SCHIZOAFFECTIVE DISORDER: CONSISTENCY OF DIAGNOSIS

AMRESH SHRIVASTAVA & SANGEETA RAO

ABSTRACT

Seventy six, first episode, drug naive patients of schizoaffective disorder, diagnosed as per DSM-III-R criteria, were followed up over a period of two years in order to verify the consistency of diagnosis. It was observed that only in 14 (18.4%) patients diagnosis did not change over a period of two years. In the majority of the patients (47, 61.9%) the diagnosis changed to schizophrenia. Eight patients (10.5%) had only depressive symptoms during the subsequent episodes and they satisfied the diagnostic criteria for major depression. While 7 (9.2%) patients remained symptom free over the study period and so diagnosis of schizoaffective disorder could not be reconfirmed. The paper cautions against the diagnosis of schizoaffective disorder early in course of illness.

Key words: Schizoaffective disorder, consistency of diagnosis

The term 'schizoaffective' was first used by Jacob Kasanin in 1933 to describe a group of patients with acute psychoses that contained both schizophrenic and affective features (Kasanin, 1933). He considered it as a type of schizophrenia. Subsequently citing the usefulness of lithium in some cases of schizoaffective disorder and the early studies on outcome and family history, several authors began to propose that schizoaffective disorder be classified with affective illnesses (Siris & Lavin, 1995).

In DSM-IV (APA, 1994) schizoaffective disorder is classified under the heading of schizophrenia and other psychotic disorders and in ICD-10 (WHO, 1992) under the heading of schizophrenia, schizotypal and delusional disorders.

The term 'schizoaffective disorder' implies that clinically the disorder manifests with features of both schizophrenia and affective disorder. It is argued that though clinically this diagnosis is liable to change (mutable), it remains the best diagnosis for patients whose clinical syndrome would be distorted if it were considered as only schizophrenia or only as a mood disorder. At the same time it is also recommended that all the conditions listed in the differential diagnoses of schizophrenia and mood disorders need to be considered in the differential diagnosis of schizoaffective disorder (Kaplan et al., 1994).

Various longitudinal follow up studies have shown that in a substantial number of patients a careful diagnostic evaluation in the supposed schizoaffective case will lead to a rediagnosis either of schizophrenia or of mood disorder (Marneros et al., 1991; Tsuang & Coryell, 1993).

Brockington et al. (1980) in their follow up study of 32 patients concluded that most of their patients diagnosed as schizoaffective disorder could be reclassified as suffering from mania.

Procci (1976), in a survey of literature found evidence in support of hypothesis that at least a subgroup of patients suffering from schizoaffective disorder had a relationship to mood disorder. Similarly Singh & Sachdeva (1982) did not find the evidence in favour of schizoaffective disorder being subtype of schizophrenia.

In contrast to the above studies, Tsuang (1979) and Tsuang & Simpson (1984) suggested that schizoaffective disorder has two subtypes,
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one a variant of affective disorder and the other
a variant of schizophrenia and attributed the
discrepancy in research findings to differences
in diagnostic criteria. According to Williams and
McGlashan (1987), the schizoaffective psychosis
is closer to schizophrenia.

In view of the above discussion, it may
be interesting to follow up the patients, once
diagnosed as schizoaffective disorder,
longitudinally over a period of a few years and
study the consistency or reliability of this
diagnosis in clinical practice and to see that in
what percentage of these patients, the diagnosis
is revised to schizophrenia or mood disorder.

With this view in mind, in the present study
the patients diagnosed as schizoaffective
disorder were followed up over a period of 2
years in order to study the consistency and
change of the diagnosis.

MATERIAL AND METHOD

Site : The study was conducted in a non­
governmental psychiatric treatment centre -
Silver Mind Hospital, at Mumbai.

Sample : 550 consecutive patients who
presented with mixed symptoms of
schizophrenia and mood disorder over a period
of about 4 years were screened for the diagnosis
of schizoaffective disorder as per DSM-III-R
criteria (APA, 1987) and according to the inclusion
and exclusion criteria of the study. 103 patients
satisfied the diagnostic and inclusion and
exclusion criteria and were included in the study.
Out of these 103 patients included at the
beginning of the study, 27 dropped out during
the follow up period of 2 years. Thus, the sample
consisted of 76 patients who were followed up
for at least a period of 2 years.

Inclusion criteria :
1. Satisfying DSM-III-R (APA, 1987) criteria for
schizoaffective disorder.
2. First episode, drug naive patient.
3. Willingness to participate in the study and
maintain follow up for a period of at least two years.

