

## **ABSTRACT**

**Background:** Schizoaffective disorder is still a controversial diagnostic category despite continuing development in our classification system. Previous reviews were limited by use of a selective approach, inclusion of earlier studies with weak methodology, and incomparability among studies using different criteria sets. Their results were inconclusive.

**Aims:** To assess the validity of DSM-III-R and DSM-IV schizoaffective disorder from the perspectives of diagnostic stability, family history and outcomes.

**Method:** This is a systematic review of studies on schizoaffective disorder defined by DSM-III-R or DSM-IV. Studies on diagnostic stability, family studies and outcome studies were searched from the MEDLINE and EMBASE computerized database. Inclusion criteria in the screening process were explicitly stated. The identified studies were critically reviewed on their methodologies and results. Attempt was then made to draw a conclusion.

**Results** The results of family studies suggest that schizoaffective disorder shares familial predisposition with both schizophrenia and affective disorder, and the relationship with the former is stronger. Schizoaffective disorder has only a low to moderate degree of stability over time. Outcome studies show that schizoaffective disorder has a better outcome than schizophrenia but a worse outcome than affective disorder. However, only a limited number of relevant studies are available. Despite use of the same diagnostic criteria, differences in methodological issues still hinder direct comparisons among the included studies.

**Conclusions:** Schizoaffective disorder as defined by DSM-III-R or DSM-IV is not a very stable diagnosis. Family studies do not support its validity. However, it has predictive validity with an intermediate outcome between schizophrenia and affective disorder. The conclusions should be considered preliminary because of some limitations of this review and methodological problems of the available studies.

**Keywords:** Schizoaffective disorder, validity, diagnostic stability, family history, outcomes.