

SCHIZOAFFECTIVE DISORDER

Quick Facts

- Schizoaffective disorder (SAD) is a mental health disorder with combined symptoms of schizophrenia and mood disorders.
- It is often misdiagnosed or diagnosed later in life.
- The experience of schizoaffective disorder can be different from person to person.
- With appropriate treatment and support, a person given a diagnosis of schizoaffective disorder can live a healthy and fulfilling life.

WHAT IS SCHIZOAFFECTIVE DISORDER?

Schizoaffective disorder (sometimes referred to as SAD) is a mental health condition that can manifest in different ways for different people. It typically involves a combination of schizophrenia and mood disorder symptoms and can affect many different aspects of day-to-day life.

People with schizoaffective disorder experience psychosis and mood disorders. Psychosis is a defining feature of schizoaffective disorder and can manifest through hallucinations, delusions, and a distortion of reality.

There are two types of schizoaffective disorder based on the main symptoms people experience:

- **Bipolar type** is when people experience episodes of mania (feeling elevated in terms of mood and energy levels), depression (feeling low, hopeless, and very sad), or feeling both intense emotional states at different times. People can cycle between manic and depressive states, sometimes very quickly (i.e. within hours or days).
- **Depressive type** is where people are affected and experience episodes of depression including symptoms such as low motivation, fatigue, change in appetite and sleeping patterns.

As people with schizoaffective disorder often experience symptoms similar to bipolar disorder or schizophrenia, some people will be diagnosed with one or both of those conditions first. Sometimes people are given a diagnosis of schizoaffective disorder as a default because their symptoms don't align with other diagnoses. Experts agree that more research into schizoaffective disorder is needed.

SYMPTOMS OF SCHIZOAFFECTIVE DISORDER

Schizoaffective disorder is commonly diagnosed if a person presents with symptoms of psychosis (similar to the primary schizophrenia symptoms) and symptoms of a mood disorder (either manic or depressive) at the same time for a minimum of two weeks.

The symptoms are divided into three main categories:

1. **Psychotic symptoms:** include experiences such as losing touch with reality, hallucinations, delusions (false beliefs), disorganised thoughts, chaotic speech, apathy, and difficulty in moving.
2. **Manic symptoms:** heightened energy levels and mood, increased social, sexual, and work activity, decreased need for sleep, engaging in potentially harmful behaviours such as overspending and rapid mood changes ranging from extreme happiness to anger.
3. **Depressive symptoms:** symptoms of loss of motivation and interest, low mood, persistent fatigue, difficulty concentrating, change in appetite and sleep patterns leading to weight gain or loss, recurrent thoughts of suicide or death, and low self-esteem.

Determining a diagnosis may include a clinical psychiatric interview carried out by a doctor or a mental health professional. This may involve tests, screenings and physical exams to eliminate other potential causes for the symptoms.

CAUSES OF SCHIZOAFFECTIVE DISORDER?

The exact cause of schizoaffective disorder is not fully understood, but several factors are believed to play a role:

- **Genetics:** People may inherit a tendency to develop the disorder.
- **Brain chemistry:** Differences in chemicals like serotonin and dopamine in the brain can contribute.
- **Environmental factors:** Stressful life events like losing a job, going through a divorce, facing financial problems, or experiencing the death of a loved one can trigger symptoms.
- **Childhood trauma:** Early life experiences may also set the stage for developing the disorder. Studies suggest that genes related to sleep-wake cycles and neurotransmitter signalling can be altered in people with schizoaffective disorder.

Studies suggest that genes related to sleep-wake cycles and neurotransmitter signalling can be altered in people with schizoaffective disorder.

HOW COMMON IS SCHIZOAFFECTIVE DISORDER?

More women than men are affected by schizoaffective disorder. It tends to develop at a later age in women than men and is more likely to be the depressive type. The depressive type is also more common in older people, while the bipolar type is more common in younger people. Symptoms usually begin in early adulthood.

MANAGING LIFE WITH SCHIZOAFFECTIVE DISORDER?

Managing schizoaffective disorder is an ongoing process, and it is important to work closely with healthcare professionals to develop a personalised plan.

