



Schizoaffective disorder

SCHIZOPHRENIA Factsheet

June 2020

What is schizoaffective disorder?

Schizoaffective disorder is on the schizophrenia spectrum of illnesses. Diagnosis of schizoaffective disorder requires schizophrenia-like symptoms of psychosis, in addition to affective/mood symptoms such as depression. There is some debate as to whether schizoaffective disorder represents a unique diagnosis or an intermediary between schizophrenia and mood disorders. There are also considerable differences between different diagnostic criteria regarding the definition of schizoaffective disorder; particularly the Diagnostic and Statistical Manual (DSM) and the International Classification of Diseases (ICD) criteria. Specifically, the ICD and also the Research Diagnostic Criteria (RDC) require simultaneous and equally prominent presence of psychotic and affective symptoms; conversely, the DSM requires an additional period (>2 weeks) where the psychotic symptoms alone are present.

What is the evidence for schizoaffective disorder diagnosis?

Moderate to low quality evidence suggests schizoaffective disorder occupies an intermediary position between schizophrenia and mood disorders, but is not clearly distinct from either disorder.

Moderate quality evidence found people diagnosed with schizoaffective disorder using RDC/ICD criteria may have had fewer hospitalisations, are more likely to be male, and are more likely to be older or married than people diagnosed using DSM III-R/IV criteria. Compared to people with schizophrenia, people with schizoaffective disorder may be more likely to be male, Caucasian, married, have a longer duration of illness, have lower levels of functioning, more depression, and more negative symptoms. Compared to people with bipolar disorder, people with schizoaffective disorder may be younger, have an earlier age at onset, fewer years of education, not Caucasian or African American, never married, have a longer duration of illness, more positive and negative symptoms, more depression, and higher IQ.

Around 36% of people initially diagnosed with schizoaffective disorder have their diagnosis changed at the second assessment. Conversely, around 55% of people diagnosed with schizoaffective disorder at the second assessment were originally diagnosed with other disorders. Schizophrenia or affective disorders were the most common original or subsequent diagnosis.

For further information see the technical table



NeuRA

Discover. Conquer. Cure.

NeuRA (Neuroscience Research Australia) is one of the largest independent medical and clinical research institutes in Australia and an international leader in neurological research.

Diseases of the brain and nervous system pose the greatest health, economic and social burden of any disease group because they are chronic, debilitating and have no known cures.

Medical research is the cornerstone of efforts to advance the health and wellbeing of families and the community. Our dedicated scientists are focussed on transforming their research into significant and practical benefits for all patients.

While we hope you find this information useful, it is always important to discuss any questions about schizophrenia or its treatment with your doctor or other health care provider.

HOW YOUR SUPPORT HELPS

We are able to make significant advances due to the generosity of countless people. Your donation allows us to continue to work towards transforming lives. For information on how you can support our research, phone **1300 888 019** or make a secure donation at neura.edu.au/donate/schizophrenia.