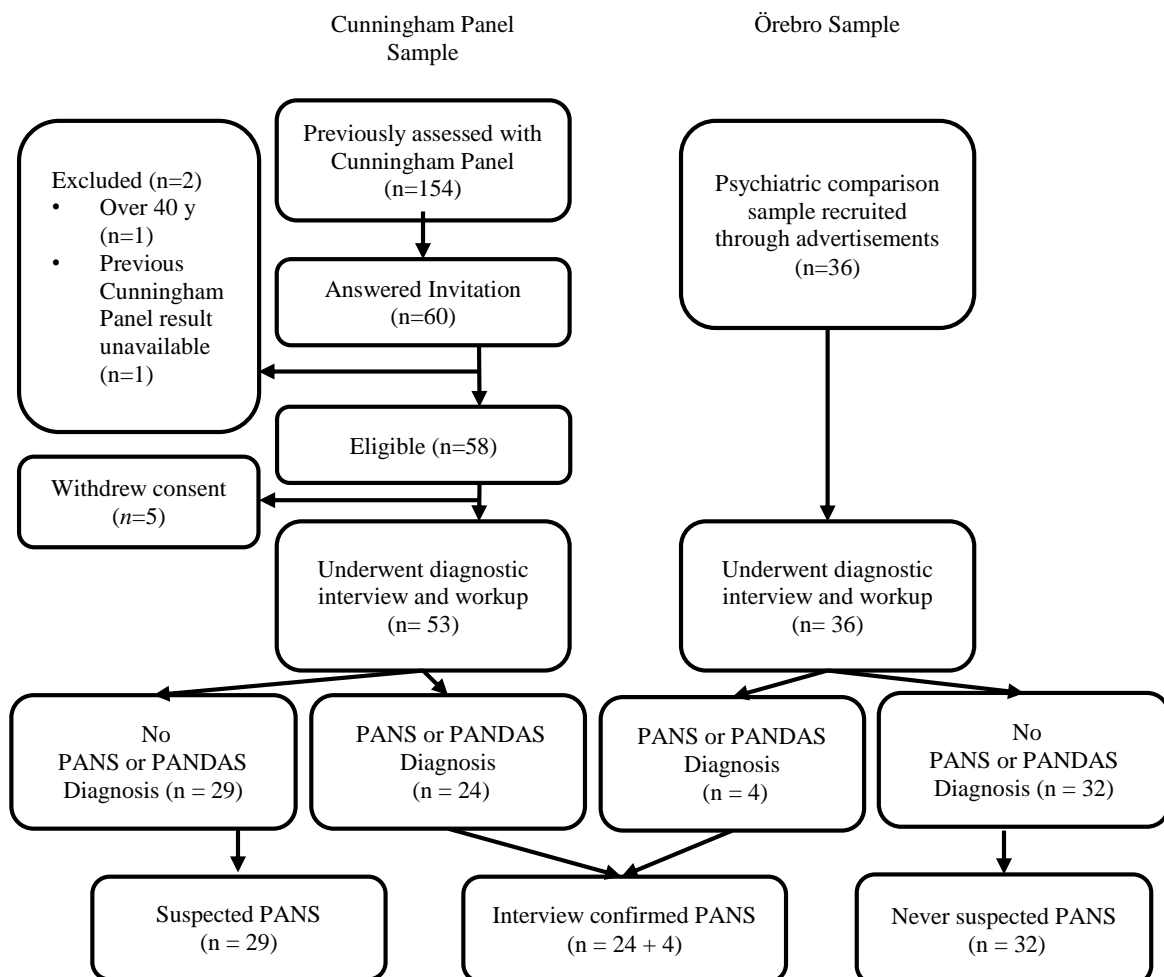
Clinical features of Pediatric Acute-onset Neuropsychiatric Syndrome: Findings from a case control study of confirmed and suspected cases

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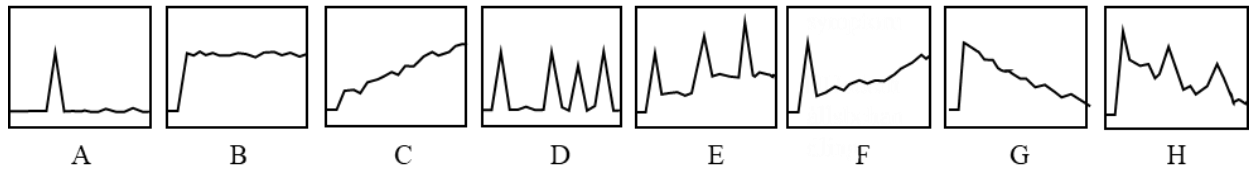
Susanne Bejerot

This material contains supplementary figures and tables for the study.

