



QEEG Clinical Report

The QEEG report is provided by NPCindex Institute, operating under the QEEGhome brand.

Personal Data:

Name: Test

Gender: Male

Age: 1989-12-17 - 37

Handedness: Right

Clinical Data:

Initial diagnosis: Adult ADHD

Medication: -

Date of Recording: 2026-09-20

Source of Referral: Test

This case belongs to Test



info@qeeghome.com



qeeghome.com

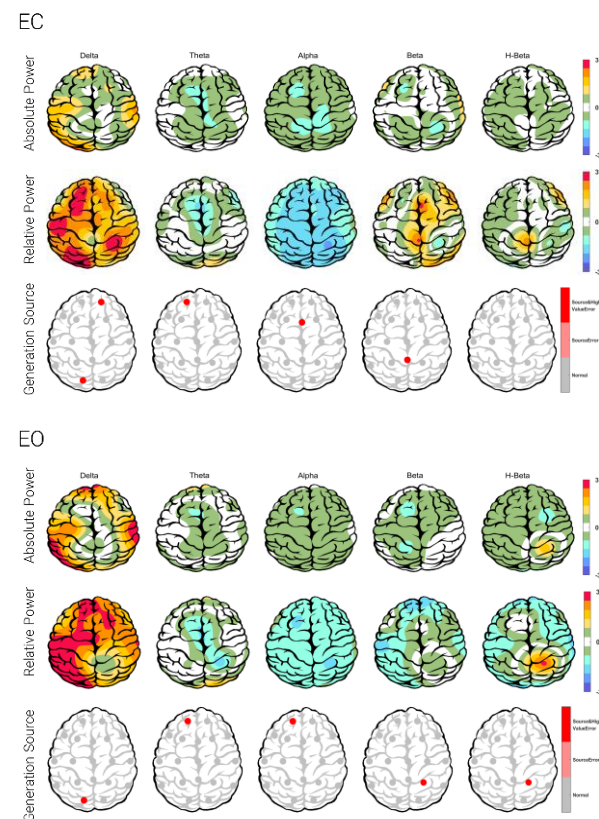


qeeghome

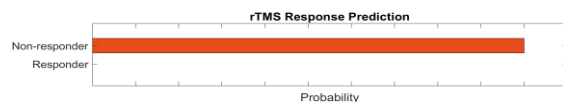
EEG Quality



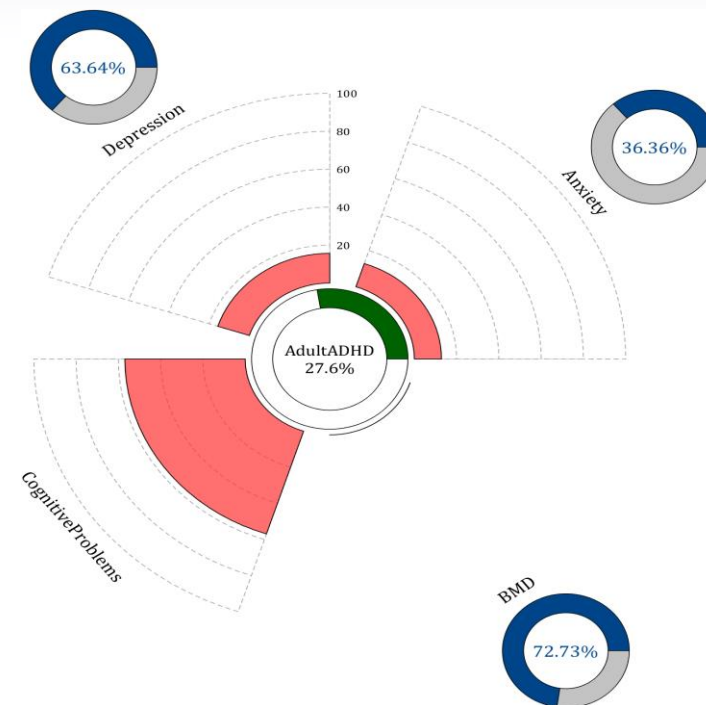
Z-score Information



TMS Responsibility



Pathological Assessment



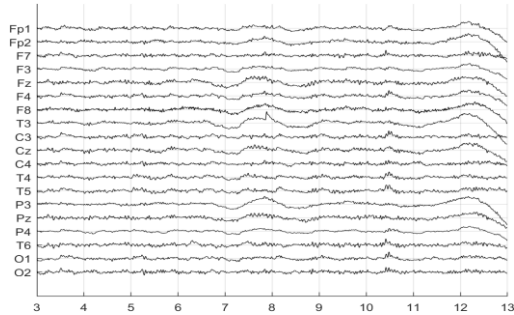
EEG Neuromarker Values

Neuromarker	Region	Value	Assessment
APF - EO	Frontal	10.50	High
APF - EC	Frontal	12.00	High
APF - EO	Occipital	09.88	Normal
APF - EC	Occipital	11.00	High
Arousal Level - EO	-	-	Normal
Arousal Level - EC	-	-	Normal

