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[0:00:00]

Dr. Bobo: Hello? This is Dr. Bobo speaking.

Ms. Antony: Hi! This is Smeeta Antony returning your call from [Indiscernible] [0:02:57].

Dr. Bobo: Yes. Thank you for calling back.

Ms. Antony: Well, thank you so much for reaching out.

Dr. Bobo: Sure, sure, sure. So I did speak with my colleague in neurology and he did say, I'll be honest with you, he did say, well, it's kind of a long shot, you know, but it might be worth getting a PET scan to look for evidence that, especially the frontal lobes are being, underutilized is a wrong term when it's measuring, it's an index of metabolism when we do these PET scans and we're typically looking for evidence of frontotemporal dementia or sort of pathologies that are related to that. Memory is almost always spared of course with these kinds of states, but there are all sorts of I guess in-between states as well and he suggested that that might be the next best step, and if that came back normal that that most likely would be the last sort of work-up that we at least feel is reasonable to pursue, and so I wanted to spend a few minutes kind of ascertaining your interest in getting a PET scan done.

Ms. Antony: I'm certainly very interested. I have a couple of question. So if the frontal lobes are kind of being underutilized, did you kind of get that read from the EEG or [Indiscernible] [0:04:34].

Dr. Bobo: EEG would be I think the wrong study to look for that sort of thing.

Ms. Antony: [Indiscernible] [0:04:49] and that you have not really seen that as yet, correct?

Dr. Bobo: Yes, that is correct. With the EEG what I was looking – I was very interested in these paroxysms at home that you get and what I wanted to make sure, even though you had the event monitor before that was negative, I didn't have those results at the time, only later did I get those, you were kind enough to send them, but I thought, you know, why not go ahead and get an EEG while you're getting your workup here at Mayo. It's cheap. It is noninvasive and, of course, an abnormal result could change things dramatically. So I thought that the risk-benefit ratio was just fine to do that, but no, I wasn't looking for – I was looking for potential electrogenic activity or electrical discharge activity that would have led me to think, gosh, there is some specific sort of inflammatory problems going on like an NMDA channelopathy type problem or things like that. Sometimes you can see abnormal EEG results with types of things, so I would not look for frontal lobe slowing or anything.

Ms. Antony: Okay. So you have not seen that as yet and we're hoping to [Indiscernible] [0:06:13] trying to figure out if a PET scan might be able to kind of [Indiscernible] [0:06:18] some of the frontotemporal kind of slowing down, kind of activity that you might see with kind of dementia problems or involuntary brain kind of episodes, like problems that's kind of

involuntarily [indiscernible] [0:06:33] into profanity and laughter every three minutes, but is not doing that outside of the home, correct?

Dr. Bobo: That's correct.

Ms. Antony: Okay. That's great. Yeah. I'd be very interested in kind of doing a PET scan and kind of following up with you some more on whether I could get a week in-patient observation because like I said – I don't know if she [Indiscernible] [0:07:01] at home for a couple of days and while he was here with me, he was here eight hours on the 27th and then eight hours on the 28th and he spent two full days with me and I went out with him and he observed me at home and we went out to court and we went to lunch and I kind of talked through, you know, all my episodes and I showed him videos of my episodes and I showed him videos of kind of information that I've collected and so while he was there I didn't have any episode. When I was at my computer on the afternoon of the 28th I had a couple of episodes of very, very light laughter, **but when someone is around me I don't have it**, **but the moment he left the house it was like every three minutes** I would be bursting into laughter, you know, continual interruptions and continual interruptions in my brain and continual…

Dr. Bobo: I just [Indiscernible] [0:08:10] an observation on our unit is going to help with the workup. I think, you know, getting the PET scan is reasonable based on my discussion with my neurology colleague here and if they're abnormally and detected on PET he would sort of take things over as far as the rest of the workup is concerned because then I'll sort of reach the end of my expertise as far as the workup is concerned.

