



# QEEG Clinical Report

BrainLens V0.4

## Report Description

## Personal & Clinical Data

Name	Test	Date of Recording	Test
Date of Birth - Age	Test	Gender	Test
Handedness(R/L)	Test	Source of Referral	Test
Initial Diagnosis	Test		
Current Medication	Test		

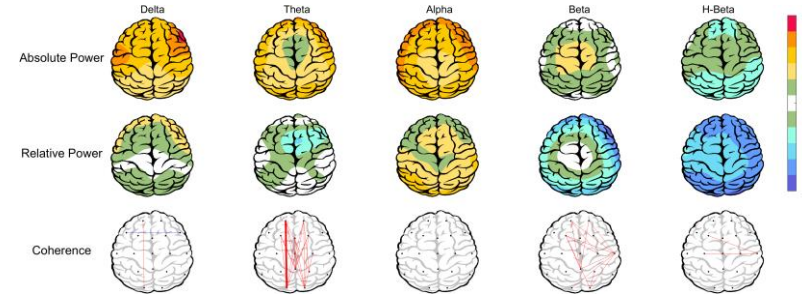
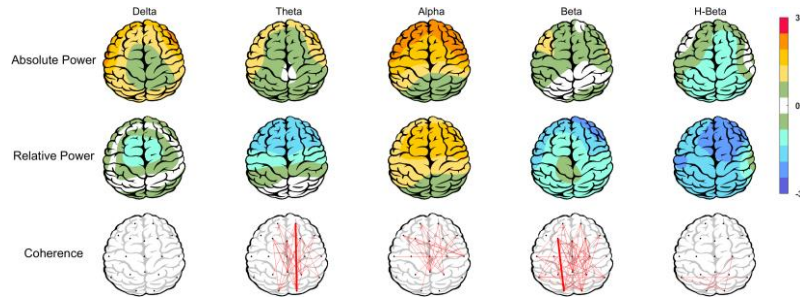
Test

# Summary Report

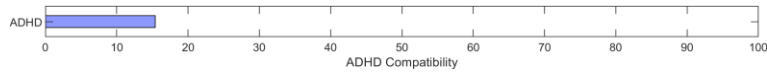
## EEG Quality



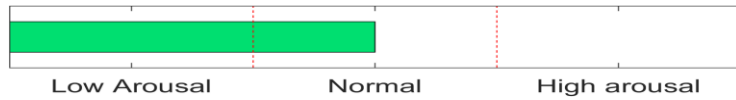
## Z-score Information



## Compatibility with ADHD



## Arousal Level



## APF

Posterior APF-EC= 10.00

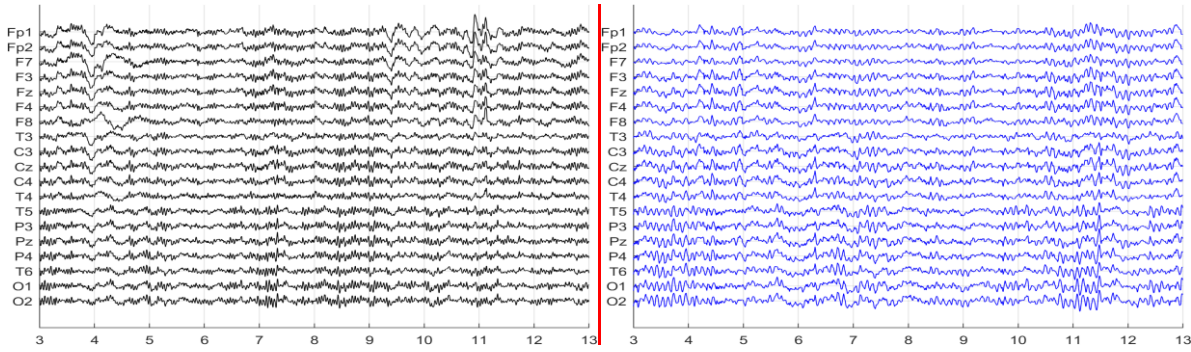
Posterior APF-EO= 10.12

To investigate QEEG-based predicting medication response, please refer to the Report.