Data Quality Analysis

Eye Close

Raw EEG



Rejected Channel



Total Recording Time Remaining:

188.21 sec

Number of Eye and Muscle Elements

Eye: 0

Muscle: 0

Low Artifact Percentage



High Artifact Percentage

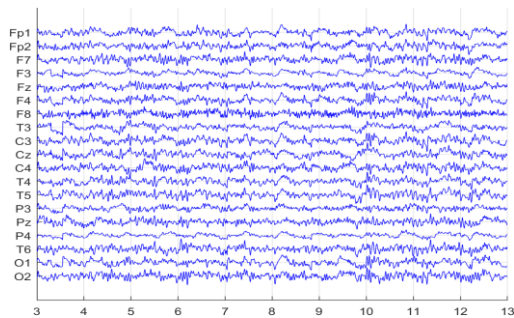


Total Artifact Percentage



EEG Quality: good

Denoised EEG

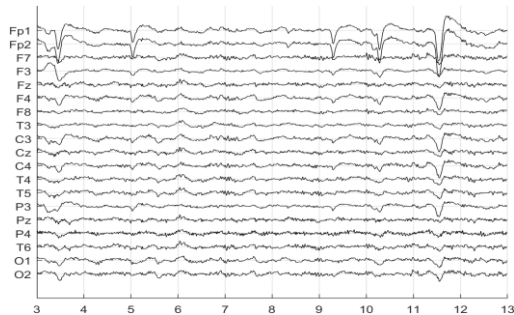


Flat Channel



Eye Open

Raw EEG



Rejected Channel



Total Recording Time Remaining:

211.64 sec

Number of Eye and Muscle Elements

Eye: 0

Muscle: 0

Low Artifact Percentage



High Artifact Percentage

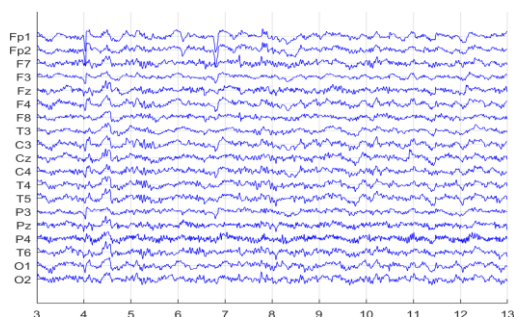


Total Artifact Percentage



EEG Quality: good

Denoised EEG

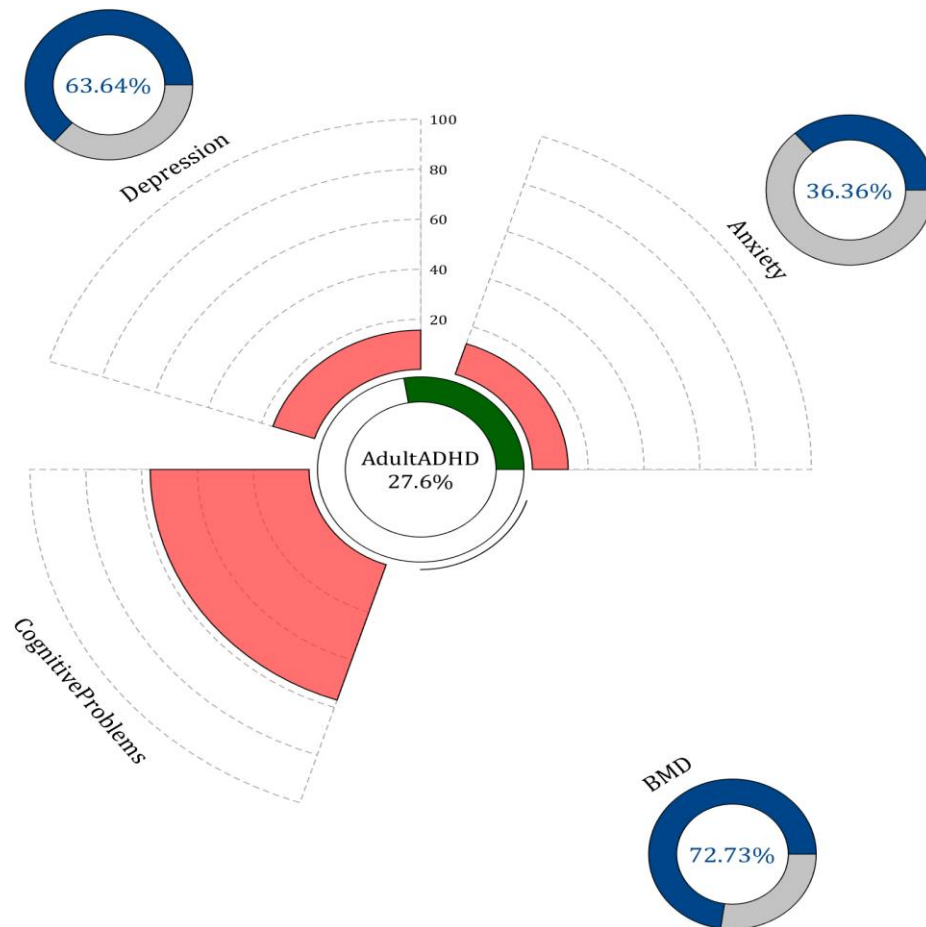


Flat Channel



Pathological Assessment

Attention Regulation Disorders



Description

According to the guidelines, the initial diagnosis of adult ADHD could have comorbidities such as **alcohol abuse, anxiety, and depression**. It also differentially diagnoses with **depression, anxiety, and BMD**.

