

Like schizophrenia and mood disorder, it is likely associated with biological factors in the brain causing an imbalance of brain chemicals.

FACTS:

- Schizoaffective Disorder is a psychiatric disorder that is similar to schizophrenia, with additional complications similar to major mood disorders (Bipolar Mood Disorder or Major Depressive Disorder).
- Schizoaffective Disorder is far less common than schizophrenia or mood disorders.
- While schizophrenia may affect 1 in 100 people, and 1 or 2 in 100 may have Bipolar Disorder, far fewer people (perhaps only 1 in 400) would be diagnosed with Schizoaffective Disorder.
- The disorder can affect all aspects of daily living, including work, social relationships and self-care skills.
- People with Schizoaffective Disorder can have a wide variety of different symptoms, including difficulties in their contact with reality (hallucinations and delusions), or mood symptoms (such as depression or mania).

REFERENCES

- DSM-IV criteria for Schizoaffective Disorder, American Psychiatric Association 2000
- National Alliance for Mental Health (NAMI)
- National Mental Health Association, Virginia, USA

What is Schizoaffective Disorder?



Schizoaffective Disorder is a form of mental illness in which a person has symptoms of both schizophrenia and an affective (mood) disorder at the same time.



MANITOBA SCHIZOPHRENIA SOCIETY
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Manitoba Schizophrenia Society, Inc.
100 - 4 Fort Street, Winnipeg, MB R3C 1C4
Tel: (204) 786-1616 • Fax: (204) 783-4898
E-mail address: info@mss.mb.ca
Website: www.mss.mb.ca

TO BE DIAGNOSED:

with Schizoaffective Disorder, a person must experience the following symptoms:

A. Mood Symptoms (for at least two weeks):

Depression or mania or a combination of the two.

- DEPRESSION is characterized by a sad or depressed mood, as well as a number of other symptoms of impaired functioning.
- MANIA is a period of increased energy with elevated or irritable mood.
- HYPOMANIA is like mania but not as severe.

B. Psychotic Symptoms (for at least one month):

- POSITIVE SYMPTOMS may include delusions, hallucinations (lack of contact with reality) and/or disorganized thinking.
- NEGATIVE SYMPTOMS may include tiredness and lack of motivation, social withdrawal, and difficulty with thinking (concentration, memory, judgment, and decision-making).

It can be hard to diagnose Schizoaffective Disorder, as separating it from schizophrenia and mood disorders can be difficult.

The mood symptoms in Schizoaffective Disorder are more prominent and last for a longer time than those in schizophrenia.

Schizoaffective Disorder may be distinguished from mood disorder by the presence of delusions or hallucinations for at least two weeks at times where there are no major mood symptoms.

Sometimes the diagnosis of a person with schizophrenia or mood disorder may change to Schizoaffective Disorder, or vice-versa.

SPECIFIC TYPES OF SCHIZOAFFECTIVE DISORDER

Bipolar:

- If the disorder includes a manic or hypomanic episode, or a mixed episode (mania and depression), with or without a history of major depressive episodes, or a manic or mixed episode and major depressive episodes.

Depressive:

- If the disturbance only includes major depression episodes.

SIGNS THAT MAY HELP DEFINE SCHIZOAFFECTIVE DISORDER AS A DIAGNOSIS

- The illness usually begins in adulthood.
- It is more common in women.
- Families with a member with Schizoaffective Disorder may have other members with schizophrenia, mood disorder, or both.
- In some ways, Schizoaffective Disorder may be “in the middle” between schizophrenia and mood disorders.

HIGHER RISK OF SUICIDE

- The combination of schizophrenia and affective (mood) symptoms can be so overwhelming that individuals with Schizoaffective Disorder are more likely to attempt suicide than those with only schizophrenia or only mood disorder.

HOW IS SCHIZOAFFECTIVE DISORDER TREATED?

Many of the same methods used to treat schizophrenia and mood disorders are also effective for Schizoaffective Disorder:

- Antipsychotic medications
- Mood stabilizing medications and antidepressants
- Social skills training
- Vocational rehabilitation
- Supported employment
- Intensive case management
- Family education and support
- Individual supportive counseling

People with Schizoaffective Disorder can live a life of recovery and can, and do enjoy a quality of life with timely access to appropriate medication, psychosocial rehabilitation, counseling, education and support services that are recovery-oriented.

Consult a mental health professional (psychiatrist, psychologist, mental health worker, psychiatric nurse) or the Manitoba Schizophrenia Society to discuss any questions or concern you may have.