Ms. Antony: You wouldn't be concerned about an individual's life and danger to the extent it is and kind of want to offer a week of in-patient observation that, you know, that could help the case and then free to kind of figure out why she is under attack at home and not outside of the home?

Dr. Bobo: That's not something that a hospitalization is going to do. You know, it's not going to help with the workup, it's not going to help me figure out – it's not going to be beneficial for your workup, so under those circumstances no. It's not going to help us figure out anything new or anything else.

Ms. Antony: In the past [Indiscernible] [0:09:40] the key answer to figuring out what is going on with me. It has always been institutionalized for a month or institutionalized for a period of time so that we can figure out what is going on with her brain and bring you that much evidence and information and nobody wants to see it.

Dr. Bobo: I think we've really gone over things in detail very nicely here. You know, certainly if you are in danger, feeling suicidal or feeling out of control, you know, going to a local emergency room and getting admitted to the hospital definitely would be indicated [Indiscernible] [0:10:28] repeatedly, you know, that you're not a danger to yourself and that you're not a danger to anyone else.

Ms. Antony: [Indiscernible] [0:10:37] continuously being disrupted and it's continuously bursting into laugher and profanity [Indiscernible] [0:10:43].

Dr. Bobo: At the end of this workup, you know, the next step is the PET scan and so we'll see what the PET scan shows. If the PET scan is negative – what I'm trying to explain is that I don't have anything else that I can offer in terms of further workup. That would literally be – that will be sort of the end of the workup if the PET scan comes back negative. If it comes back positive I'll need to get a neurologist involved on the case.

Ms. Antony: [Indiscernible] [0:11:35] taking me out to the front of the house and actually observing me and finding out for yourself as to why my brain doesn't [Indiscernible] [0:11:44] outside of the house and [Indiscernible] [0:11:47] inside the house.

Dr. Bobo: But the workup will be complete, and I have to go, but at that point if the PET scan is normal the workup will be complete. If there is any additional workup you feel should be done you're certainly welcome to discuss it with your psychiatrist, your psychiatrist is certainly welcome to give me a call if he, I think it's a he, if he has any other sort of workup he would like for me to do, but at that point that will be about as thorough workup as I know how to do. Certainly I hope to get another opinion from another psychiatrist as well, but that will be the end of the workup.

Ms. Antony: What's your diagnosis on me then?

Dr. Bobo: I guess we have to wait to see what the PET scan shows.

Ms. Antony: Okay. [Indiscernible] [0:12:45] what's the working diagnosis?

Dr. Bobo: Well the working diagnosis is psychotic disorder not otherwise specified, rule out schizoaffective disorder.

Ms. Antony: And what does that mean?

Dr. Bobo: I'm sorry? I'm confused by the question.

Ms. Antony: What does psychotic disorder not otherwise specified mean?

Dr. Bobo: That means that the workup is ongoing.

Ms. Antony: Oh I see. So you [Indiscernible] [0:13:20] a PET scan then to kind of give me an opinion as to whether an individual that is diagnosed with a psychotic disorder not otherwise specified, which I understand is kind of like an ongoing workup or kind of like a diagnosis where you don't have a concrete definition of what's going on with me, so right now [Indiscernible] [0:13:44] opinion as to whether an individual can erupt every two minutes inside of their home [Indiscernible] [0:13:50] on the outside of their home, that is something you had not seen, but you'd like to hold off on that opinion, correct?

Dr. Bobo: I supposed in broad terms that's correct.

Ms. Antony: Okay. Okay. So [Indiscernible] [0:14:05] I'd like to get a diagnosis and an opinion as to what's going on with me.

Dr. Bobo: Sure. You know, at the end of the day if the PET scan is negative, okay, the diagnosis is likely to be either psychotic disorder not otherwise specified or schizoaffective disorder. I can already pretty much answer that question nonetheless, but now if the PET scan is abnormal, you know, it's a different matter entirely.