In the above graph, the **red area** shows the percentage of each comorbidity from your patient's EEG markers. Observe that each comorbidity marker is not unique and can be shared with other comorbidities.

Side circles in the above graph represent the differential diagnosis between depression and its misdiagnosis conditions based on your patient's EEG markers and trained artificial intelligence. The differential diagnosis probability is represented by **the bold blue bars** in the circles, and the probability of depression is represented by the **gray bars**.

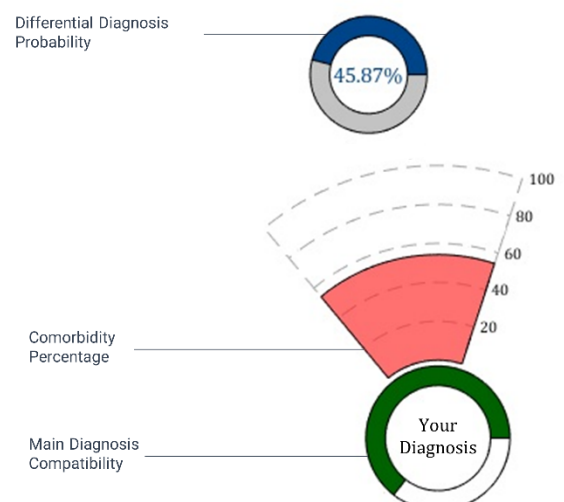
Note: In case your patient has drug abuse, obtain the substance abuse pathologic page of QEEGhome by registering the diagnosis under the initial diagnoses section of the website.

References:

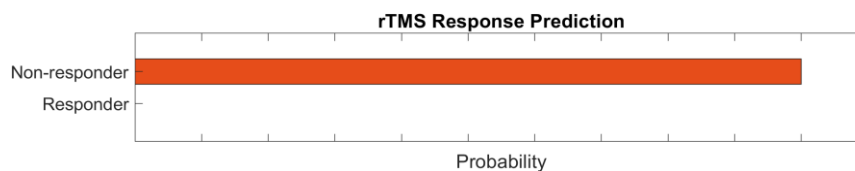
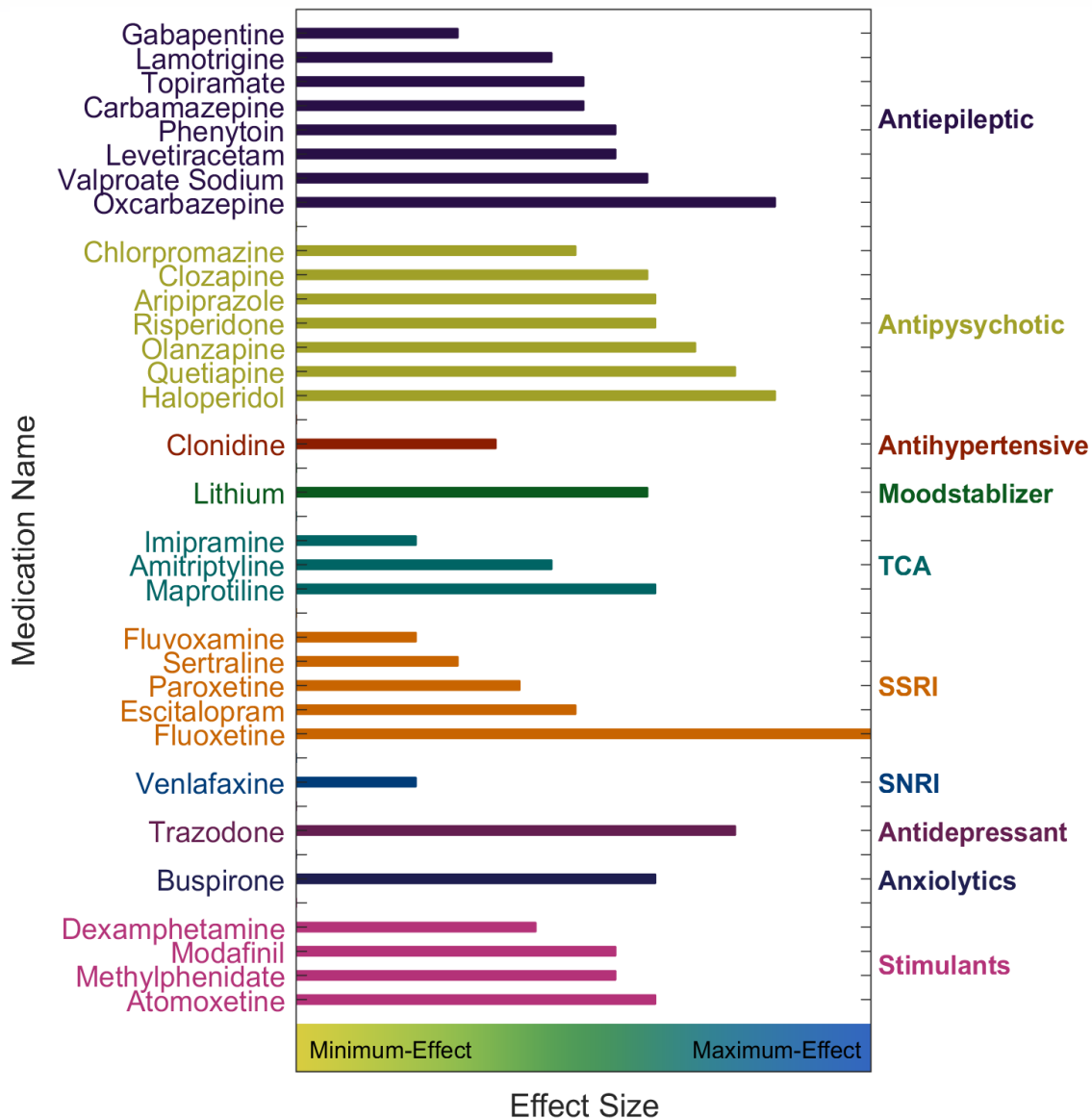
Sadock, B. J., Sadock, V. A., & Ruiz, P. (Eds.). (2025). Kaplan and Sadock's comprehensive textbook of psychiatry (11th ed., Vols. 1-2). Wolters Kluwer
 Sadock, B. J., Sadock, V. A., & Ruiz, P. (2022). Kaplan and Sadock's synopsis of psychiatry: Behavioral sciences/clinical psychiatry (12th ed.). Wolters Kluwer

