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## Schizophrenia and Schizoaffective Disorder

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**Schizoaffective disorder** is a serious [mental illness](#) that has features of two different conditions -- [schizophrenia](#), and an affective (mood) disorder that may be diagnosed as either major [depression](#) or [bipolar disorder](#).

**Schizophrenia** is a [brain](#) disorder that distorts the way a person thinks, acts, expresses emotions, perceives reality, and relates to others. [Depression](#) is an illness that is marked by feelings of sadness, worthlessness, or hopelessness, as well as problems concentrating and remembering details. [Bipolar disorder](#) is characterized by cycling mood changes, including severe highs ([mania](#)) and lows ([depression](#) ).

Schizoaffective disorder is a lifelong illness that can impact all areas of daily living, including work or school, social contacts, and [relationships](#). Most people with this illness have periodic episodes, called relapses, when their symptoms surface. While there is no cure for schizoaffective disorder, symptoms often can be controlled with proper treatment.

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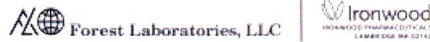
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## What Are the Symptoms of Schizoaffective Disorder?

A person with schizoaffective disorder has severe changes in mood and some of the psychotic [symptoms of schizophrenia](#), such as hallucinations, delusions, and disorganized thinking. Psychotic symptoms in schizoaffective disorder occur even when mood symptoms are no longer present, and reflect the person's inability to tell what is real from what is imagined. Symptoms of schizoaffective disorder may vary greatly from one person to the next and may be mild or severe. Symptoms of schizoaffective disorder may include

### Depression

- Poor appetite
- [Weight loss](#) or gain
- Changes in sleeping patterns (sleeping very little or a lot)
- Agitation (excessive restlessness)
- Lack of energy
- Loss of interest in usual activities
- Feelings of worthlessness or hopelessness
- Guilt or self-blame
- Inability to think or concentrate
- Thoughts of death or [suicide](#)

### Mania

- Increased activity, including work, social, and sexual activity
- Increased and/or rapid talking
- Rapid or racing thoughts
- Little need for [sleep](#)
- Agitation
- Inflated self-esteem
- Distractibility
- Self-destructive or dangerous behavior (such as going on spending sprees, driving recklessly, or having unsafe [sex](#) )

### Schizophrenia

- Delusions (strange beliefs that are not based in reality and that the person refuses to give up, even when presented with factual information)
- Hallucinations (the perception of sensations that aren't real, such as hearing voices)
- Disorganized thinking

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- Odd or unusual behavior
- Slow movements or total immobility
- Lack of emotion in facial expression and speech
- Poor motivation
- Problems with speech and communication

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## Schizophrenia and Schizoaffective Disorder

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### What Causes Schizoaffective Disorder?

While the exact cause of schizoaffective disorder is not known, researchers believe that genetic, biochemical, and environmental factors are involved:

- **Genetics (heredity):** A tendency to develop schizoaffective disorder may be passed on from parents to their children.
- **Brain chemistry:** People with schizophrenia and [mood disorders](#) may have abnormalities in the functioning of [brain](#) circuits that regulate mood and thinking.
- **Environmental factors:** Theories suggest that certain environmental factors -- such as a [viral infection](#), poor social interactions or highly stressful situations -- may trigger schizoaffective disorder in people who have inherited a tendency to develop the disorder. However, the [relationships](#) between biological and environmental factors that may lead to schizoaffective disorder are not well understood.

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## Who Gets Schizoaffective Disorder?

Schizoaffective disorder usually begins in the late teen years or early adulthood, often between the ages of 16 and 30. It seems to occur slightly more often in women than in men and is rare in children.

## How Common Is Schizoaffective Disorder?

Because people with schizoaffective disorder have a combination of symptoms reflecting two separate mental illnesses, it is often misdiagnosed. Some people may be misdiagnosed as having schizophrenia, and others may be misdiagnosed with a mood disorder. As a result, it is difficult to determine exactly how many people actually are affected by schizoaffective disorder. However, it is believed to be less common than either schizophrenia or affective disorder alone. Estimates suggest that about one in every 200 people (0.5%) develops schizoaffective disorder at some time during his or her life.

## How Is Schizoaffective Disorder Diagnosed?

If symptoms of schizoaffective disorder are present, the doctor will perform a complete medical history and a [physical exam](#). Although there are no laboratory tests to specifically diagnose schizoaffective disorder, the doctor may sometimes use various tests -- such as [brain](#) imaging (e.g., [MRI scans](#)) and [blood](#) tests -- to rule out a physical illness as the cause of the symptoms.

If the doctor finds no physical reason for the symptoms, he or she may refer the person to a psychiatrist or [psychologist](#), mental health professionals who are trained to diagnose and treat mental illnesses. Psychiatrists and psychologists use specially designed interview and assessment tools to evaluate a person for a [psychotic disorder](#). A diagnosis of schizoaffective disorder is made if a person has periods of uninterrupted illness and has, at some point, an episode of mania, [major depression](#) or a mix of both, while also having symptoms of schizophrenia. In addition, to diagnose the illness, the person must display a period of at least two weeks of psychotic symptoms without the mood symptoms.

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(continued)

### How Is Schizoaffective Disorder Treated?

Treatment for schizoaffective disorder typically involves medication to stabilize the mood and treat the psychotic symptoms. In addition, psychotherapy (a type of counseling) and skills training may be useful for improving interpersonal, social and coping skills.

- **Medication:** The choice of medication depends on the mood disorder associated with the illness. The primary [medications](#) used to treat the psychotic symptoms associated with schizophrenia, such as delusions, hallucinations, and disordered thinking, are called antipsychotics. The mood-related symptoms may be treated with an [antidepressant](#) medication or a mood stabilizer such as [lithium](#). These medications may or may not be used in combination with an antipsychotic medication.
- **Psychotherapy:** The goal of therapy is to help the patient learn about the illness, establish goals, and manage everyday problems related to the disorder. Family therapy can help families deal more effectively with a loved one who has schizoaffective disorder, enabling them to better help their loved one.
- **Skills training:** This generally focuses on work and social skills, grooming and hygiene, and other day-to-day activities, including money and home management.
- **Hospitalization:** Most people with schizoaffective disorder are treated as outpatients. However, people with particularly severe symptoms, or those in danger of hurting themselves or others, may require hospitalization to stabilize their conditions.

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## What Is the Outlook for People With Schizoaffective Disorder?

There is no cure for schizoaffective disorder, but treatment has been shown to be effective in minimizing the symptoms, and in helping the person better cope with the disorder and improve social functioning.

## Can Schizoaffective Disorder Be Prevented?

There is no known way to prevent schizoaffective disorder. However, early diagnosis and treatment can help a person avoid or reduce frequent relapses and hospitalizations, and help decrease the disruption to the person's life, family and friendships.

WebMD Medical Reference

SOURCES:

National Alliance on Mental Illness: "Schizoaffective Disorder."

PubMed Health: "Schizoaffective Disorder."

MAYO Clinic: "Schizoaffective Disorder."

Reviewed by Joseph Goldberg, MD on February 13, 2014

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