## Denosing Information (EC)

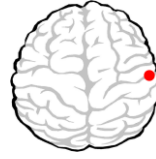
Raw EEG

Denosed EEG



Flat Channels

Rejected Channels

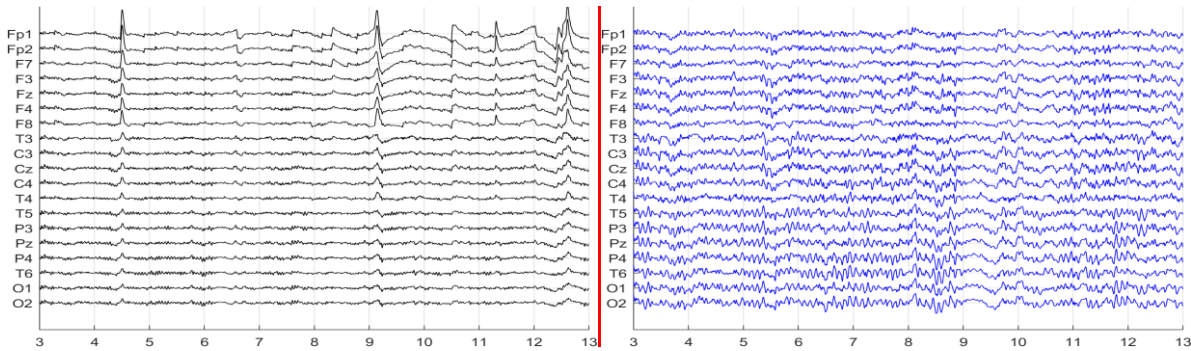


Number of Eye and Muscle Elements				Low Artifact Percentage	
Eye	3	Muscle	0		
Total Artifact Percentage				High Artifact Percentage	
EEG Quality		good		Total Recording Time Remaining 245.58 sec	

## Denosing Information (EO)

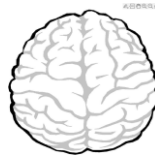
Raw EEG

Denosed EEG



Flat Channels

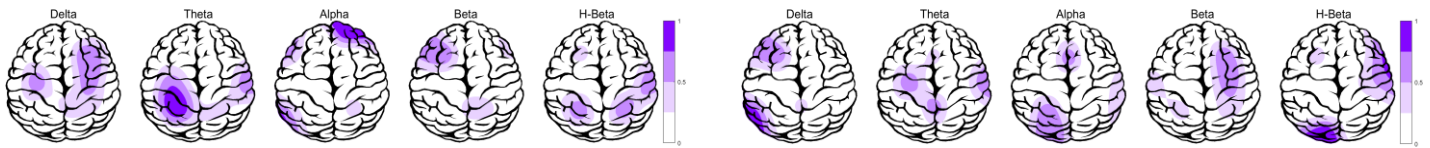
Rejected Channels



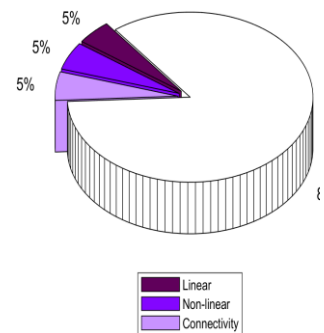
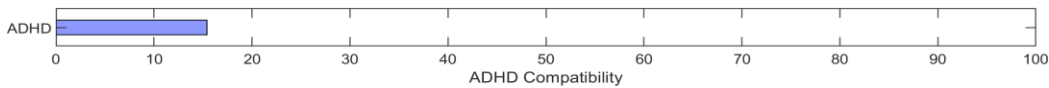
Number of Eye and Muscle Elements				Low Artifact Percentage	
Eye	3	Muscle	0		
Total Artifact Percentage				High Artifact Percentage	
EEG Quality		good		Total Recording Time Remaining 240.24 sec	