User Manual

This section is only meant to explain the different parts of the pathologic chart and is not related to your patient's data.



QEEG Based Predicting Medication Response



Explanation

These two tables present the primary neuromarker findings from NPCindex Research Institute, derived from our research on medication-free Iranian cohorts. The NPCindex team identified and validated 85 candidate features across raw bands, spectra, power, coherence, and LORETA, and report them here without sub-segregation to minimize complexity. For context and methodology, see qeeghome.com.

Medication Recommendation

Use the medication charts in three quick steps:

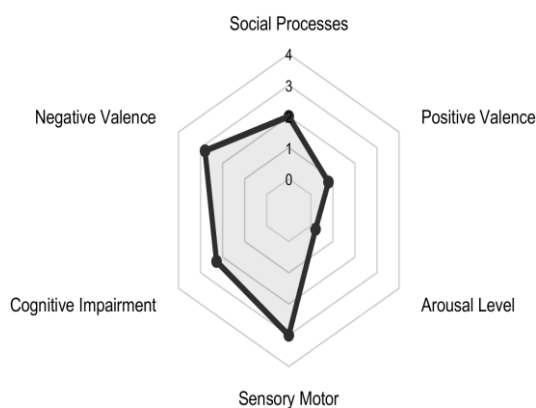
- 1- Filter the medication groups by your working diagnosis.
- 2- Within each group, re-filter by your clinical assessment and the patient's specifics (comorbidities, contraindications, preferences).
- 3- From the remaining options, use the reported effect sizes to choose.

Based on papers, following this workflow has raised our response rates by ~20-30%.

EEG Neuromarker Values

Neuromarker	Region	Value	Assessment
APF-EO	Frontal	10.50	High
APF-EC	Frontal	12.00	High
APF-EO	Occipital	09.88	Normal
APF-EC	Occipital	11.00	High
Asymmetry State	Frontal,Occipital	-0.11	Anhedonia
Theta Cordance-EO	PreFrontal	61.43	High
Theta Cordance-EC	PreFrontal	61.60	High
Alpha Blocking Error	-	-	Not Observed
Arousal Level-EO	-	-	Normal
Arousal Level-EC	-	-	Normal
Vigilance Level-EO	-	06.00	Normal
Vigilance Level-EC	-	00.00	Low
Vigilane Mean-EO	-	06.00	Normal
Vigilance Mean-EC	-	00.06	Low
Vigilane Regulation-EO	-	00.00	Normal
Vigilance Regulation-EC	-	-0.15	Normal
rACC Theta-EO	ACC	00.14	Normal
rACC Theta-EC	ACC	00.10	Normal
Microstate C-EO	-	02.73	Normal
Microstate C-EC	-	03.46	High
wPLI Theta-EO	Frontal,Midline	00.08	Normal
wPLI Theta-EC	Frontal,Midline	00.06	Normal
Sample Entropy-EO	-	01.18	Normal
Sample Entropy-EC	-	01.23	Normal

