QEEG Clinical Report

EEGLens

QEEGhome

NPCindex

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

Personal Data:

Name: Test Test
Gender: Male
Age: 2018-02-05 - 8.1
Handedness: Right

Clinical Data:

Initial diagnosis: ADHD
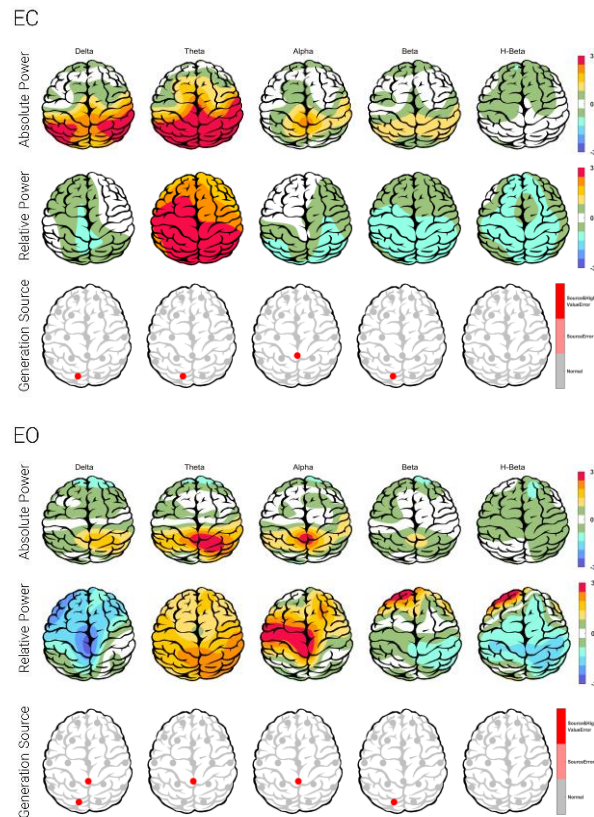Medication: -
Date of Recording: 2025-12-23
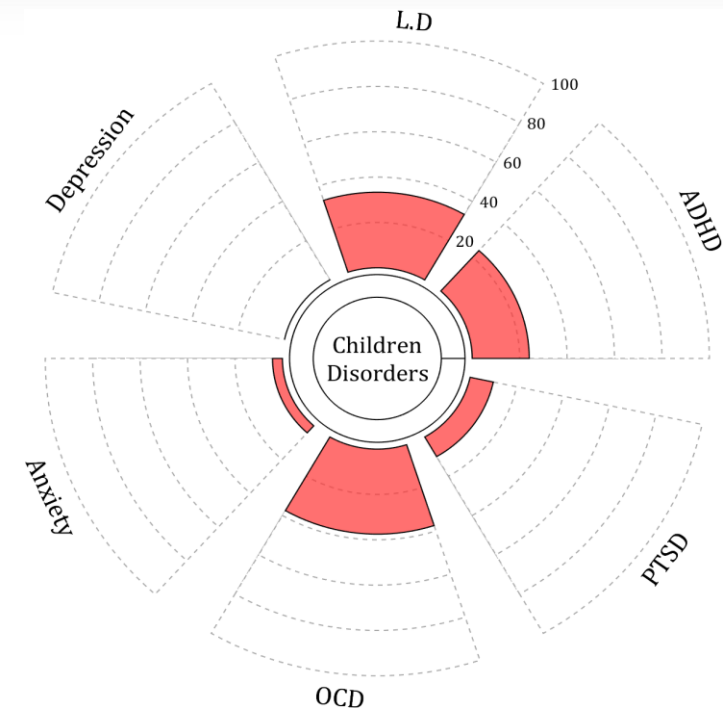Source of Referral: Dr Test

