



## **Mental Health America of Franklin County**

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# **Schizophrenia: Schizoaffective Disorder**

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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 (affective) disorders and schizophrenia.

## **Symptoms of Schizoaffective Disorder**

The two major mood disorders are unipolar depression and bipolar or 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.
- **Schizophrenia** rarely seems 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, and it is during this time that a person suffering from schizophrenia is most likely to commit suicide.

Schizophrenic apathy and an incapacity for pleasure can also be mistaken for depression. Often a diagnosis has to be changed from one kind of major mental disorder to the other. In a recent study of more than 936 people with a severe psychiatric disorder who were hospitalized at least four times in a seven-year period, investigators found that about 25% of those originally given other diagnoses (including bipolar disorder) and 33% of those originally given other diagnoses (including bipolar disorder) had a final diagnosis of schizophrenia.

### **Signs That May Help Define Schizoaffective 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.

### **Choice of Therapies**

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

**Mental Health America of Franklin County** is a private, not-for-profit organization, established in 1956. We help people navigate the mental health system. We are dedicated to promoting mental health in Franklin County through advocacy, education, and support services. Our programs include: information and referral to community mental health and alcohol/drug services; free support groups for people with mental illness and their families; an Ombudsman program that assists clients in navigating the mental health and alcohol/drug system; mental health screenings in English and Spanish; Pro Bono Counseling Program where underinsured and uninsured individuals can receive free counseling; community and professional mental health education including Get Connected; maternal mental health support and advocacy (POEM); and a quarterly newsletter featuring legislative updates and new happenings at MHAFC. We receive funding from the Franklin County ADAMH Board, United Way of Central Ohio, individuals, foundations, and corporations. To become a member or find out more information, please visit us online at [www.mhafc.org](http://www.mhafc.org).