Preadolescent child with sudden onset or exacerbation of OCD symptoms or tics

* Screen for comorbid symptoms: separation anxiety, emotional lability, ADHD symptoms
* Take medical history, focusing on a history of symptoms suggestive of streptococcal infection and neurological problems
* Perform mental status examination
* Perform focused physical examination looking for signs of streptococcal infection and abnormal movements (e.g., tics, choreiform movements)
* Take family history, screening for OCD or tic disorders as well as rheumatic fever or Sydenham's chorea

Is there evidence of a streptococcal infection temporarily associated with symptom onset or exacerbation? OR is there a strong family history of rheumatic fever?

Yes
- Take throat swab and send for culture. Perform ASO titre

Is the throat swab positive?

Yes
- Treat infection with antibiotics

No
- Initiate, augment or switch standard treatments (e.g., CBT or SRIs for OCD) according to established guidelines

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* Monitor symptoms over time
* Treat recurrent infections promptly with antibiotics
* Repeat ASO titers (suggest every 3-4 weeks for an additional 1-2 titers) and observe trends

Is there evidence of repeated exacerbations of symptoms associated with either increased titres or clinical evidence of strepococcal infections?

Yes
- Consider switching or augmenting initial psychotropic medications
- Consider antibiotic prophylaxis in consultation with a pediatrician
- Consult with a child psychiatrist or neurologist or refer to the NIMH PANDAS study

No

Fig. 1: Assessment and treatment of children presenting with abrupt-onset obsessive-compulsive disorder (OCD) or tic disorders.

ADHD = attention-deficit hyperactivity disorder, ASO = antistreptolysin, CBT = cognitive behavioral therapy, SRIs = serotonin reuptake inhibitors, NIMH = US National Institute of Mental Health, PANDAS = pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections.