



Schizoaffective Disorder in the DSM-5

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ABSTRACT

Characterization of patients with both psychotic and mood symptoms, either concurrently or at different points during their illness, has always posed a nosological challenge and this is reflected in the poor reliability, low diagnostic stability, and questionable validity of DSM-IV Schizoaffective Disorder. The clinical reality of the frequent co-occurrence of psychosis and Mood Episodes has also resulted in over-utilization of a diagnostic category that was originally intended to only rarely be needed. In the Diagnostic and Statistical Manual of Mental Disorders, fifth edition, an effort is made to improve reliability of this condition by providing more specific criteria and the concept of Schizoaffective Disorder shifts from an episode diagnosis in DSM-IV to a life-course of the illness in DSM-5. When psychotic symptoms occur exclusively during a Mood Episode, DSM-5 indicates that the diagnosis is the appropriate Mood Disorder with Psychotic Features, but when such a psychotic condition includes at least a two-week period of psychosis without prominent mood symptoms, the diagnosis may be either Schizoaffective Disorder or Schizophrenia. In the DSM-5, the diagnosis of Schizoaffective Disorder can be made only if full Mood Disorder episodes have been present for the majority of the total active and residual course of illness, from the onset of psychotic symptoms up until the current diagnosis. In earlier DSM versions the boundary between Schizophrenia and Schizoaffective Disorder was only qualitatively defined, leading to poor reliability. This change will provide a clearer separation between Schizophrenia with mood symptoms from Schizoaffective Disorder and will also likely reduce rates of diagnosis of Schizoaffective Disorder while increasing the stability of this diagnosis once made.

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1. Historical perspective

The diagnosis of Schizoaffective Disorder has undergone shifting conceptualizations in the different Diagnostic and Statistical Manual (DSM) editions. Up until the most recent edition, the DSM-5, the most influential historical perspective was that of Kraepelin (1920) who proposed

that there is a dichotomy between the diagnoses of Schizophrenia (*dementia praecox*) versus psychotic Mood Disorders (manic-depressive insanity). According to this dichotomous perspective, avolition, decreased emotional expression, cognitive deterioration and a poor outcome are associated with Schizophrenia, whereas the psychoses associated with depression or mania have a better outcome and an expectation of inter-episode recovery. This dichotomous view sits uneasily with the observation that a substantial portion of cases meeting the criteria for Schizophrenia experiences episodes of Mood Disorder as well as having periods of non-affective psychosis. Prior editions of the DSM employed the concept of Schizoaffective Disorder to account for

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the clinical reality of this frequent overlap of affective and non-affective psychoses in the same individual (Table 1).

The first DSM edition (1952) included “Schizophrenic reaction, Schizo-affective type” and the DSM II (1968) subdivided this diagnosis into “Schizo-affective type, excited” and “Schizo-affective type, depressed” within the Schizophrenia chapter. The designations were intended for cases with significant admixtures of “schizophrenic symptoms” and “affective reactions,” distinguishing between “excited” and “depressed” types of cases based on pronounced elation *versus* depression. The mental content of these cases was defined as being predominantly schizophrenic, with prolonged elation or depression. These categories were also used for cases with predominantly affective states if they also displayed schizophrenic-like thinking or bizarre behavior. Despite the expectations based on predominantly affective psychotic state at presentation, these cases were expected to become “basically schizophrenic in nature” with prolonged observation over the illness course.

In DSM III (1980), the term “Schizoaffective Disorder” was introduced although no diagnostic criteria were proposed. Like the earlier versions of the DSM, the category was used for those instances in which the clinician was unable to make a differential diagnosis with any degree of certainty between an Affective Disorder and either Schizophreniform Disorder or Schizophrenia. The concept again addressed the clinical need for a diagnostic term for the many psychotic cases that did not fit neatly into the criteria for one of the disorders in the Kraepelinian dichotomy of either Schizophrenia or Bipolar Disorder. Uncertainty remained as to the validity of this condition in the DSM III. The authors acknowledged that, “future research (was) needed to determine whether there is a need for this category and if so, how it should be defined and what its relationship is to Schizophrenia and Affective Disorder”. In the entire DSM-III, this was the only diagnosis without explicit operational criteria (Tandon, 2012).

In the 1987 DSM III-R, diagnostic criteria for Schizoaffective Disorder were first operationalized. The four diagnostic criteria that were introduced in the DSM III-R have remained essentially unchanged until the current edition, requiring (A) at least one period of psychosis (severe enough to meet criteria A for Schizophrenia) WITH affective symptoms; (B) at least one period of psychosis, for at least two weeks, WITHOUT affective symptoms; (C) the total duration of Mood Episodes is “not brief” and (D) there is no “organic cause”. While a “somewhat better” prognosis of Schizoaffective Disorder, compared to Schizophrenia, was listed as a potential validator in DSM III-R, inter-episode recovery or good outcome was never included as diagnostic criteria. Schizoaffective Disorder was specified as being of either a Bipolar Type, for those experiencing a current or previous Manic Syndrome, or a Depressive Type, for those with no current or previous Manic Syndrome.

