

Patient information from BMJ

Last published: Sep 30, 2022

Schizoaffective disorder

Schizoaffective disorder combines symptoms of schizophrenia with symptoms of mental-health problems that affect your mood, such as depression and bipolar disorder.

It is a complicated condition that can be difficult to diagnose. But, once diagnosed, there are treatments that can help.

If you think that you, or someone you live with or care for, are affected by schizoaffective disorder, you can use our information to talk with your doctor about the best approach for you.

What is schizoaffective disorder?

Having schizoaffective disorder is a bit like having a mixture of two mental-health conditions. These are:

- Schizophrenia, where people struggle to tell what is real from what is imagined (this is called **psychosis**), and
- Conditions that involve **depression** (doctors call these **mood disorders**).

People with schizoaffective disorder seem to fall into two main groups:

- Those with symptoms of **depression** as well as schizophrenia. This is more common in older people
- Those with symptoms of **bipolar disorder** as well as schizophrenia. This is more common in younger people. People with bipolar disorder can swing between feeling depressed and then manic and over-excited.

Who is affected by schizoaffective disorder?

We don't really know what causes this condition, but genetics are thought to play an important part. We do know that:

- It is less common than schizophrenia, and affects less than 1 in 100 people
- It is more common in women than in men
- It can start at any age, but it usually begins before the age of about 35 years.

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Schizoaffective disorder and substance abuse

People with schizoaffective disorder are often affected by substance abuse. This can cause various problems, including problems at home and work.

The link between schizoaffective disorder and drug abuse is complex.

For example, substance abuse can make symptoms worse, and can sometimes cause psychosis to begin with. But it's also likely that some people abuse drugs to try to deal with the symptoms.

What are the symptoms?

The symptoms of schizoaffective disorder are complex, because they cover two types of mental-health condition. So it can be hard to diagnose and easy to confuse with other problems.

People are sometimes wrongly diagnosed with other conditions, such as schizophrenia, bipolar disorder, or depression, before the real problem becomes clear over time.

The symptoms that make up schizoaffective disorder can include:

- Hallucinations (including hearing voices in your head)
- Delusions (believing things that aren't true)
- Behaving strangely
- Struggling to feel any pleasure in things that usually make you happy
- Not feeling motivated
- Not wanting to see people and becoming isolated
- Feeling anxious
- Feeling unusually happy and excited for short periods
- Struggling to form clear thoughts or to talk in clear sentences
- Repeating yourself a lot
- Having trouble remembering things, and
- Being easily distracted, and jumping from one idea to the next.

If your doctor thinks that you might have schizoaffective disorder, they might suggest some tests to rule out other possible causes of your symptoms, such as thyroid problems. These might include blood tests and scans.

Assessment for self-harm and suicide

Having schizoaffective disorder can make you more likely to harm themselves or to attempt suicide. So your doctor will want to assess whether you might be a danger to yourself. They will ask you, or someone who is with you, questions about:

- Your state of mind at the moment

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- Whether you have tried to harm yourself before
- Whether you use any drugs or drink a lot of alcohol
- Your personal and family history of mental illness
- Your home life, and
- What support you have at home and in your community. For example, if you are feeling low, is there someone you trust that you can talk to?

What treatments are available?

Schizoaffective disorder is a lifelong condition, and the approach to your treatment should reflect this. For example, it should involve:

- Finding the right long-term drug treatments that help you live as normal and stable a life as possible
- Therapy (“talking treatments”) to help you understand and cope with your condition
- Making sure your physical health doesn’t get neglected
- Trying to help with social issues: for example, issues with your home life, housing, work, and relationships, and
- A long-term follow-up plan to make sure you keep doing as well as possible.

Education

Schizoaffective disorder can be hard to understand and cope with. But people do much better when they learn all they can about it. Your doctor can help you to find useful information about the condition.

Medications

The medications usually used to treat schizoaffective disorder are **antipsychotics** and **antidepressants**. These can work well to control symptoms, but they can cause problems.

For example, for people who often forget to take pills, long-term shots might be more useful.

These medications can also cause **side effects** in some people. Your doctor should discuss these with you carefully. Some of these side effects can be serious. For example, antipsychotics can cause:

- Problems with weight gain and increased blood sugar, which can lead to diabetes, and
- Symptoms similar to those of Parkinson disease. This is called **parkinsonism**.

Your doctor should follow up with you regularly, to watch for signs of these problems.

Doctors sometimes prescribe medicines called **valproates** for schizoaffective disorder. Valproates can cause **severe birth defects**. If you are female and of childbearing age your doctor should **not prescribe valproates** unless:

- There is no alternative, and

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- There is a plan in place to stop you becoming pregnant while taking them.

Psychotherapy and other treatments

Talking treatments, where you discuss your condition and how to manage it with a **therapist**, are an important part of treatment for schizoaffective disorder.

Various talking treatments can help, and they all work slightly differently. One you might have heard of is called **cognitive behavioral therapy** or **CBT**. But they all aim to help you deal with how schizoaffective disorder causes you to think and feel.

Your doctor might also talk about **psychosocial** treatments. This means that you look at how your condition affects your daily life, and what you can do to improve things. This can include issues with:

- Housing
- Income
- Improving your work skills
- Improving your social support: for example, from friends and community groups, and
- Making sure your physical health doesn't get neglected.

What to expect in the future

There is no cure for schizoaffective disorder, and you will need to have treatment for life. You might need to change your treatment sometimes - for example, you might need different medications - and you will need to have regular follow-up appointments to check how you are doing.

It's not possible to say how an individual will do over the long term. But people with schizoaffective disorder tend to do better than people with schizophrenia, but not as well as those with long-term depression.

Various things can affect how people cope with the condition. For example, as with many mental-health conditions, people with schizoaffective disorder are more likely to be affected by substance abuse.

Ideally, people with schizoaffective disorder should **avoid alcohol and drugs**, as these can make symptoms worse.

Medications can also cause problems and side effects. For example, some antipsychotic drugs can increase your chance of getting **diabetes**. So your doctor should monitor you regularly for any signs of it.

If side effects cause you problems, talk to your doctor. You might be able to switch to different medications. But it's important to not make any changes to your medications, or to stop taking them, without your doctor's agreement.

If you stop taking your medication suddenly it can cause serious problems, including the return of your symptoms.

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There are many support groups for people with mental-health conditions like schizoaffective disorder. Your doctor might be able to help you find one, or you can search online.

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