



Treatment and Management of Schizoaffective Disorder

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DESCRIPTION

A puzzling mental ailment called schizoaffective disorder combines elements of schizophrenia with those of mood disorders. It is challenging to diagnose and treat schizoaffective patients due to the co-occurrence of symptoms from two dissimilar disorders.

SIGNS AND SYMPTOMS

Obtaining a thorough medical history while keeping in mind the schizoaffective disorder diagnostic criteria is the first stage in the evaluation process. There are numerous scales available to rate the severity of a condition. The Questionnaire is helpful for examining alcohol use in schizoaffective disorder individuals.

DIAGNOSIS

When a patient exhibits symptoms of both schizophrenia and a mood disorder but does not strictly fit the diagnostic criteria for either condition alone, schizoaffective disorder is diagnosed. For the diagnosis to be verified, ongoing reevaluation throughout the course of the illness is crucial. It is necessary to conduct psychological testing, such as The Structured Clinical Interview for DSM-5 (SCID-5) to aid in the diagnosis.

The following studies are additional ones that could be beneficial:

- Digital Tomography (CT)
- Imaging With Magnetic Resonance (MRI)
- Electroencephalography (EEG)

MANAGEMENT

- Among the management tenets are the following:
- Pharmacotherapy and psychotherapy are both used as treatment modalities (as well as psychoeducational programs)
- Each patient's treatment programme needs to be tailored to their needs.

- Patients who pose a risk to others or to themselves, or who are incapable of taking care of them, must get inpatient care.
- If necessary, moving to a residential or group home or medical/surgical facility should be considered.
- Special issues include medication noncompliance and quitting smoking.

Whether the manic or depressive subtype of schizoaffective disorder is present affects the pharmaceutical choice. Combinations of antidepressants and an antipsychotic are used to treat the depressed subtype. Combinations of mood stabilisers and an antipsychotic are used to treat the manic subtype.

The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), criteria (see below), or the International Classification of Diseases, Tenth Revision (ICD-10) coding can both be used to define schizoaffective disorder. It is a puzzling mental illness that combines elements of mood disorders and schizophrenia, such as hallucinations, delusions, and warped thinking (eg, depression or mania). Diagnoses and treatments for schizoaffective patients are challenging because of the coupling of symptoms from these discordant spectrums.

When a patient exhibits symptoms of both schizophrenia and a mood disorder but does not strictly fit the diagnostic criteria for either illness alone, the diagnosis is established. Unfortunately, it can be challenging to tell whether a patient has one of the two illnesses—schizophrenia or a mood disorder—or whether they have both—schizophrenia and a mood disorder or perhaps something else entirely.

When a patient fits the requirements for schizophrenia as well as major depressive disorder or mania, a proper diagnosis is made. The patient must also have been in psychosis for at least two weeks without experiencing a mood condition.

Schizoaffective disorder requires a thorough patient history, a study of medical and psychiatric records, and, if at all feasible, information from the patient's family.

Bipolar type (if a manic episode is present, however major depression episodes may also occur) and depressive type are the two subtypes that are recognised (if only major depressive

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episodes are part of the presentation). It is stated if catatonia exists or not.

If the condition has been present for at least a year and if the course specifiers do not conflict with diagnostic course criteria, they may be employed. The following is a list of these specifiers:

Schizoaffective disorder in men is frequently characterised by antisocial personality features. The age of onset is later in women than in males, and the precise aetiology and epidemiology are unknown due to the paucity of study in this field. Schizophrenia patients are regarded to have a worse prognosis than schizoaffective disorder patients do. Both medication and psychotherapy are used as treatments.

Diagnostic criteria (DSM-5)

The following are the precise DSM-5 criteria for schizoaffective disorder:

- A continuous period of sickness that is accompanied by a major mood episode (major depressive, manic, or schizophrenic), which must involve low mood in the case of a major depressive episode.
- During the lifetime of the illness, delusions or hallucinations lasting for two weeks or longer without a severe mood episode (depressive or manic)
- The majority of the time during the active and residual phases of the illness, symptoms that are consistent with a major mood episode are present.
- The effects of a substance (such as a drug of abuse or prescription) or another medical condition cannot be used to explain the disruption.
- Bipolar type (if a manic episode is present, however major depression episodes may also occur) and depressive type are the two subtypes that are recognised (if only major depressive episodes are part of the presentation). It is stated if catatonia exists or not.