

What Bipolar Isn't Part IV: Schizoaffective Disorder

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This post is part four of four about mental illnesses that are often mistaken for bipolar disorder or one another in general: major depressive disorder, borderline personality disorder, schizophrenia and schizoaffective disorder. In this post: Schizoaffective Disorder.

Welcome to the final installment of the series on illnesses that are often mistaken for bipolar disorder. It's been a lot to take in. The brain is a weird, weird thing and we know almost nothing about how it works. A lot of mental illnesses have similar components. Getting the correct diagnosis of a disorder can take years. Then after a diagnosis is made, a treatment has to be found. Medications have to be tailored to the patient. It's a hard process. It can be even harder when illnesses overlap. Schizoaffective disorder is one of those overlapping illnesses.

Part IV

Schizoaffective Disorder

Two illnesses generally make up schizoaffective disorder: schizophrenia (which I talked about in [my last post](#)) and a mood disorder, like bipolar disorder (which you can find in [any of my posts](#)). As with schizophrenia, schizoaffective disorder includes hallucinations and delusions. It also includes mania and depression symptoms found in mood disorders.

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In addition to genetics, brain structure and brain chemistry, schizoaffective disorder can also be caused or triggered by a major stress event like a death of a friend or family member. Psychoactive drug use has also been tied to the development of schizoaffective disorder.

Only 0.3% of the population is [diagnosed](#) with the disorder, considerably more rare than the other two disorders separately. Both men and women are affected equally, though men typically have an earlier age of onset.

So, here are some symptoms that may present themselves:

From schizophrenia:

-Hallucinations: Seeing, hearing, feeling, tasting or even smelling something that is not present.

-Delusions: These can be delusions of grandeur or paranoia. A person can also be under the delusion that any reference can be referring to themselves. There can also be a delusion that they are being controlled by or controlling over others.

From mood disorders:

-Mania: Euphoria, risky behavior, increased energy and racing thoughts.

-Depression: Feelings of hopelessness or worthlessness, fatigue, change in appetite, memory problems, suicidal thoughts or actions.

This is just a quick breakdown of the symptoms. Combine symptoms from each of those categories and that makes up schizoaffective disorder. As you have probably already guessed, the amount of combinations of symptoms and severity of symptoms is extensive. This is why diagnosis of schizoaffective disorder is so difficult and can take so long.

Once the diagnosis is made, [treatment](#) can actually begin. Since schizoaffective disorder is characterized by a combination of symptoms from schizophrenia and mood disorders, it makes sense that treatment follow the same route. Patients are usually given a combination of mood stabilizing drugs to combat the mood disorder symptoms and anti-psychotics to treat the symptoms of

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hallucinations and delusions similar to schizophrenia. As usual, therapy and a good support system are necessary.

This is an incredibly tough disorder to live with, both for the patient and their loved ones. With so much going on inside the mind, it can be difficult to get out of it.

So what's the difference between bipolar disorder and schizoaffective disorder? Well, bipolar disorder is actually half of the disorder, so there is a lot in common. The problem is that it comes in the same package as schizophrenia, and it's a bad gift that can't be returned.

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