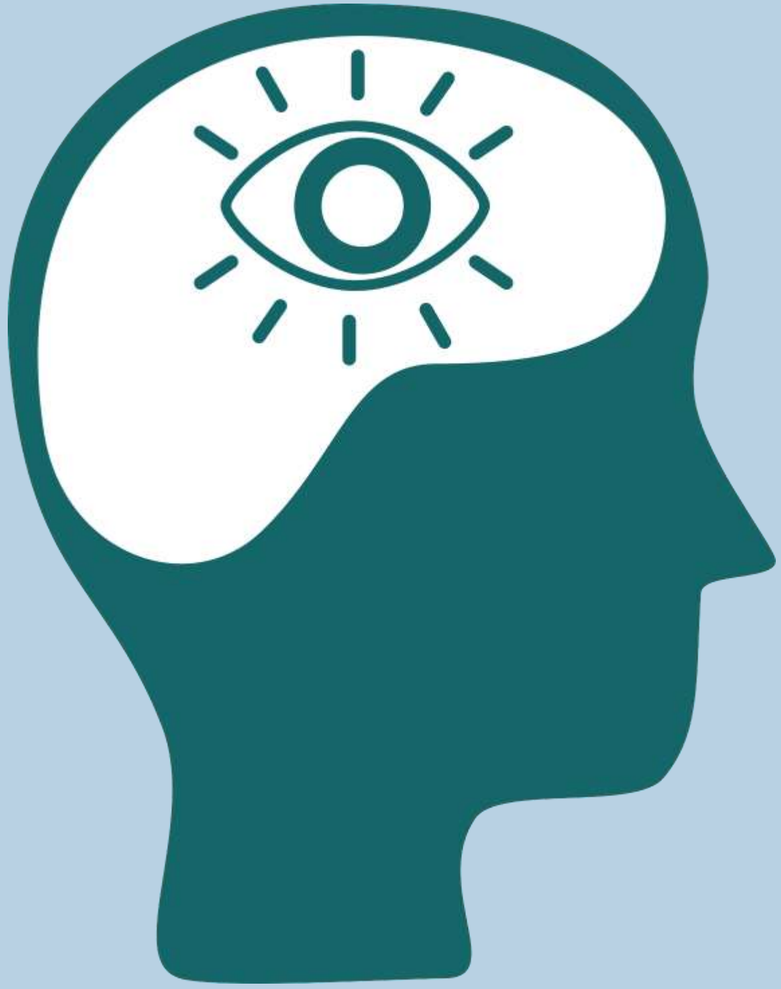
schizoaffective disorder



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DEFINITION:

Schizoaffective disorder is a chronic mental health condition characterized primarily by symptoms of schizophrenia , such as hallucinations or delusions , and symptoms of a mood disorder , such as mania and depression . This is a disorder of the mind that affects your thoughts and emotions , and may affect your actions.

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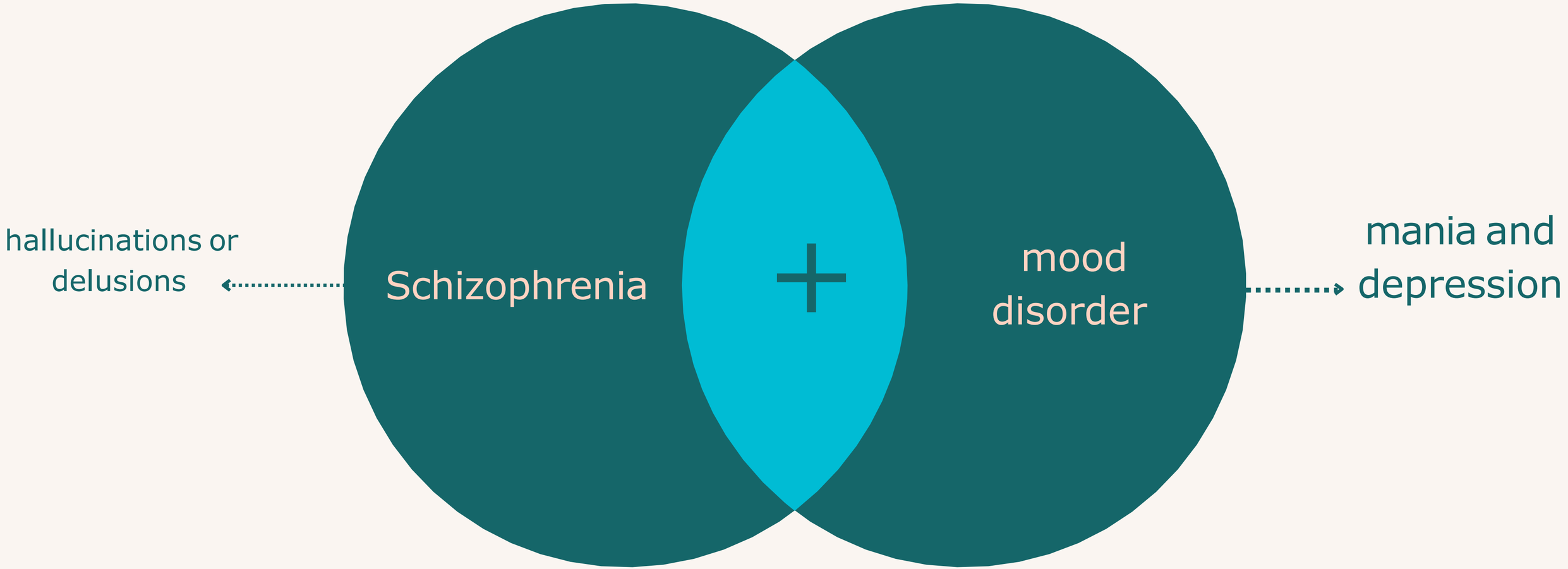


