

Schizoaffective disorder is a serious mental health condition

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Accepted on August 17, 2021

Editorial

The term "schizo" refers to schizophrenia's psychotic symptoms. The way a person thinks, acts, and expresses emotions alters as a result of this brain illness. It also has an impact on how a person perceives reality and interacts with others. A mood disorder, or extreme changes in a person's mood, energy, and behaviour, is referred to as "affective."

Schizoaffective condition has no known cure. Treatment, on the other hand, can help people control their symptoms and enhance their overall quality of life. Bipolar schizoaffective disorder and depressive schizoaffective disorder are the two forms of schizoaffective disorder. The two categories are determined by the person's associated mood disorder:

- **Bipolar disorder type:** This illness is characterised by one or two types of mood swings. Bipolar disorder patients have strong highs (mania) that can be isolated or paired with lows (depression).
- **Depressive type:** Depressed people experience despair, worthlessness, and hopelessness. They may be considering suicide. They may also have difficulty concentrating and remembering things.

In the first edition of the DSM, the term schizoaffective disorder was initially used to describe a subtype of schizophrenia. Despite a lack of evidence for distinct variations in origin or pathophysiology, it eventually gained its own diagnostic. As a result, there have been no clear researches on the disorder's genesis. However, looking into the causes of mood disorders and schizophrenia, such as in schizophrenia.

Epidemiology

According to some research, up to 50% of patients with schizophrenia also suffer from depression. Both mood disorders and schizophrenia have a complex pathophysiology that involves a variety of risk factors such as genetics, social factors, trauma, and stress. There may be an increased risk of schizoaffective disorder among people with schizophrenia, and vice versa; there may be an increased risk of schizoaffective disorder among people with bipolar disorder, schizophrenia, or schizoaffective disorder who have a first-degree relative with bipolar disorder, schizophrenia, or schizoaffective disorder. Since its inclusion in the DSM, the diagnostic criteria for schizoaffective disorder have been rewritten and added to, making it difficult to conduct suitable epidemiological studies. So yet, no large-scale investigations on the epidemiology, incidence, or prevalence of schizoaffective disorder have been conducted. According to research, 30% of cases occur between the ages of 25 and 35, and it is more common among women. Schizoaffective disorder looks to be roughly a third as common as schizophrenia, with a

lifetime frequency of around 0.3 percent. Schizoaffective illness is thought to account for 10% to 30% of inpatient admissions for psychosis.

Pathophysiology

Schizoaffective disorder's specific pathophysiology is unknown at this time. Abnormalities in dopamine, norepinephrine, and serotonin have been implicated in several investigations. White matter anomalies in the right lentiform nucleus, left temporal gyrus, and right precuneus are also linked to schizophrenia and schizoaffective disorder. In compared to co-occurring disorders, researchers discovered lower hippocampus sizes and unique deformations in the medial and lateral thalamic areas in people with schizoaffective disorder.

Treatment/Management

In most cases, medication and psychotherapy are used to treat schizoaffective disorder. Antipsychotics should be a mainstay of most therapy regimens, although the treatment should be individualised to the individual. According to a study that gathered data on schizoaffective disorder treatment regimens, 93 percent of patients were prescribed an antipsychotic. A mood stabiliser was given to 20% of patients in addition to an antipsychotic, whereas an antidepressant was given to 19% of patients. Inpatient hospitalisation should be considered before starting therapy if a patient with schizoaffective disorder is a danger to themselves or others; this includes people who are neglecting activities of daily life or who are incapacitated baseline in terms of functioning.

Differential diagnosis

Schizoaffective illness is easily confused with other mental disorders due to criteria that include both psychosis and mood symptoms. During the workup for schizoaffective disorder, the following disorders must be checked out:

- Schizophrenia.
- Major depressive disorder with psychotic characteristics is a kind of major depressive disorder.
- Bipolar disorder is a mental illness that affects people.

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