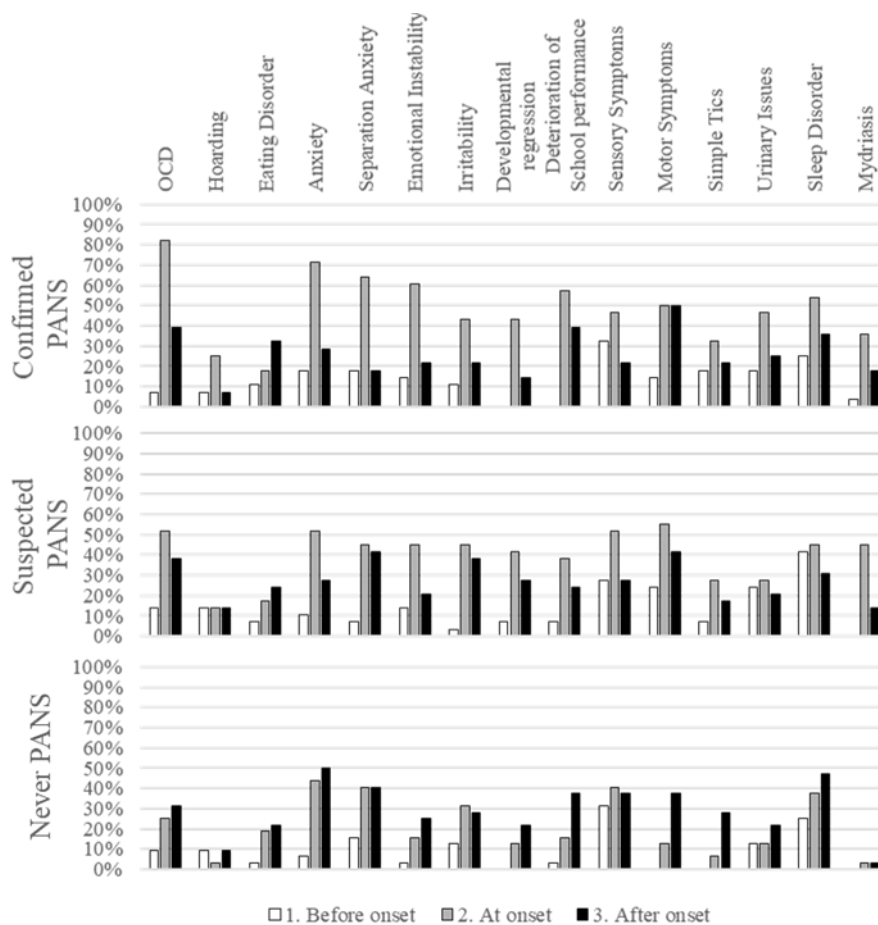
Supplementary Figures



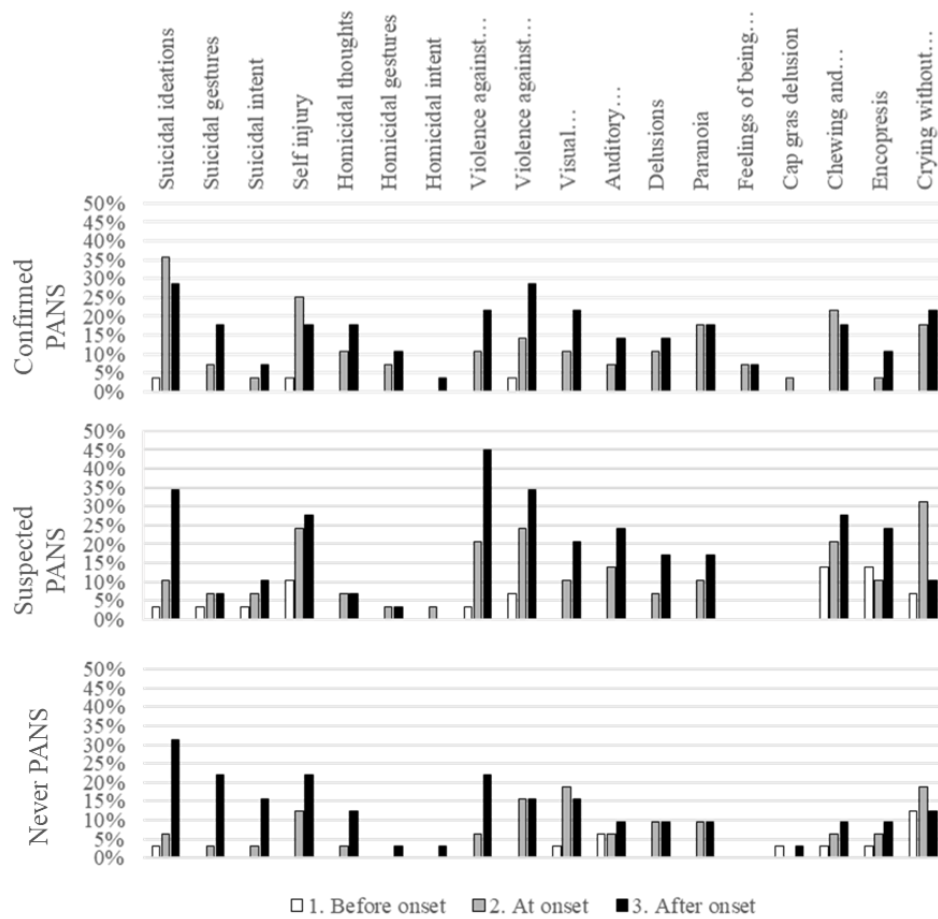
Supplementary Figure 1. Flow chart of participant inclusion and classification



