Schizoaffective Disorder Bipolar Type Overview

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What is Schizoaffective Disorder Bipolar Type?

Schizoaffective disorder is a mental health condition that blends the symptoms of schizophrenia and mood disorders. There are two types of schizoaffective disorder: depressive and schizoaffective disorder bipolar type. (Some doctors also classify a third type, mixed type, which presents with symptoms of both depression and mania. Others include mania with occasional depressive episodes as bipolar type.)

While all types are treatable, these conditions are chronic and incurable, meaning they require lifelong treatment. However, it is possible to manage schizoaffective disorder effectively with proper medical care and mental health support.

Schizoaffective Disorder Bipolar Type Explained

We have established that there are two (or three) types of schizoaffective disorders. But for our article, we are only going to focus on one: schizoaffective disorder bipolar type.

Schizoaffective disorder bipolar type is a chronic mental health disorder characterized by symptoms of schizophrenia and mania. Schizoaffective disorder is rare, affecting roughly 0.3% of the population, or around 1 in 200 people. As such, it is less well-studied than its closest analogs, schizophrenia and bipolar disorder.

Unfortunately for sufferers, schizoaffective disorder “borrows” many hallmark symptoms from both schizophrenia and bipolar disorder. As such, it is common to be misdiagnosed with one disorder or the other at first. But once individuals receive a correct diagnosis, this disorder can be effectively managed with medication, therapy, and ongoing support.

Schizoaffective Disorder vs. Bipolar Disorder

There is a large degree of overlap between schizoaffective disorder bipolar type and bipolar disorder – it is even in the name.

For instance, individuals with both disorders are likely to experience the symptoms of mania, such as euphoria and risky behavior. Schizoaffective disorder bipolar type can – but not always – present with major depressive episodes just like bipolar disorder, too.

But the similarities seem to end when the symptoms of schizophrenia set in. Often, this occurs when a person suffers their first psychotic episode, which may present with delusions and paranoia, hallucinations, or disorganized thoughts or speech.

Unfortunately, severe presentations of bipolar disorder have been known to present with occasional bouts of psychosis, which may lead to some of the same symptoms of schizophrenia. Thus, clinicians are tasked with the

difficult job of distinguishing between mood episode-induced psychosis, which can occur in either severe manic or depressive episodes, and schizoaffective disorder, which presents with psychosis when mood symptoms are not present.

In some cases, this last point is the key to telling schizoaffective disorder and bipolar disorder apart. Experiencing psychotic symptoms in the absence of a mood swing is an essential criterion for diagnosing schizoaffective disorder bipolar type. (More on that below.)

Early Signs and Symptoms of Schizoaffective Disorder

Anyone can experience schizoaffective disorder bipolar type. With that said, men are more likely to experience symptoms at a younger age, typically in young adulthood.

But regardless of age or gender, when symptoms appear they can be quite severe and require close monitoring. For our purposes, we can divide these symptoms into three categories: schizophrenic, manic, and lifestyle symptoms.

Schizophrenic Symptoms

Each type of schizoaffective disorder comes with a variety of schizophrenic symptoms, though they vary from person to person. These may include:

- **Hallucinations:** seeing or hearing things that are not there
- **Delusions:** false, fixed beliefs that cannot be disproven by contradictory evidence
- **Disorganized speech:** talking slowly or rapidly or switching topics without an obvious link
- **Disorganized behavior:** issues holding down a job, sticking to appointments, or otherwise organizing daily life

Manic Symptoms

Schizoaffective disorder bipolar type also comes with symptoms of mania. Again, these symptoms may vary, but possibly include:

- Racing thoughts
- Irritability
- Euphoria
- Feeling overconfident
- Willingness to take risks, such as unsafe sex or experimenting with drugs
- Being easily distracted
- Being argumentative or aggressive

Some individuals may experience symptoms of major depressive disorder as well as mania. During a depressive swing, a person may feel sad, worthless, tired, and they might struggle with suicidal thoughts and have difficulty concentrating.

Lifestyle Symptoms of Schizoaffective Disorder

All these symptoms of schizoaffective disorder can have broader implications for an individual’s ability to manage themselves day-to-day. This can lead to issues holding down a job, getting good grades in school, and enjoying positive relationships in their social life.

Additionally, someone in a schizoaffective swing might not pay attention to personal care or general hygiene. They may refuse to take a shower, get a haircut, or brush their teeth.

Risk Factors for Schizoaffective Disorder Bipolar Type

The exact cause of schizoaffective disorder remains a mystery to clinicians. However, several risk factors may contribute to developing the disorder, such as:

- **Genetics:** schizoaffective disorder tends to run in families
- **Drug use:** some psychoactive drugs, such as LSD, have been linked to schizoaffective disorder
- **Brain chemistry and structure:** brain scans show that individuals with schizoaffective disorder may share some similarities in structure and function
- **Stress:** stressful events have been known to trigger the onset of predisposed illnesses

Complications of Schizoaffective Disorder

Sadly, individuals who experience schizoaffective disorder are often unable to care for themselves without ongoing medical treatment. Additionally, the combination of mood disorder, hallucinations, and delusions can make keeping steady employment or getting along with others difficult.

This puts those with schizoaffective disorder (either type) at an increased risk of:

- Conflicts with family, friends, and work obligations
- Social isolation
- Suicidal thoughts or attempts
- Substance abuse problems
- Unemployment, poverty, and homelessness
- Other mental health disorders, such as anxiety, PTSD, or ADHD

Receiving a Diagnosis

Because of the disorder's complexity and crossover between schizophrenia and bipolar disorder, schizoaffective disorder can be difficult to diagnose. Current diagnostic requirements include:

- That schizophrenic and mood disorder symptoms being present during the same period
- The appearance of either delusions or hallucinations for two or more weeks in the absence of major mood episodes
- Major mood episodes being present for the majority of the illness
- Symptoms that appear independent of the use or abuse of drugs or medications

Treatment Options for Schizoaffective Disorder

Because schizoaffective disorder is so rare and ill-studied, it does not have its own treatments.

Instead, clinicians tend to combine treatments for both schizophrenia and the relevant mood disorder. In schizoaffective disorder bipolar type, medications such as mood stabilizers and antipsychotic drugs are common therapies. Similarly, depressive type may be treated with antidepressants instead of mood stabilizers. Psychotherapies such as family-focused or cognitive behavioral therapy, concurrent with medication, may also be effective.

Additionally, many clinicians also promote education and self-management strategies to help schizoaffective individuals take charge of their own treatment whenever possible. These may include joining a peer support group, learning how to manage stress, and identifying when to ask family and friends for help.

How to Get Help for Schizoaffective Disorder

With schizoaffective disorder, the key to a healthy, happy, balanced life is catching and managing symptoms early. If you know someone struggling with possible symptoms or a psychotic break, it is important to get them help right away.

While you cannot force someone to go to a doctor, you can approach them calmly and note that you are concerned about them, and that you would like to help them make an appointment with a qualified mental health professional. SAMHSA.gov and MentalHealth.gov both provide plenty of resources to find and contact someone who can help.

If your loved one is homeless, ill-fed and ill-clothed, in a suicidal crisis, or if safety for themselves or others is a concern, contact 911 or other emergency responders. Or if it is safe to do so, accompany them to the nearest emergency room for a professional evaluation.