Introduction to Schizoaffective Disorder

By Simeon King

Context of the DSM 5

- “The diagnosis of a mental disorder should have clinical utility: it should help clinicians to determine prognosis, treatment plans, and potential treatment outcomes for their patients.” (DSM V)
- “For an individual with symptoms that clearly meet the criteria for schizoaffective disorder but who on further follow-up only presents with residual psychotic symptoms (such as subthreshold psychosis and/or prominent negative symptoms), the diagnosis may be changed to schizophrenia, as the total proportion of psychotic illness compared with mood symptoms becomes more prominent.” (DSM V)

Schizoaffective DSM changes

DSM V

A. An uninterrupted period of illness during which there is a major mood episode (major depressive or manic) concurrent with Criterion A of schizophrenia.
    a. **Note:** The major depressive episode must include Criterion A1: Depressed mood.
B. 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.
C. 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.
D. The disturbance is not attributable to the effects of a substance (e.g., a drug of abuse, a medication) or another medical condition.

DSM IV-TR

C. Symptoms that meet criteria for a mood symptom are present for a substantial portion of the duration of active and residual illness

Continued...

Criteria B - Differentiate Schizoaffective from Mood disorder w/ psychotic features

- *B. 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.*

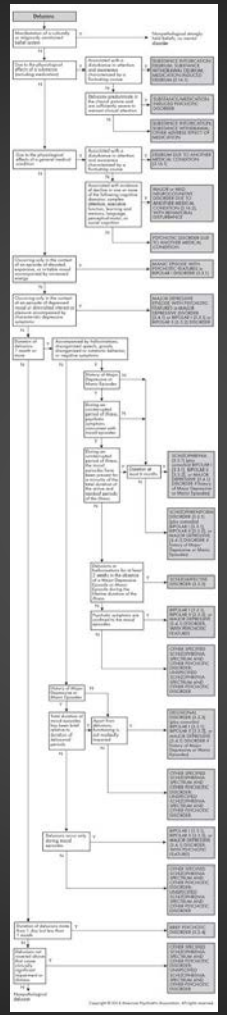
Criteria C - Differentiate Schizoaffective from Schizophrenia

- *C. 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*.
- Criterion C requires the assessment of mood symptoms for the entire course of a psychotic illness, which differs from the criterion in DSM-IV, which required only an assessment of the current period of illness.

Differential Diagnosis

3.2.2 Differential Diagnosis for Schizoaffective Disorder

Schizoaffective Disorder, which is characterized by times in which Major Depressive or Manic Episodes overlap with active-phase symptoms of Schizophrenia and times in which there are delusions or hallucinations without mood symptoms, must be differentiated from...	In contrast to Schizoaffective Disorder...
Psychotic Disorder Due to Another Medical Condition, Delirium, or Major Neurocognitive Disorder Due to Another Medical Condition	Requires the presence of an etiological general medical condition. Schizoaffective Disorder is not diagnosed if the psychotic or mood symptoms are all due to the direct physiological effects of another medical condition.
Substance/Medication-Induced Psychotic Disorder, Substance/Medication-Induced Neurocognitive Disorder, Substance Intoxication Delirium, Substance Withdrawal Delirium, Medication-Induced Delirium, Substance Intoxication, or Substance Withdrawal	Requires that the psychotic and mood symptoms be due to substance use (including medication side effects). Schizoaffective Disorder is not diagnosed if the psychotic or mood symptoms are all due to the direct physiological effects of a substance (including medication).
Schizophrenia	Is characterized either by no mood episodes or, if mood episodes have been present, by mood episodes that have been present for a minority of the total duration of the active and residual periods of the illness.
Bipolar I, Bipolar II, or Major Depressive Disorder With Psychotic Features	Is characterized by psychotic symptoms that occur exclusively during Manic or Major Depressive Episodes.
Delusional Disorder	Is characterized by delusions occurring in the absence of other symptoms that meet DSM-5 Criterion A for Schizophrenia (i.e., prominent auditory or visual hallucinations, disorganized speech, grossly disorganized or catatonic behavior, negative symptoms).