RDoC Domain

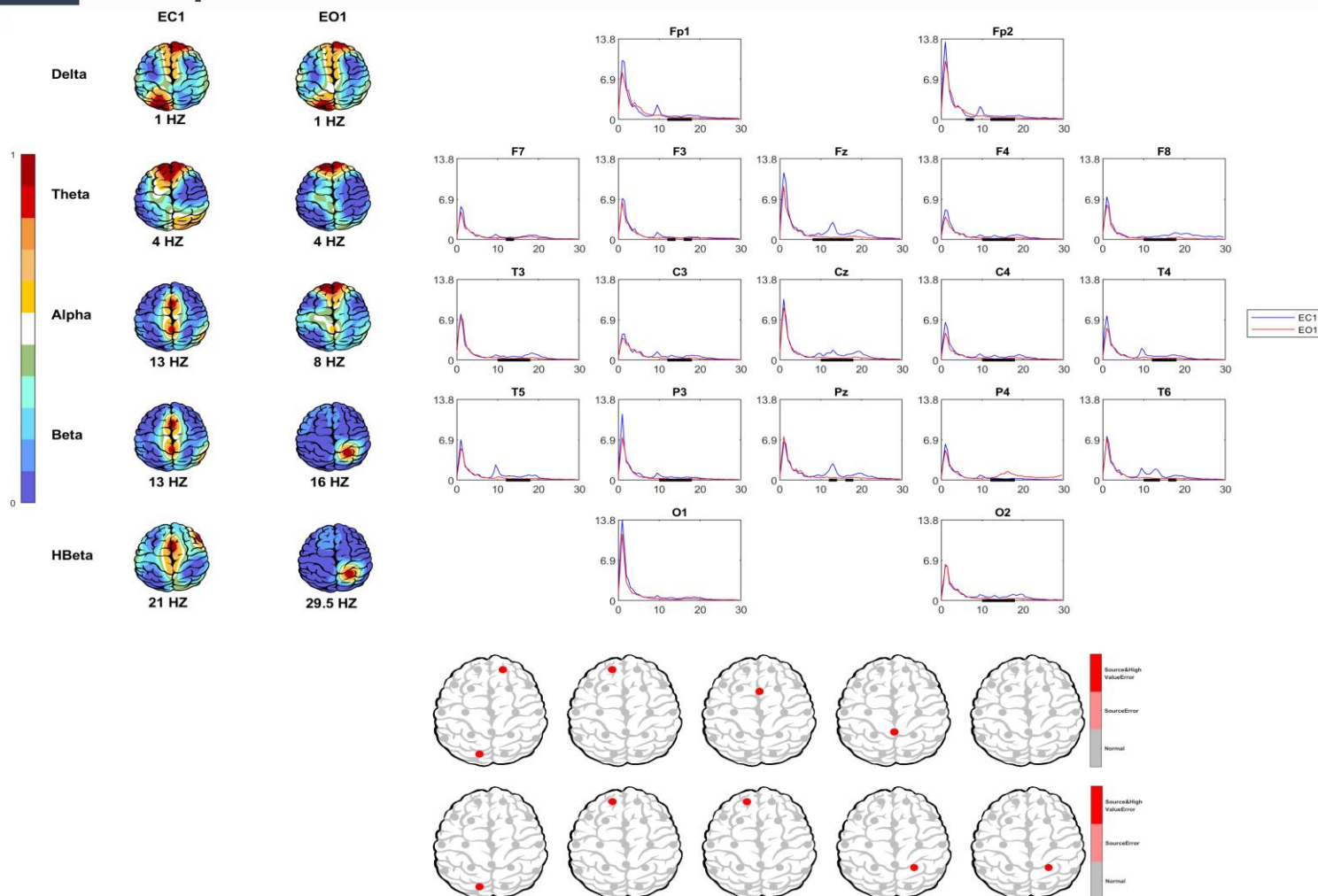


RDoC Description

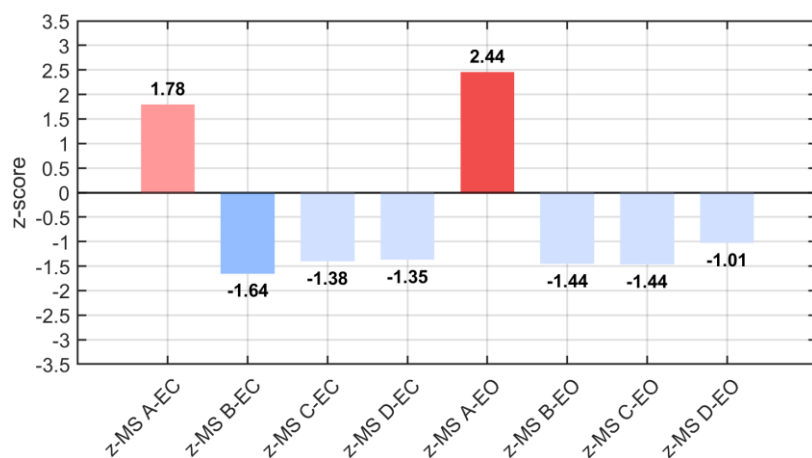
This chart uses a graded scale from 1 to 4, where values closer to 4 indicate greater pathological deviation.