# Pathological assessment for ADHD

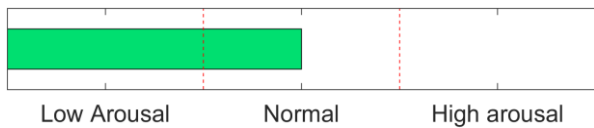
## Compare to ADHD Database



## EEG Compatibility with ADHD Diagnosis



## Arousal Level Detection

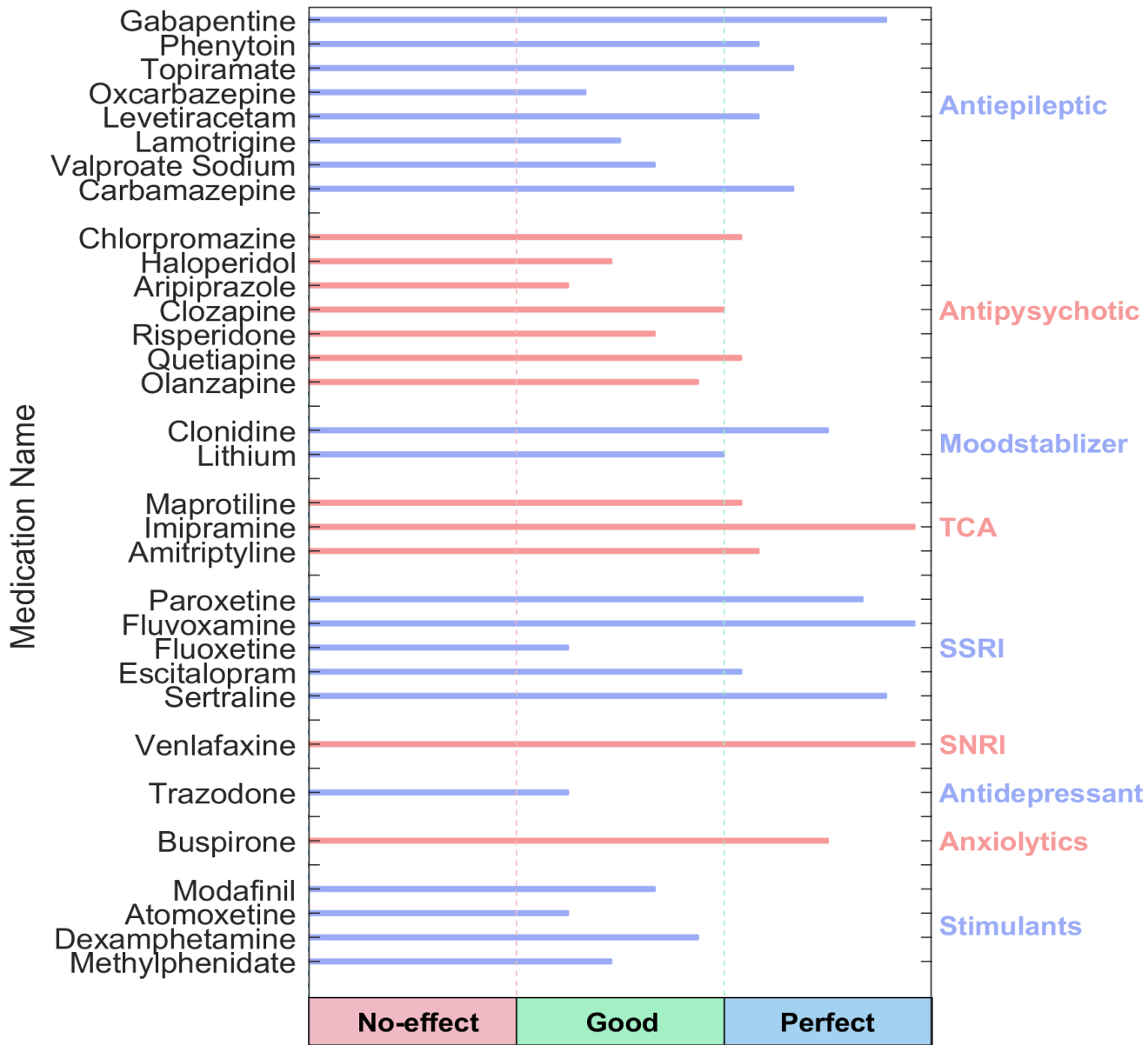


## ADHD Clustering \*

1. Least impulsive group, almost only inattentive. May respond to stimulants.
2. May be artistic/creative, may have affective regulatory dysfunction. May respond to SSRI.

\* If there is Paroxymal epileptic discharge in EEG data, this case needs sufficient sleep and should avoid high carbohydrate intake. You can consider anticonvulant medications.

## QEEG based predicting medication response



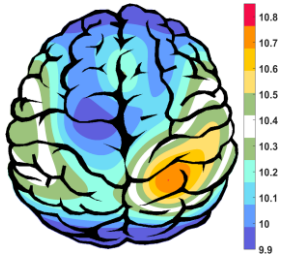
### Explanation

### ⚠ Medication Recommendation

These two tables can be considered the most important finding that can be extracted from QEEG. To prepare this list, the NPCIndex Article Review Team has studied, categorized, and extracted algorithms from many authoritative published articles on predict medication