Delusions
Hallucinations or a culturally sanctioned auditory, visual, or other sensory experience that occurs almost exclusively during intense awakening (e.g., within 2 minutes of awakening) or immediately before sleep (e.g., within 2 minutes of sleep onset) and is misidentified as reality
Not attributable to the physiological effects of a substance (including medication)
Not attributable to a nonpsychotic medical condition
Not better explained by another mental disorder (e.g., hallucinations in schizophrenia, delusional disorder, schizophreniform disorder, schizoaffective disorder, substance/medication-induced psychotic disorder, psychotic disorder due to another medical condition, or other specified or unspecified schizophrenia spectrum and other psychotic disorder)
Occurring only in the context of an episode of major depressive disorder, manic episode, or mixed episode
Occurring only in the context of an episode of depressed mood or diminished interest or pleasure, accompanied by insomnia or hypersomnia, depressive symptoms
Duration of delusions, hallucinations, or mixed
Accompanied by hallucinations, disorganized speech, grossly disorganized or catatonic behavior, or negative symptoms
History of Major Depressive Episode or Manic Episode
During an untreated period of illness, psychotic symptoms occurred in the absence of mood episodes
During an untreated period of illness, the total duration of the mood episodes has been present for a substantial portion of the total duration of the active and residual periods of the illness
Duration of mood episode
Diagnosis as schizophrenia for at least 1 month in the absence of a Major Depressive Episode or Manic Episode during the entire lifetime duration of the illness
Psychotic symptoms are limited to the mood episodes
History of Major Depressive or a Manic Episode
Total duration of mood episodes has been brief relative to the duration of behavioral symptoms
Psychotic symptoms occurred in the absence of mood episodes
Behavioral abnormality observed
Behavioral abnormality during mood episodes
Duration of behavioral abnormality from 1 day but less than 1 month
Behavioral and mood episode symptoms fully remitted
Psychopathological disorder
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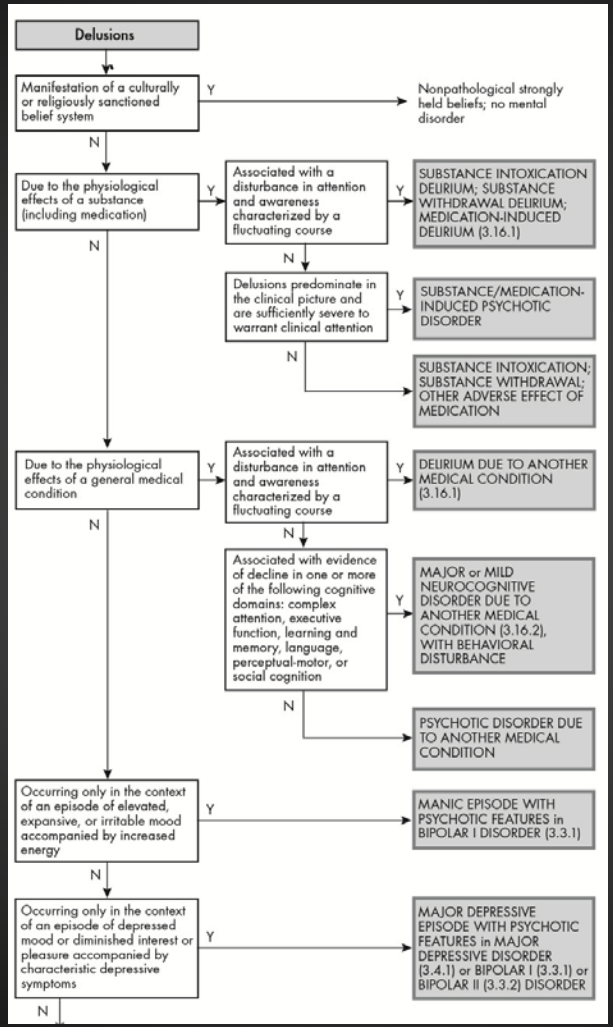
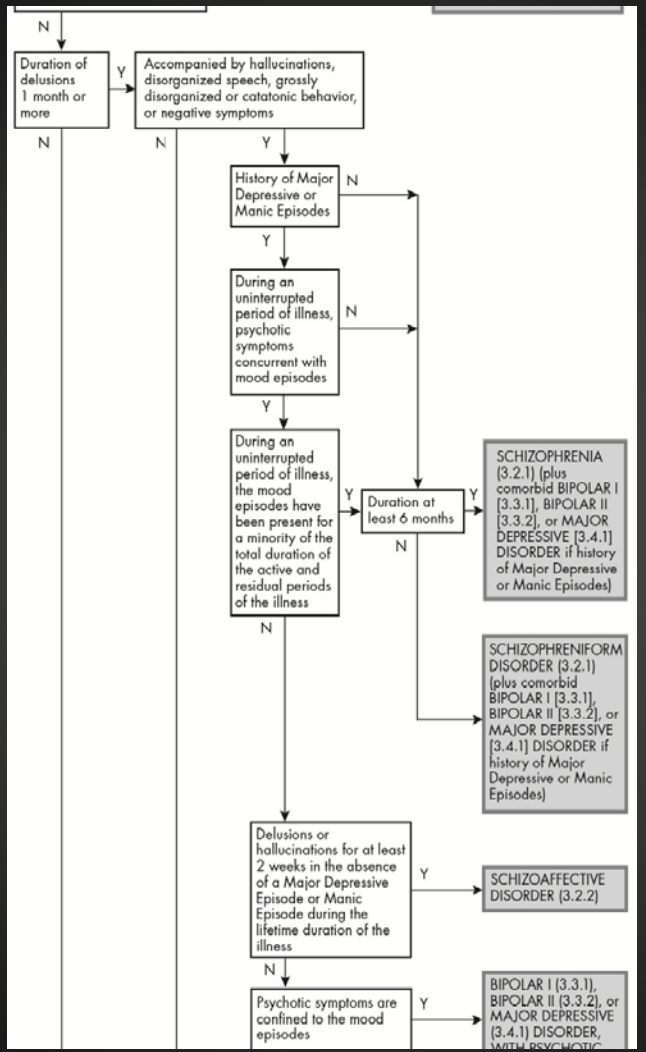
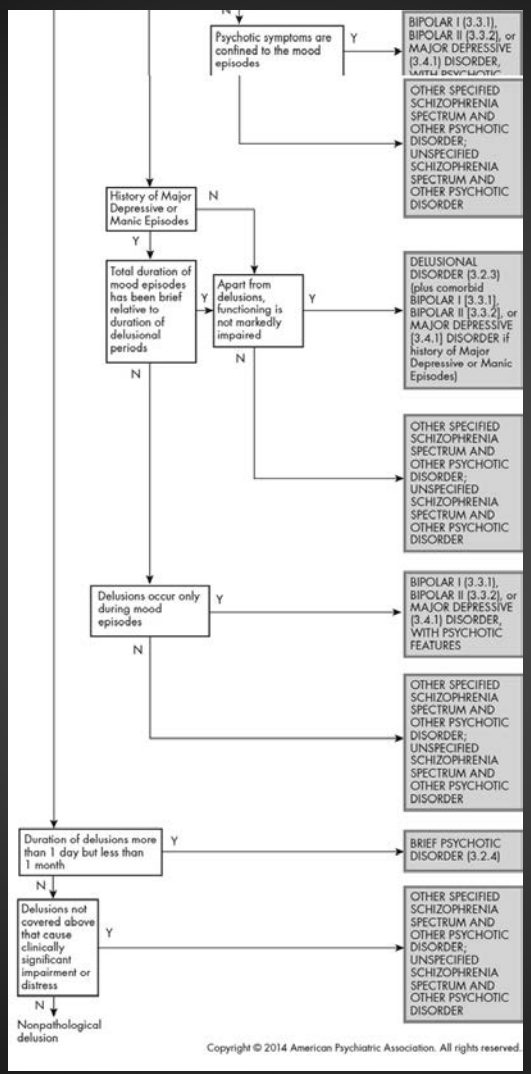