A color-coding system in **Arousal Level** supports rapid interpretation: black denotes normal-range values, red indicates elevated or hyper-arousal, and blue indicates reduced or hypo-arousal relative to the normative database.

EEG Spectra



Brain Networks Analysis

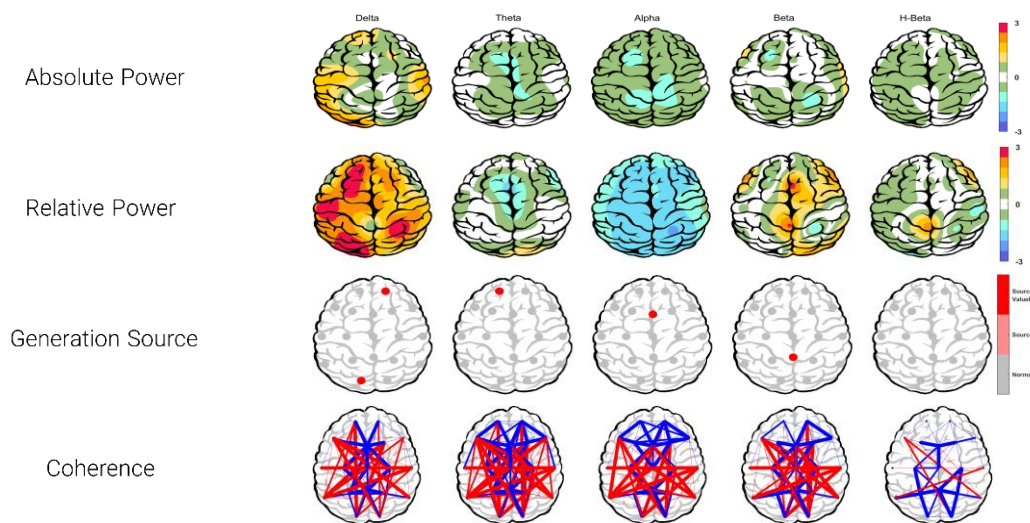


Explanation

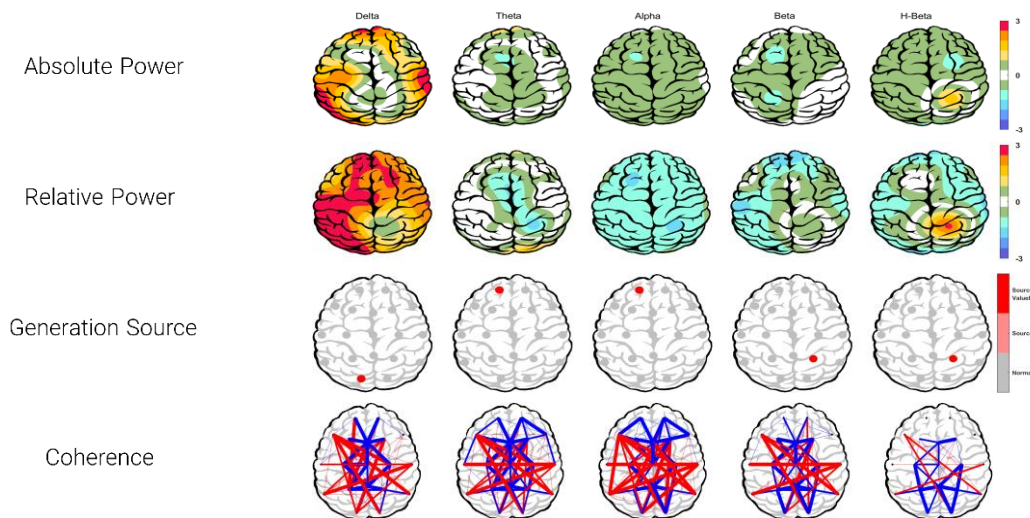
Topomap Pattern (Typical)	Microstate	Associated Brain Networks
	Microstate A	Auditory network, Phonological-temporal network
	Microstate B	Visual network
	Microstate C	Saliency network, Default Mode Network (DMN)
	Microstate D	Dorsal Attention Network

Z Score Summary Information

■ Eye Close

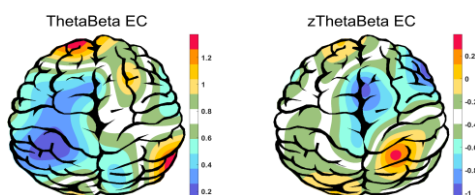


■ Eye Open

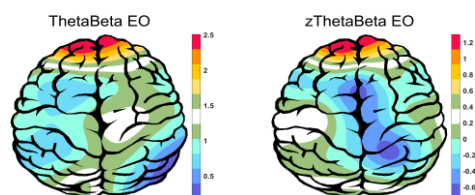


Theta/Beta Ratio

■ Eye Close



■ Eye Open





Protocol Suggestion Report

This report is provided by NPCindex Institute, operating under the QEEGhome brand.