This case belongs to Dr Test
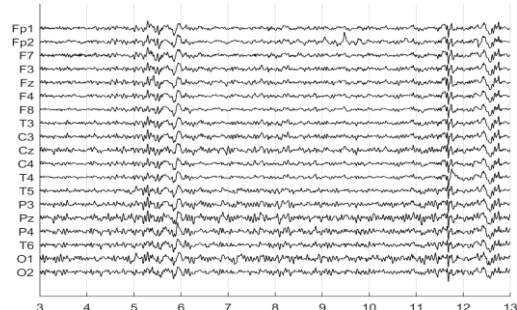
EEG Quality

EC

EO

Z-score Information

EC

EO

Pathological Assessment

EEG Neuromarker Values

Neuromarker	Region	Value	Assessment
APF - EO	Frontal	08.92	Low
AFP - EC	Frontal	08.67	Low
APF - EO	Occipital	08.88	Low
AFP - EC	Occipital	08.38	Low
Arousal Level - EO	-	-	Low
Arousal Level - EC	-	-	Low

Dr Test

Denoising Information

Eye Close

Raw EEG

Denoised EEG

Rejected Channel

Flat Channel

Total Recording Time Remaining:
174.53 sec

Number of Eye and Muscle Elements
Eye: 2
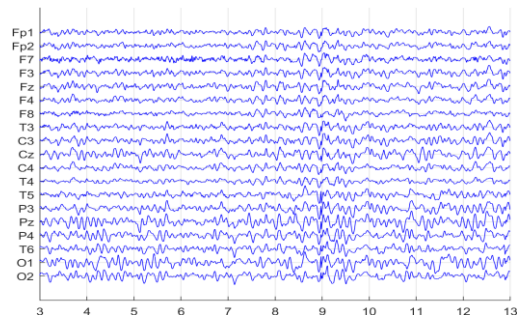Muscle: 0

Low Artifact Percentage

High Artifact Percentage

Total Artifact Percentage

EEG Quality: perfect

Eye Open

Raw EEG

Denoised EEG

Rejected Channel

Flat Channel

Total Recording Time Remaining:
226.46 sec

Number of Eye and Muscle Elements
Eye: 1
Muscle: 0

Low Artifact Percentage

High Artifact Percentage
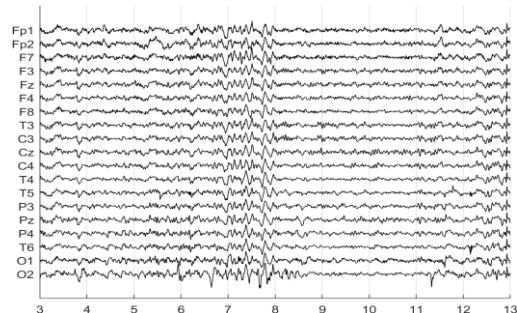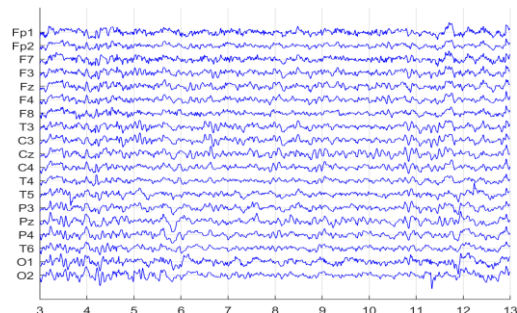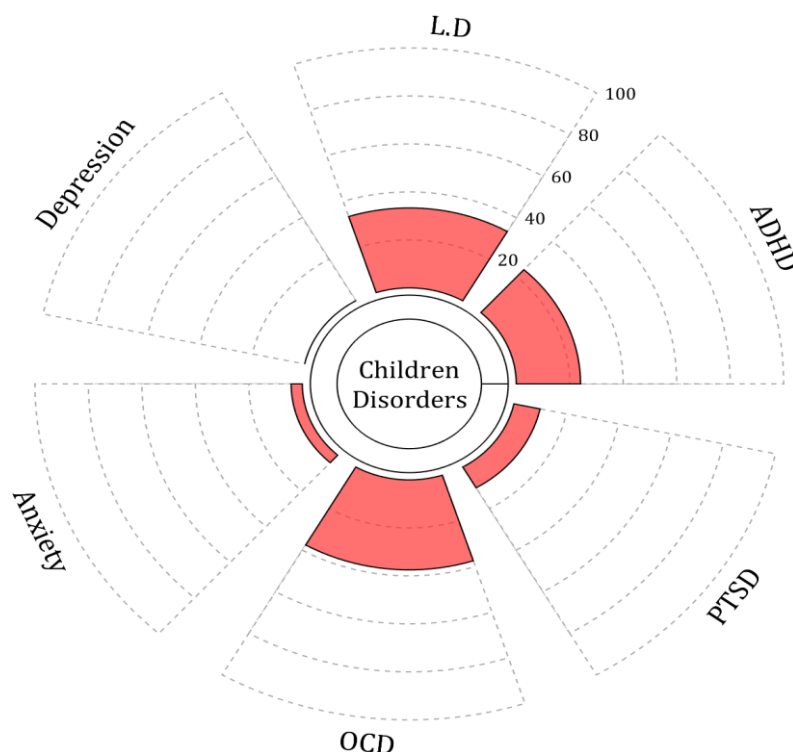
Total Artifact Percentage