Delusions
Manifestation of a culturally or religiously sanctioned belief system
Y
Nonpathological strongly held beliefs; no mental disorder
N
Due to the physiological effects of a substance (including medication)
Y
Associated with a disturbance in attention and awareness characterized by a fluctuating course
Y
SUBSTANCE INTOXICATION DELIRIUM; SUBSTANCE WITHDRAWAL DELIRIUM; MEDICATION-INDUCED DELIRIUM (3.16.1)
N
Delusions predominate in the clinical picture and are sufficiently severe to warrant clinical attention
Y
SUBSTANCE/MEDICATION-INDUCED PSYCHOTIC DISORDER
N
SUBSTANCE INTOXICATION; SUBSTANCE WITHDRAWAL; OTHER ADVERSE EFFECT OF MEDICATION
N
Due to the physiological effects of a general medical condition
Y
Associated with a disturbance in attention and awareness characterized by a fluctuating course
Y
DELIRIUM DUE TO ANOTHER MEDICAL CONDITION (3.16.1)
N
Associated with evidence of decline in one or more of the following cognitive domains: complex attention, executive function, learning and memory, language, perceptual-motor, or social cognition
Y
MAJOR or MILD NEUROCOGNITIVE DISORDER DUE TO ANOTHER MEDICAL CONDITION (3.16.2), WITH BEHAVIORAL DISTURBANCE
N
PSYCHOTIC DISORDER DUE TO ANOTHER MEDICAL CONDITION
N
Occurring only in the context of an episode of elevated, expansive, or irritable mood accompanied by increased energy
Y
MANIC EPISODE WITH PSYCHOTIC FEATURES in BIPOLAR I DISORDER (3.3.1)
N
Occurring only in the context of an episode of depressed mood or diminished interest or pleasure accompanied by characteristic depressive symptoms
Y
MAJOR DEPRESSIVE EPISODE WITH PSYCHOTIC FEATURES in MAJOR DEPRESSIVE DISORDER (3.4.1) or BIPOLAR I (3.3.1) or BIPOLAR II (3.3.2) DISORDER
N


