

Schizoaffective disorder

Schizoaffective disorder is a mental illness that affects your moods and thoughts. This factsheet explains the condition, possible causes and treatments. This guide is for people with the diagnosis as well as their carers and friends.



- Schizoaffective disorder has some symptoms of schizophrenia and bipolar disorder
- Your symptoms can be mania, psychosis and depression.
- Your genes, circumstances and stress may all play a role in developing schizoaffective disorder.
- There are different treatments for schizoaffective disorder.
- Your mental health team should offer you medication, talking therapies and a self-management programme.

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1. What is schizoaffective disorder?

Schizoaffective disorder is a mental illness that can affect your mood and behaviour. You may have symptoms of bipolar disorder and schizophrenia. These symptoms may be mania, depression and psychosis.

About 1 in 200 people develop schizoaffective disorder at some time during their life. It is more common in women than in men.¹

2. What are the symptoms of schizoaffective disorder and how is it diagnosed?

You will be diagnosed by a psychiatrist, who will assess if you have symptoms of mania, depression and schizophrenia. These are described below. You have to have symptoms of bipolar and schizophrenia to get a diagnosis.² Psychiatrists will use the following guidelines to diagnose you:

- International Classification of Diseases (ICD-10) produced by the World Health Organisation (WHO)
- Diagnostic and Statistical Manual (DSM-5) produced by the American Psychiatric Association.

Symptoms of schizoaffective disorder are:³

Mania

Symptoms of mania can include:⁴

- feeling happy or positive even if things are not going well for you
- feeling more active, energetic or restless
- being more irritable than normal
- feeling much better about yourself than usual
- talking very quickly, jumping from one idea to another, having racing thoughts
- being easily distracted and struggling to focus on one topic
- not needing much sleep
- thinking you can do much more than you actually can
- doing things you regret later
- doing things you normally wouldn't which can cause problems, such as going on spending sprees, being sexually promiscuous, using drugs or alcohol, gambling or making unwise business decisions
- being much more social than usual
- being argumentative, pushy or aggressive

Depression

The symptoms of depression can include:⁵

- low mood
- having less energy, feeling tired or "slowed down"

- feeling hopeless or negative
- feeling guilty, worthless or helpless
- being less interested in things you normally like doing or enjoying them less
- difficulty concentrating, remembering or making decisions
- feeling restless or irritable
- sleeping too much or not being able to sleep
- feeling more or less hungry than usual or changing weight
- thoughts of death or suicide, or suicide attempts

Schizophrenia

Schizophrenia is a mental illness which affects the way you think. Symptoms can have an effect on how to cope with day to day life. Psychosis is a symptom of schizophrenia. Symptoms include:

- hallucinations - hearing, seeing, or feeling things that are not there
- delusions – believing things that are not true
- finding it hard to think straight
- feeling less emotions

You can find out more information about:

- Psychosis
- Bipolar Disorder
- Schizophrenia

at www.rethink.org. Or call 0121 522 7007 and ask for the information to be sent to you.

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3. Are there different types of schizoaffective disorder?

There are five types of schizoaffective disorder.⁶

Manic type

A diagnosis of schizoaffective disorder manic type means you have symptoms of schizophrenia and mania at the same time when you are unwell.

Depressive type

A diagnosis of schizoaffective disorder depressive type means you have symptoms of schizophrenia and depression at the same time when you are unwell.

Mixed type

A diagnosis of schizoaffective disorder mixed type means you have symptoms of schizophrenia, depression and mania when you are unwell.

Other schizoaffective disorders

Schizoaffective disorder, unspecified

This includes schizoaffective psychosis.

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4. What causes schizoaffective disorder?

Psychiatrists do not know what causes schizoaffective disorder. However, research shows that genetic, biological and environmental factors increase your risk of developing the illness.

Genetic factors

Schizoaffective disorder is more common if other members of your family have schizophrenia, schizoaffective disorder or bipolar disorder.⁷ Recent research shows that people with schizoaffective disorder have more similar genetic makeup than people without this disorder.⁸ This suggests that genetics may have a role to play in the development of schizoaffective disorder.

You can find out more information in our '**Does Mental Illness Run in Families?**' factsheet at www.rethink.org. Or contact 0121 522 7007 and ask for a copy to be sent to you.

Chemical factors

An imbalance in neurotransmitters may cause schizoaffective disorder. Neurotransmitters are chemicals in your brain. Doctors prescribe medication to try to fix this imbalance.

