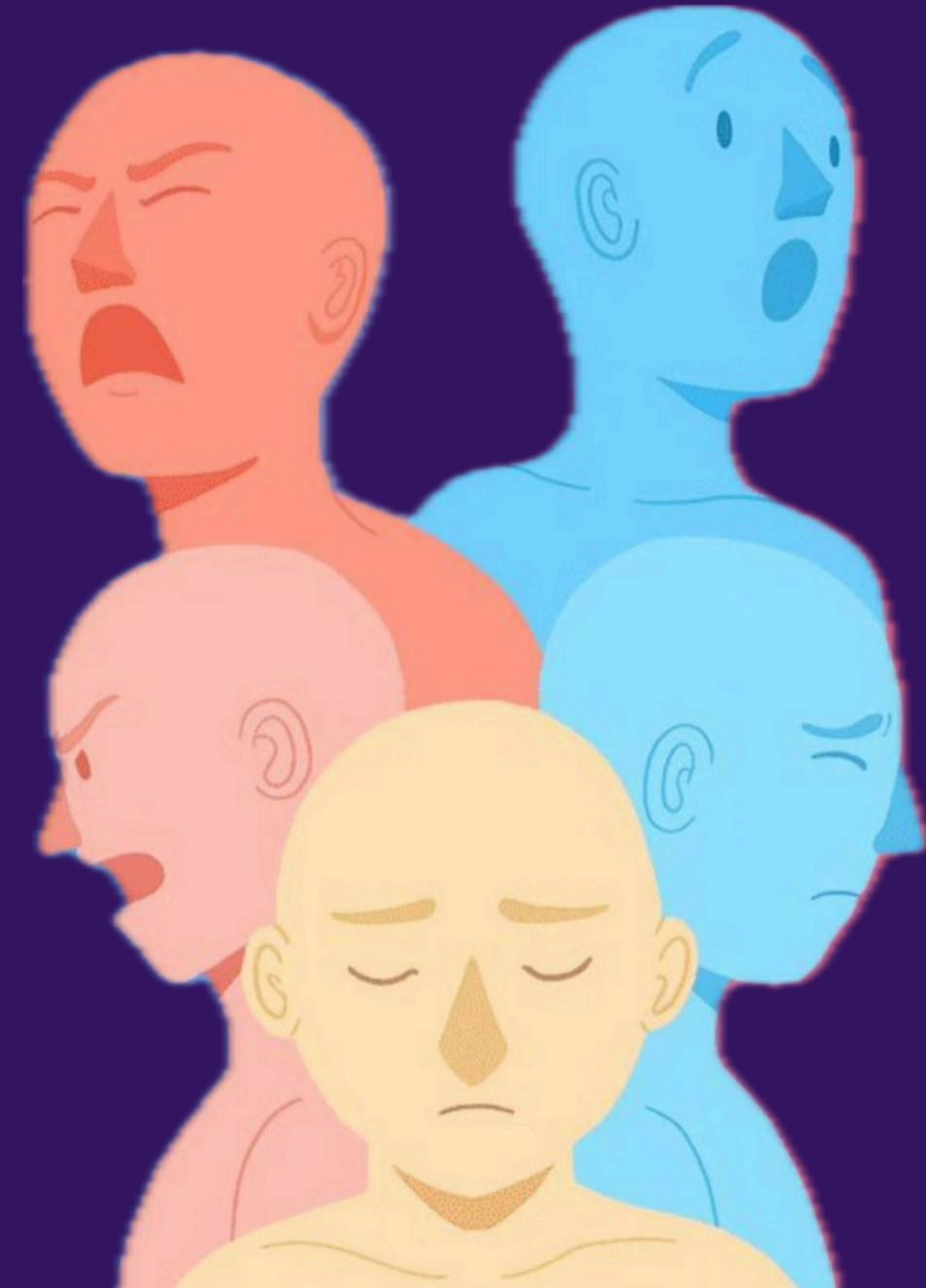
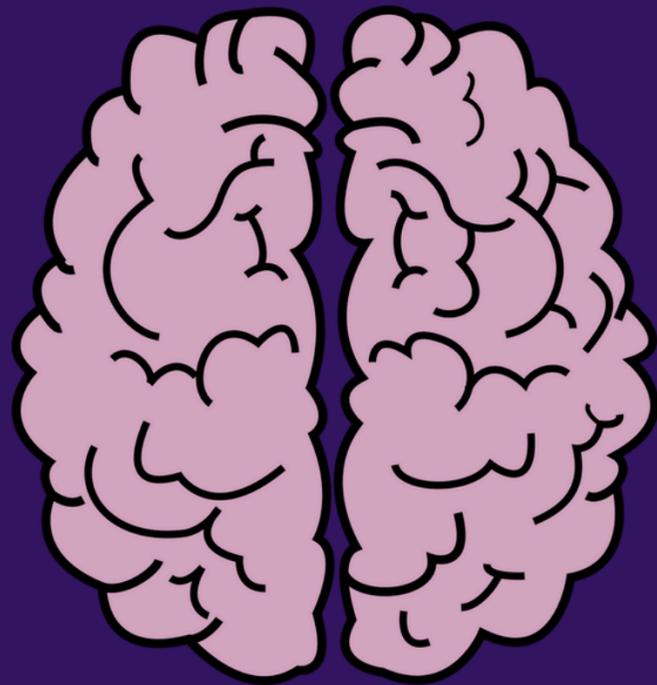