N
Duration of delusions 1 month or more
Y
Accompanied by hallucinations, disorganized speech, grossly disorganized or catatonic behavior, or negative symptoms
N
N
Y
History of Major Depressive or Manic Episodes
N
Y
During an uninterrupted period of illness, psychotic symptoms concurrent with mood episodes
N
Y
During an uninterrupted period of illness, the mood episodes have been present for a minority of the total duration of the active and residual periods of the illness
Y
Duration at least 6 months
Y
N
SCHIZOPHRENIA (3.2.1) (plus comorbid BIPOLAR I [3.3.1], BIPOLAR II [3.3.2], or MAJOR DEPRESSIVE [3.4.1] DISORDER if history of Major Depressive or Manic Episodes)
SCHIZOPHRENIFORM DISORDER (3.2.1) (plus comorbid BIPOLAR I [3.3.1], BIPOLAR II [3.3.2], or MAJOR DEPRESSIVE [3.4.1] DISORDER if history of Major Depressive or Manic Episodes)
N
Delusions or hallucinations for at least 2 weeks in the absence of a Major Depressive Episode or Manic Episode during the lifetime duration of the illness
Y
SCHIZOAFFECTIVE DISORDER (3.2.2)
N
Psychotic symptoms are confined to the mood episodes
Y
BIPOLAR I (3.3.1), BIPOLAR II (3.3.2), or MAJOR DEPRESSIVE (3.4.1) DISORDER,