Environmental factors

Environmental factors are things that happen in your life, like childhood experiences and stress from your job, relationships and lifestyle choices. A mix of environmental factors may be linked to developing schizoaffective disorder.

Research shows that being treated badly in your childhood can make psychosis more likely.⁹

Stress can cause mental illness and make you unwell in the future. If you have schizoaffective disorder, think about what seems to make you unwell. By managing your triggers you can help to manage your symptoms.

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5. How is schizoaffective disorder treated?

The treatment for schizoaffective disorder will depend on what your symptoms are. Someone who has a lot of symptoms will get antipsychotic medication. The main treatments for long-term symptoms are medication and talking therapies. If someone has depressive symptoms they are likely to have antidepressant medication. If someone has manic symptoms they may have mood stabiliser medication.

The treatment for schizoaffective disorder is usually a combination of:

- antipsychotic medication,
- antidepressant medication,
- mood stabilisers, and
- talking therapies.

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6. What treatment should I be offered?

Medication

Your doctor may prescribe you medication to treat your symptoms. The medication they prescribe you will depend on the type of schizoaffective disorder you have. Your medication may be a mix of antipsychotics, antidepressants and mood stabilisers.

If you are very unwell you may have a larger dose of medication. Your doctor may also prescribe you sedative and sleeping tablets. You will normally only have these for a short time because they are addictive.

You may forget or not want to take your medication every day. You can ask your doctor about a depot injection. You get this every two to four weeks and then you don't have to take tablets.

If your mood changes from depression to mania regularly, your doctor may offer you a mood stabiliser like lithium or Depakote.

Your doctor may offer you antidepressants. Antidepressants can trigger manic episodes for some people. This is known as 'switching'. If you take antidepressants your doctor should monitor your symptoms.¹⁰

You can find more information about:

- Antipsychotics
- Antidepressants
- Mood stabilisers
- Benzodiazepines
- Medication - Choice and Managing Problems

at www.rethink.org. Or call 0121 522 7007 and ask for the information to be sent to you.

Therapy and social support

The National Institute for Health and Care Excellence (NICE) produces guidelines about how the NHS should treat health conditions. Its guideline on psychosis and schizophrenia also applies to people with schizoaffective disorder.¹¹

The guidance says the NHS should offer you therapy and social support as part of your recovery.¹² Cognitive Behavioural Therapy (CBT) is the

main treatment NICE recommends. CBT can help you to manage your symptoms and reduce the chances of becoming unwell. NICE recommends that the NHS should offer you family therapy if you are in close contact with your family members.¹³ Family therapy might reduce the risk of you becoming unwell again and being admitted to hospital.

NICE guidance says that supportive psychotherapy or counselling will not help with your symptoms.¹⁴ However, your team should think about your circumstances and what you want when deciding what treatments to offer you.¹⁵

You can find more information in our '**Talking Treatments**' at www.rethink.org. Or call 0121 522 7007 and ask for a copy to be sent to you.

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7. What if I am not happy with my treatment?

If you are not happy with the treatment you then you can:

- talk to your doctor about your treatment and ask for a second opinion if you feel it would help,
- get an advocate to help you speak your doctor,
- contact Patient Advice and Liaison Service (PALS) and see whether they can help, or
- make a complaint.

There is more information about these options below:

Second opinion

You should talk to your doctor about your treatment first and see if you can resolve the situation with them. You can mention the NICE guidelines if you feel they are not offering you the right treatment.

If your doctor cannot think of any other treatment options, you could ask for a second opinion. You are not legally entitled to a second opinion but your doctor might agree to it if it would help with treatment options.

Advocacy

An advocate is someone who is separate from the mental health service but understands the system and your rights. They can come to a meeting with and help you to get what you are entitled to. Advocates help you make sure you are being heard. You can search online to see if there are any local advocacy services in your area or the Rethink Mental Illness Advice Service could search for you.

'PALS'

The Patient Advice and Liaison Service (PALS) at your NHS trust can try and help you with any problems or issues you have with an NHS service.

You can find your local PALS' details at [www.nhs.uk/Service-Search/Patient-advice-and-liaison-services-\(PALS\)/LocationSearch/363](http://www.nhs.uk/Service-Search/Patient-advice-and-liaison-services-(PALS)/LocationSearch/363).

