



# Understanding schizoaffective disorder

## What is schizoaffective disorder?

Schizoaffective disorder is a disorder in which mood swings similar to those found in bipolar disorder are present together with symptoms of schizophrenia (delusions, hallucinations, disorganised speech, disorganised behaviour and negative symptoms). To be diagnosed with schizoaffective disorder, there must also have been a period of at least two weeks of delusions or hallucinations without prominent mood symptoms.

There are two subtypes of schizoaffective disorder:

1. Schizoaffective bipolar type – where symptoms include manic episodes or manic and depressive episodes
2. Schizoaffective depressive type – where the symptoms include depressive episodes only.

Distinguishing schizoaffective disorder from schizophrenia and mood disorder with psychotic features is often difficult and can only occur over a period of time.

## What are the symptoms?

During a depressive episode, symptoms may include poor appetite, weight loss, insomnia, agitation, general slowing down, loss of energy and interest in usual activities, feelings of worthlessness, guilt, difficulties with concentration, and suicidal thoughts.

During an episode of mania, symptoms may include an increase in work, social and sexual activity, racing thoughts and talking, inflated self-esteem, grandiosity, reduced need for sleep, and self-destructive behaviours.

Psychotic symptoms may include delusions, hallucinations, disorganised speech, disorganised behaviour, total immobility, lack of facial expression, and loss of motivation.

## How is schizoaffective disorder distinguished from schizophrenia or bipolar disorder?

The distinction between schizoaffective disorder and schizophrenia or bipolar disorder is not easy. Emotion and behaviour are more fluid and less easy to classify than physical symptoms. Seriously depressed people often have delusions or hallucinations. Mania can be difficult to distinguish from an acute episode of schizophrenia, and a depressive episode can be either a symptom of an acute phase of schizophrenia or a reaction to it. For this reason, over time a diagnosis of schizophrenia or bipolar disorder may be altered to schizoaffective disorder.

## What causes schizoaffective disorder?

The cause of schizoaffective disorder is unknown, although many view this disorder as a variant of schizophrenia. Current theories suggest that an imbalance of chemicals in the brain, coupled with predisposing factors, including genetic and environmental influences, create a vulnerability to this disorder.

## Treatment and recovery from schizoaffective disorder

Advancements in medication are continually improving the outlook for people with a mental illness. Along with psychological and social supports, many people can live full and active lives.

Research indicates that a biopsychosocial approach addressing a combination of biological (medication), psychological (counselling, relaxation) and social factors, has the best recovery outcomes for people with schizoaffective disorder.

## Medications

Medications used to treat schizoaffective disorder include antipsychotic medications, and antidepressants and/or mood stabilisers. Antipsychotic medications are effective for most people in reducing psychotic symptoms. Typically psychotic symptoms will be treated first and then mood symptoms, for two reasons – first, because untreated psychotic symptoms can have severe long-term consequences, and second because antidepressants and lithium (used for bipolar disorder) take several weeks to start working. After psychotic symptoms have ceased, the mood symptoms may be treated with antidepressants, lithium, anticonvulsants or electroconvulsive therapy.

Sometimes an antipsychotic drug is combined with lithium or an antidepressant and then gradually withdrawn, then restored if necessary. But studies on treatment of this disorder suggest that antipsychotic medications are the most effective.

## Psychosocial rehabilitation

Once the acute symptoms have subsided the psychosocial aspect of rehabilitation is encouraged. These types of services are important in helping people regain confidence, and make friends and social connections which will reduce the morbidity caused by the illness (such as social isolation, poverty from unemployment and loss of social skills).

## What can family and friends do to help?

In addition to the specific interventions previously mentioned, there are many things friends and family can do to help.

Always remember that schizoaffective disorder is a medical condition that requires medical treatment. Just as you cannot stop a person's leg bleeding by talking to them, you cannot stop schizoaffective disorder without medical intervention. Treatment is effective.

Find out as much about the illness as you can. Knowledge is power and gives you a much better chance of developing good coping strategies.

Be patient. People experiencing schizoaffective disorder need to come to some insight regarding their illness. This is not always easy and takes time.

Know what to expect of the mental health system and be prepared to be assertive in seeking appropriate care.

Link in with community organisations that offer supports and services that complement the mental health service system. They often provide educational programs, counselling and local support groups.

Remember to stay healthy yourself. Do not underestimate the impact of the illness on you. Schizoaffective disorder often involves trauma and grief and has an impact on whole families. Be prepared to seek support to develop strategies that keep you well.

## Helpful interventions

See Understanding Bipolar Disorder and Understanding Schizophrenia fact sheets for helpful interventions for this disorder.

## Useful references

Mental Illness Fellowship of Australia  
[www.mifa.org.au](http://www.mifa.org.au)

Mental Illness Fellowship Victoria  
[www.mifellowship.org](http://www.mifellowship.org)

Mental Health Services Website (Vic)  
[www.health.vic.gov.au/mentalhealth](http://www.health.vic.gov.au/mentalhealth)

National Alliance of the Mentally Ill (NAMI) (USA)  
[www.nami.org](http://www.nami.org)

Mental Health Council of Australia  
[www.mhca.com.au](http://www.mhca.com.au)

SANE Australia  
[www.sane.org](http://www.sane.org)

Beyond Blue  
[www.beyondblue.org.au](http://www.beyondblue.org.au)

## Mental Illness Fellowship of Australia fact sheets

Understanding psychosis

Understanding bipolar disorder

Family and carer supports and services

Psychiatric medications

What can family and friends do to help a person experiencing mental illness?

Understanding schizophrenia



Mental Illness Fellowship of Australia  
08 8221 5072 [www.mifa.org.au](http://www.mifa.org.au)  
Mental Illness Fellowship of  
Sth Australia Inc  
08 8221 5160 [www.mifsa.org.au](http://www.mifsa.org.au)

Mental Health Carers NT  
08 8948 1051  
[www.mentalhealthcarersnt.org](http://www.mentalhealthcarersnt.org)  
Schizophrenia Fellowship of NSW Inc  
02 9879 2600 [www.sfnsw.org.au](http://www.sfnsw.org.au)



Mental Illness Fellowship Victoria  
03 8486 4200 [www.mifellowship.org](http://www.mifellowship.org)  
Mental Illness Fellowship Nth Qld Inc  
07 4725 3664 [www.mifnq.org.au](http://www.mifnq.org.au)  
ARAFMI (Tas) Inc  
03 6331 4486

Schizophrenia Fellowship of Qld Inc  
07 3358 4424 [www.sfq.org.au](http://www.sfq.org.au)  
Mental Illness Fellowship of WA Inc  
08 9228 0200 [www.mifwa.org.au](http://www.mifwa.org.au)  
Mental Illness Fellowship of the ACT Inc  
02 6205 2021 [www.mifact.org.au](http://www.mifact.org.au)