Ms. Antony: And that's fine [Indiscernible] [0:14:43] disorder I'd like to see one case in medical history or medical journal shows a women who is trying so hard to work and her brain is firing involuntarily very three minutes that she can take a same piece of work and go work on it anywhere in town, she can go to a court and work on it, she can go to a medical clinic and work on it and she can be on a hospital and work it and her brain is not firing and I don't understand that disorder. That is not schizoaffective from my standpoint [Indiscernible] [0:15:17] and I know I'll come across argumentative, but you're a psychiatrist, is there a case in medical history or in the journals of psychiatry where you can show that exhibits the disorder that I do?

Dr. Bobo: Well, there are certainly elements of that that can, you know, I admit, you know, that the episodes that happen in your house are unusual, which is to say personally, you know, and every case is unique, yours is, I guess, unique in that regard, but you're asking me to produce an answer, you know, for you that I can never prove, you know. The fact of the matter is that for anybody who has a case of psychosis, everybody deserves a thorough workup. We have done that work. And the PET scan will complete that workup unless it is abnormal, in which case there is further workup. But in my opinion, and this is just one person's opinion, if the PET scan comes back negative then the workup is complete, that means that I cannot find a reversible actionable cause for all of your symptoms.

Ms. Antony: Okay. And in your opinion a person suffering from the schizoaffective disorder, a person who is diagnosed with schizoaffective disorder, that brain is an involuntary brain and you are aware that or you tried to tell me that that there might be a case where a brain can involuntary fire every three minutes inside of the home and be normal on the outside of the home, is that what you're trying to say?

Dr. Bobo: I suppose it's not outside the realm of possibility, but it would be unusual.

Ms. Antony: It's not outside the realm of possibility. So you're saying that you might actually be able to site a case in medical history that has exhibited symptoms like me.

Dr. Bobo: I'm saying it's possible. I'm not sure what it is you want me to say, you know. The only thing that…

[Crosstalk]

Dr. Bobo: Let me speak please. The only thing that I can attest to, Ms. Antony, is that, you know, you've had psychotic symptoms. We have both discussed that you've had psychotic symptoms and we both agreed that you've had. We both agreed that you deserve a full medical workup, okay, which you will get. If that workup is negative we typically conclude then that there is something here that we need to treat, call it schizoaffective disorder, call it psychotic disorder not otherwise specified, okay, and the recommended treatment is anti-psychotic medicine, which I know that you are very, very reluctant to take [Indiscernible] [0:18:26] definitive answer as to why you would be experiencing involuntary action in your brain, okay. The workup will be completed if that PET scan comes back normal. There is literally no other…

Ms. Antony: And I guess that…

Dr. Bobo: Just a minute, please. There is literally no other workup that I can do that will clarify answers further. Now, you're certainly welcome to other opinions and please go get them, if you don't like the opinion that we provide, but I'm not going to sit here and make promises to you that I cannot keep. You know, fact of the matter is we don't know why people – let's say the diagnosis of schizophrenia is applicable here, okay, let's say, I'm not saying it is, but let's say, okay, nobody knows what causes it, nobody knows. Fortunately we've got good treatments for it, but ultimately nobody knows what causes it.

Ms. Antony: So you're saying that [Indiscernible] [0:19:36] nobody knows what causes schizophrenia and nobody knows what causes a schizoaffective disorder, but you can say with affirmation that a person diagnosed with schizoaffective disorder and a diagnosed with schizophrenia can be abnormal inside of the house, but can be very normal outside of the house, that's your opinion.

Dr. Bobo: I'm saying that it's possible. I'm not saying that it's probable. I'm saying that it's probably possible.

Ms. Antony: [Indiscernible] [0:20:10] for six and a half years, right, a brain that's erupting every three minutes.

Dr. Bobo: So I do have to go – hello? Hello? You there?

Ms. Antony: Yes. Are you saying that every three minutes, a brain that's firing every three minutes [Indiscernible] [0:20:30]?

Dr. Bobo: I suppose it is. Ms. Antony, I don't know the answer to your question. I'm not sure – I'm sure that I understand exactly the question that you're trying to get me to answer. I'm not trying to pick a fight with you. You've asked me to do – I will have that workup done and if that workup is negative then that means literally I have nothing else that I can offer.