Psychotic symptoms are confined to the mood episodes
Y
BIPOLAR I (3.3.1), BIPOLAR II (3.3.2), or MAJOR DEPRESSIVE (3.4.1) DISORDER,
OTHER SPECIFIED SCHIZOPHRENIA SPECTRUM AND OTHER PSYCHOTIC DISORDER; UNSPECIFIED SCHIZOPHRENIA SPECTRUM AND OTHER PSYCHOTIC DISORDER
History of Major Depressive or Manic Episodes
N
Y
Total duration of mood episodes has been brief relative to duration of delusional periods
Y
Apart from delusions, functioning is not markedly impaired
Y
DELUSIONAL DISORDER (3.2.3) (plus comorbid BIPOLAR I (3.3.1), BIPOLAR II (3.3.2), or MAJOR DEPRESSIVE (3.4.1) DISORDER if history of Major Depressive or Manic Episodes)
N
N
OTHER SPECIFIED SCHIZOPHRENIA SPECTRUM AND OTHER PSYCHOTIC DISORDER; UNSPECIFIED SCHIZOPHRENIA SPECTRUM AND OTHER PSYCHOTIC DISORDER
Delusions occur only during mood episodes
Y
BIPOLAR I (3.3.1), BIPOLAR II (3.3.2), or MAJOR DEPRESSIVE (3.4.1) DISORDER, WITH PSYCHOTIC FEATURES
N
OTHER SPECIFIED SCHIZOPHRENIA SPECTRUM AND OTHER PSYCHOTIC DISORDER; UNSPECIFIED SCHIZOPHRENIA SPECTRUM AND OTHER PSYCHOTIC DISORDER
Duration of delusions more than 1 day but less than 1 month
Y
BRIEF PSYCHOTIC DISORDER (3.2.4)
N
Delusions not covered above that cause clinically significant impairment or distress
Y
OTHER SPECIFIED SCHIZOPHRENIA SPECTRUM AND OTHER PSYCHOTIC DISORDER; UNSPECIFIED SCHIZOPHRENIA SPECTRUM AND OTHER PSYCHOTIC DISORDER
N
Nonpathological delusion
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Schizoaffective Disorder

Prevalence / Epidemiology

By. Daren Diiorio

“Generally, relatively little is known about the incidence, prevalence, demographic factors, or risk factors associated with SAD.”

Malhi, G. S., Green, M., Fagiolini, A., Peselow, E. D. and Kumari, V. (2008), Schizoaffective disorder: diagnostic issues and future recommendations. Bipolar Disorders, 10: 215–230.

Prevalence

Difficult to determine…

1. since the diagnostic criteria has continuously changed over the past few years

2. since at one point in time, there may be more than one set of criteria for diagnosis, such as the DSM-IV and the ICD-10

different criteria terminology regarding simultaneity and temporal sequencing of symptoms

with even more variations apparent after translation to other languages

Prevalence (cont.)

The prevalence of SAD has been estimated to be <1% in the general population, but the prevalence in patient populations is often much higher since clinicians often makes the diagnosis of SAD when he/she is uncertain

lifetime prevalence of schizoaffective disorder estimated to be about 0.32% (Finland)

another review study found a prevalence range of 0.5-0.8% (France)

Scully (2004) and Marneros (2003) offer data suggesting that the lifetime prevalence of schizoaffective disorder ranges between 0.2%–1.1%

- a higher frequency (9%) of schizoaffective disorder among hospitalized psychiatric inpatients (Zarate et al 1997; Marneros 2003; Scully et al 2004)

Prevalence (cont.)

In one population, the lifetime prevalence of all psychotic disorders was 3.06%

0.87% for schizophrenia
0.42% for substance-induced psychotic disorders
0.35% for major depressive disorder with psychotic features
0.32% for schizoaffective disorder
0.24% for bipolar I disorder with psychotic features
0.21% for psychotic disorders due to a general medical condition
0.18% for delusional disorder
0.07% for schizophreniform disorder

