Diagnosis: Schizoaffective Disorder

Criteria:
- Concurrent MDD with Criterion A of Schizophrenia (delusions, hallucination, disorganized speech, disorganized behavior, negative symptoms)
- At least 2 weeks with delusions or hallucinations without mood symptoms
- Note that full criteria for mood d/o required and not schizophrenia
- Modifiers
  - Bipolar or Depressive types

Epidemiology:
- .5-.8% lifetime prevalence
- Generally thought to be less common than schizophrenia
- No demographic distinctions
- Episodic nature is a prominent feature

Etiology:
- Little is known
- Much speculation what it is related to; depression, bipolar, schizophrenia
- Family studies show inconsistent results, it's argued by some that depressive schizoaffective d/o follows mood disorders and “schizophrenic” schizoaffective d/o follows schizophrenia genetics

Differential Diagnosis:
Same as Schizophrenia

Medical:
- Substance induced
- Neurological (tumor, seizures, Wilson’s, Huntington’s, akathisia)
- Endocrine
- AIP
- Infectious (HIV, NS, CJ)
- Autoimmune (SLE)

Psychiatric
- Brief Psychotic Disorder
- Schizophreniform Disorder
- Schizophrenia
- Bipolar
- Delusional Disorder
- Paranoid or Schizotypal PD

Work-up:
Like schizophrenia and bipolar a good medical evaluation including:
- A study of CNS (CT, MRI, LP, EEG)
- Family history
- Urine drug screen
Laboratory Studies (LFT, thyroid, lytes, CBC)

Treatment:
  Bio:
  • Acutely: neuroleptics, lithium and ECT (bipolar)
    In maintenance, try lithium alone
  • Acutely: neuroleptics, antidepressants and ECT (depressive)
    In maintenance, continue what worked acutely
  • If neuroleptics consider antiparkinson’s drugs
  • Consider benzodiazepines

Psycho:
  • Not used alone
  • Supportive and focused initially on symptoms and drug compliance
  • Life and social skills

Social:
  • Family involvement
  • Access to services
  • NAMI

Prognosis:
  • More favorable than schizophrenia and less favorable than mood disorders
  • Characteristic episodic nature