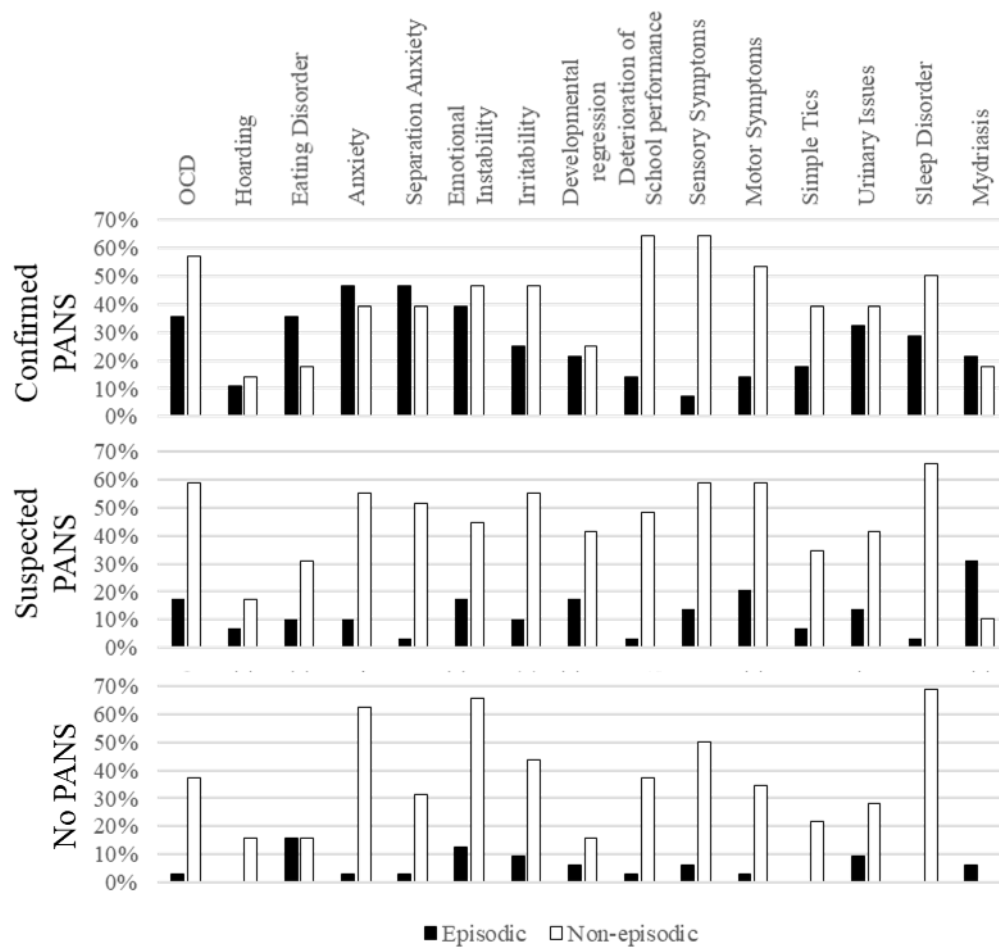
Supplementary Figure 2. Graph of different disorder progression patterns shown to participants. A = one flare with remission, B = chronic course, C = progressive course, D = two or more episodes with remission in between, E = progressive course with flare, F = initial flare with remission and subsequent progression, G = severe symptoms at onset and gradual improvement, H = two or more flares with improving baseline function.



