

# Schizoaffective Disorder Fact Sheet



## What is 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. The mood disorder can be either bipolar disorder or depression. 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 range from two to five in a thousand people (e.g., 0.2% to 0.5%). Schizoaffective disorder may account for one-fourth or even one-third of all persons with schizophrenia. You may also want to review the fact sheets in this series titled "**Schizophrenia Fact Sheet**", "**Depression Fact Sheet**", and "**Bipolar Disorder Fact Sheet**" for more information.

## What Causes Schizoaffective Disorder?

The causes of schizoaffective disorder are still not known. Like many other medical illnesses such as cancer or diabetes, schizoaffective disorder seems to be caused by a combination of problems including genetic vulnerability and environmental factors that occur during a person's development. The causes for the illnesses in the above mentioned fact sheets probably also apply to schizoaffective disorder, as it can be viewed as a combination of two of those illnesses.

## What are the Symptoms of Schizoaffective Disorder?

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 depression or a manic episode. Accordingly, there may be two subtypes of schizoaffective disorder:

- **Depressive subtype.** Characterized by depression-type episodes only; and
- **Bipolar subtype.** Characterized by manic episodes with or without depressive symptoms or depressive episodes.

Differentiating schizoaffective disorder from schizophrenia and from mood disorder can be difficult. The mood symptoms in schizoaffective disorder are more prominent and last for a substantially longer time than those in schizophrenia. Schizoaffective disorder may be distinguished from a mood disorder by the fact that delusions or hallucinations must be present in persons with schizoaffective disorder for at least two weeks in the absence of prominent mood symptoms. The diagnosis of a person with schizophrenia or mood disorder may change later to that of schizoaffective disorder, or vice versa.

## Treatment of Schizoaffective Disorder

If a person is in a psychotic state, an antipsychotic drug is most often used, since antidepressants and lithium (used for bipolar disorder) take several weeks to start working. After the psychosis has ended, the mood symptoms may be treated with antidepressants, lithium, anticonvulsants, or electroconvulsive therapy (ECT). Sometimes an antipsychotic 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 the atypical antipsychotic drugs are most effective. The greater effectiveness of these new drugs may be partly due to their activity as receptors for the neurotransmitter serotonin, which is not influenced as strongly by the standard antipsychotic drugs.

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-behavioral 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.

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