Schizophrenia and Schizoaffective Disorder

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Learning Objectives

Upon completion of this session, participants will be better able to:

1. Describe risk factors for schizophrenia and schizoaffective disorder
2. Differentiate between schizophrenia and schizoaffective disorder
3. Identify symptoms of schizophrenia and schizoaffective disorder and provide tools for assessment
4. Discuss potential treatments, outlook, and potential complications
What is Schizophrenia?

• Schizophrenia is a long-term mental disorder that affects how a person thinks, feels, and behaves
• Schizophrenia may result in some combination of hallucinations, delusions, or disorganized thinking and behavior that impairs daily functioning
• People living with schizophrenia may feel or act as if they have lost touch with reality
• Symptoms usually begin between ages 16 – 30, but in rare cases can start in children or older adults
Schizoaffective disorder is a long-term mental disorder where a person experiences a combination of psychotic symptoms and mood symptoms

- Psychotic symptoms include hallucinations and delusions, similar to what is seen in schizophrenia
- Mood symptoms involve depression or mania

There are two types of schizoaffective disorder:

- Bipolar type, includes episodes of mania and may or may not include major depression
- Depressive type, which includes only major depressive episodes
Incidence/Prevalence

**Schizophrenia** affects about 1% of Americans
- Schizophrenia can occur at any age
- Average age of onset is teens to early 20s in men, late 20s to early 30s in women
- Uncommon for schizophrenia to be diagnosed in a person younger than 12 or older than 40

**Schizoaffective disorder** is diagnosed in about 0.3% of the population in the U.S.
- Men and women experience schizoaffective disorder at the same rate, but men often develop the illness at an earlier age
Causes

- The exact causes of schizophrenia and schizoaffective disorder are not known.
- Currently, researchers believe a combination of factors may contribute: genetics, brain chemistry, and environment.
- People with schizophrenia or schizoaffective disorder may have problems with neurotransmitters such as dopamine and glutamate.
- Neuroimaging studies show differences in the brain structure of people who have psychotic disorders, but the significance is still unclear.
Risk Factors

Certain factors seem to increase the risk of developing or triggering a psychotic disorder, including:

- Having a close blood relative who has schizoaffective disorder, schizophrenia or bipolar disorder
- Increased immune system activation, such as from inflammation or autoimmune diseases
- Having a father who was older at time of birth
- Pregnancy and birth complications
- Stressful events or traumatic life events
- Taking mind-altering (psychoactive or psychotropic) drugs, especially during adolescence and young adulthood
Signs and Symptoms

Positive Symptoms

- Positive symptoms are psychotic behaviors not typically seen in people without psychotic disorders—the individual displays “extra” symptoms that are atypical.
- People with positive symptoms may “lose touch” with some aspects of reality.
- Positive symptoms include:
  - Hallucinations
  - Delusions
  - Thought disorders (unusual or dysfunctional ways of thinking)
  - Movement disorders (agitated or involuntary movements)
Signs and Symptoms

Negative Symptoms

- Negative symptoms are associated with disruptions to normal emotions and behaviors—the individual is “missing” behaviors that would typically be expected.
- Negative symptoms include:
  - “Flat affect” (reduced expression of emotions via facial expression or voice tone)
  - Reduced feelings of pleasure in every day life (anhedonia)
  - Difficulty beginning and sustaining activities
  - Reduced speaking

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Signs and Symptoms

Cognitive (thinking) Symptoms

- Some cognitive symptoms can be subtle, but for others, they are more severe and patients may notice changes in their memory or other aspects of thinking.

- Cognitive symptoms include:
  - Poor “executive functioning” (the ability to understand information and use it to make decisions)
  - Trouble focusing or paying attention
  - Problems with “working memory” (the ability to use information immediately after learning it)
Signs and Symptoms: **Mood Symptoms**

Mood symptoms are the **primary distinction** between schizophrenia and schizoaffective disorder

- Schizoaffective disorder includes mood symptoms meeting the criteria for major depressive episodes and/or manic episodes, schizophrenia does not

Mood symptoms include:

- Depressive symptoms
- Manic symptoms

**Bipolar type** schizoaffective disorder involves manic symptoms and may or may not include depression

**Depressive type** schizoaffective disorder involves depressive symptoms without mania

APA, 2013
Signs and Symptoms: *Mood Symptoms*

**Manic Symptoms**
- Mood that is elated or irritable
- Increased activity and energy
- Racing thoughts and flight of ideas
- Increased talking or rapid speech
- Inflated sense of self
- Grandiosity
- Impulsive or high risk activity
- Decreased sleep without associated fatigue

**Depressive Symptoms**
- Prolonged periods of sadness
- Feelings of worthlessness
- Suicidal ideation
- Excessive guilt
- Loneliness and/or isolation
- Decreased energy
- Increase or decrease in appetite
- Difficulty concentrating
- Fatigue (tiredness or weariness)