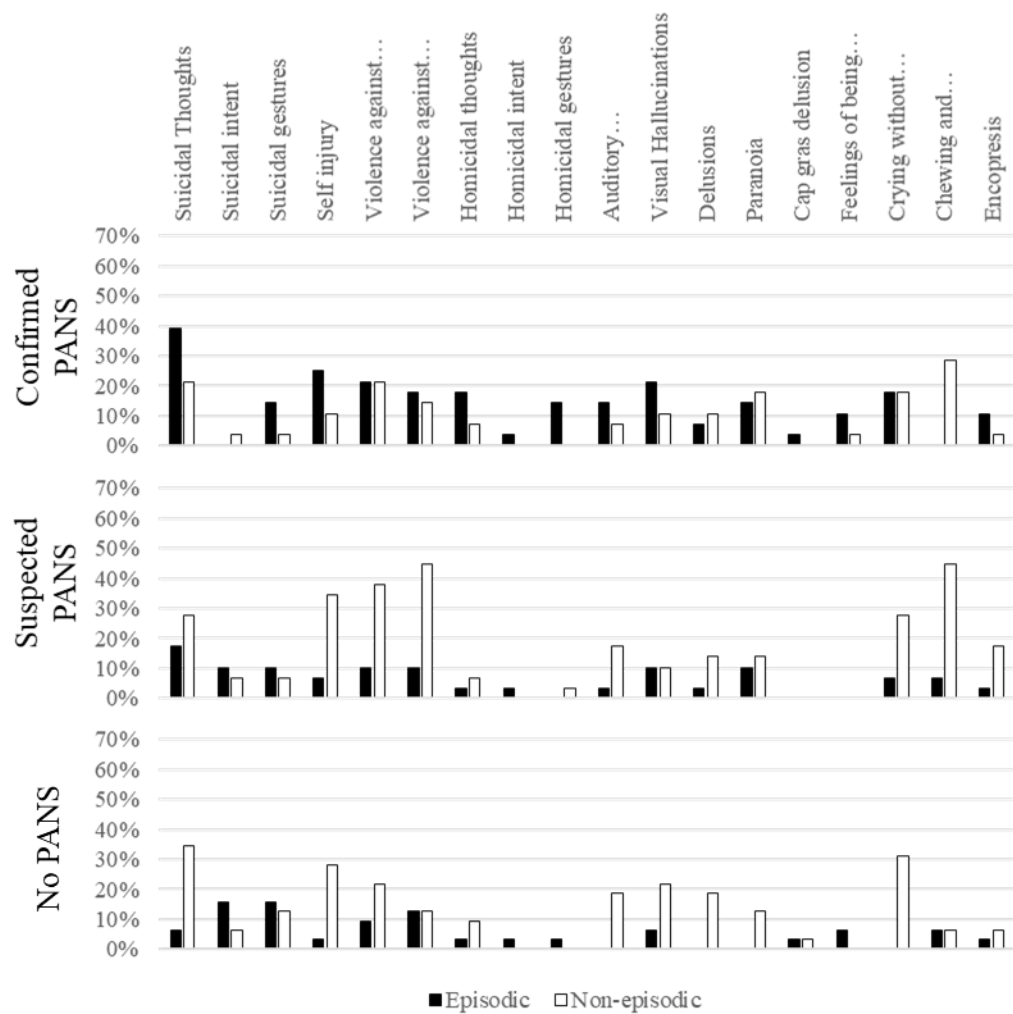
Supplementary Figure 3. PANS related symptoms (PPRSI) present before onset, at onset, and after onset in the three groups.