Personal Data:

Name: Test

Gender: Male

Age: 1989-12-17 - 37

Handedness: Right

Clinical Data:

Medication: -

Date of Recording: 2026-09-20

Source of Referral: Test

This case belongs to Test

Clinical Profile

Initial diagnosis:

Adult ADHD

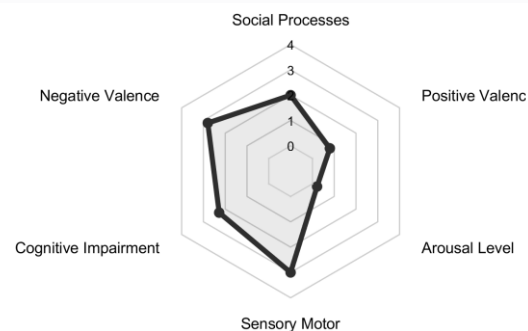
Comorbidities:

-

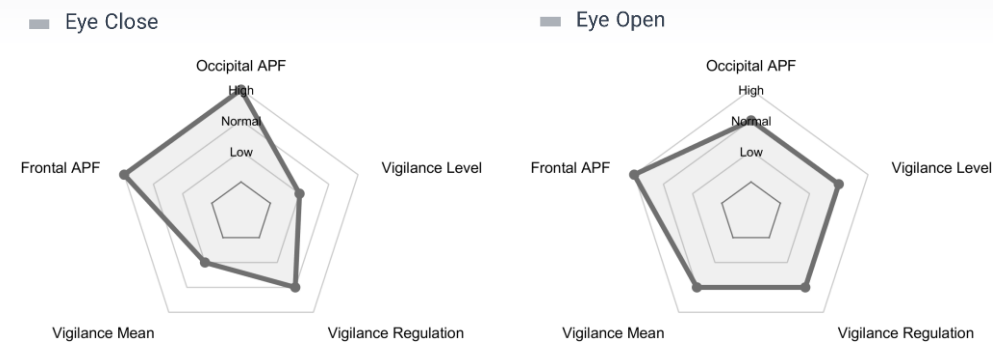
Phenotypes:

Error!

RDoC Profile



Neurophysiological Profile



Network Profile

Dorsal Attention Network



- Level
- Eye Open: -1.0104
- Eye Close: -1.352

Default Mode Network



- Level
- Eye Open: -1.4441
- Eye Close: -1.3807

Salience Network



- Level
- Eye Open: -1.4441
- Eye Close: -1.3807

Visual Network



- Level
- Eye Open: -1.438
- Eye Close: -1.635

Phonological-Temporal Network



- Level
- Eye Open: 2.4425
- Eye Close: 1.7784

Auditory Network

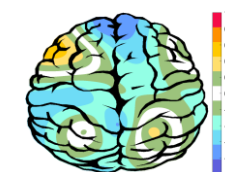


- Level
- Eye Open: 2.4425
- Eye Close: 1.7784

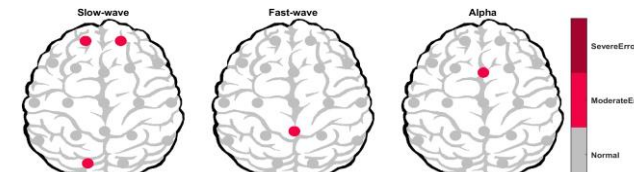
Special Topomaps

Eye Close

Fast/Slow Wave Dominance

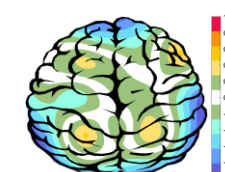


Generation Source

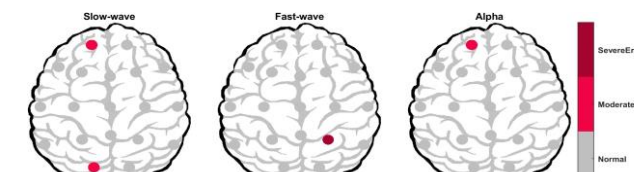


Eye Open

Fast/Slow Wave Dominance



Generation Source



TMS Suggestion Protocols

ADHD

Condition	Target Brain Region	Stimulation Parameters	Evidence Level / Approval	Type
ADHD - Left DLPFC	Left DLPFC (F3)	10 Hz rTMS @ 110% rMT, ~2,000 pulses per session	Level B (Evidence Supported, off-label)	Excitatory
ADHD - Right DLPFC (Deep TMS)	Right DLPFC (H6-coil deep targeting)	18 Hz deep rTMS @ 100-120% rMT (H-coil), ~1,800 pulses per session	Level B (Evidence Supported, off-label)	
ADHD - Medial PFC	Dorsomedial PFC (midline targeting ACC)	10 Hz rTMS @ 100% rMT, ~1,500 pulses per session	Level C (Exploratory Research)	
ADHD - Theta Burst	Left DLPFC (F3)	iTBS @ 120% rMT (intermittent bursts), 600 pulses per session	Level B (Preliminary Evidence)	Mixed
ADHD - Executive Network	Right inferior frontal gyrus (IFG) or pre-SMA	10 Hz rTMS @ 100% rMT (or iTBS @ 120% rMT) ~1,500 pulses/session (HF) or 600 (TBS)	Level C (Experimental)	