Subtypes of schizoaffective disorder

The two types of schizoaffective disorder — both of which include some symptoms of schizophrenia — are:

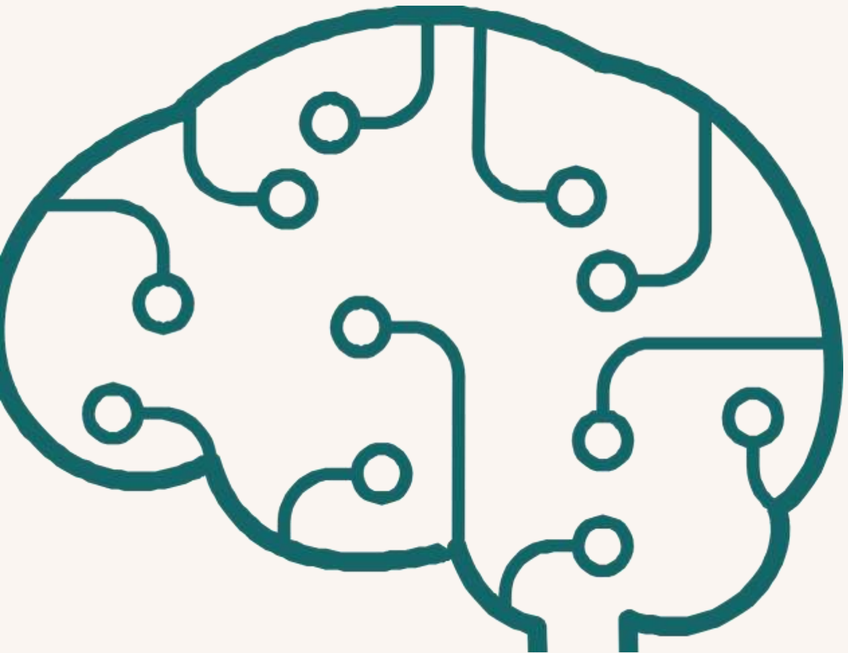
01. Bipolar type: This subtype applies if a manic episode is part of the presentation. Major depressive episodes may also occur.

02. Depressive type: This subtype applies if only major depressive episodes are part of the presentation.

Pathophyisology and etiology

The exact pathophysiology is still unknown.

- Initially assumed to be a subtype of schizophrenia



- The disorder may be caused by abnormalities in 1 of the following:

1 Imbalance in brain neurotransmitters:

- Serotonin
- Norepinephrine
- Dopamin

2 Structural brain abnormalities:

- Reduced hippocampal volumes
- Thalamic abnormalities
- White matter abnormalities

Genetic and physiological.

Among individuals with schizophrenia, there may be an increased risk for schizoaffective disorder in first-degree relatives. The risk for schizoaffec-tive disorder may be increased among individuals who have a first-degree relative with schizophrenia, bipolar disorder, or schizoaffective disorder.