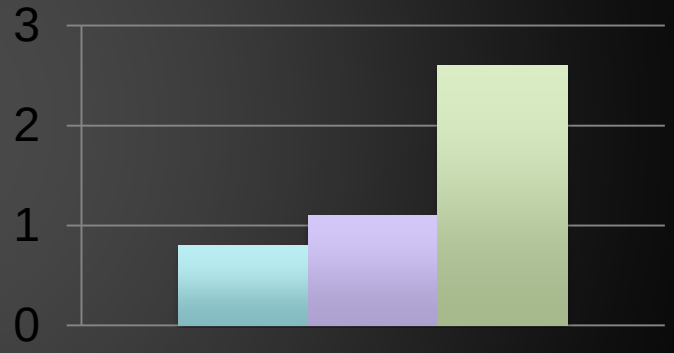
Perälä J, Suvisaari J, Saarni SI, et al. Lifetime Prevalence of Psychotic and Bipolar I Disorders in a General Population. *Arch Gen Psychiatry.* 2007;64(1):19-28.

SAD vs. schizophrenia vs. bipolar

(NIMH, US Adults)

Schizophrenia = 1.1%

Bipolar = 2.6%



Vs.

Schizoaffective = <1%

Younger Patients

Schizoaffective disorder appears to be rare among psychotic children

Diagnosis more challenging than among adults

- greater uncertainty compared with adults regarding symptoms and diagnostic stability over time
- co-morbidity of intellectual disabilities
- potential issues with substances of abuse and/or medications in this age range

Age of Onset

appears to have a broad age of onset in adults

1/3 prior to age 25

1/3 between ages 25 and 35

1/3 after age 35

depressive subtype of SAD appears to be more common in the elderly

bipolar type SAD appears to predominate in younger patients

Gender

The DSM-IV-TR states without reference that schizoaffective disorder probably occurs more often in women

2/3 women vs. 1/3 men

the age of onset for women is later than men

males more likely to manifest w/ antisocial behavior and have either a flat or inappropriate affect

depressive symptoms more prevalent in females

Other Demographics

Compared with patients with schizophrenia, patients with schizoaffective disorder...

were more likely to

be white, Hispanic, or of other non-African-American race or ethnicity

receive co-treatment of a substance use disorder, anxiety disorder, depressive disorder, or bipolar disorder

be treated with mood stabilizers, antidepressants, and anxiolytics

receive psychotherapy or to have an inpatient psychiatric admission

had significantly lower mean number of general medical visits than did patients treated for schizophrenia

Prognosis/ Treatment

Prognosis

- The prognosis for schizoaffective disorder is somewhat better than the prognosis for schizophrenia but worse than the prognosis for mood disorders (Harrow et al. 2000).
- Bipolar w/ Psychotic features > Schizoaffective > Schizophrenia

Treatment

- Atypical Antipsychotics
  - Paliperidone indicated for schizoaffective monotherapy in 2013
- Mood Stabilizers

Translating this data to patients

- Because the relative proportion of mood to psychotic symptoms may change over time, the appropriate diagnosis may change from and to schizoaffective disorder.
- Diagnosis may evolve over time. Could affect perceived outcome?

Sources

1. American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), American Psychiatric Association, Arlington, VA 2013.

2. Azorin JM, Kaladjian A, Fakra E. Current issues on schizoaffective disorder. *Encephale*. May-Jun 2005;31(3):359-65.

3. Kasanin K. The acute schizoaffective psychoses. *Am J Psychiatry* 1933; **90**: 97–126.

1. Maier W. Do schizoaffective disorders exist at all? *Acta Psychiatr Scand* 2006; **113**: 369–371.

2. Malhi, G. S., Green, M., Fagiolini, A., Peselow, E. D. and Kumari, V. (2008), Schizoaffective disorder: diagnostic issues and future recommendations. Bipolar Disorders, 10: 215–230.

3. Olfson M, Marcus SC, Wan GJ (2009) Treatment patterns for schizoaffective disorder and schizophrenia among Medicaid patients. Psychiatr Serv 60: 210–216.

4. Perälä J, Suvisaari J, Saarni SI, et al. Lifetime Prevalence of Psychotic and Bipolar I Disorders in a General Population. *Arch Gen Psychiatry.* 2007;64(1):19-28.