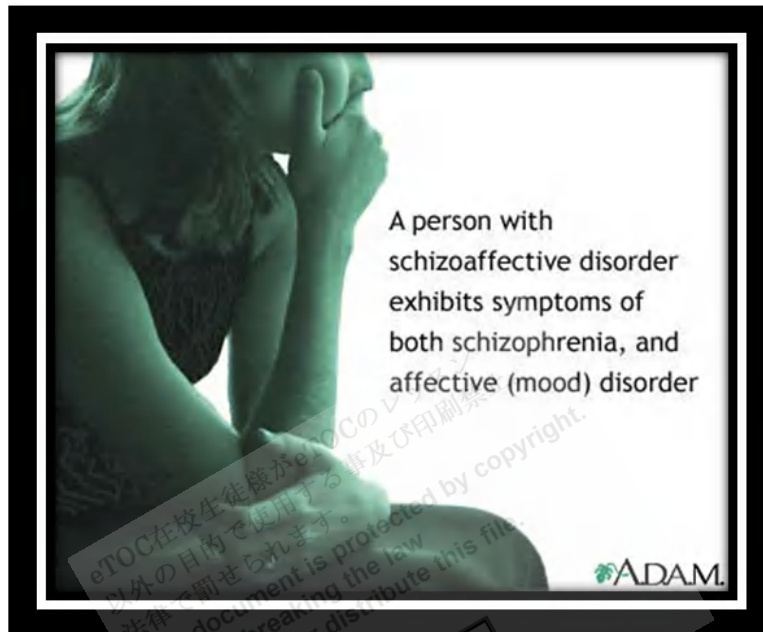




English Teachers On Call **Schizoaffective Disorder**



http://trialx.com/curetalk/wp-content/blogs.dir/7/files/2011/05/diseases/Schizoaffective_Disorders-1.jpg

Schizoaffective disorder is characterized by significant mood symptoms, psychosis, and other symptoms of schizophrenia. It is differentiated from schizophrenia by occurrence of ≥ 1 episodes of depressive or manic symptoms.

Schizoaffective disorder is considered when a psychotic patient also demonstrates mood symptoms. The diagnosis requires that significant mood symptoms (depressive or manic) be present for a **substantial portion** of the total duration of illness, **concurrent** with symptoms of schizophrenia. Differentiating schizoaffective disorder from schizophrenia and mood disorders may require **longitudinal assessment** of symptoms and symptom progression. The prognosis is somewhat better than that for schizophrenia but worse than that for mood disorders.

Treatment

- Often a combination of drugs, psychotherapy, and community support

Because schizoaffective disorder often leads to long-term disability, **comprehensive treatment** (including drugs, psychotherapy, and community support) is often required.

For treatment of the manic type, antipsychotics combined with lithium, carbamazepine, or valproate may be more effective than antipsychotics alone.

For treatment of the depressive type, antipsychotics are commonly combined with antidepressants. Antidepressants should usually be introduced once positive psychotic symptoms are stabilized. SSRIs are preferred because of their safety profile. Second-generation antipsychotics may be more effective than conventional antipsychotics in **alleviating** depression associated with psychosis.



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Reference: <http://www.merckmanuals.com>

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