# schizoaffektive Disorder



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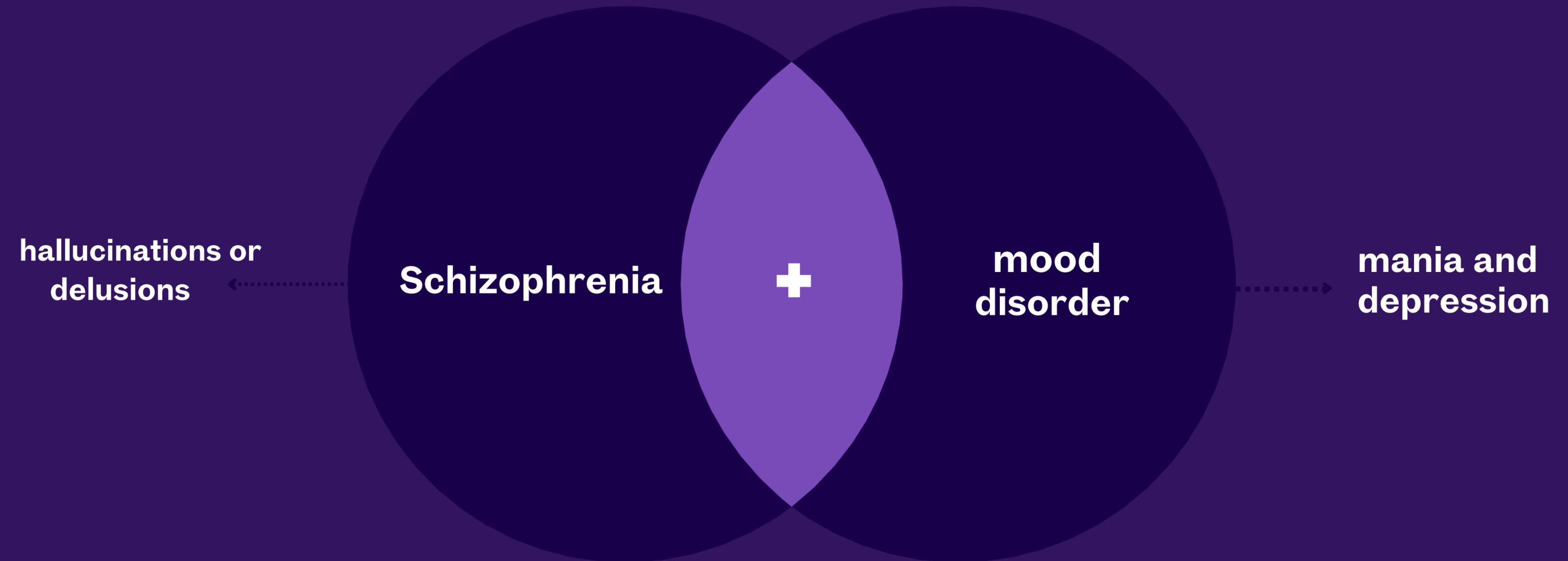


# DEFINITION:

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 them in that affects your thoughts and emotions, and may affect your actions.



