

Understanding Schizoaffective Disorder

Schizoaffective disorder is a major psychiatric disorder that is similar to schizophrenia. People with this illness may experience *hallucinations* (hearing, seeing, feeling, or smelling things that aren't there) or *delusions* (unusual beliefs that other people don't have, such as paranoid beliefs that others are against them), as well as low motivation and poor attention. Unlike schizophrenia, people with schizoaffective disorder may also experience extremely high moods (*mania*) or extremely low moods (*depression*) for prolonged periods of time.

The cause of schizoaffective disorder is unknown. Scientists believe the disorder may be caused by an imbalance in neurotransmitters (brain chemicals), particularly the neurotransmitter *dopamine*. These imbalances may be due to genetic factors, early effects of the environment on the developing brain (such as when the baby is in the womb or during birth), or both.

About 0.5% of people (1 in 200) develop schizoaffective disorder in their lifetime. Schizoaffective disorder is diagnosed with a clinical interview. The interviewer checks to see whether the person has experienced specific symptoms over a long enough period of time. The clinician must also make sure that the person has no physical problems that could cause symptoms like those of schizoaffective disorder, such as a brain tumor.

Schizoaffective disorder is a major psychiatric illness that is diagnosed with a clinical interview. Schizoaffective disorder occurs in 0.5% of people (1 of 200).

SYMPTOMS OF SCHIZOAFFECTIVE DISORDER

Four broad types of symptoms are very common in schizoaffective disorder: *psychotic symptoms*, *negative symptoms*, *mania*, and *depression*. *Psychotic symptoms* are thoughts, perceptions, and behaviors that are present in people with schizoaffective disorder (and also schizophrenia), but not in other people. These symptoms often reflect difficulties distinguishing between what is real and not real. *Negative symptoms* are the absence of thoughts, perceptions, and behaviors that are usually present in other people. *Manic symptoms* reflect heightened mood states (especially euphoria and irritability), increased self-esteem and confidence, and increased goal-directed activity (such as spending an excessive amount of time and energy on work, school, or other activities). *Depressive symptoms* are the opposite of manic symptoms, with low mood and inactivity as the major features.

A person does not have to have all of these types of symptoms to be diagnosed with schizoaffective disorder.

(continued)

Common Psychotic Symptoms

- Hallucinations
- Delusions
- Bizarre, disorganized, or strange behaviors
- Disorganized speech

Common Negative Symptoms

- Flattened affect
- Apathy and low motivation
- Loss of pleasure
- Lack or low amount of speech, or limited content of speech

Common Symptoms of Mania

- Euphoria
- Irritability
- Reduced need for sleep
- Increased talkativeness
- Inflated self-esteem
- Grandiosity
- Increased goal-directed activity
- Racing thoughts
- Distractibility

Common Symptoms of Depression

- Depressed mood or sadness
- Decreased interest or pleasure
- Feeling worthless, hopeless, or helpless
- Guilt
- Suicidality
- Change in appetite and/or weight
- Sleep disturbances (too much or too little)
- Lethargy or agitation
- Fatigue
- Problems with attention, concentration, and making decisions

Common symptoms of schizoaffective disorder include:

- Psychotic symptoms
- Negative symptoms
- Mania
- Depression
- Disorganization

(continued)

FREQUENTLY ASSOCIATED SYMPTOMS

Some people with schizoaffective disorder may also experience thinking problems, though these are not among the symptoms used in making a schizoaffective diagnosis. These may include difficulties with memory, trouble with abstract reasoning, difficulty planning, and attention problems.

SIMILAR PSYCHIATRIC DISORDERS

Schizoaffective disorder shares some symptoms with other major psychiatric disorders, such as schizophrenia, bipolar disorder, and major depression. However, there are some important differences. People with schizoaffective disorder or schizophrenia often have hallucinations or delusions even when their mood is stable, whereas people with major depression or bipolar disorder do not have these symptoms when their mood is stable. People with schizoaffective disorder often experience mood symptoms such as mania or depression, while people with schizophrenia usually experience less severe mood symptoms.

The symptoms of schizoaffective disorder overlap with those of other psychiatric disorders.

TREATMENT

As in schizophrenia, antipsychotic medications are effective in treating the symptoms of schizoaffective disorder. Mood-stabilizing medications and antidepressant medications are sometimes used to treat the mood symptoms of this disorder. It is very important that medications be taken regularly to decrease symptoms, to prevent relapses, and to make sure that the illness does not become more severe.

Many people with schizoaffective disorder also benefit from social skills training, supported employment, case management, family treatment, and learning illness management techniques (such as how to prevent relapses and cope with symptoms).

Schizoaffective disorder is treated with medication, as well as other services (including family treatment, vocational rehabilitation, and skills training approaches).

FURTHER READING

Mueser, K. T., & Gingerich, S. L. (in press). *Coping with Schizophrenia: A Guide for Families* (2nd ed.). New York: Guilford Press.

Schiller, L., & Bennett, A. (1994). *The Quiet Room: A Journey Out of the Torment of Madness*. New York: Warner Books.

Torrey, E. F. (2001). *Surviving Schizophrenia: A Family Manual* (4th ed.). New York: HarperTrade.