Ms. Antony: You said that already, Dr. Bobo, and I get that. You've said that over and over and over and I get that. The answer is a yes or no. Can brain that's involuntarily firing every three minutes, can that brain exercise control outside of the house for six and a half years?

Dr. Bobo: I'm not sure that I know the answer to that question the way you are asking it.

Ms. Antony: It's a very simple question – it's an involuntary brain that fires for no rhyme or reason into laughter or into profanity, can that kind of brain exercise control outside of the home? It's a very simple question.

Dr. Bobo: It's not a simple question at all.

[Crosstalk]

Dr. Bobo: Due to some kind of encephalopathy, which you don't have or some kind of seizure disorder – some kind of encephalopathy, which our testing does not yet indicate that you have or some kind of seizure, which our testing indicates you do not have, then the answer is no, but, you know, the workup is still incomplete, we still have a PET scan that I think that you're still wanting the PET scan, which I'm willing to do, okay, but at the end of this, so as long as you understand, at the end of this, okay, I will, if the PET scan is negative, I will have no definable, physiologically measurable that's based on what we know now to measure, explanation for your symptoms.

Ms. Antony: And you would not have a diagnosis. In your years of experience you're saying that it is possible that a brain that is involuntarily firing for no rhyme or reason can be [Indiscernible] [0:23:06] outside of the house and that's kind of where I need your ideal opinion. That in your opinion it is possible that a brain that just [Indiscernible] [0:23:15] every three minutes that bursts into profanity every three minutes [Indiscernible] [0:23:23] video of how involuntary that brain is. That kind of brain can be normal outside of the house and that's kind of where I needed your opinion.

Dr. Bobo: If you're asking if your symptoms can be isolated to just within the home, is that's what you are asking, that whether your symptoms can be isolated to just within the home, and bear in mind your symptoms have not been completely 100% isolated to just within the home, you know, you're asking me where I would make my best educated guess if the PET scan came back negative. My best educated guess would be that this is probably a primary psychotic disorder of some kind. It could be schizoaffective disorder and I would recommend that you really seriously consider undergoing a trial of antipsychotic medication.

Ms. Antony: [Indiscernible] [0:24:28] so in your opinion a person suffering from schizoaffective disorder can erupt every three minutes inside of the house and not on the outside of the house? Because I can provide you concrete evidence [Indiscernible] [0:24:47] to show that I did not erupt while I'm erupting every three minutes inside of the house. So in your opinion, in your expert opinion, a person suffering from schizoaffective disorder where you say that nobody knows what causes it and so in your opinion the medical test [Indiscernible] [0:25:06] pick it up either, but in your opinion you're saying that a person suffering from schizoaffective disorder has the ability to erupt every three minutes inside of the home, but not on the outside of the home?

Dr. Bobo: If those were the only facts of case and only facts of the case because I'm not entirely convinced that that is in fact the end of the story…

Ms. Antony: That is the end of the story because you are not willing, I mean, in your medical opinion [Indiscernible] [0:25:40] and that's alright because you don't have proof or evidence of that. I'm asking a very simple question because that's the only fact of the case that is [Indiscernible] [0:25:55] I am diagnosed with paranoid schizophrenia. So would a paranoid schizophrenic erupt every three minutes inside of the home and not on the outside of the home and I can provide you concrete evidence of the fact that I do not erupt outside of the home. Can a paranoid schizophrenic erupt every three minutes inside of the home and not on the outside of the home, do that that brain have the ability to exercise control?

Dr. Bobo: I think that it's a difficult question to answer. I think that people with paranoid schizophrenia manifest and let's just assume paranoid schizophrenia for a minute, you know, that people with paranoid schizophrenia manifest in many, many different ways. That the typical presentation, the technical presentation would be no, you know, a person would be symptomatic whether they're outside or inside or wherever, that's the typical course, that's the typical course.