# Schizoaffektive disorder



# Subtypes of schizoaffective disorder

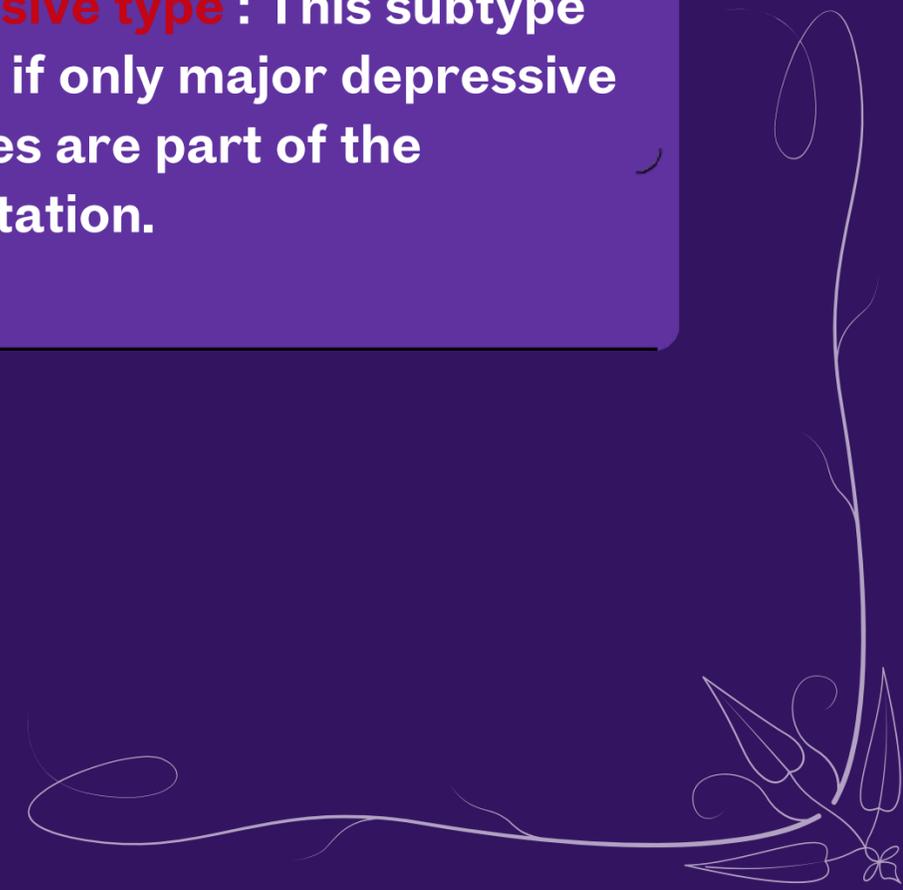
The **two** types of schizoaffective disorder—both of which include some symptoms of schizophrenia — are:

01.