response and Pharmac EEG studies. These articles are published between 1970 and 2021. The findings extracted from this set include 85 different factors in the raw band domains, spectrum, power, coherence, and loreta that have not been segregated to avoid complexity, and their results are shown in these diagrams. One can review details in NPCIndex.com .

These two charts, calculate response probability to various medications, according only to QEEG indicators. Blue charts favor drug response and red charts favor drug resistance. The longer the bar, the more evidence there is in the articles. Only drugs listed in the articles are listed. These tables present the indicators reviewed in the QEEG studies and are not a substitute for physician selection.

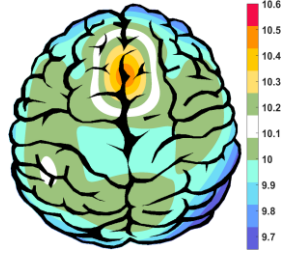
### APF(EO)



Frontal APF= 10.08

Posterior APF= 10.12

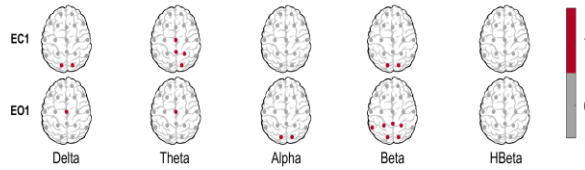
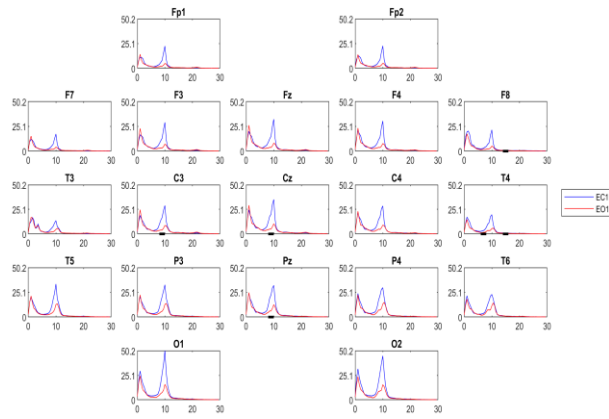
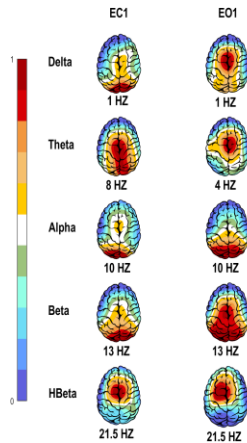
### APF(EC)



