

## Schizoaffective disorder

Schizoaffective disorder is a combination of two mental illnesses - schizophrenia and a mood disorder. The main types of associated mood disorder include bipolar (characterised by manic episodes or an alternation of manic and depressive episodes) and unipolar (characterised by depressive episodes).

Schizoaffective disorder is classified into two subtypes: schizoaffective bipolar type and schizoaffective depressive type. Mental health professionals currently believe that schizoaffective disorder is a kind of schizophrenia. Estimates suggest that as many as one in three people diagnosed with schizophrenia actually have schizoaffective disorder. Diagnosis can be difficult because the symptoms of schizoaffective disorder are so similar to that of schizophrenia and bipolar disorder.

### Symptoms

The symptoms of schizoaffective disorder can include:

- **Psychotic symptoms** - losing touch with reality, hallucinations, delusions, disorganised thoughts, chaotic speech and behaviour, anxiety, apathy, blank facial expression, inability to move.
- **Manic symptoms** - increased social, sexual and work activity, rapid thoughts and speech, exaggerated self-esteem, reduced need for sleep, risky behaviours, impulsive behaviours such as spending sprees, quick changes between mood states such as happiness to anger.
- **Depressive symptoms** - loss of motivation and interest, fatigue, concentration difficulties, physical complaints such as headache or stomach ache, low self-esteem, suicidal thoughts, loss of appetite, insomnia.

### The cause is unknown

Most mental health experts believe that schizoaffective disorder is a variation of schizophrenia, but the exact cause remains unclear. Current theory suggests that schizoaffective disorder is triggered by a range of factors working in combination including:

- Genetic susceptibility
- Environmental factors such as stress
- Imbalances of brain chemicals (neurotransmitters).

### Diagnosis is difficult

Diagnosis is difficult because the symptoms of schizoaffective disorder are similar to bipolar disorder and schizophrenia. For example, people who are severely depressed can sometimes suffer from hallucinations, while people coming out of acute schizophrenic episodes are prone to depression (post-psychotic depression). A long term history of the person is necessary to confirm the diagnosis.

The symptoms of mania can easily be confused with the emotions, thoughts and behaviours commonly experienced during a schizophrenic psychotic episode.

Diagnosis may take some time because it is so difficult to tell the difference between schizoaffective disorder, schizophrenia and mood disorders. Usually, a diagnosis of schizoaffective disorder is made when the symptoms of schizophrenia and mood disorder are present at the same time for at least two weeks.

## Diagnosis methods

Medical tests may include x-rays and blood tests to make sure the symptoms aren't caused by physical disease. Factors common to schizoaffective disorder that may help a diagnosis include:

- Onset is typically during the years of early adulthood
- Watching a moving object is usually difficult for a person with schizoaffective disorder
- Rapid eye movement (REM) sleep usually occurs abnormally early
- Women are more susceptible than men.

## Treatment options

A multi-faceted treatment program is generally recommended for schizoaffective disorder, including:

- **Medications** - antipsychotic medications are usually given first. Antidepressant or mood stabilising drugs are used once the psychotic symptoms are under control. Sometimes antipsychotic drugs and antidepressants are used at the same time. Anticonvulsant medication can also help treat mood disorder symptoms.
- **Electroconvulsive therapy (ECT)** - is used to treat depression by inducing controlled seizures via small electrodes placed at specific locations on the head.
- **Psychological therapy** - which usually includes learning practical strategies to help avoid or identify future episodes.
- **Psychosocial counselling** - to help the person avoid the common pitfalls of mental illness such as unemployment, poverty and loneliness.
- **Support from family and friends** - understanding and support from loved ones is very important. Family and friends are advised to learn as much as they can about schizoaffective disorder in order to help the affected person and themselves. Support groups and counselling services are available for relatives and friends of people with mental illness.

## Where to get help

- Your doctor
- Psychiatrist
- Public hospital or community health centre
- SANE Australia Tel. 1800 187 263
- Association for Relatives and Friends of the Mentally Ill Tel. (02) 9805 1883 or 1800 655 198
- The Mental Health Research Institute of Victoria Tel. (03) 9388 1633

## Things to remember

- Mental health professionals currently believe that schizoaffective disorder is a kind of schizophrenia.
- Diagnosis is difficult because the symptoms of schizoaffective disorder are similar to bipolar disorder and schizophrenia.
- Treatment may include antipsychotic and antidepressant medications, electroconvulsive therapy, psychological and psychosocial counselling, and support from family and friends.

**This page has been produced in consultation with, and approved by:**

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