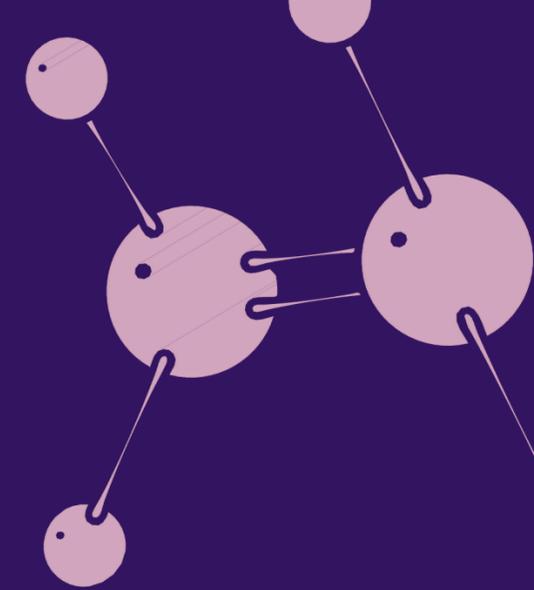
**Bipolar type:** This subtype applies if a manic episode is part of the pre-sentation. Major depressive episodes may also occur.

02.

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



# Pathophysiology and etiology



- The exact pathophysiology is still **unknown**.  
Initially assumed to be a subtype of schizophrenia

The disorder may be caused by abnormalities in one 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 schizo-affective disorder maybe increased among individuals who have a first-degree relative with schizophrenia, bipolar disorder, or schizoaffective disorder.