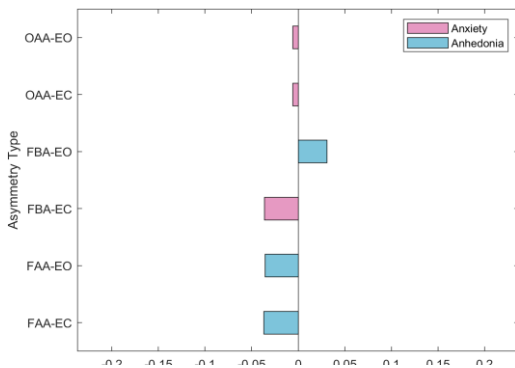
Frontal APF= 10.00

Posterior APF= 10.00

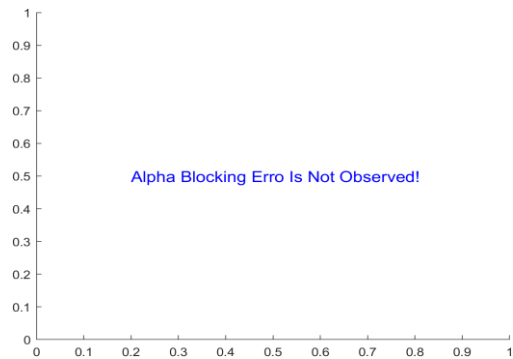
### EEG Spectra



### Alpha Asymmetry(AA)

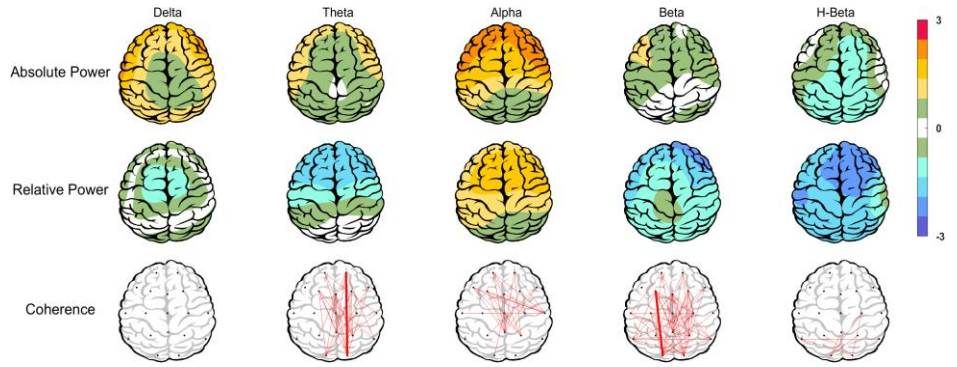


### Alpha Blocking

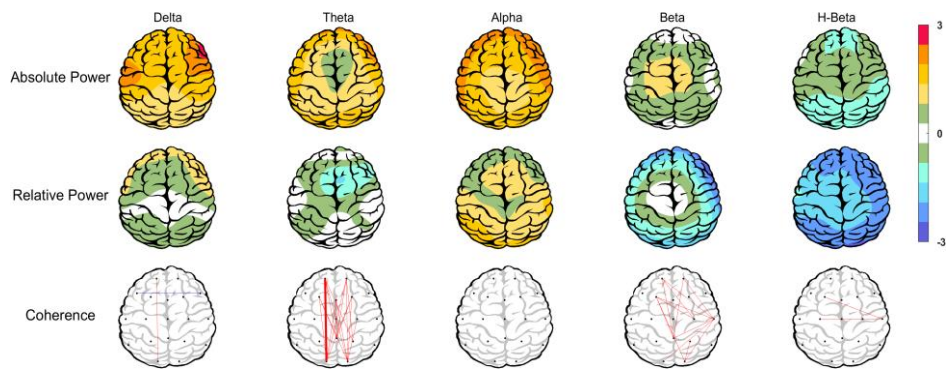




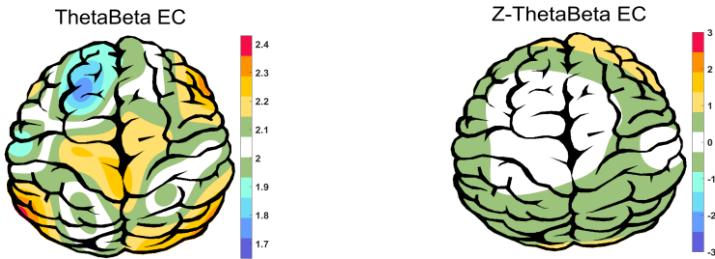
