UNDERSTANDING YOUR DIAGNOSIS

Schizoaffective Disorder

Also called Schizoaffective Disorder

Two things at once: big swings in mood, plus times when your mind loses track of what is real. Both parts respond to treatment.

HOW COMMON	OFTEN STARTS	TREATABLE	YOU ARE NOT ALONE
About 1 in 300 people	Late teens to early 30s	Yes - most people improve	Millions of people worldwide

What this is

- You have both mood episodes - deep lows or revved-up highs - and psychosis, which means losing touch with what is real.
- It is not a split personality. That myth is not true. It is one mind dealing with two problems that overlap in time.
- The mood part and the psychosis part each have good treatments. Many people have long stretches of feeling well.
- Your team may need months and a clear timeline of your symptoms to be sure of this diagnosis. That is normal.

What it can look and feel like

- You may hear voices, or feel certain that people are out to get you, even when those close to you disagree.
- You may have weeks of deep sadness, no energy, and no interest in anything, with trouble sleeping or eating.
- You may have times of racing thoughts, little need for sleep, big plans, and spending or risks you later regret.
- There are stretches when the voices or strange beliefs stick around even after your mood has evened back out.
- Your thoughts may feel jumbled, so people say your speech is hard to follow or jumps from topic to topic.
- You may pull away from friends and family, or stop keeping up with school, work, or everyday self-care.
- It can be hard to trust your own read on things, which is exhausting and can leave you feeling very alone.

What is happening in your brain and body

- Dopamine, a brain chemical that flags what matters, can run too high and make ordinary things feel full of meaning.
- Chemicals that steady mood, such as serotonin and norepinephrine, swing out of balance and drive the highs and lows.
- Your body clock gets thrown off, so poor sleep is both an early warning sign and a trigger for the next episode.
- Brain areas for memory and planning work less smoothly during episodes, which is why thinking can feel slow or foggy.
- Stress hormones stay high, leaving your body tense and worn out even when nothing stressful is going on.

What can make it more likely

- Genes matter a lot. This condition runs in families alongside schizophrenia and bipolar disorder.
- Stress, trauma, or a big loss can set off a first episode in someone who already carries that risk.
- Cannabis and stimulants can trigger episodes and make them last longer, especially during the teen years.
- Losing sleep, whether from shift work, travel, or a new baby, can tip your brain into a new episode.

What to expect

- Episodes come and go. In between, many people feel much like themselves and get back to work or school.
- This condition sits between schizophrenia and bipolar disorder, and results are often better than in schizophrenia.
- Treatment usually combines medicines with therapy. Finding the right mix can take a few tries, and that is normal.
- Staying with treatment while you feel good is the strongest way to keep the next episode from arriving.

What helps

Treatment works. Most people get better.

Talking therapies

- **Talk therapy for psychosis** helps you test upsetting beliefs and cope with voices, usually over 16 to 24 sessions.
- **Social rhythm therapy** builds steady sleep, meal, and activity times, which protects your mood month to month.
- **Family-focused therapy** teaches everyone at home the early warning signs and how to talk through hard moments.
- **Recovery groups** help you build a relapse plan, keep track of medicines, and set goals that actually matter to you.
- **Thinking skills training** paired with a real job or class helps with focus, memory, and getting things done.

Medicines

- **Antipsychotics** treat the voices and fearful beliefs. Paliperidone is the one approved just for this condition.
- **Mood stabilizers** such as lithium or valproate even out highs and lows. They need blood tests to stay safe.
- **Antidepressants** may be added when the low mood side is stronger. They usually take 4 to 8 weeks to help.
- Side effects can include weight gain, sleepiness, or shakiness. Report them - the dose or the drug can be changed.
- Doses are always worked out with your prescriber. **Long-acting shots** are an option if daily pills are hard.

Everyday things that help

- Protect your sleep. Same bedtime, same wake time. Lost sleep is one of the fastest ways into a new episode.
- Go easy on alcohol, and skip cannabis and stimulants. They can set off both the mood side and the psychosis side.
- Track your mood daily in an app or a notebook. Patterns show up on paper long before an episode fully lands.
- Move your body and eat on a schedule. This protects your heart, which some of these medicines can strain.
- Keep a short list of warning signs and people to call. Share it with someone you trust before you need it.

Get help right away if

- If you think about ending your life, call or text **988** now, or go to the nearest emergency room.
- Get help today if you stop sleeping, feel unstoppable, or spend money in ways that scare people who love you.
- Go to an emergency room if voices tell you to hurt someone, or you truly cannot tell what is real.

Questions to ask your care team

- *How do we tell my mood symptoms and my psychosis symptoms apart?*
- *Do I need both an antipsychotic and a mood stabilizer long term?*
- *What are my own early warning signs that a new episode is starting?*
- *Which side effects should I call about, and which ones usually settle down?*

Where this information comes from

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NOTE

Sources are listed in APA 7th edition style. This handout is general health information, not medical advice, and it does not replace talking with your own doctor, therapist, or prescriber. Medicine choices and doses are decided with your prescriber. If you are in danger or thinking about hurting yourself, call or text 988 in the United States, or go to your nearest emergency room.