

What is schizoaffective disorder?

Schizoaffective disorder is a serious mental illness that affects about one in 100 people. Schizoaffective disorder as a diagnostic entity has features that resemble both schizophrenia and also serious mood (affective) symptoms. Many of the strategies used to treat both schizophrenia and affective conditions can be employed for this condition. These include antipsychotic and mood stabilizing medications, family involvement, psychosocial strategies, self-care peer support, psychotherapy and integrated care for co-occurring substance abuse (when appropriate).

A person who has schizoaffective disorder will experience delusions, hallucinations, other symptoms that are characteristic of schizophrenia and significant disturbances in their mood (e.g., affective symptoms). According to the *DSM-IV-TR*, people who experience more than two weeks of psychotic symptoms in the absence of severe mood disturbances—and then have symptoms of either depression or bipolar disorder—may have schizoaffective disorder. Schizoaffective disorder is thought to be between the bipolar and schizophrenia diagnoses as it has features of both.

Depressive symptoms associated with schizoaffective disorder can include—but are not limited to—hopelessness, helplessness, guilt, worthlessness, disrupted appetite, disturbed sleep, inability to concentrate, and depressed mood (with or without suicidal thoughts). Manic symptoms associated with schizoaffective disorder can include increased energy, decreased sleep (or decreased need for sleep), distractibility, fast (“pressured”) speech, and increased impulsive behaviors (e.g., sexual activities, drug and alcohol abuse or gambling).

While it is a hot-topic of debate within the mental health field, most experts believe that schizoaffective disorder is a type of chronic mental illness that has psychotic symptoms at the core and with depressive and manic symptoms as a secondary—but equally debilitating—component. Because it consists of a wide range of symptoms, some people may be inappropriately diagnosed with schizoaffective disorder. This is problematic because it can lead to unnecessary treatments, specifically medication-treatment with antipsychotics when they are *not* otherwise indicated.

People who have depression or mania as their primary mental illness may experience symptoms of psychosis (including disorganized speech, disorganized behavior, delusions, or hallucinations) during severe episodes of their mood disorder but will not have these symptoms if their mood disorder is well treated. Sometimes people with other mental illnesses including borderline personality disorder may also be incorrectly diagnosed with schizoaffective disorder. This further underscores how important it is to have regular and complete mental health assessments from one’s doctors, preferably over time so that patterns of what is happening and what works can be fully understood together.

What treatments are available?

For most people with schizoaffective disorder, treatment will be very similar to treatment of schizophrenia and will include antipsychotic medications to help address symptoms of psychosis. Finding the right type and dose of antipsychotic medication is important and requires collaboration with a doctor. In some cases, people with schizoaffective disorder will be offered treatment with long-acting-injectable (also called *LAI*, *decanoate*) formulations of antipsychotic medications. These FDA approved medications—including haloperidol (Haldol Decanoate), risperidone (Risperdal Consta), paliperidone (Invega Sustenna)—are given in the form of an intramuscular injection (“shot”) approximately once or twice each month and have been shown to decrease the rates of relapse and hospitalization.

Treatments such as cognitive behavioral therapy to target psychotic symptoms, support groups including NAMI’s Family-to-Family to increase family and community support, peer support and connection, and work-and-school rehabilitation, such as social skills training, are very helpful for people with schizoaffective disorder. Maintaining a healthy lifestyle is also of critical importance: the role of good sleep hygiene, regular exercise, and a balanced diet cannot be underestimated. Omega-3 fatty acids (commonly marketed as “Fish Oil”) are an over-the-counter supplement that some may find useful.

Symptoms of depression—in people with schizoaffective disorder—may be treated with antidepressant medications or lithium in addition to antipsychotic medications. People with bipolar symptoms may be treated with mood-stabilizers such as lithium or anti-convulsants, including valproic acid (Depakote), lamotrigine (Lamictal), and carbamazepine (Tegretol), in addition to their antipsychotic medications.

There are some studies that suggest that older (“first-generation,” “typical”) antipsychotic medications are not as effective in controlling the mood symptoms associated with schizoaffective disorder as newer (“second-generation,” “atypical”) antipsychotic medications. Newer antipsychotic medications may be less likely to cause side effects such as tardive dyskinesia but they are more likely to cause weight gain, high cholesterol, and increased blood sugars, which can lead to diabetes. Given how complicated these choices may be, it is necessary for any individual with schizoaffective disorder and their loved ones to discuss medication management strategies with their doctors.

Families, friends, and others can be most helpful in providing empathic and non-judgmental support of their loved one. With this support, the proper medications, and effective psychosocial treatments, many people with schizoaffective disorder will do well and will be able to actively participate in a recovery journey.

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