Ms. Antony: Thank you and that's really what I meant because, you know, nobody can pick up the sensation [Indiscernible] [0:27:14] and I have provided evidence otherwise and the medical community does not have an answer, but that's really what I need [Indiscernible] [0:27:23]. The typical course for a paranoid schizophrenic is to be symptomatic both on the inside and the outside. Thank you. **[Evidence for Exposure to Radiation is indiscernible. I have continual electricity running thru me and there is not a device that can pick up that sensation. Could not be deciphered by the transcriber.]**

Dr. Bobo: Yes, that is the typical course.

Ms. Antony: Okay. [Indiscernible] [0:27:35] there is not a single case that can be sited in the medical journal that actually proves [Indiscernible] [0:27:41] yes, I have seen a case like her where for that period of time they're that symptomatic and I mean every three minutes because I'll provide you evidence on that too…

Dr. Bobo: You've provided plenty of evidence for what you go through and I understand that. So, you know, the answer to your question is that a typical course is symptomatic inside the home and outside the home. You've asked me a direct question and I will provide a direct answer. However, you should also be aware that people with schizophrenia can manifest or schizoaffective disorder can manifest in many ways, many ways. Our task has been to figure out if there is a general medical cause for your symptoms because there have been atypical features of your presentation, which I hope I've been clear about. This has deserved a thorough medical workup and we are sort of near the end of it unless the PET scan shows something.

Ms. Antony: I understand that and when you say it can manifest in many different ways it typically manifests itself into a volatile, emotional state of mind that could render itself as emotional outbursts [Indiscernible] [0:29:18].

Dr. Bobo: When we expand the discussion to psychosis, and I really do have to go, but if we extend the discussion to psychosis you must understand that it can present in many, many, many ways and the realm of possibility includes the way that you're describing. Listen, I really don't want to argue any more about this. I'm trying to answer your questions, as honestly and as openly as I can and I know that my answers are frustrating because you have a very specific diagnosis on your chart and this has been a very, very difficult diagnosis to accept. I've tried to come at it from a very open mind. I admit there are features of this that are highly unusual and it has provided the motivation, number one, because you asked for it, but also because I've been very curious too because of the atypical aspects of this, you know, could there be an underlying biological sort of metabolic cause or electrophysiologic cause or anything like that, okay. So there are presentations of psychosis that are not strictly confined to schizophrenia and are not strictly confined to schizoaffective disorder. I'm not trying to speak out of both sides of my mouth. It's just that psychotic presentations or psychotic illnesses or conditions whatever term you prefer can manifest dozens and dozens of ways and **I can't tell you that it is impossible for somebody to be forwardly symptomatic when indoors and alone and impressively unsymptomatic when outside of the home. For schizophrenia or schizoaffective disorder it would be unusual.** That's my answer and that's my only answer.

Ms. Antony: So you're saying it's unusual but not impossible but you can't site a single case where a case exhibits that kind of split personality between two environments?

Dr. Bobo: My answer is only what I said, so I do have to go.

[Crosstalk]

Dr. Bobo: Is it a case then that you do want a PET scan because what I…

Ms. Antony: I absolutely do, but I kind of want to get to the heart of this. Is there a case that exists in the journals of medical history where a case has exhibited that kind of split personality where they got symptomatic in one environment and got asymptomatic in another environment, do you of such a case?

Dr. Bobo: Not immediately off the top of my head, but that does not mean that the cases do not exist.

Ms. Antony: Okay. If you ever come across such a case I certainly would like to hear it.

Dr. Bobo: Okay.

Ms. Antony: Thank you.

Dr. Bobo: Sure. Okay. You should be hearing from the scheduler soon about the PET scan, okay. If it gets to be more than a week give us a call back.

Ms. Antony: That sounds great.

Dr. Bobo: Okay?

Ms. Antony: Okay. Thank you.

Dr. Bobo: You're very welcome. Bye-bye.

Ms. Antony: Bye-bye.

[Audio Ends]

[0:33:06]