Exclusion criteria :
1. Presence of any other Axis-I psychiatric
morbidity, like alcohol dependence which is likely
to interfere with diagnosis and follow up.
2. Presence of any concurrent medical illness,
which is likely to interfere with diagnosis and
follow up.

All the patients were clinically examined,
individually interviewed and diagnosed by a
consultant psychiatrist and required data was
collected as per the specially prepared proforma
for the study. Objective data was obtained from
one of the close relative accompanying the
patient.

The patients were evaluated each time
by the same psychiatrist, specifically as per
DSM-III-R criteria of schizoaffective disorder to
check the consistency or change in diagnosis.

All the patients were treated with
antipsychotic medications. Antidepressants and
mood stabilizers (Lithium, Carbamazepine) were
added as and when required according to the
discretion of the consultant. Modified ECTs were
also used as and when required in these patients.

RESULT

The sample consisted of 24 males and
52 females. The mean age of the population was
21.6 years.

Out of 76 patients who satisfied the DSM­
III-R criteria for schizoaffective disorder, 42
patients were schizoaffective-depressive type,
21 were schizoaffective-manic type and 13
patients were schizoaffective-mixed type.

Table shows the patterns of change in
diagnosis in these three groups. It was noted that
during the subsequent episodes over a period
of two years, only in 14 (18.4%) patients the
diagnosis of schizoaffective disorder was
reconfirmed. In majority of the patients (47/76,
61.9%) the diagnosis changed to schizophrenia.
Eight patients (10.5%) had only depressive
symptoms during the subsequent episodes and
they satisfied the diagnostic criteria for major
depression. While 7 (9.2%) patients remained
symptom free over a period of next two years
and so diagnosis of schizoaffective disorder
could not be reconfirmed.
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| Initial Diagnosis | Schizoaffective - Depressed type (N=42) | Schizoaffective - Manic type (N=21) | Schizoaffective - Mixed type (N=13) | Total |
|-------------------|----------------------------------------|-----------------------------------|-----------------------------------|-------|
|                    | Diagnosis Confirmed over 2 years        |                                   |                                   |       |
| Schizoaffective    | 12                                     | 02                                | 00                                | 14    |
| Depression         | 19                                     | 16                                | 12                                | 47    |
| Schizophrenia      | 07                                     | 00                                | 01                                | 08    |
| Depression         | 04                                     | 03                                | 00                                | 07    |

X² = 7.01, d.f.=2, p<0.05

*The three sub-groups Schizoaffective disorders - depressive, manic and mixed, were compared for consistency of diagnosis i.e. change in diagnosis or no change in diagnosis, using chi-square test.

Out of the three categories of schizoaffective disorders (Depressive, Manic and Mixed type) the consistency was relatively greater for schizoaffective-depressive type (12 out of 42 patients i.e. 28.6%) as compared to only 9.2% (2 out of 21) for schizoaffective-manic type. None of the patients, initially diagnosed as schizoaffective-mixed type showed the consistency in diagnosis over the study period. This difference in consistency of diagnosis between the three groups was found to be statistically significant (X² =7.01, df=2, p<0.05).

DISCUSSION

In a prospective long-term study, it was noted by Tsuang et al.(1981) that only in 3.5% of patients the original diagnosis of schizophrenia changed to mood disorder. Even in International Pilot Study on Schizophrenia (IPSS) (WHO, 1973) change in diagnosis from schizophrenia to mood disorder was noted in only 3% of the patients. The result of the present study reveals that unlike the high degree of consistency of diagnosis of schizophrenia, the consistency of diagnosis of schizoaffective disorder is very low (18.4%) over a period of 2 years. Eight year follow up study by Tsuang and Coryell (1993) has also shown similar result in the form of indistinguishability of schizoaffective disorder from schizophrenia. When examined on long term basis such change in diagnosis has been also reported by Mameros et al. (1991). It is also worth noting that in majority of the patients (61.9%) the diagnosis changed to schizophrenia. It is also evident from the present study that persistence of depressive symptoms along with symptoms of schizophrenia is relatively higher than manic or mixed symptoms. This trend was also noticed in some of the studies (Levinson & Levitt, 1987; Opjordsmoen, 1989) that the schizoaffective-mania subtype may be closer to schizophrenia while schizoaffective-depressive subtype may be closer to major depressive disorder.

Thus the result of the present study and review of literature suggests that one should be very cautious while making a diagnosis of schizoaffective disorder especially during the first episode and when the total durations of the illness is short. It is preferable to keep a diagnosis of schizoaffective disorder, when suspected, as provisional in the initial stages and it should be confirmed only after a longitudinal follow up.

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