



# Section on Neurology

## Newsletter

*Statements and opinions expressed in this publication are those of the authors and not necessarily those of the American Academy of Pediatrics or the Section on Neurology.*

### A message from the chairman...



**Paul Graham Fisher,  
MD**

**Lucile Packard Children's Hospital at  
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I have just taken over for Thomas Koch as the Chairperson for the Executive Committee of the Section on Neurology (known in AAP alphabet soup as SONu). I am pleased to continue working with our Section and the AAP, for which I have served as a PREP Self-Assessment Editorial Board member, frequent lecturer for AAP courses, representative for the National Conference and Exhibition and Planning Group, and member of the Section on Neurology Executive Committee since 2004. At our most recent meeting, held in parallel with the Child Neurology Society meeting in Santa Clara, California, on November 5, 2008, there

were several decisions made to strengthen our Section, and I want to share these with our membership at this first opportunity, our new newsletter.

To invigorate leadership and member participation, we have developed some new roles and redesigned existing subcommittees to create opportunities for involvement with SONu activities and initiatives.

Our new subcommittee structure and key leaders include (1) Membership, Paul Fisher; (2) Awards (e.g., Visiting Professor), Mark Scher and Mary Ann Whelan; (3) Practice (coding/ reimbursement), to be determined; (4) Publications, (e.g., policies and guidelines, Don Lewis and Andrea Gropman; (5) Communications (Newsletter), Don Gilbert; and (6) Education, Paul Fisher. We also have a new Liaison to the AAP Council on Children With Disabilities (COCWD in AAP speak)—Dr. Max Wiznitzer. We are always looking for ways to engage as many as possible of our section members to participate actively, so please let any of us or Section Manager, Lynn Colegrove, know if you are interested in serving on these subcommittees.

The Section's Visiting Professor Program—to bring Child Neurology to pediatric centers with limited access and educational need—continues to be successful. I had the pleasure of visiting Morehouse School of Medicine in 2007. In 2008, the Subcommittee selected the Hospital Episcopal San Lucas Ponce School of Medicine Pediatric Residency, Ponce, Puerto Rico, and on March 12-13 this year Dr. James Riviello will be the Visiting Professor at the University of Kansas. The 2009 Call for Applications for the Visiting Professor program will go out soon, with a June 5 deadline.

Finally, please review the list of upcoming educational programs by SONu. We are continually looking for new ideas and faculty for our programs, so please let us know if you are interested in serving as faculty, or if you have suggestions for CME topics. Indeed, I urge you to visit the Section's website at [www.aap.org/sections/neuro](http://www.aap.org/sections/neuro) for further information on section activities and initiatives. Please get involved with SONu, and feel free to contact me any time.

### Upcoming Educational Programs

**PREP The Course**  
**June 13-17, 2009**  
**Cincinnati, Ohio**

**Neurology-related programs:**

Day 2, Sunday, June 14, 2009 (Faculty: Donald Gilbert, MD)

→Concurrent Case Presentations: Diagnosis and Management. First set. 12:00 – 1:30 pm  
→Neurology. 3:30 pm

Day 3, Monday, June 15, 2009

→Concurrent Case Presentations: Diagnosis and Management. Second set. 7:30 – 9:00 am  
→Concurrent Case Presentations: Diagnosis and Management. Third set. 12:00- 1:30 pm.  
→Neurology. 3:30 pm

## Upcoming Educational Programs (Continued)

### **PREP The Course** **September 13-14, 2009** **Portland, Oregon**

#### **Neurology-related programs:**

Day 2, Sunday, September 13, 2009 (Faculty: Paul Fisher, MD)

- Concurrent Case Presentations: Diagnosis and Management. First set. 12:00 – 1:30 pm
- Neurology. 3:30 pm

Day 3, Monday, September 14, 2009

- Concurrent Case Presentations: Diagnosis and Management. Second set. 7:30 – 9:00 am
- Concurrent Case Presentations: Diagnosis and Management. Third set. 12:00- 1:30 pm.
- Neurology. 3:30 pm

