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## Schizoaffective Disorder

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### What Is Schizoaffective Disorder?

Schizoaffective disorder is a psychiatric disorder that affects about 0.5 percent of the population (one person in every two hundred). Similar to schizophrenia, this disorder is usually long-term and can affect one's behavior, thinking, feelings, and functioning. Common symptoms include delusions, hallucinations, and bizarre behaviors, as well as apathy, social withdrawal, and lack of pleasure. Difficulties in thinking and mood problems are also common. Because some of these symptoms reflect a loss of contact with reality, it is sometimes called a psychotic disorder. The onset of symptoms often occurs in adolescence or young adulthood.

### What Schizoaffective Disorder Is Not

Schizoaffective disorder is *not* a “split personality” or a “multiple personality”—and neither is schizophrenia; this is a common misconception. Nor is it the same as drug-induced psychosis, although it may be triggered by substance use, especially drugs. (People with drug-induced psychosis recover after a period of detoxification and no longer have the psychotic symptoms.) Hallucinations do not necessarily indicate schizoaffective disorder, either; for example, people under the influence of drugs (such as LSD, cocaine or other stimulants, or even marijuana) as well as people with bipolar disorder or major depression may experience hallucinations. People suffering alcohol withdrawal symptoms may have hallucinations, too, either tactile ones—such as feeling things crawling on the skin—or visual ones, such as seeing insects or animals. These people do not have schizoaffective disorder. (Most hallucinations associated with schizoaffective disorder are auditory, such as hearing voices, although other types of hallucinations also occur.)

### What Are the Primary Symptoms of Schizoaffective Disorder?

Symptoms of schizoaffective disorder fall into five categories:

- psychotic symptoms (also called positive symptoms): hallucinations, delusions (false beliefs), bizarre behavior, disordered speech
- negative symptoms: apathy, loss of interest and pleasure, poor follow-through, lack of talkativeness, lack of facial and vocal expressiveness (blunted affect)
- cognitive symptoms: problems with attention, slower psychomotor speed, slower processing of information, memory problems, trouble with planning and organizing

- depressive symptoms: feeling hopeless or sad, loss of normal interests, significant weight change, trouble sleeping or excessive sleeping, restlessness or sluggishness, feeling worthless or guilty, difficulty concentrating, irritability, thoughts about death or suicide
- manic symptoms: euphoric or irritable mood, decreased need for sleep, grandiosity (an unrealistic sense of having certain abilities or powers), irresponsible spending of money, rapid speech and movements, distractedness

### **What Is the Difference between Schizoaffective Disorder and Schizophrenia?**

People with either schizophrenia or schizoaffective disorder can have symptoms of depression, mania, or both types of symptoms. But for people with schizoaffective disorder, the depressive or manic symptoms tend to be more severe: they occur more often, last longer, and are more intense.

### **What Is the Difference between Schizoaffective Disorder and Mood Disorders?**

It's largely a question of whether and when any psychotic symptoms occur. Some—but not all—people with mood disorders such as major depression or bipolar disorder have psychotic symptoms, just as people with schizoaffective disorder or schizophrenia do. But for people with mood disorders, these symptoms occur only during their depressed or manic periods; when their mood is normal, the psychotic symptoms go away. On the other hand, people with schizoaffective disorder or schizophrenia may have psychotic symptoms anytime—when their mood is normal or when it is not.

### **What Is the Cause of Schizoaffective Disorder?**

Schizoaffective disorder is believed to be caused by imbalances in brain chemicals called neurotransmitters. The biological elements of the disorder are thought to be shaped by a combination of factors including genetics and early environmental influences such as prenatal nutrition and obstetric complications. The disorder affects men and women equally, although the onset for men is earlier. For men, onset typically occurs in the late teens or early twenties; for women, in the late twenties or early thirties.

### **What Are the Usual Treatments for Schizoaffective Disorder?**

The same treatment approaches that help with schizophrenia are also effective for schizoaffective disorder. These include medications, therapy, and rehabilitation programs.

In addition, family programs designed to teach patients and their relatives about the disorder, how to manage it, and how to reduce stress and conflict are very helpful.

Antipsychotics are the most effective medications. While these medications do not cure the disorder, they can reduce psychotic symptoms such as hallucinations, delusions, and thinking problems; in addition, these medications can prevent relapses of these symptoms. Antidepressant and mood-stabilizing medications are also sometimes prescribed. The symptoms of schizoaffective disorder, especially psychotic symptoms, often fluctuate over time. When they are severe and affect functioning, during a relapse, hospitalization may be required to protect the person from harming self or others. It is therefore important to properly manage the medications and make sure they are taken regularly.

Therapy and rehabilitation are also helpful in the treatment of schizoaffective disorder, particularly after people have been stabilized on medication. The goals here are for the person to develop skills for better communication and relationships, self-care, independent living, and work; to cope effectively with symptoms; and to manage the illness with strategies such as taking medications regularly and developing a relapse prevention plan.

### **How Does the Use of Alcohol and Other Drugs Affect Schizoaffective Disorder?**

Substance use reduces the effectiveness of mental health treatment, and people with schizoaffective disorder are very sensitive to the effects of alcohol and drugs. Substance use worsens their symptoms dramatically and undermines their functioning, including in relationships. People with schizoaffective disorder may use drugs or alcohol for reasons similar to anyone else's: to cope with unpleasant feelings, to fit in when socializing with others, or just to feel good for a little while. Because of the biological nature of schizoaffective disorder, people are more prone to behavioral and interpersonal problems when using even small amounts of substances. Further, substance use may interfere with adherence to recommended treatment—especially taking medication—and this neglect can lead to increased symptoms, relapses, and hospitalizations.

### **How Does Schizoaffective Disorder Affect Addiction Treatment and Recovery?**

People with schizoaffective disorder are sometimes excluded from addiction treatment programs because the programs lack the professional skills to address it. In some mental health settings, people with schizoaffective disorder are not adequately assessed for substance use, and instead are seen as unmotivated “nonresponders” to treatment. Having co-occurring schizoaffective disorder and a substance use problem places the person at

risk for relapses of psychiatric symptoms and substance use, and frequent rehospitalizations, emergency room visits, and inpatient detoxifications. People with these co-occurring disorders are at increased risk to die from suicide, medical illnesses, and accidents: that's why treatment is essential.

### **Treatment for Co-occurring Schizoaffective and Substance Use Disorders**

The symptoms of schizoaffective disorder can worsen substance use, and addiction can worsen the disorder. Therefore, integrated treatment is the most effective approach. This means that both disorders are treated at the same time by the same clinician or team of clinicians. Integrated treatment involves a combination of medications, therapies such as cognitive-behavioral therapy (CBT), family psychoeducation, rehabilitation programs such as supported employment and social skills training, as well as treatment for the substance use disorder. The substance use disorder must be treated in the right setting, either residential or outpatient, and include therapies, addiction medications, or both. Ongoing, careful monitoring is important for tracking medication adherence, symptoms, and possible substance-use relapse. People with schizoaffective disorder can benefit from attending peer support groups, as well as connecting with others who have these co-occurring disorders and are in recovery. Although schizoaffective disorder and substance use disorder can affect a broad range of functioning, effective integrated treatment allows many people to live rewarding and highly productive lives.

### **Resources**

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