



# SCHIZOAFFECTIVE DISORDER

People with schizoaffective disorder experience episodes of schizophrenia and depression or mania

Schizoaffective disorder is part of a group of mental illnesses called schizophrenia spectrum and other psychotic disorders. It has symptoms of schizophrenia as well as symptoms of a mood disorder.

There are two types of schizoaffective disorder, depending on which mood disorder a person experiences:

- **Depression type**—Psychosis with episodes of depression
- **Bipolar type**—Psychosis with episodes of depression, mania, or mixed episodes (depression and mania at the same time)

## WHAT DOES IT LOOK LIKE?

People with schizoaffective disorder experience episodes of schizophrenia and depression or mania. As in the other illnesses, people experience degrees of wellness between episodes.

### Symptoms of schizophrenia

- **Hallucinations**—sensations that aren't real, like hearing voices
- **Delusions**—strong beliefs that aren't real, like mind-reading or being accused of a crime
- **Changes in speech and thinking**—such as having a hard time expressing ideas in a way that others understand, struggling to understand a question and come up with a response, or feeling like thoughts are jumbled
- **Changes in movement**—such as excessive pacing or ritualistic movements, having difficulties completing daily living tasks, or not moving at all
- **Other losses or problems** (called 'negative symptoms')—like difficulty showing emotions, reduced talking, or lack of motivation



in partnership with



## Symptoms of depression

- **Low mood**—Feeling down, sad, hopeless, or irritable much of the time
- **Loss of interest**—Losing interest in activities you usually enjoy, difficulties going to school or work, avoiding family members or friends
- **Negative beliefs**—unreasonably blaming yourself or feeling a lot of guilt over minor problems, feeling useless or discouraged
- **Physical changes**—Feeling tired much of the time, not sleeping well or sleeping too much, difficulties eating or eating much more than usual, aches or physical sensations you can't explain
- **Thinking problems**—having a hard time thinking, remembering, concentrating, or making decisions
- **Thoughts of death or suicide**

## Symptoms of mania

- **Unusually high or elevated mood**—Feeling unrealistically optimistic
- **Unusual anger**—Feeling easily angered or irritable
- **Higher energy than usual**—Feeling restless, making big plans or decisions, racing thoughts or ideas, talking so quickly that others can't keep up, short attention span, feeling like you need much less sleep than usual
- **Making riskier choices than usual**—Such as spending a lot more money than usual, having riskier sex, using alcohol or other drugs in riskier ways

People may experience psychosis during episodes of depression or mania when they are diagnosed with depression or bipolar disorder. In these situations, psychosis is limited to episodes of depression or mania. With schizoaffective disorder, psychosis can come up at any time, even when they are not experiencing an episode of depression or bipolar disorder.

Schizophrenia can also cause low mood, often during different phases of an episode of psychosis. Episodes of depression in schizoaffective disorder, on the other hand, can come up even when the person is not experiencing psychosis.

As you might imagine, it can be very difficult for mental health professionals to determine the exact diagnosis. It generally takes time to see the pattern of schizophrenia and depression or bipolar disorder symptoms. For this reason, schizoaffective disorder usually isn't diagnosed during the first episode of psychosis. Many people are diagnosed with other illnesses before they're diagnosed with schizoaffective disorder.

Schizoaffective disorder is a complicated illness. Some researchers wonder if the current understanding of schizoaffective disorder is correct. For example, one theory is that bipolar disorder and schizophrenia represent a spectrum of one illness, and schizoaffective disorder lies somewhere in the middle of the spectrum. Another theory is that schizoaffective disorder is two separate co-occurring illnesses. Still others wonder if schizoaffective disorder is just a group of symptoms that already exist in psychotic or mood disorders rather than a distinct illness. Since there isn't as much research on schizoaffective disorder as other mental illnesses, we still have a lot to learn. While there seems to be more information on what schizoaffective disorder *isn't* than what it is, it's important to remember that we do know that treatments work and do know that people recover.



## WHO DOES IT AFFECT?

It's estimated that around 0.5% of people experience schizoaffective disorder in their lifetime. Schizoaffective disorder can affect anyone, but it may be more likely to be diagnosed in:

- **Family members**—People with a close family relative diagnosed with schizophrenia, schizoaffective disorder, or bipolar disorder are more likely to be diagnosed with schizoaffective disorder.
- **Young adults**—Schizoaffective disorder seems to start in early adulthood. However, since it takes time to figure out the diagnosis, people may not be diagnosed with schizoaffective disorder until they're much older.
- **Women**—Women are more likely to be diagnosed with depression type schizoaffective disorder. Bipolar type schizoaffective disorder seems to be diagnosed in men and women more equally.

## WHAT CAN I DO ABOUT IT?

Schizoaffective disorder is very treatable. While there is no cure, many people manage their symptoms and live well. Schizoaffective disorder is usually treated with some combination of medication, psychotherapy or counselling, and self-help.