### **National Conference and Exhibition** **October 17-20, 2009** **Washington, D.C.**

#### **Neurology-related programs:**

- Headaches: When Do I Worry, Who Do I Scan? (Faculty: Thomas Koch, Donald Lewis)
- Headache Treatment: Conventional & Alternative Therapies (Faculty: Thomas Koch, MD, Donald Lewis, MD)
- Neurology Questions in the Office (Faculty: Thomas Koch, Eric Kosoff, MD)
- Seizure Treatment: Newer Antiepileptic Drugs: What Should I Know? (Faculty: Eric Kosoff, MD)
- Controversies in the Treatment of Epilepsy (Faculty: Eric Kosoff, MD, Adam Hartman, MD)
- Brain Storms: Fits, Faints and Funny Spells (Faculty: Donald Gilbert, Donald Lewis, MD)
- Medical Investigation of the Child with Delayed Development (Faculty: Andrea Gropman, MD)
- Tourette Syndrome and the Primary Care Pediatrician (Faculty: Donald Gilbert, MD)

## Private Payor Advocacy



Did you know that the Section on Neurology recently worked with the AAP Private Payor Advocacy Advisory Committee (PPAAC) to defend the use of biofeedback as a viable treatment option for headaches? PPAAC staff alerted the Section that Wellpoint, Inc. was planning an overall policy decision to deny payment due to lack of evidence of biofeedback. Section members Drs. Tom Koch and Donald Lewis worked with the PPAAC to write a letter to Wellpoint, Inc. executives in defense of the treatment.



## Section RVU Chair Needed

The Section is currently soliciting (a) volunteer(s) to serve as the Section RVU liaison to the AAP Committee on Coding and Nomenclature. Responsibilities include:

- Work with Academy staff on methods to improve coding/reimbursement issues for pediatric endocrinologists
- Evaluate and assess impact of related RBRVS information received from the AAP Committee on Coding and Nomenclature
- Maintain a list of section members interested in working on coding/reimbursement issues.

If interested, please contact Lynn Colegrove, MBA, Manager at [lcolegrove@aap.org](mailto:lcolegrove@aap.org) or (800) 433-9016, ext. 7820 or Paul Fisher, MD, FAAP, Section Chairperson at [pfisher@stanford.edu](mailto:pfisher@stanford.edu)

## Double Boarded in Pediatrics and Child Neurology?

Are you aware that the American Board of Pediatrics is changing its policies for board renewal for physicians holding time-limited certificates in Pediatrics, and also changing its policy for Maintenance of Certification (MOC) for physicians with time-limited certificates?. No changes for MOC have been made (yet) for physicians with permanent certificates. At the recent AAP Annual Leadership Forum meeting, leaders from other sections addressed how these changes are affecting their members with dual boards. Stay tuned and check out the ABP web site [www.abp.org](http://www.abp.org). Your SONu is working actively right now with ABP to study how this situation might affect the number of child neurologists boarding initially and then renewing in Pediatrics.

Interested? Contact Paul Fisher, MD, FAAP, Section Chairperson at [pfisher@stanford.edu](mailto:pfisher@stanford.edu)



## Health Policy Update

The Section is in the process of developing health policy and/or clinical guidelines for the following:

- Co-authoring clinical guidelines, “**Guidance for Determination of Neurologic Death in Infants and Children**” with the AAP Section on Critical Care, AAP Section on Neurosurgery, the Society of Critical Care Medicine, the American College of Critical Care Medicine, The Child Neurology Society and the American Academy of Neurology.
- Revising the clinical practice guidelines, “**The Neurodiagnostic Evaluation of the Child With a Simple Febrile Seizure**” in conjunction with the Steering Committee on Quality Improvement and Management, Subcommittee on Febrile Seizures.
- Revising the clinical practice guidelines, “**The Management of Minor Head Injury in Children 2-20**”, in conjunction with the Steering Committee on Quality Improvement and Management, Subcommittee on Head Injury.
- The Section plans to co-author a policy statement on “**Pediatricians and Sensory Integration**”, with the Section on Complimentary and Integrative Medicine and the Council on Children With Disabilities.
- The Section has recently reviewed the AAN’s practice parameter on “**Pharmacological Treatment of Spasticity in Children and Adolescents with Cerebral Palsy**”.

**SECTION ON NEUROLOGY  
EXECUTIVE COMMITTEE  
2008-2009**

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**Newsletter Design**

Terri Willis

**Not a member? Joining is Easy!**

If you know of others who might be interested in joining our section, please have them call 800/433-9016, ext. 5897 for an application or visit the web site, [www.aap.org](http://www.aap.org). For more information, please visit the AAP Membership web site at [www.aap.org/member/memcat.htm](http://www.aap.org/member/memcat.htm).