You can find out more about:

- Second opinions
- Advocacy
- Complaining about the NHS or social services

at www.rethink.org. Or contact 0300 5000 927 and ask for a copy to be sent to you.

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8. What are self-care and management skills?

You can learn to manage your symptoms by looking after yourself. Self care is how you take care of your diet, exercise, daily routine, relationships and how you are feeling.

Your mental health team should consider peer support and self-management intervention.¹⁶ This should include giving you information about using your medication properly, identifying and managing your symptoms, coping with stress, preventing relapse and building social support.¹⁷

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9. What risks and complications can schizoaffective disorder cause?

The risk of suicide is higher in the first few years after someone is diagnosed schizoaffective disorder. It is important that you get the right treatment for your symptoms of depression and have a good crisis plan.

Most treatments suggested by the National Institute of Health and Care Excellence (NICE) reduce the risk of suicide. Your psychiatrist may offer you clozapine. This medication may reduce suicidal feelings for people with schizophrenia.¹⁸

You can find out more about **'Suicidal feelings'** at www.rethink.org. Or call 0121 522 7007 and ask for the information to be sent to you.

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10. Information for carers, friends and relatives

Support for you

Whether you are a carer, friend or family member of someone living with schizoaffective disorder, you can get support.

You can get peer support through carer support groups or sibling support groups. You can search for local groups in your area or the Rethink Mental Illness Advice Service can search for you.

You can ask your local authority for a carer's assessment if you need more practical support to care for someone. As a carer you should be involved in decisions about care planning. There are rules about information sharing and confidentiality which you need to be aware of.

You can find out more information about:

- Carers assessment and support planning
- Caring for yourself being a carer
- Confidentiality and information sharing – for carers, friends and family
- Welfare benefits for carers

at www.rethink.org. Or contact 0121 522 7007 and ask for a copy to be sent to you.

Supporting the person you care for

You might find it easier to support someone with schizoaffective disorder if you understand their symptoms, treatment and self-management skills. You can use this information to support and encourage them to get help and stay well.

You should also be aware of what you can do if you are worried about someone's mental state or risk of self-harm. You should have details of their mental health team and also discuss a crisis plan with them.

You can find out more information about:

- Supporting someone with a mental illness
- Getting help in a Crisis
- Helping someone with suicidal thoughts
- Dealing with unusual thoughts and behaviours

at www.rethink.org. Or contact 0121 522 7007 and ask for a copy to be sent to you.

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The Hearing Voices Network

This service gives support and understanding for those who hear voices or experience other types of hallucination.

Telephone: 0114 271 8210

Address: c/o Sheffield Hearing Voices Network, Limbrick Day Service, Limbrick Road, Sheffield, S6 2PE

Email: nhvn@hotmail.co.uk

Website: www.hearing-voices.org



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- ⁴ See reference 3
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- ¹¹ Nice Institute of Health and Clinical Excellence. *Psychosis and schizophrenia in adults: treatment and management*. Clinical Guidance 178. London: Nice Institute of Health and Clinical Excellence; 2014. Page 4.
- ¹² As note 10, [page 15] [para 1.2.3.1]
- ¹³ As note 10, [page 23] [para 1.3.7.2]
- ¹⁴ As note 10, [page 26] [para 1.4.4.6]
- ¹⁵ As note 17
- ¹⁶ As note 10, [page 14] [para 1.1.6.1]
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in large print.



Rethink Mental Illness Advice Service

Phone 0300 5000 927

Monday to Friday, 9:30am to 4pm
(excluding bank holidays)

Email advice@rethink.org

Did this help?

We'd love to know if this information helped you.

Drop us a line at: feedback@rethink.org

or write to us at Rethink Mental Illness:

RAIS
PO Box 17106
Birmingham B9 9LL

or call us on 0300 5000 927.

We're open 9:30am to 4pm
Monday to Friday (excluding bank holidays)



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on Rethink Mental Illness
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 twitter.com/rethink_

 www.rethink.org

Need more help?

Go to www.rethink.org for information on symptoms, treatments, money and benefits and your rights.

Don't have access to the web?

Call us on 0121 522 7007. We are open Monday to Friday, 9am to 5pm, and we will send you the information you need in the post.

Need to talk to an adviser?

If you need practical advice, call us on 0300 5000 927 between 9:30am to 4pm, Monday to Friday. Our specialist advisers can help you with queries like how to apply for benefits, get access to care or make a complaint.

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