



San Diego's Voice On Mental Illness

SCHIZOAFFECTIVE DISORDER

Schizoaffective disorder is one of the more common, chronic, and disabling mental illnesses. As the name implies, it is characterized by a combination of symptoms of schizophrenia and an affective (mood) disorder. There has been a controversy about whether schizoaffective disorder is a type of schizophrenia or a type of mood disorder. Today, most clinicians and researchers agree that it is primarily a form of schizophrenia. Although its exact prevalence is not clear, it may affect one out of 200 people (0.5%). Schizoaffective disorder may account for one-fourth or even one-third of all persons with schizophrenia.

Diagnosis

To diagnose schizoaffective disorder, a person needs to have primary symptoms of schizophrenia (such as delusions, hallucinations, disorganized speech, disorganized behavior) along with a period of time when he or she also has symptoms of major depression or a manic episode (see list below). Accordingly, there may be two subtypes of schizoaffective disorder:

- **Depressive subtype, characterized by major depressive episodes only**
- **Bipolar subtype, characterized by manic episodes with or without depressive symptoms or depressive episodes**

Depression

- Depressed or apathetic mood
- Decreased activity and energy
- Restlessness and irritability
- Fewer thoughts than usual and slowed thinking
- Less talking and slowed speech
- Less interest or participation in, and less enjoyment of activities normally enjoyed
- Change in sleep patterns
- Decreased sexual interest and activity
- Hopeless and helpless feelings
- Feelings of guilt and worthlessness
- Pessimistic outlook, thoughts of suicide
- Change in appetite

Mania

- Happy mood or irritable, angry, unpleasant mood
- Increased activity or energy
- More thoughts and faster thinking than normal
- Increased talking, more rapid speech than normal
- Ambitious, often grandiose plans, increased sexual interest and activity
- Decreased sleep and decreased need for sleep

Hallucinations

- Hallucinations are “false perceptions”; that is hearing, seeing, feeling, or smelling things that are not actually there. Patients sometimes report hearing voices talking to them or about them, often saying insulting things, such as calling them names.

Delusions

- Delusions are “false beliefs”; that is, a belief which the patient holds, but which others can clearly see is not true. Some patients have paranoid delusions, believing that others want to hurt them.

How Is Schizoaffective Disorder Distinguished from Schizophrenia and Affective (Mood) Disorders?

Many persons with a diagnosis of schizoaffective disorder have had, at a prior time, diagnoses of schizophrenia or bipolar disorder. Frequently, this previous diagnosis is revised to schizoaffective disorder when it becomes clear, over time, that the person has sometimes experienced symptoms of mania or depression, but on other occasions has experienced psychotic symptoms such as hallucinations or delusions even when his or her mood is stable.

Treatment

The most effective treatment for schizoaffective disorder is a combination of drug treatment and psychosocial interventions. The medications include antipsychotics along with antidepressants or mood stabilizers. Different antipsychotic drugs have somewhat different side effect profiles. Changing from one antipsychotic to another one may help if a person with schizoaffective disorder does not respond well or develops distressing side effects with the first medication. The same principle applies to the use of antidepressants or mood stabilizers.

There has been much less research on psychosocial treatments for schizoaffective disorder than there has been in schizophrenia or depression. However, the available evidence suggests that cognitive behavior therapy, brief psychotherapy, and social skills training are likely to have a beneficial effect. Most people with schizoaffective disorder require long-term therapy with a combination of medications and psychosocial interventions in order to avoid relapses, and maintain an appropriate level of functioning and quality of life.

Open Your Mind



*Mental Illnesses
Are Brain Disorders*

1-800-950-NAMI

NAMI San Diego

NAMI San Diego, a non-profit organization, provides education, support services, and advocacy to improve the quality of life of everyone affected by mental illnesses. It is an affiliate of the National Alliance on Mental Illness (NAMI) and NAMI California. Its membership includes persons with brain disorders, their families, friends, mental health professionals and supportive members of the community.

NAMI offers monthly informational meetings, a monthly newsletter, free educational programs, a lending library of books and video-tapes, and support meetings for consumers and families throughout the county.

For information and support call

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