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## Diagnosis

Some psychiatric disorders are very difficult to diagnose accurately. One of the most confusing conditions is schizo-affective disorder.

This relatively rare disorder *is the presence of psychotic symptoms in the absence of mood changes for at least two weeks in a patient who has a mood disorder*. The diagnosis is used when patients do not fit diagnostic standards for either schizophrenia or "affective" (mood) disorders such as depression and manic depression.

Patients may have symptoms of both a depressive disorder and schizophrenia at the same time, or they may have symptoms of schizophrenia without mood symptoms.

Many individuals with schizo-affective disorder were originally diagnosed with manic depression. If the patient experiences delusions or hallucinations that go away in less than two weeks when the mood is "normal," manic depression may be the proper diagnosis. A patient who is psychotic for three or four weeks while manic is not schizo-affective.

However, if delusions or hallucinations continue after the mood has stabilized and are accompanied by other symptoms of schizophrenia such as catatonia, paranoia, bizarre behavior, or thought disorder, a schizo-affective diagnosis may be appropriate. Accurate diagnosis is easier once the acute psychotic episode is under control.

Distinguishing between manic depressive illness and schizophrenia can be particularly difficult in an adolescent, since at that age psychotic features are especially common during manic periods.

Because this disorder is so complicated, misdiagnosis is common. Some patients may be misdiagnosed as schizophrenic. Others may be misdiagnosed with manic depression. And patients diagnosed as schizo-affective may actually have schizophrenia with prominent mood symptoms. Or they may have a mood disorder with schizophrenia-like symptoms.

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## Treatment

Psychiatrists often treat this disorder with an anti-psychotic medication and lithium, or with carbamazepine (an anticonvulsant medication) and lithium. Some patients have responded to Clozapine.

As a practical matter, differentiating between schizophrenia, manic depression, and schizo-effective disorder is not absolutely critical, since anti-psychotic medication is recommended for all three. If a mood problem is suspected, lithium or an anti-depressant should be added.

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## Prognosis

The prognosis (outlook) for patients diagnosed with schizo-affective disorder is generally better than those with schizophrenia, but worse than those with a mood disorder. (Schizophrenia is a chronic, progressively deteriorating illness. Bipolar disorder is a chronic illness in which patients usually return to "normal" between episodes.) Patients with schizo-affective disorder generally respond to lithium better than patients with schizophrenia but not as well as patients with mood disorders.

More research is needed to fully understand this illness and why it resists conventional treatment.

New medications may be developed to treat this disorder more effectively.

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## How can you help?

The best way to treat a friend or relative with schizo-affective disorder is with compassion, understanding, and support. The person should not be made to feel as if the disease is his, her, or anybody's fault. To paraphrase Dr. E. Fuller Torrey, people do not cause these illnesses; they merely blame each other for doing so. Learning about the disease and its treatment will help to avoid the temptation to blame.

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## Emotional Support

In addition to seeking help for the person who has this disease, loved ones often find mutual support invaluable. The National Alliance on Mental Illness is a grassroots, self-help organization of families and friends of persons with serious mental illnesses and those persons themselves. Through more than fifteen hundred local and state Alliance groups all across the country and in other nations, the AMI movement provides mutual support, education, and advocacy. Members meet regularly to share practical information and common experiences.

For more information about your local NAMI's services and programs, call NAMI of Southern Arizona at (520) 622-5582.

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## Suggested Reading

Andreasen, Nancy, *The Broken Brain: The Biological Revolution in Psychiatry*. New York, Harper and Row: 1984.

Bernheim, Kayla and Richard R.J. Lewine, *Schizophrenia: Symptoms, Causes, and Treatments*. New York, W.W. Norton: 2003. Paperback

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DePaulo, J. Raymond and Keith Russell Ablow, *How to Cope with Depression*. New York, McGraw Hill: 1996. Paperback

Evans, Katie and J. Michael Sullivan, *Dual Diagnosis: Counseling for the Mentally Ill Substance Abuser*. New York, Guilford Press: 2001.

Fieve, Ronald, *Moodswing: The Third Revolution in Psychiatry*. New York, Bantam Books: 1981.

\*Goodwin, Frederick K. and Kay Redfield Jamison, *Manic-Depressive Illness*. New York, Oxford University Press: 2007.

Gottesman, Irving I., *Schizophrenia Genesis: The Origins of Madness*, 1990.

Hatfield, Agnes, *Coping with Mental Illness in the Family: A Family Guide*. Arlington, VA, 1998.

Isaac, Rael and Virginia Armat, *Madness in the Streets: How Psychiatry and the Law Abandoned the Mentally Ill*. Arlington, VA: Treatment Advocacy Center: 2000.

Johnson, Julie, *Hidden Victims: An Eight-Stage Healing Process for Families and Friends of the Mentally Ill*. New York, Doubleday: 1988.

Lithium Information Center, U. of Wisconsin-Madison, *Lithium and Manic Depression: A Guide*. 1999.

McElroy, Evelyn, *Children and Adolescents with Mental Illness: A Parents Guide*. Kensington, MD, Woodbine House: 1988.

Minkoff, Kenneth and Robert E. Drake, Editors, *Dual Diagnosis of Major Mental Illness and Substance Disorder*. San Francisco, Jossey-Bass, Inc: 1991.

\*Papolos, Dimitri F. and Janice, *Overcoming Depression*. New York, Harper Perennial: 1997.

Schou, Mogens, *Lithium Treatment of Manic Depressive Illness: A Practical Guide*, New York, Karger: 1993.

Torrey, E. Fuller, *Surviving Schizophrenia: A Family Manual*. New York, Harper and Row: 2001.

Walsh, Maryellen, *Schizophrenia: Straight Talk for Families and Friends*. New York, Quill/William Marrow: 1993.

\*Recommended especially for schizo-affective disorder.

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# SCHIZO- AFFECTIVE DISORDER



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NAMI of Southern Arizona is a nonprofit 501(c)(3) corporation representing anyone affected by serious mental illnesses. Contributions to NAMI of Southern Arizona are tax deductible. NAMI of Southern Arizona is affiliated with NAMI (National Alliance on Mental Illness), which has over 220,000 members nationwide.