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COMMENTARY

Treatment } (Schizoaffecive Disorder and its Diagnosis

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Description

A psychiatric illness known as schizoaffective disorder (SZA, SZD, or SAD) is characterised by bizarre thought patterns and erratic moods. This diagnosis is given when a person exhibits signs of bipolar illness, depression, and schizophrenia (typically psychosis). The primary need for a schizoaffective disorder diagnosis is the presence of psychotic symptoms for at least two weeks without any accompanying mood symptoms. Schizoaffective disorder is frequently misdiagnosed when psychotic depression, bipolar I disorder, schizophreniform disorder, or schizophrenia would be more appropriate diagnoses. While treatment and prognosis vary widely for the majority of these disorders, it is crucial for healthcare professionals to give patients an accurate diagnosis [1].

Diagnosis

The diagnosis of psychosis as a mental disease is primarily one of exclusion. So, until other pertinent and recognised medical causes of psychosis are identified, or ruled out, a new-onset episode of psychosis cannot be considered a symptom of a psychiatric disease. This phase is frequently neglected or performed incorrectly by doctors, leading to avoidable diagnostic mistake and misdiagnosis. A thorough history and physical examination are part of the initial evaluation. Biological testing should be carried out to rule out psychosis related to or brought on by substance use, medicine, toxins or poisons, surgical complications, or other medical disorders, even though there are no biological laboratory tests that can prove schizoaffective disorder. Those experiencing psychosis should be directed to an emergency room or hospital since non-medical mental health professionals are not competent to rule out medical causes of psychosis. Delirium should be checked out since other underlying reasons, such as diseases, can be indicated by visual hallucinations, acute onset, and changing state of awareness [2]. Blood tests are used to rule out conditions that are associated with psychosis, including:

- Thyroid-stimulating hormone to rule out hypo- or hyperthyroidism
- Basic electrolytes and serum calcium to rule out a metabolic disturbance
- Full blood count with ESR to rule out a systemic infection or chronic disease, and
- Serology to rule out syphilis or HIV infection [3].

Treatment

Medication is the main form of treatment for schizoaffective disorder, while integrated long-term psychological and social supports can enhance outcomes. If mental health laws permit it, hospitalisation for severe episodes may happen willingly as well as involuntarily. After deinstitutionalization began in the 1950s, long-term hospitalisation is less prevalent, yet it still happens v Däop-in centres, visits by community mental health team members, supported employment, and support groups are prominent examples of community support services. There is proof that persons with schizoaffective disorder benefit both physically and mentally from frequent exercise w ä

Patients frequently receive the wrong diagnosis as a result of the diverse symptoms linked to schizoaffective disorder. Instead of schizoaffective illness, depression, schizophrenia, or bipolar disorders are frequently diagnosed in persons x Pätients are frequently given the wrong diagnosis in a clinical environment due to the wide range of symptoms associated with schizoaffective disorder. In reality, when it comes to psychiatric diseases, roughly 39% of patients receive the incorrect diagnosis y ä

For those with schizoaffective disorder, there are many drugs and therapy options available, but symp-

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toms might last a person their entire life. A person with schizoaffective disorder may have trouble building relationships with others and may struggle to have a fulfilling social life z Schizoaffective disorder is more common in women, and early childhood is when symptoms first appear.

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