**Medications**—The most common medications used to treat schizoaffective disorder are antipsychotics, a group of medications that treat symptoms of psychosis and other mental health problems. Depending on your situation, your doctor may also suggest medications to treat bipolar disorder, such as mood stabilizers or anticonvulsants, or antidepressants, which treat depression.

**Psychotherapy or counselling**—Different types of psychotherapy or counselling approaches can help people understand the illness, manage symptoms, and solve problems. Building skills around stress management, self-esteem, employment, and social relationships can help people feel more confident as well as manage schizoaffective disorder. You may learn these skills in

**In schizoaffective disorder, episodes of psychosis can come up at any time, not just during episodes of depression or mania**

different kinds of psychotherapy or on their own. Talk to your care team or visit [www.heretohelp.bc.ca/ask-us](http://www.heretohelp.bc.ca/ask-us) for more on accessing psychotherapy or counselling.

**Hospitalization**—For people who are experiencing a crisis or need extra care, hospitalization may be needed to help them get their symptoms under control. Hospitalization is usually only for a short period of time. Visit the BC Schizophrenia Society's website at [www.bcscs.org](http://www.bcscs.org) for more information on "discharge planning" (making a plan for your continued mental health care after you leave hospital) and transitioning back to your regular routine.

**Electroconvulsive therapy or ECT**—ECT may be helpful for adults when psychotherapies, medications, and other treatment approaches don't work.

**Self-help**—Taking good care of yourself can help everyone feel their best. Try to get enough sleep, exercise regularly, eat as well as you can, take time to relax, spend time with friends or family, and monitor or eliminate your use of alcohol and other drugs. Many people also find support groups (in-person or online) to be very helpful. If you need ideas or need help making strategies work for you, talk to your mental health care team.

## WHERE CAN I GO FROM HERE?

In addition to talking to your doctor, check out the resources below for more information on schizoaffective disorder.

### BC Schizophrenia Society

Visit [www.bcscs.org](http://www.bcscs.org) or call 1-888-888-0029 (toll-free in BC) or 604-270-7841 (in Greater Vancouver) for resources and information on schizophrenia spectrum and psychotic disorders and psychosis, including family support groups, respite care, support for children with a parent with a mental illness, and education courses for persons with a mental illness and their families.

### Mood Disorders Association of BC (a branch of Lookout Housing and Health Society)

Visit [www.mdabc.net](http://www.mdabc.net) or call 1-855-282-7979 (toll-free in BC) or 604-873-0103 (in Greater Vancouver) for resources and information on mood disorders. You'll also find more information on support groups around the province.

### Canadian Mental Health Association, BC Division

Visit [www.cmha.bc.ca](http://www.cmha.bc.ca) or call 1-800-555-8222 (toll-free in BC) for information and community resources on mental health or mental illness.

### BC Partners for Mental Health and Substance Use Information

Visit [www.heretohelp.bc.ca](http://www.heretohelp.bc.ca) for our Managing Mental Illnesses series of info sheets, more information, and personal stories. You'll also find tips and self-tests to help you take control of your mental health.

### Resources available in many languages:

\*For each service below, if English is not your first language, say the name of your preferred language in English to be connected to an interpreter. More than 100 languages are available.

### HealthLink BC

Call 811 or visit [www.healthlinkbc.ca](http://www.healthlinkbc.ca) to access free, non-emergency health information for anyone in your family, including mental health information. Through 811, you can also speak to a registered nurse about symptoms you're worried about, or talk with a pharmacist about medication questions.

### BC Mental Health Support Line

If you are in distress, or for information on local services or if you just need someone to talk to, call 310-6789 (no area code) 24 hours a day to connect to a BC distress line, without a wait or busy signal.



**Canadian Mental  
Health Association**  
British Columbia  
*Mental health for all*



in partnership with

**heretohelp**  
Mental health and substance use  
information you can trust

funded by



**Provincial Health  
Services Authority**  
Province-wide solutions.  
Better health.

Founded in 1918, the Canadian Mental Health Association (CMHA) is the most established, most extensive community mental health organization in Canada. Through a presence in hundreds of neighbourhoods across every province, CMHA provides advocacy and resources that help to prevent mental health problems and illnesses, support recovery and resilience, and enable all Canadians to flourish and thrive.

**Visit the CMHA BC website at [www.cmha.bc.ca](http://www.cmha.bc.ca).**

CMHA BC is proud to be affiliated with HeretoHelp. HeretoHelp is a project of the BC Partners for Mental Health and Substance Use Information, a group of non-profit agencies providing good-quality information to help individuals and families maintain or improve their mental well-being. The BC Partners are funded by the Provincial Health Services Authority.

**For more information, visit [www.heretohelp.bc.ca](http://www.heretohelp.bc.ca)**

(2018)