

Schizoaffective Disorder

Schizoaffective disorder symptoms look like a mixture of two kinds of major mental illnesses that are usually thought to run in different families, involve different brain mechanisms, develop in different ways, and respond to different treatments: mood (affective) disorders and schizophrenia.

Symptoms of Schizoaffective Disorder

The two major mood disorders are unipolar depression and bipolar or manic-depressive illness.

Seriously depressed people:

- Feel constantly sad and fatigued
- Have lost interest in everyday activities
- Are indecisive and unable to concentrate
- Sleep and eat too little or too much
- Complain of various physical symptoms
- May have recurrent thoughts of death and suicide

People experiencing a manic mood are:

- Suffering from sleeplessness
- Compulsively talkative
- Agitated and distractible
- Convinced of their own inflated importance
- Susceptible to buying sprees
- Prone to cheerfulness turning to irritability
- Indiscreet sexual advances, and foolish investments
- Paranoia, and rage

People with chronic schizophrenia:

- Appear apathetic
- Are emotionally unresponsive
- Have limited speech
- Have confused thinking
- May suffer from hallucinations and delusions
- Perplex others with their strange behavior
- And inappropriate emotional reactions

Difficulty in Distinguishing Illnesses

People with:

- Affective disorders usually appear normal between episodes of illness and do not become more seriously disabled with time.
- Schizophrenia rarely seem normal, and their condition tends to deteriorate, at least in the early years of the illness.



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This distinction is not always as obvious as the description suggests. Emotion and behavior are more fluid and less easy to classify than physical symptoms. Seriously depressed and manic people often have hallucinations and delusions. Mania can be impossible to distinguish from an acute schizophrenic reaction, and psychotic or delusional depression is important enough to rate its own classification by some psychiatrists. Mood changes occur both as symptoms of schizophrenia and as reactions to its devastating effects; for example, depression after a schizophrenic episode (post-psychotic depression) is common and often severe, and it is during this time that a person suffering from schizophrenia is most likely to attempt suicide.

Schizophrenic apathy and an incapacity for pleasure can also be mistaken for depression. Often a diagnosis has to be changed from one kind of major mental disorder to the other. In a recent study of more than 936 people with a severe psychiatric disorder who were hospitalized at least four times in a seven-year period, investigators found that about 25% of those originally given other diagnoses (including bipolar disorder) and 33% of those originally given other diagnoses (including bipolar disorder) had a final diagnosis of schizophrenia.

Signs That May Help Define Schizoaffective as the Diagnosis

- The illness usually begins in early adulthood
- It is more common in women
- A person has difficulty in following a moving object with their eyes
- A person's rapid eye movement (dreaming) begins unusually early in the night
- However, the research is inadequate and the results have been confused by varying definitions

Choice of Therapies

If a person is in a psychotic state, a neuroleptic (antipsychotic) drug is most often used, since antidepressants and lithium (used for bipolar disorder) take several weeks to start working. Antipsychotic drugs may cause tardive dyskinesia, a serious and sometimes irreversible disorder of body movement, so people are asked to take them for long periods only when there is no other alternative. After the psychosis has ended, the mood symptoms may be treated with antidepressants, lithium, anticonvulsants, or electroconvulsive therapy (ECT). Sometimes a neuroleptic is combined with lithium or an antidepressant and then gradually withdrawn, to be restored if necessary. The few studies on drug treatment of this disorder suggest that antipsychotic drugs are most effective. The greater effectiveness of these new drugs may be partly due to their activity at receptors for the neurotransmitter serotonin, which is not influenced as strongly by standard antipsychotic drugs.

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