

# Schizoaffective disorder

Schizoaffective disorder symptoms look like a mixture of two kinds of major mental illnesses that are usually thought to run in different families, involve different brain mechanisms, develop in different ways, and respond to different treatments: mood disorders and schizophrenia.

## What is schizoaffective disorder?

This is a condition where a person experience a combination of schizophrenia symptoms.

## Symptoms of schizoaffective disorder

The two major mood disorders are unipolar depression and bipolar (previously known as manic-depressive) illness.

### Seriously depressed people:

- Feel constantly sad and fatigued
- Have lost interest in everyday activities
- Are indecisive and unable to concentrate
- Sleep and eat too little or too much
- Complain of various physical symptoms
- May have recurrent thoughts of death and suicide.

### People experiencing a manic mood are:

- Suffering from sleeplessness
- Compulsively talkative
- Agitated and distractible

- Convinced of their own inflated importance
- Susceptible to buying sprees; indiscreet sexual advances, and foolish investments
- Prone to cheerfulness turning to irritability, paranoia, and rage.

### People with chronic schizophrenia:

- Appear apathetic
- Are emotionally unresponsive
- Have limited speech
- Have confused thinking
- May suffer from hallucinations and delusions
- Perplex others with their strange behavior and inappropriate emotional reactions.

## Difficulty in distinguishing illnesses

- People with affective disorders usually appear normal between episodes of illness and do not become more seriously disabled with time.
- People with schizophrenia rarely seem normal, and their condition tends to deteriorate, at least in the early years of the illness.



This distinction is not always as obvious as the description suggests. Emotion and behavior are more fluid and less easy to classify than physical symptoms. Seriously depressed and manic people often have hallucinations and delusions. Mania can be impossible to distinguish from an acute schizophrenic reaction, and psychotic or delusional depression is important enough to rate its own classification by some psychiatrists. Mood changes occur both as symptoms of schizophrenia and as reactions to its devastating effects; for example, depression after a schizophrenic episode (post-psychotic depression) is common and often severe.

### Signs that may help identify schizoaffective disorder as the diagnosis

- The illness usually begins in early adulthood.
- It is more common in women.
- A person has difficulty in following a moving object with their eyes.
- A person's rapid eye movement (dreaming) begins unusually early in the night.

However, the research is inadequate and the results have been confused by varying definitions.

### Treatment

Because the causes of schizophrenia are still unknown, treatments for schizoaffective disorder focus on eliminating the symptoms of the disease. Treatments include antipsychotic medications and various psychosocial treatments.

If a person is in a psychotic state, a neuroleptic (antipsychotic) drug is most often used, since antidepressants and lithium (used for bipolar disorder) take several weeks to start working. Antipsychotic drugs may cause tardive dyskinesia, a serious and sometimes irreversible disorder of body movement, so people are asked to take them for long periods only when there is no other alternative.

After the psychosis has ended, the mood symptoms may be treated with antidepressants, lithium, anticonvulsants, or electroconvulsive therapy (ECT). Sometimes a neuroleptic is combined with lithium or an antidepressant and then gradually withdrawn, to be restored if necessary. The few studies on drug treatment of this disorder suggest that antipsychotic drugs are most effective. The greater effectiveness of these new drugs may be partly due to their activity at receptors for the neurotransmitter serotonin, which is not influenced as strongly by standard antipsychotic drugs.

Psychosocial treatments can help people with schizophrenia who are already stabilized on antipsychotic medication. Psychosocial treatments help these patients deal with the everyday challenges of the illness, such as difficulty with communication, self-care, work, and forming and keeping relationships. Treating providers typically recommend cognitive behavioral therapy and self-help group participation.

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