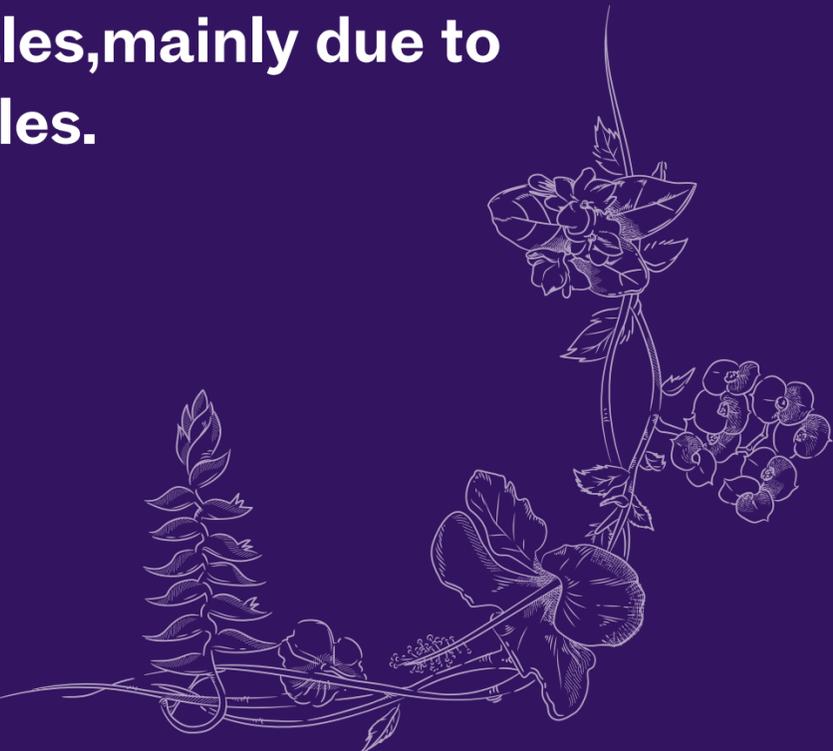


# 0.3%

## Prevalence of schizoaffective disorder

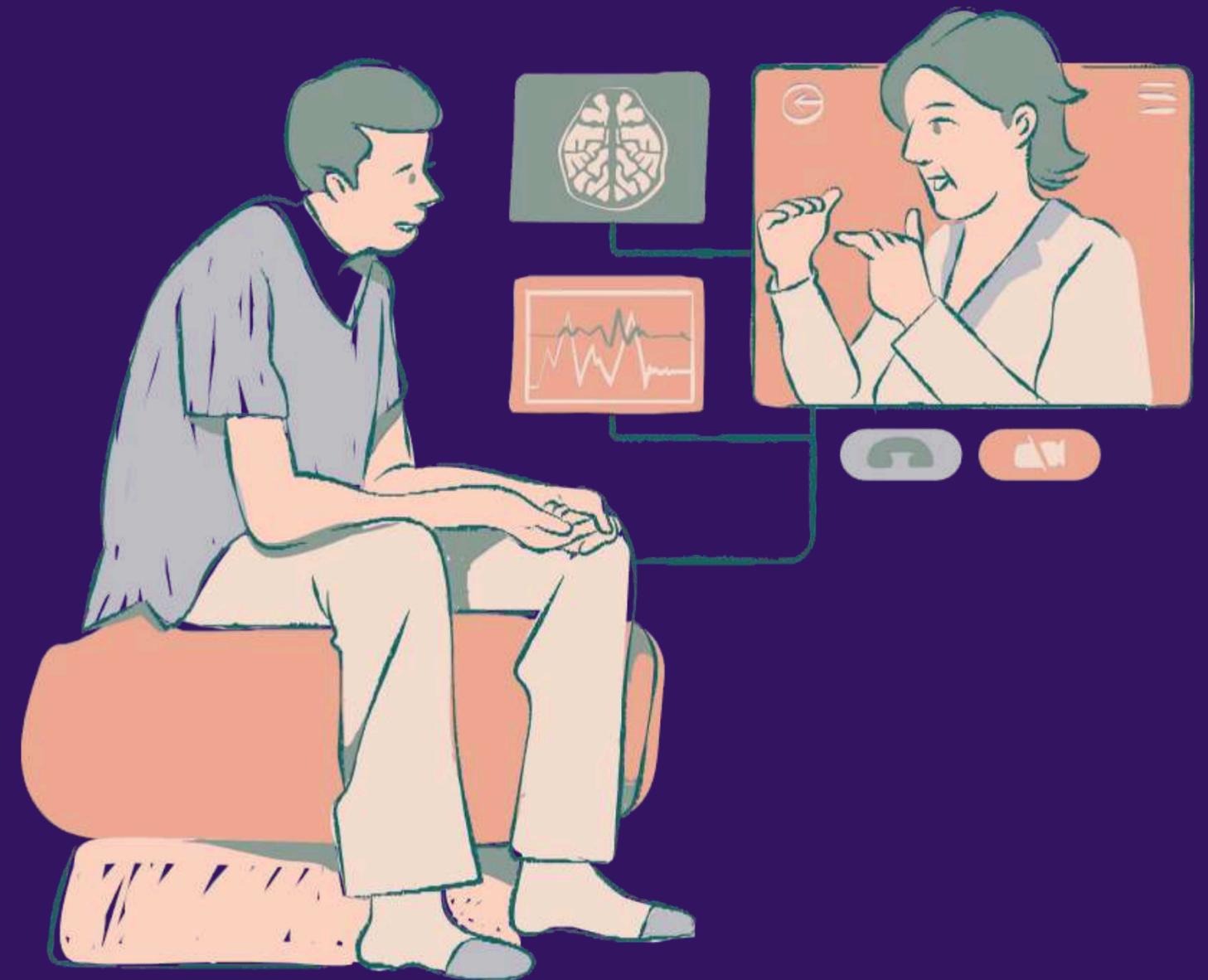
Schizoaffective disorder appears to be about **one-third as common as schizophrenia**. Life-time prevalence of schizoaffective disorder is estimated to be 0.3%.

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 **life time 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

Grandiosity

Flight of ideas

Activities/psychomotor agitation

Talkativeness/pressured speech

Sexual indiscretions

Decrease need for sleep



## 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.

DIAGNOSTIC AND STATISTICAL  
MANUAL OF  
MENTAL DISORDERS  
FIFTH EDITION

DSM-5™

AMERICAN PSYCHIATRIC ASSOCIATION



# 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





إلى المجد قد سار في همه      فنال إلى جنان المجيد  
لدى الله حي ولا لن يمت      بجانب حور الجنان سعيد  
فلا تحسبن الشهيد بميت      فما الحر منا كمثل العبيد  
أخي صانع المجد ها قد ربحت      أهنئك يا فخرنا من جديد

“الأوطان لا تموت من ويلات الحروب ولكنها تموت من خيانة أبنائها“