



Diseases and Conditions

Schizoaffective disorder

By Mayo Clinic Staff

Schizoaffective disorder is a condition in which a person experiences a combination of schizophrenia symptoms — such as hallucinations or delusions — and mood disorder symptoms, such as mania or depression.

Schizoaffective disorder is not as well understood or well defined as other mental health conditions. This is largely because schizoaffective disorder is a mix of mental health conditions — including schizophrenic and mood disorder features — that may run a unique course in each affected person.

Untreated, people with schizoaffective disorder may lead lonely lives and have trouble holding down a job or attending school. Or, they may rely heavily on family or live in supported living environments, such as group homes. Treatment can help manage symptoms and improve the quality of life for people with schizoaffective disorder.

Schizoaffective disorder symptoms vary from person to person. People who have the condition experience psychotic symptoms — such as hallucinations or delusions — as well as a mood disorder. The mood disorder is either bipolar disorder (bipolar-type schizoaffective disorder) or depression (depressive-type schizoaffective disorder).

Psychotic features and mood disturbances may occur at the same time or may appear on and off interchangeably. The course of schizoaffective disorder usually features cycles of severe symptoms followed by a period of improvement, with less severe symptoms.

Signs and symptoms of schizoaffective disorder may include, among others:

- Delusions — having false, fixed beliefs
- Hallucinations, such as hearing voices
- Major depressed mood episodes
- Possible periods of manic mood or a sudden increase in energy and behavioral displays that are out of character
- Impaired occupational and social functioning
- Problems with cleanliness and physical appearance
- Paranoid thoughts and ideas

When to see a doctor

If you think someone you know may have schizoaffective disorder symptoms, talk to that person about your concerns. Although you can't force someone to seek professional help, you can offer encouragement and support and help your loved one find a qualified doctor or mental health provider.

Suicidal thoughts or behavior

Expression of suicidal thoughts or behavior may occur in someone with schizoaffective disorder. If you have a loved one who is in danger of committing suicide or has made a suicide attempt, make sure someone stays with that person. Call 911 or your local emergency number immediately. Or, if you think you can do so safely, take the person to the nearest hospital emergency room.

The exact cause of schizoaffective disorder is not known. A combination of factors may contribute to its development, such as:

- Genetic links
- Brain chemistry
- Brain development delays or variations
- Exposure in the womb to toxins or viral illness, or even birth complications

Factors that increase the risk of developing schizoaffective disorder include having a close biological (blood) relative who has:

- Schizophrenia
- Bipolar disorder
- Schizoaffective disorder

People with schizoaffective disorder are at an increased risk of:

- Social isolation
- Unemployment
- Anxiety disorders
- Developing alcohol or other substance abuse problems

- Significant health problems
- Suicide

If you're seeking help for someone with mental illness, you may start by seeing his or her family doctor or a general practitioner, or you may be referred to a psychiatrist.

What you can do

To prepare for the appointment:

- **Make a list of any symptoms your loved one is experiencing**, including any that may seem unrelated to the reason for the appointment.
- **Bring key personal information** and include any major stresses or recent life changes.
- **Make a list of medications**, vitamins, herbal preparations and any other supplements that he or she is taking and the dosages.
- **Go with your loved one to the appointment** so that you know what you're facing and what you can do to help.
- **Make a list of questions to ask the doctor** to help you make the most of your time.

For schizoaffective disorder, some basic questions to ask include:

- What is likely causing the symptoms or condition?
- Are there any other possible causes?
- How will you determine the diagnosis?
- Is this condition likely temporary or long term (chronic)?
- What treatments do you recommend for this condition?
- What are the side effects of medications commonly used for this condition?
- If the treatment approach isn't effective, what will you recommend next?
- What kinds of counseling might help?
- Is there a generic alternative to the medicine you're prescribing?
- Are there any brochures or other printed material that I can have? What websites do you recommend?

Don't hesitate to ask questions anytime you don't understand something.

What to expect from your doctor

Your doctor is likely to ask you several questions. Being ready to answer them may reserve time to go over any points you want to focus on. Your doctor may ask:

- When did your loved one start experiencing symptoms?
- Have symptoms been continuous or occasional?
- Has your loved one talked about suicide?
- How is your loved one functioning in daily life — is he or she eating regularly, bathing regularly, going to work or school?
- Have other family members or friends expressed concern about your loved one's behavior?
- Have any of your loved one's close relatives been diagnosed or treated for mental illness?

When doctors suspect someone has schizoaffective disorder, they typically ask for medical and psychiatric histories, conduct a physical exam, and run medical and psychological tests, such as:

- **Blood tests, drug screening and imaging studies.** These may include a lab test called a complete blood count (CBC), other blood tests that may help rule out conditions with similar symptoms, and screening for alcohol and other drugs. The doctor may also request imaging studies, such as an MRI or CT scan.
- **Psychological evaluation.** A doctor or mental health provider will check mental status by observing appearance and demeanor and asking about thoughts, moods, delusions, hallucinations, substance abuse, and potential for violence or suicide.

Diagnostic criteria for schizoaffective disorder

To be diagnosed with schizoaffective disorder, a person must meet criteria in the Diagnostic and Statistical Manual of Mental Disorders (DSM). This manual, published by the American Psychiatric Association, is used by mental health providers to diagnose mental conditions.

DSM criteria for the diagnosis of schizoaffective disorder include:

- A mood disorder (major depression or mania) along with schizophrenia
- Delusions or hallucinations for at least two weeks, even when mood disorder symptoms are under control
- A mood disorder present for the majority of time over the entire course of the schizophrenic illness

People with schizoaffective disorder generally respond best to a combination of medications and counseling. Treatment varies depending on the type and severity of symptoms, and whether the disorder is depressive-type or bipolar-type.

Medications

In general, doctors prescribe medications to relieve psychotic symptoms, stabilize mood and treat depression. The only medication approved by the Food and Drug Administration specifically for the treatment of schizoaffective disorder is the antipsychotic drug paliperidone (Invega).

However, a number of medications approved for the treatment of other mental health conditions also may be helpful for schizoaffective disorder. These medications include:

- **Antipsychotics.** Doctors prescribe these medications to treat psychotic symptoms, such as delusions, paranoia and hallucinations. In addition to paliperidone (Invega), other antipsychotic medications that may be prescribed include clozapine (Clozaril), risperidone (Risperdal), olanzapine (Zyprexa) and haloperidol (Haldol).
- **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 (Lithobid) and divalproex (Depakote). Anticonvulsants such as carbamazepine (Carbatrol, Tegretol, others) and valproate (Depacon) also may be used for their mood-stabilizing properties.
- **Antidepressants.** When depression is the underlying mood disorder, antidepressants can treat feelings of sadness, hopelessness, or difficulty with sleep and concentration. Common medications include citalopram (Celexa), fluoxetine (Prozac) and escitalopram (Lexapro).

Psychotherapy

In addition to medication, psychotherapy, also called talk therapy, can help normalize thought patterns, teach social skills and reduce social isolation.

- **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. New skills and behaviors specific to settings, such as the home or workplace, also may be introduced.
- **Family or group therapy.** Treatment can be more effective when people with schizoaffective disorder are able to discuss their real-life problems with others. Supportive group settings can also help decrease social isolation and provide a reality check during periods of psychosis.

Schizoaffective disorder requires ongoing treatment and support. People with schizoaffective disorder may benefit from:

- Family support groups
- Peer and social connections and support
- Social skills training for work and school
- Assistance with maintaining a healthy lifestyle, including self-care, regular physical activity and healthy eating

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