0.3%

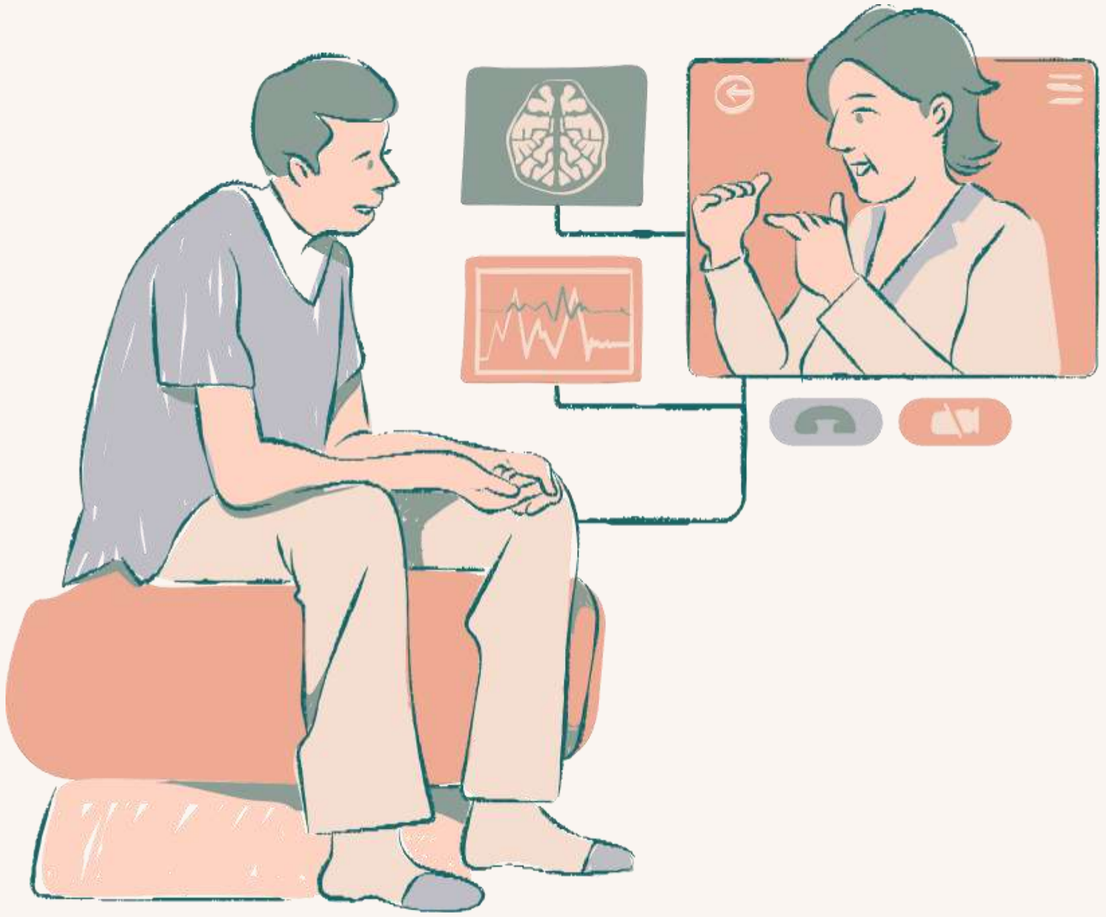
Prevalence of schizoaffective disorder

Schizoaffective disorder appears to be about one-third as common as schizophrenia. Life-time prevalence of schizoaffective disorder is estimated to be 0.3%.

The incidence of schizoaffective disorder is higher in **females** than in males, mainly due to an increased incidence of the depressive type among females.

Suicide Risk

The lifetime risk of suicide for schizophrenia and schizoaffective disorder is **5%**, and the presence of depressive symptoms is correlated with a higher risk for suicide. There is evidence that suicide rates are higher in North American populations than in European, Eastern European, South American, and Indian populations of individuals with schizophrenia or schizoaffective disorder.



Symptoms of mania & depression

Mania

Distractibility
Decrease need for sleep
Grandiosity
Flight of ideas
Activities/psychomotor agitation
Sexual indiscretions
Talkativeness/pressured speech

Depression

Sleep
Interest
Guilt
Energy
Concentration
Appetite
Psychomotor agitation/retardation
Suicidal ideation

DSM-5 Criteria

The diagnosis of schizoaffective disorder is made in patients who:

1. An uninterrupted period of illness during which there is a major mood episode (major depressive or manic) concurrent with Criterion A of schizophrenia.
2. Delusions or hallucinations for 2 or more weeks in the absence of a major mood episode (depressive or manic) during the lifetime duration of the illness.
3. Symptoms that meet criteria for a major mood episode are present for the majority of the total duration of the active and residual portions of the illness.
4. The disturbance is not attributable to the effects of a substance (e.g., a drug of abuse, a medication) or another medical condition.

Prognosis

• patients with schizoaffective disorder had different outcomes depending on whether their predominant symptoms were affective (better prognosis) or schizophrenic (worse prognosis).

•Worse with:

• poor premorbid adjustment.

•slow onset.

• early onset.

• long course.

•family history of schizophrenia.

Treatment:

- Medical treatment
- Psychotherapy
- Life Skill Training
- Electroconvulsive therapy
- Hospitalization

Medical treatment

- **Schizophrenic Symptoms:** antipsychotics like paliperidone + mood stabilizers if Associated with mania, or antidepressants if associated with depression.
- New generations of antipsychotics like lumateperone work as antipsychotics and mood stabilizers at the same time.

- **For mania subtype:** we use Antipsychotics with mood stabilizers (lithium, VA, carbamazepine)

- **For depressive subtype:** we use antidepressants like SSRI(setraline, fluoxetine)

- **For resistance cases:** clozapine

Psychotherapy

- Individual therapy
- Cognitive Behavioral Therapy (CBT)
- Family or group therapy

Life skill training

- social skill training
- Vocational rehabilitation and supported employment

Hospitalization

- Is necessary during crisis or severe symptoms ensure:

1. Safety.
2. Proper nutrition.
3. Adequate sleep.
4. Basic personal care and cleanliness

Thank you very much!