Schizoaffective Disorder

Schizoaffective disorder is a condition with a combination of features of schizophrenia and a mood disorder. There are symptoms of a psychotic disorder such as distorted thinking, hallucinations or delusions (schizophrenia feature) and depression or mania (mood disorder feature). There are 2 subtypes based on the mood component:

- **Bipolar Type.**
- **Depressive Type.**

CAUSES

Schizoaffective disorder, like schizophrenia, appears to have distinct genetic links. It is unknown as to what exactly causes the disorder. Some experts believe it involves brain chemistry such as an imbalance of serotonin and dopamine in the brain. These naturally occurring chemicals help relay electronic signals in the brain and help regulate mood.

Other experts have speculated whether fetal exposure to toxins or viral illness, or even birth complications may play a role. However, there is no proof of this relationship.

SYMPTOMS

Symptoms are those of both schizophrenia and mood disorders. These may include:

- Hearing, seeing, or feeling things that are not there (hallucinations).
- False beliefs (delusions).
- Not taking care of oneself (for example, not bathing or grooming).
- Speaking in a way that makes no sense to others.
- Withdrawing or feeling isolated from other people.
- Thoughts that race from one idea to the next.
- Feelings of sadness, guilt, hopelessness, and anxiety.
- Feelings of being excessively happy, powerful, or energetic.
- Feeling drained of energy.
- Losing or gaining weight.
- Being unable to concentrate.
- Sleeping more or less than normal.

DIAGNOSIS

The diagnosis is made when the patient has features of both illnesses. The patient does not strictly have schizophrenia or a mood disorder alone. Unfortunately, determining if a patient has 2 separate illnesses (*schizophrenia or a mood disorder*), a combination of illnesses (*schizophrenia and a mood disorder*), or perhaps even a separate illness apart from schizophrenia or a mood disorder is difficult.

An accurate diagnosis has 3 key parts:

- The patient clearly has a major depressive disorder or mania.
- They meet the criteria for schizophrenia (distorted thinking, hallucinations or delusions).
- The patient must have psychosis for at least 2 weeks without a mood disorder.

The diagnosis of this disorder frequently requires several evaluations. Caregivers will evaluate the patient's symptoms over a length of time. The diagnosis can be made when the following are observed:

- An uninterrupted period of mental illness (possibly lasting weeks or months) occurs during which a major depressive episode, a manic episode (both are mood disorder components), or a mixed episode occurs with symptoms of schizophrenia. A major depressive episode must include a depressed mood. Also:

- This uninterrupted period of illness includes a minimum 2 week episode of active distorted thinking, hallucinations or delusions (schizophrenia feature).
- During this same 2 week (or greater) period, the patient has no mood changes of depression or mania.
- Outside of the specific 2 week period noted above, mood episodes are present for a big part of the total active and lingering periods of illness.

- The disturbance is not due to the direct effects of a substance (such as street drugs or prescription medications) or a general medical condition.
- The **bipolar type** is diagnosed if the disturbance includes a period of mania, a major depressive episode or a mixed episode.
- The **depressive type** is diagnosed if the problem includes only major depressive episodes.

TREATMENT

Treatment usually includes a combination of medications and counseling. The exact regimen varies depending on the type and severity of symptoms. It also depends on whether the disorder is a **depressive-type or bipolar-type**. Medications are prescribed to help with psychotic symptoms, stabilize mood and treat depression. Psychotherapy can help curb distorted thoughts, teach appropriate social skills and decrease social isolation.

Medications may include:

- **Antipsychotics**. These are also called neuroleptics. These are prescribed to help with psychotic symptoms such as delusions, paranoia and hallucinations. Common medications in this category include clozapine (Clozaril), risperidone (Risperdal) and olanzapine (Zyprexa).
- **Mood-stabilizing medications**. When the schizoaffective disorder is **bipolar-type**, mood stabilizers can level out the highs and lows of bipolar disorder, also known as manic depression. People with bipolar disorder have episodes of mania and depressed mood. Examples of mood stabilizers include lithium (Eskalith, Lithobid) and divalproex (Depakote).
- **Antidepressants**. When depression is the underlying mood disorder, antidepressants can help with feelings of sadness, hopelessness, or difficulty with sleep and concentration. Common medications include citalopram (Celexa), fluoxetine (Prozac) and escitalopram (Lexapro).

Non-medication treatment may include:

- **Psychotherapy and counseling**. Building a trusting relationship in therapy can help people with schizoaffective disorder better understand their condition and feel hopeful about their future. Effective sessions focus on real-life plans, problems, and relationships. Skills and behaviors specific to the home or workplace may be discussed.
- **Family or group therapy**. Treatment can be more effective when people with schizoaffective disorder can discuss their problems with others. Supportive group settings can help decrease social isolation and provide a reality check during periods of psychosis.

In general, people with schizoaffective disorder have a better prognosis than people with schizophrenia, but not as good as people with mood disorders only. Long-term treatment is necessary The prognosis varies from person to person.

HOME CARE INSTRUCTIONS

- **Take your medicine as prescribed, even when you are feeling and thinking well**.
- Participate in individual and group counseling as recommended by your caregiver.

SEEK MEDICAL CARE IF:

- You feel that you are experiencing side effects from prescription medications.
- Contact your caregiver if you feel that symptoms are worsening despite using medication as prescribed and participating in counseling/group therapy sessions.

SEEK IMMEDIATE MEDICAL CARE IF:

You feel an urge to hurt yourself or are thinking about committing suicide. This is an emergency and you should be evaluated immediately.

MAKE SURE YOU:

- Understand these instructions.
- Will watch your condition.
- Will get help right away if you are not doing well or get worse.

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