APA, 2013
Assessment

- Health care providers will conduct a physical exam and interview to determine symptoms, and a detailed family history will be taken to determine potential risk factors.
- Lab tests and brain scans may be ordered to rule out any other diseases or causes of symptoms.
- Health care providers check mental status by observation and asking about thoughts, moods, delusions, hallucinations, substance use, and potential for violence or suicide.
- Diagnosis is usually based on the criteria in the DSM-5.
Treatment

• Medications
  o Antipsychotic medications are usually used to help reduce or minimize hallucinations or delusions
  o Mood stabilizers or anti-depressants can help with the mood symptoms of schizoaffective disorder
• Working with a therapist or counselor in addition to taking medication can improve outcomes
  • CBTp (cognitive behavioral therapy for psychosis)
  • Supportive psychotherapy
  • Cognitive Enhancement Therapy (CET)
• Inpatient treatment, either short- or long-term, can be necessary for some people
Treatment Medications

First-generation (typical) antipsychotics

- chlorpromazine (Thorazine), fluphenazine (Prolixin), haloperidol (Haldol), etc.
- Can cause movement problems that are either short- or long-term, and have other side effects that can be severe

Second-generation (atypical) antipsychotics

- aripiprazole (Abilify), clozapine (Clozaril), lurasidone (Latuda), olanzapine (Zyprexa), paliperidone (Invega), risperidone (Risperdal), quetiapine (Seroquel), etc.
- Less likely to cause movement disorders, but increase the risk of weight gain and diabetes
**Treatment Medications**

Mood stabilizers for schizoaffective disorder

- Lithium (Eskalith, Lithobid)

Antidepressants for schizoaffective disorder

- Including fluoxetine (Prozac), citalopram (Celexa), bupropion (Wellbutrin), venlafaxine (Effexor)
- Typically only prescribed for bipolar type schizoaffective disorder if a mood stabilizer is also prescribed

Anticonvulsants for schizoaffective disorder

- Including lamotrigine (Lamictal), valproic acid (Depakote), gabapentin (Neurontin), topiramate (Topamax)
Management

• Psychosocial treatments help reduce barriers to functioning
• Assertive Community Treatment (ACT)
  o Comprehensive treatment by providing individualized services and proactively addressing potential problems
• Peer support groups
  o Encourage involvement in recovery by helping people work on social skills with others
• Nutrition or supplements should be discussed with a doctor
  o Lower sugar and caffeine intake
  o Increase omega-3 fatty acids
• Avoid alcohol or drug use
  o Using substances reduces the effectiveness of treatments for schizophrenia, and make it difficult to follow a treatment plan
Management

Addressing Suicide

• Psychotic disorders and the treatments for these conditions place individuals at risk for suicide
• Be aware of member’s history and stressors
• Suicidal ideation should be monitored closely
• Assess for thoughts, plan, intent, and access to means

In the U.S., call the National Suicide Prevention Lifeline at 1-800-273-TALK (1-800-273-8255)

Use that same number and press "1" to reach the Veterans Crisis Line
Management

Warning Signs of Suicide

- Suicidal ideation may require hospitalization
- Direct statements: “I want to die,” “I wish I was dead,” “I’m going to kill myself”
- Indirect statements: “My life isn’t worth living”
- Giving away belongings
- Pulling away from loved ones, isolation
- Long periods of depression with sudden increase of energy

Take all suicidal statements seriously. Do not assume somebody is looking for attention

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Management

*Intervention Strategies*

- Assist member in identifying symptoms and how they may impact behavior
  - Help member make goals about behaviors to change and how to change them
- Educate family and involve in treatment plan when possible
  - Family can help identify symptoms, track behaviors, and give encouraging feedback
- Work on healthy lifestyle choices
  - Regular sleep, healthy eating, avoiding alcohol/drugs
- Help member identify treatment that works best for them
Management

Intervention Strategies

• Encourage member to communicate with providers about medication side effects
  o Document side effects to help conversations with doctor
• Encourage member to take medication every day, as missing doses may lead to negative effects
  o Using pill boxes/bubble packs
  o Setting alarms, leaving notes, using a calendar
  o Some medications are available in long-acting injections that increase patient adherence
• Encourage member to discuss concerns with healthcare provider, and assist in communication as needed
Prevention

• There is no sure way to prevent schizophrenia or schizoaffective disorder

• Getting treatment at the earliest sign of any mental health disorder can help prevent the condition from worsening

• Strategies can help prevent minor symptoms from becoming full-blown psychotic episodes:
  • Pay attention to warning signs; family members/friends can help
  • Avoid drugs and alcohol
  • Take medications exactly as directed; stopping or changing dosage can cause side effects or worsen symptoms

• Learning more about risk factors for schizophrenia may lead to earlier diagnosis and treatment
Member Education & Resources

MedlinePlus (National Institutes of Health) has resources on schizophrenia for both providers & patients

- Good selection of articles & handouts on specific topics
- https://medlineplus.gov/schizophrenia.html

_Dealing with Psychosis_, from the Canadian group Here-to-Help, is a self-directed toolkit that patients can work through to help manage psychotic symptoms

References

References


Thank you all for being here and for your commitment to improving the health and well-being of your client members