Managing life with schizoaffective disorder involves a combination of medication, therapy, self-care, and support from loved ones. For example:

- Take prescribed medications as directed.
- Attend regular therapy sessions.
- Get regular exercise, like walking or yoga, and practice relaxation techniques like deep breathing, meditation, or mindfulness to improve mood and reduce stress.
- Eat a balanced diet to support overall health and get enough sleep.
- Avoid drugs and alcohol.
- Maintain relationships with friends and family for emotional support and join support groups with others who have schizoaffective disorder for understanding and encouragement.
- Break tasks into smaller steps and set achievable goals to avoid feeling overwhelmed.
- Learn about schizoaffective disorder to better understand your condition and how to manage it effectively.
- Keep track of symptoms and report any changes to your doctor or therapist.
- Seek help when needed.

TREATMENT AND SUPPORT FOR SCHIZOAFFECTIVE DISORDER

Schizoaffective disorder has many evidence-based treatments available, with treatments dependent on the diagnosis type. For instance, the treatment approach for an individual with depressive schizoaffective disorder would involve a combination of antipsychotic medication and antidepressants to manage the depressive symptoms. Alternatively, those with bipolar diagnosis typically receive treatment that includes mood stabilisers alongside antipsychotic drugs, which help manage mood swings and psychotic symptoms.

Cognitive behavioural therapy (CBT) can be used as an effective complementary treatment option for some people. Through this, people learn coping strategies and skills to help reduce their symptoms. It's important to note that not everyone responds to treatments in the same way, so make sure to discuss your treatment plans with your mental health team.

Common treatment options include:

Medication: Taking medication regularly can help to control the most distressing symptoms of the disorder. They can help you to feel calmer by weakening the delusions, and gradually reducing the frequency and intensity of the hallucinations.

Talking therapies: In cognitive behavioural therapy, people are helped to monitor their thoughts, feelings and actions. Other types of talking therapy include family meetings, supportive psychotherapy and counselling, art therapy and self-help groups.

Self-management strategies and education: Self-management strategies and education

are crucial components of managing schizoaffective disorder. These approaches empower people with the knowledge and skills to better understand their condition, manage symptoms, and improve overall wellbeing.

HELP FOR FAMILY AND FRIENDS

The family and friends of someone with schizoaffective disorder need care and support too — it's okay for family and friends to prioritise their own mental and physical health while they support someone.

There are many other people out there who share similar experiences, and many services are designed to help carers of people with mental health issues.

- Check out our [Guide for Families, Friends and Carers](#) for more info.
- To connect with others who understand what you're going through, visit our [SANE Friends, Family & Carers Forum](#). It's safe, anonymous and available 24/7.
- Other support groups for families and friends also exist, such as the [NAMI Family Support Group](#).

RESOURCES AND SUPPORT

For crisis support, please call:

- [Lifeline](#) (24hrs) on [13 11 14](#)
- [Suicide Call Back Service](#) (24hrs) on [1300 659 467](#)
- [13YARN](#) (24hrs) on [13 9276](#) to connect with Aboriginal or Torres Strait Islander crisis support.
- SANE's free telephone counselling service – [1800 187 263](#)
- [Mental Health First Aid Guidelines: Psychosis](#)
- [Mental Health Carers Australia\(formerly ARAFMI\)](#)

For further information about schizoaffective disorder from SANE, please visit these website pages:

- [Sarah's story with SAD | SANE Australia](#)
- SANE overview [Common questions about schizoaffective disorder - The SANE Blog](#)

If you are interested to read more about schizoaffective disorder please visit:

- [Schizoaffective Disorder | BetterHealth VIC](#)
- [Schizoaffective disorder | healthdirect](#)
- [DSM-5 | Schizoaffective Disorder](#)
- [Schizoaffective Disorder - PsychDB](#)
- [Schizoaffective disorder | Royal College of Psychiatrists \(rcpsych.ac.uk\)](#)

REFERENCES

- American Psychiatric Association (2013) *Diagnostic and statistical manual of mental disorders: DSM-5*. 5th edn. Washington, D.C.: American Psychiatric Publishing.
- Evans JD, Heaton RK, Paulsen JS, McAdams LA, Heaton SC, Jeste DV. *Schizoaffective disorder: a form of schizophrenia or affective disorder?* J Clin Psychiatry. 1999 Dec;60(12):874-82. PMID: 10665641.
- Miller JN, Black DW. 'Schizoaffective disorder: A review.' *Ann Clin Psychiatry*. 2019 Feb;31(1):47-53. PMID: 30699217.
- Paul T, Javed S, Karam A, Loh H, Ferrer GF. 'A Misdiagnosed Case of Schizoaffective Disorder With Bipolar Manifestations'. *Cureus*. 2021 Jul 28;13(7):e16686. doi: 10.7759/cureus.16686. PMID: 34466319; PMCID: PMC8394638.