### Z Score Summary Information (EC)



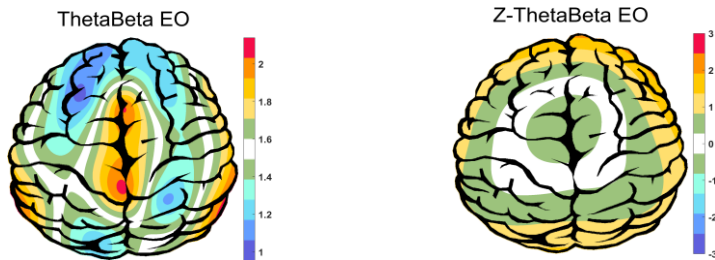
### Z Score Summary Information (EO)



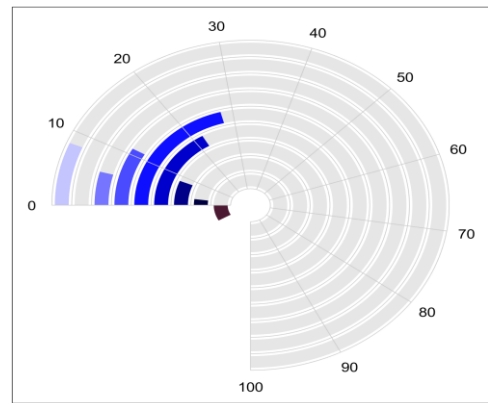
### E.C.T/B Ratio ( Raw- Z Score)



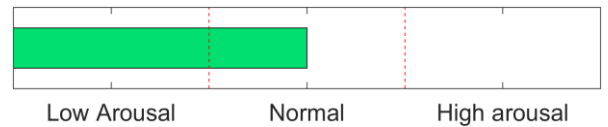
### E.O.T/B Ratio ( Raw- Z Score)