TDCS Suggestion Protocols

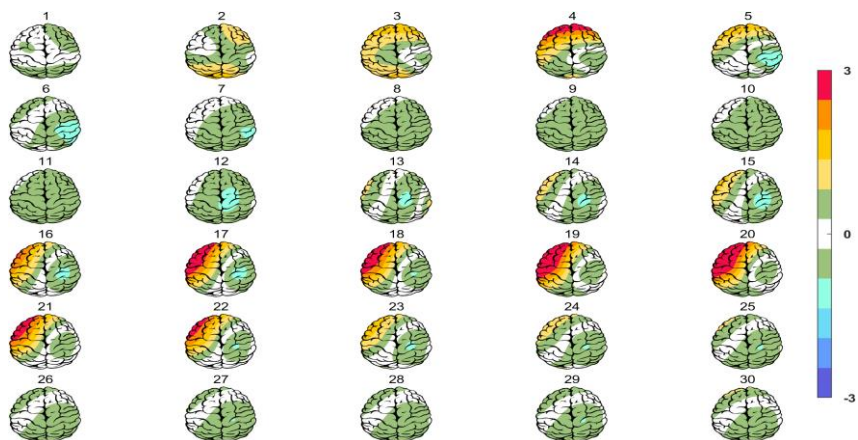
Adult ADHD

Electrode Placement (Anode/Cathode)	Stimulation Parameters	Evidence Level / Approval
Anode: Left DLPFC, Cathode: Right Supraorbital	2 mA, 20-30 min	Level C
Anode: Right DLPFC, Cathode: Left Supraorbital	2 mA, 20 min	Level C

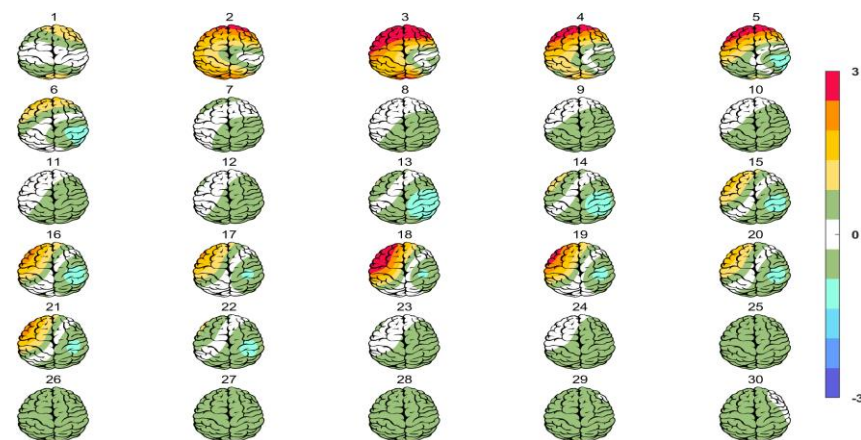
LORETA Networks

	Networks
1	ExecutiveFunction
2	DorsalAttention
3	WorkingMemory
4	VentralAttention
5	DefaultMood
6	MesulamExecutiveFunction
7	DTIFrontalParietal

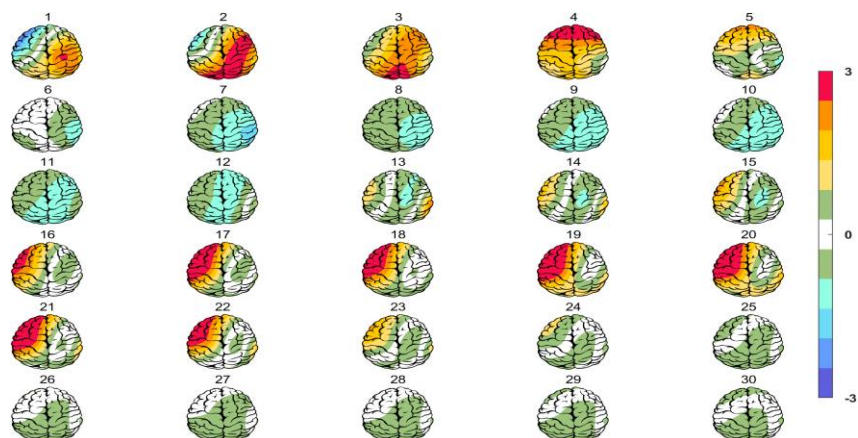
Absolute Power - EC



Absolute Power - EO



Relative Power - EC



Relative Power - EO