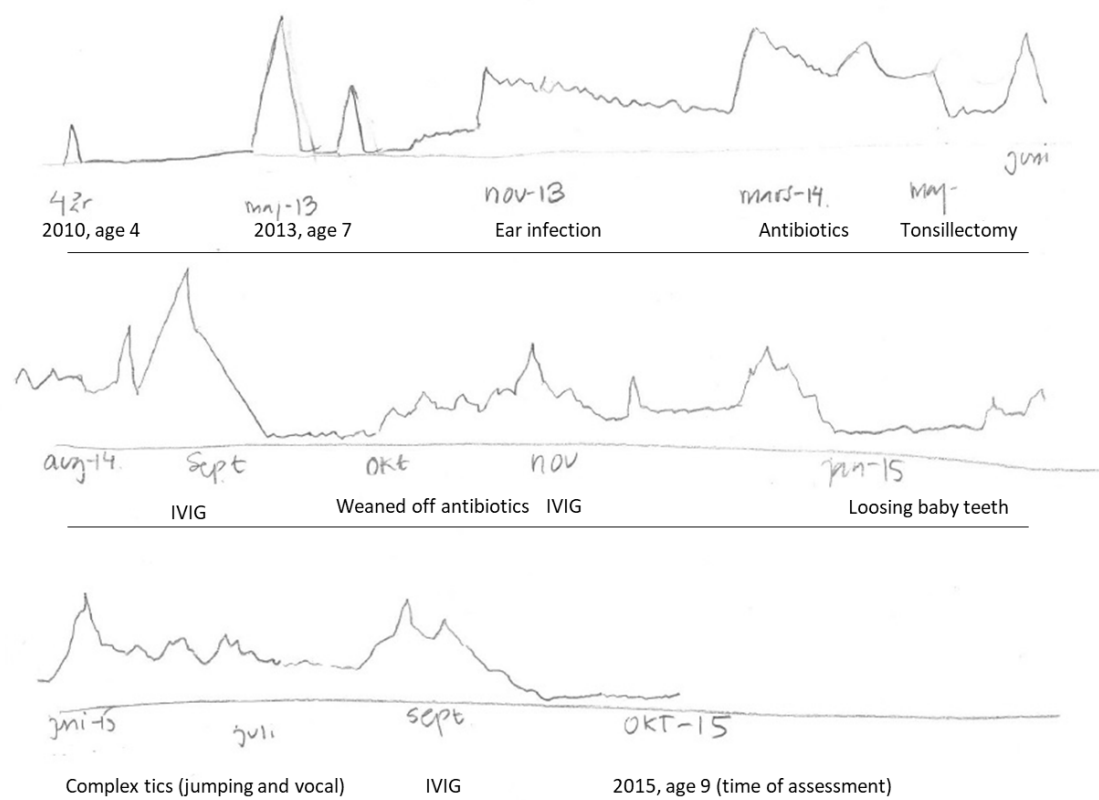
Supplementary Figure 4. Severe psychiatric symptoms (SOSQ) present before onset, at onset, and after onset in the three groups.



Supplementary Figure 5. PANS related symptoms (PPRSI) presenting with an episodic vs. non-episodic course in the three groups.



Supplementary Figure 6. Severe psychiatric symptoms (SOSQ) presenting with an episodic vs. non-episodic course in the three groups.



Supplementary Figure 7. Example of timeline drawn during an interview with a participant with interview confirmed PANS/PANDAS. Each “spike” represents an exacerbation of psychiatric symptoms. The comments have been translated into English. At time of assessment this patient was rated to be “mildly ill” according to CGI-S and the main symptoms at time of assessment were motor and vocal tics. Previous symptoms included severe tics, OCD, irritability, and anxiety. Parents report a prodromal phase of about 1 week of OC behavior (need to touch objects) at age 4.

Supplementary Tables

Supplementary table 1. Diagnostic criteria for PANS and PANDAS

PANS Pediatric acute-onset neuropsychiatric syndrome Swedo et al, 2012 ²	PANDAS Pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections Swedo et al, 1998 ¹
Criteria I, II and III must be met	All 5 criteria must be met.
<p>I. Abrupt, dramatic onset of obsessive-compulsive disorder or severely restricted food intake</p> <p>II. Concurrent presence of additional neuropsychiatric symptoms, with similarly severe and acute onset, from at least two of the following seven categories:</p> <ol style="list-style-type: none"> 1. Anxiety 2. Emotional lability and/or depression 3. Irritability, aggression and/or severely oppositional behaviors 4. Behavioral (developmental) regression 5. Deterioration in school performance 6. Sensory or motor abnormalities 7. Somatic signs and symptoms, including sleep disturbances, enuresis, or urinary frequency <p>III. Symptoms are not better explained by a known neurologic or medical disorder, such as Sydenham chorea, systemic lupus erythematosus, Tourette disorder or others.</p>	<ol style="list-style-type: none"> 1) Presence of obsessive-compulsive disorder (OCD) or a tic disorder. 2) Prepubertal symptom onset. 3) Acute symptom onset and episodic (relapsing-remitting) course. 4) Temporal association between Group A streptococcal infection and symptom onset/exacerbations. 5) Associated with neurological abnormalities, (particularly motoric hyperactivity and choreiform movements)

