

CHILDREN WITH SYDENHAM CHOREA AND PSYCHIATRIC DISORDERS HAD VARIABLE LONG-TERM OUTCOMES AND REQUIRED MULTIDISCIPLINARY MANAGEMENT

ARTICLE

Summarised by Dr. Micheal Morton (October 2025)



Sydenham's chorea (Sc) is the most common movement disorder in children worldwide but it is rare in the United Kingdom. It can develop after infection with *Streptococcus pyogenes*. From 2000 to 2010, more children than expected were diagnosed with Sc in the Neurology clinic at the Royal Hospital for Sick Children, Glasgow, Scotland. Around half had signs of mental health problems that justified assessment at the hospital's Neuropsychiatry Clinic. Members of the Neuropsychiatry team contacted children with Sc who had attended their clinic to learn about their progress. 16 were still under 18 years old and 12 agreed to attend with a parent for a detailed research interview.

The children were between 10 and 15 years old, 7 were girls. They were interviewed 4 to 10 years after the first signs of Sc. All had had some form of neurological, developmental or emotional vulnerability before onset of Sc. When they first became ill, 8 had disabling motor symptoms of Sc. 6 children had speech problems and 6 had joint pains, 4 had signs of heart disease, other problems described were rash, poor bladder control, gastric reflux and loss of appetite. 9 children had at least one relapse of Sc symptoms and 5 had continuing mild symptoms of chorea.

All the children had had mental health problems that justified psychiatric diagnosis at some time. For many this was temporary and linked to motor symptoms. When first unwell, children had a range of anxiety disorders and fears. Symptoms often resolved over time and generally were worse during the first episode of Sc. Anxiety problems included separation anxiety in 8 children, also phobias, obsessional and panic symptoms. 7 children had problems with attention and restlessness that met criteria for a diagnosis of ADHD, this persisted in 5. 3 had depressive episodes, 3 had tic disorders and 2 experienced some hallucinations. Parents also described problems with social communication, sleep and aggressive or disinhibited behaviour. One child was found to have a learning disability and 2 showed signs of autism spectrum disorder (ASD). Once Sc had resolved one child no longer fulfilled criteria for ASD.

Parents described their experience of services. 5 families noted delays (from 3 months to 2 years) in getting a diagnosis. 3 mothers described the stress of Sc contributing to their own low mood. All children received multidisciplinary support, 8 had cardiac clinic review, 8 had physiotherapy, 6 occupational therapy and 3 speech therapy. Parents reported the range of physical and psychiatric treatments experienced, however some therapeutic approaches have changed since this time.

Education services responded variably to problems that included being bullied, anxiety about school and reduced attendance.

The authors reflect that of the children with Sc half did not need mental health referral and note the possibility that pre-existing vulnerabilities may predispose to psychiatric symptoms in Sc. Findings must be treated with caution as the number of interviews is small and this outbreak of Sc may be atypical.