The DSM-IV (1994) continued the Schizoaffective Disorder Diagnosis as either Depressive Type or Bipolar Type, but expanded the Bipolar Type to include Mixed Episodes in addition to Manic Episodes. The DSM-IV-TR text revision in 2000 (Table 2) did not alter these

definitions. It cautiously noted that the Schizoaffective Disorder “category fills a necessary and important hole in the diagnostic system, but unfortunately it does not do its job very well,” (DSM-IV-TR Sourcebook).

The Criterion C for Schizoaffective Disorder (*i.e.*, mood symptoms are present for a “substantial portion” of the entire illness duration, which is the duration of both the active and residual periods of the illness (DSM-IV, APA)) was very controversial. Some clinicians viewed any full affective syndrome in an illness course as substantial, for example a Bipolar Mood Episode lasting for 12 months in a 10 year course of illness that was otherwise predominated by psychotic symptoms without a Mood Episode (only 10% of the total illness duration). On the other hand, 12 months of a full Mood Episode syndrome in addition to several weeks of psychosis without a Mood Syndrome in an illness of 18 month duration (67% of the total illness duration), was judged to be substantial by most clinicians. Another controversial issue for clinicians was whether several intermittent affective symptoms over a chronic psychosis were compatible with the Schizoaffective Disorder Diagnosis (*i.e.*, only pressured speech and grandiose delusions), even in the absence of meeting full criteria for a Mood Episode.

The clinical and nosological uncertainties resulting from adherence to the Kraepelinian dichotomy were appreciated by all of the DSM edition authors, namely that many cases with chronic psychosis have significant admixtures of prominent psychotic symptoms and affective features but do not clearly satisfy the criteria for Bipolar Mood Disorders or for Schizophrenia. In the earlier editions, Schizoaffective Disorder was intended as a diagnosis of last resort, *i.e.*, when neither Schizophrenia nor Bipolar Disorder could be diagnosed with sufficiently certainty. At no point did the DSM editions embrace Kasanin's notion, defined in, 1933, of Schizoaffective Disorder as a disorder with a better outcome. Kasanin's concept of Schizoaffective Disorder was viewed as more in line with the concepts of “*buffée délirante*” and “acute and transient psychotic disorder”, which describe brief or short-lived episodes comprised of affective and psychotic features, rather than chronic psychotic conditions. However, Schizophrenia prognostic scales routinely treated affective symptoms as good prognosis indicators.

2. Schizoaffective Disorder as specific disease entity

The validity of a diagnosis and its utility in clinical practice and research depend upon its reliability. Schizophrenia and Mood Disorders can be diagnosed with high reliability, but there is only a fair to poor diagnostic reliability for cases meeting the criteria for Schizophrenia who have Mood Episodes in addition to demonstrating at least two weeks of psychosis in the absence of a Mood Episode (Tandon and Maj, 2008). As described, the lack of specific criteria for the total duration of Mood Syndromes in the course of psychosis is problematic and may be the major factor in the poor reliability of Schizoaffective

Table 1
The diagnosis Schizoaffective Disorder in prior DSM^a editions.

	Year	Schizoaffective Disorder diagnoses
DSM I	1952	000-x27 Schizophrenic reaction, Schizo-affective type (300.6)
DSM II	1968	295.73 Schizophrenia, Schizo-affective type, excited 295.74 Schizophrenia, Schizo-affective type, depressed
DSM III	1980	295.70 Schizo-affective Disorder No operational diagnostic criteria
DSM III-R	1987	295.70 Schizoaffective Disorder –Bipolar Type –Depressive Type Introduces 4 diagnostic criteria
DSM-IV	1994	Mixed subtype of Bipolar Type added No change of diagnostic criteria
DSM-IV-TR	2000	No change

^a List APA copyright dates and information for each edition.

Table 2
DSM-IV-TR criteria: Schizoaffective Disorder (295.70).

- An uninterrupted period of illness during which, at some time, there is either a Major Depressive Episode, a Manic Episode, or a Mixed Episode concurrent with symptoms that meet Criterion A for Schizophrenia. Note: The Major Depressive Episode must include Criterion A1: depressed mood.
- During the same period of illness, there have been delusions or hallucinations for at least 2 weeks in the absence of prominent mood symptoms.
- Symptoms that meet criteria for a Mood Episode are present for a substantial portion of the total duration of the active and residual periods of the illness.
- The disturbance is not due to the direct physiological effects of a substance (*e.g.*, a drug of abuse, a medication) or a general medical condition.

Specify type:

Bipolar Type: if the disturbance includes a Manic or a Mixed Episode (or a Manic or a Mixed Episode and Major Depressive Episodes)

Depressive Type: if the disturbance only includes Major Depressive Episodes

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