

Schizoaffective disorder

Overview

Schizoaffective disorder is a mental health condition that is marked by a mix of schizophrenia symptoms, such as hallucinations and delusions, and mood disorder symptoms, such as depression, mania and a milder form of mania called hypomania. Hallucinations involve seeing things or hearing voices that others don't observe. Delusions involve believing things that are not real or not true.

The two types of schizoaffective disorder — both of which include some symptoms of schizophrenia — are:

- **Bipolar type**, which includes bouts of hypomania or mania and sometimes major depression.
- **Depressive type**, which includes only major depressive bouts.

Schizoaffective disorder may affect people differently.

Schizoaffective disorder changes how people think, feel and act. When it isn't treated, the condition can make it hard to function at work or school or in social settings. It also can cause loneliness. People with schizoaffective disorder may need help and support to live their daily lives. Treatment can help manage symptoms and make quality of life better.

Symptoms

Schizoaffective disorder symptoms may vary from person to person. People with the condition have psychotic symptoms, such as hallucinations and delusions. They also can have symptoms of a mood disorder. This type of schizophrenia could be the bipolar type, which features bouts of mania and sometimes depression. Or it could be the depressive type, which features bouts of depression.

How schizoaffective disorder starts and how it affects people may vary. But defining features include a major bout of depressed or manic mood and at least a two-week period of psychotic symptoms when mood symptoms are not present.

Symptoms of schizoaffective disorder depend on the type — bipolar or depressive. Symptoms may include:

- Delusions — having false, fixed beliefs, despite facts showing that they're not true.
- Hallucinations, such as hearing voices or seeing things that others don't observe.

- Disorganized thinking and speech.
- Bizarre or unusual behavior.
- Symptoms of depression, such as feeling empty, sad or worthless.
- Periods of manic mood, with more energy and less need for sleep over several days, and behaviors that are out of character.
- Having a hard time functioning at work or school or in social situations.
- Problems managing personal care, such as not looking clean and not taking care in how one looks.

When to see a doctor

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

If you're concerned about a loved one's safety or ability to get food, clothing or shelter, you may need to contact emergency responders, a mental health hotline or a social service agency to get help from a mental health professional.

Causes

While it isn't known what causes schizoaffective disorder, genes that are passed down through families likely play a part.

Risk factors

Factors that raise the risk of developing schizoaffective disorder include:

- Having a close blood relative, such as a parent or sibling, who has schizoaffective disorder, schizophrenia or bipolar disorder.
- Stressful events that may cause symptoms.
- Taking mind-altering drugs, which may make symptoms worse when an underlying problem is present.

Complications

People with schizoaffective disorder are at a greater risk of:

- Suicide, suicide attempts and thoughts about suicide.
- Social isolation.
- Conflicts with others and within families.

- Unemployment.
- Anxiety disorders.
- Alcohol or other substance misuse.
- Health conditions, such as heart disease, stroke and obesity.
- Being poor and not having a home.
- Being assaulted.
- Aggressive episodes, though people with schizoaffective disorder are more likely to be assaulted rather than assault others.

Diagnosis

The diagnosis of schizoaffective disorder involves ruling out other mental health conditions. A healthcare professional also must conclude that symptoms are not due to substance use, medicine or a medical condition.

Diagnosing schizoaffective disorder may include:

- **A physical exam.** This may be done to rule out other problems that could cause symptoms and to check for any related complications.
- **Tests and screenings.** These may include tests that help rule out conditions with similar symptoms, and screenings for alcohol and drug use. In some situations, the healthcare professional also may request imaging studies, such as an MRI or a CT scan.
- **A mental health evaluation.** A healthcare professional or mental health professional checks mental status by noting how a person looks and acts. The healthcare professional or mental health professional also asks about thoughts, moods, delusions, hallucinations, substance use and potential for suicide, as well as talks about family and personal history.

Treatment

People with schizoaffective disorder generally respond best to medicines along with talk therapy and life skills training. Talk therapy also is known as psychotherapy. Treatment varies, depending on the type and severity of symptoms and whether the disorder is the depressive or bipolar type. Some people may need a stay in a hospital. Long-term treatment can help manage symptoms.

Talk therapy

In addition to medicine, talk therapy — also called psychotherapy — may help. Talk therapy may include:

- **Individual therapy.** Talk therapy may help improve thought patterns and ease symptoms. Building a trusting relationship in therapy can help people with schizoaffective disorder better understand their condition and learn to manage symptoms. Therapy sessions focus on real-life plans and problems, getting along with others, and ways to cope.
- **Family or group therapy.** Treatment can be more effective when people with schizoaffective disorder discuss their real-life problems with others. Supportive group settings also can lessen social isolation, provide a reality check when people have psychotic symptoms and make sure people use their medicine properly. These groups also help those with schizoaffective disorder learn how to get along better with others.

Life skills training

Life skills training can ease isolation and make quality of life better:

- **Social skills training.** This training focuses on helping people communicate better, get along with others better and improve their ability to take part in daily activities. During this training, people can practice new skills and behaviors specific to settings such as home or work.
- **Work rehabilitation and supported work.** This training focuses on helping people with schizoaffective disorder prepare for, find and keep jobs.

Coping and support

If you have schizoaffective disorder, you'll likely need ongoing treatment and support. It can help if you:

- **Build strong relationships with your treatment team.** Building an alliance with your healthcare professional, mental health professional and other team members makes you better able to take part in, and benefit from, treatment.
- **Learn about the disorder.** Learning about schizoaffective disorder may help you follow your treatment plan. Friends and family also can learn more to understand the disorder and be more compassionate.
- **Pay attention to warning signs.** Look for things that may cause symptoms or get in the way of daily activities. Make a plan for what to do if symptoms return. Contact your healthcare professional or mental health professional if needed to stop the situation from getting worse.
- **Get more sleep.** If you're having trouble sleeping, lifestyle changes can help.

- **Stay focused on goals.** Managing schizoaffective disorder is an ongoing process. Keeping treatment goals in mind can help you stay motivated, manage the condition and work toward your goals.
- **Don't use alcohol or drugs.** Using alcohol, nicotine or recreational drugs can make it hard to treat schizoaffective disorder. These substances can make schizoaffective symptoms worse or change the way medicines work. But quitting can be hard. Get advice from your healthcare team on how best to quit.
- **Learn relaxation and stress management.** Stress-reduction techniques such as meditation, yoga or tai chi may help you and your loved ones.
- **Join a support group.** Support groups can help you make connections with others facing similar challenges. Support groups also may help family and friends cope.
- **Ask about social services assistance.** These services may be able to help with affordable housing, transportation and daily activities.