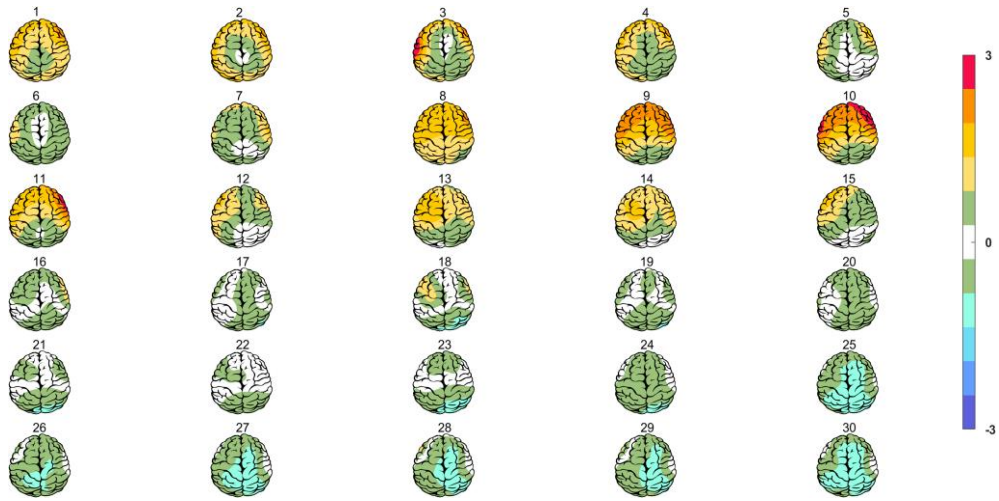
### Arousal Level



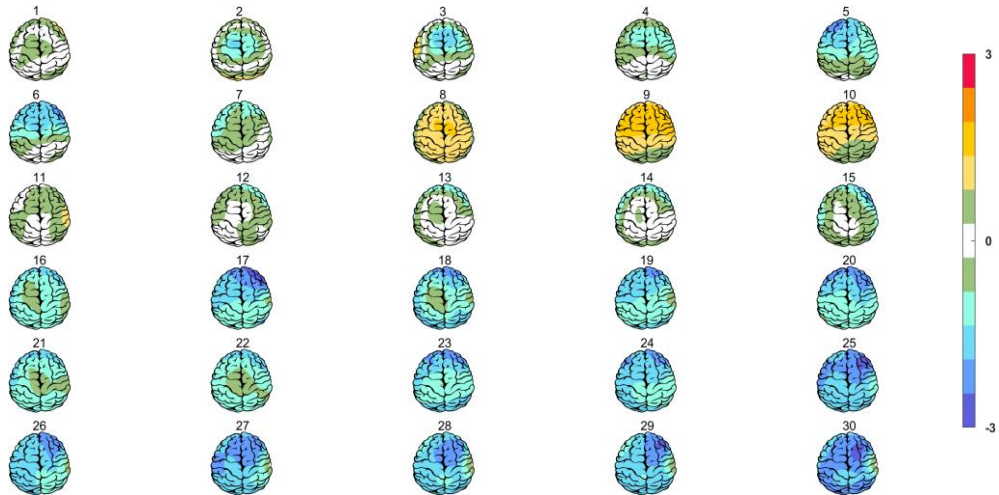
High beta, IAF, Right-posterior delta, Visual-area alpha, Frontal alpha, Prefrontal beta, Temporal beta, Occipital beta, Central beta



### Absolute Power-Eye Closed (EC)

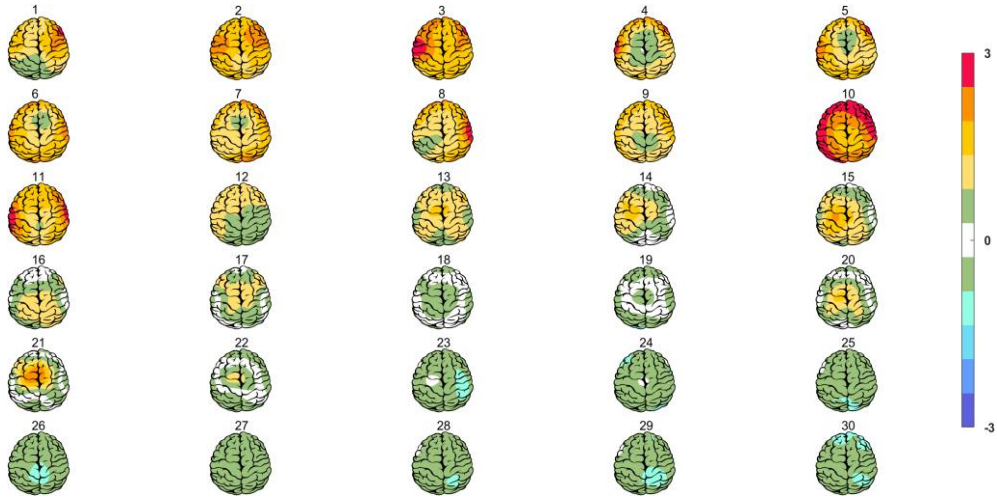


### Relative Power-Eye Closed (EC)





### Absolute Power-Eye Open (EO)



### Relative Power-Eye Open (EO)