Current members of the Academy in good standing are eligible to apply online by following the instructions below:

1. Log on to the AAP Member Center ([www.aap.org/moc](http://www.aap.org/moc))
2. Once logged in, click on "Member Services" (located on the right side of the screen)
3. Click on the link titled, "Online Section Membership Application"
4. Once the form appears, follow the simple instructions shown:
  - Select the Section(s) that you are interested in
  - Complete the demographic information (optional)
  - Select the "Submit" button



**Want to write an article for AAP News?**



The Section is looking for interested section members to write a column on a child neurology topic for the *AAP News, Focus on Subspecialty* column as well as other *AAP News* articles. See example on page 5. If interested, please contact Lynn Colegrove at 800/433-9016, ext. 7820; [lcolegrove@aap.org](mailto:lcolegrove@aap.org).



## FOCUS ON SUBSPECIALTIES

# Strep may be one of many triggers for tic, OCD exacerbations

by Donald L. Gilbert, M.D., FAAP



Dr. Gilbert

Do strep infections cause tics or obsessive-compulsive disorder (OCD) in some children?

Should pediatricians swab throats and check antistreptolysin O (ASO) or AntiDNAse B titers in children with tics or OCD?

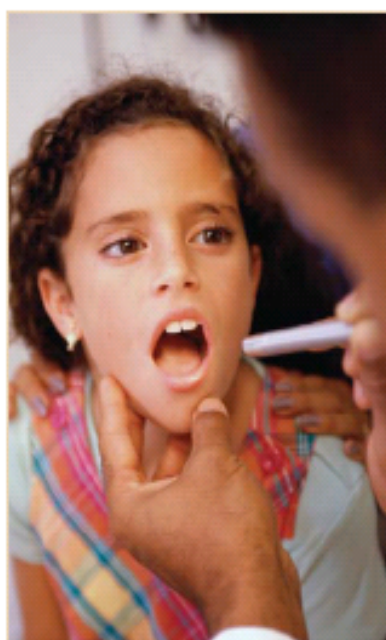
Can antibiotics prevent or treat tics and OCD?

Clinicians have long observed that tics and OCD can occur in bouts with fairly dramatic onset. The similarity to post-streptococcal (Sydenham's) chorea led some researchers to study this (Swedo SE, et al. *Am J Psychiatry*. 1998;155:264-271) with cross-sectional or retrospective studies and small clinical trials of antibiotics and immune modulating therapies.

Pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections (PANDAS) subsequently was defined as a distinct clinical entity, diagnosed after two or more bouts of tics or OCD linked to strep infections.

Tics, OCD, strep throat and elevated ASO titers are all common. Therefore, it was reasonable to wonder whether the association was causal. Community-based and prospective studies were needed.

In the June issue of *Pediatrics*, investigators from the Tourette Syndrome Study Group, funded by the National Institute of



Investigators from the Tourette Syndrome Study Group undertook a prospective study of 40 children with PANDAS and 40 matched controls with tics/obsessive-compulsive disorder only to determine whether strep infections made tics worse and whether this occurred more often in the PANDAS group.

Neurological Disorders and Stroke and the National Institute of Mental Health, presented prospective data on 40 children with two or more prior strep plus tic/OCD associations (PANDAS group) and 40 matched tic/OCD only children (controls) (Kurlan R, et al. 2008;121:1188-1197; Singer HS, et al. 2008;121:1198-1205). No antibiotics were used preventively, but throat cultures were taken once per month and anti-

body titers were checked at least once every three months for two years. The definitions of strep infections and symptom exacerbations were rigorous. The question was whether strep infections made tics worse and whether this occurred more often in the PANDAS group.

The key findings can guide our practice and how we communicate with parents:

1. When managed by expert clinicians with monthly clinic visits or phone calls, fewer exacerbations occurred than expected.
2. Fewer than 25% of tic or OCD exacerbations were associated with strep infections.
3. There was no correlation between levels of antibody titers and clinical symptoms.

It also is worth noting that a recent community-based prospective study of younger children showed movements and behavioral changes after strep infections usually are mild (Murphy TK, et al. *Biol Psychiatry*. 2007;61:279-284).

Thus, streptococcal infections may be just one of many triggers for tic or OCD exacerbations. Antibiotic treatment for tic or OCD prevention is, at best, irrelevant, and there is no justification for throat swabs or checking antibody titers to monitor tics or OCD.

*Dr. Gilbert is a member of the AAP Section on Neurology executive committee and the Tourette Syndrome Study Group, which performed the prospective PANDAS study.*