EEG Quality: perfect

Pathological Assessment
Main Diagnosis: Children Disorder

ADHD Subtypes

1. Mostly inattentive and hyper-active prevalence. Well respond to amphetamine-type stimulants and neurofeedback.

Description

According to the guidelines, psychiatric disorders in children (under 17 years) include *ADHD, learning disorder (LD), PTSD, OCD, depression, and anxiety.*
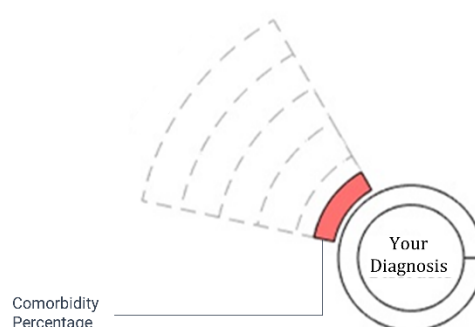
In the above graph, the red area shows the percentage of each disorder from your patient's EEG markers. Observe that each disorder marker is not unique and can be shared with others.
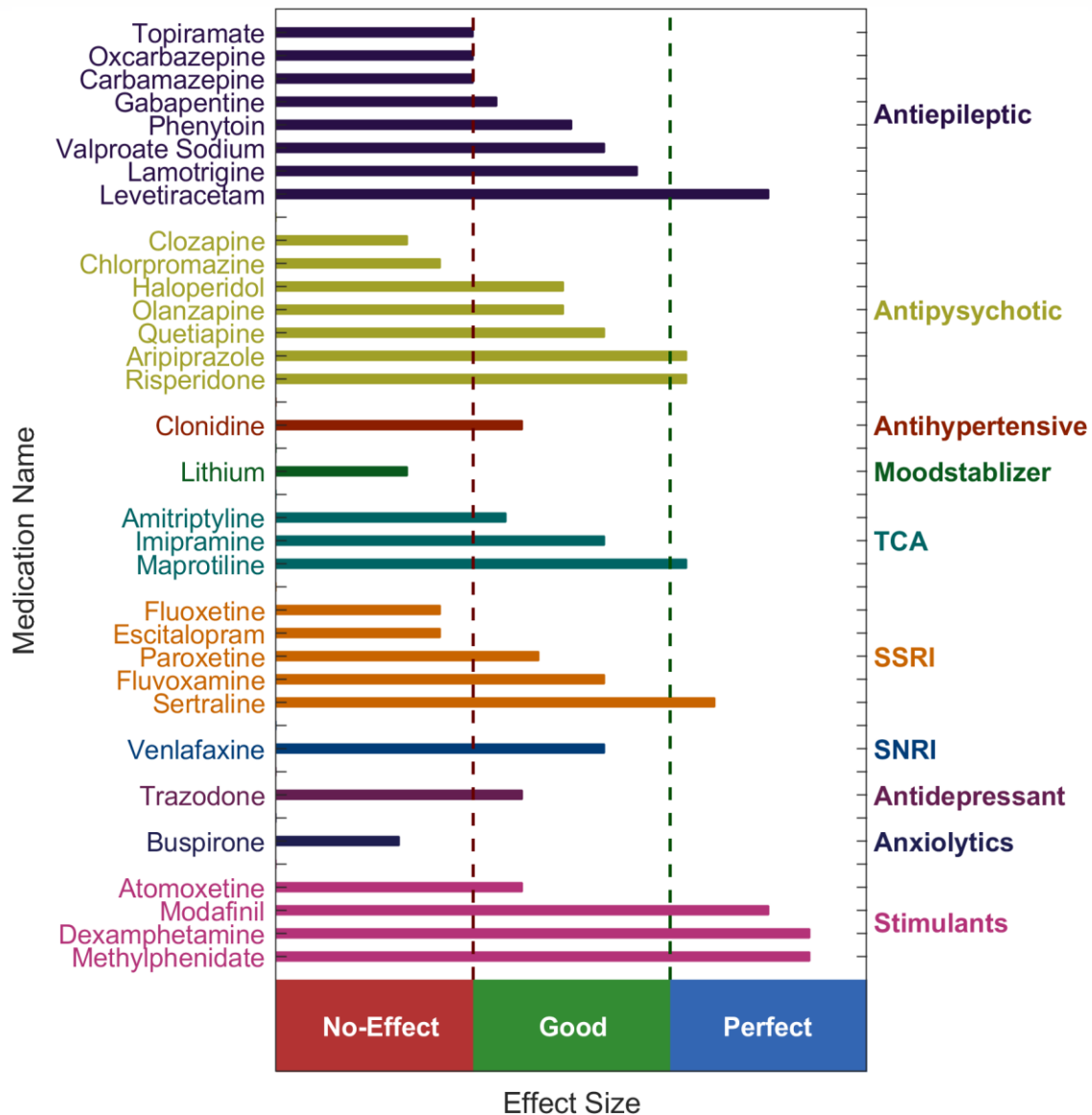
References:
Sadock, B. J., Sadock, V. A., & Ruiz, P. (Eds.). (2025). Kaplan and Sadock's comprehensive textbook of psychiatry (11th ed., Vols. 1–2). Wolters Kluwer
Sadock, B. J., Sadock, V. A., & Ruiz, P. (2022). Kaplan and Sadock's synopsis of psychiatry: Behavioral sciences/clinical psychiatry (12th 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.

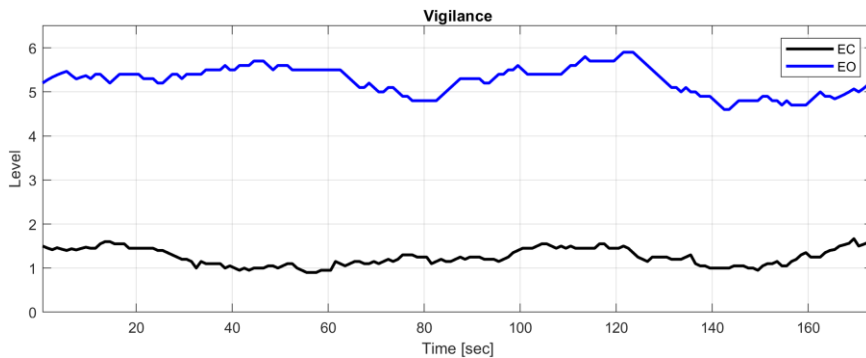For context and methodology, see qeeghome.com.

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%.
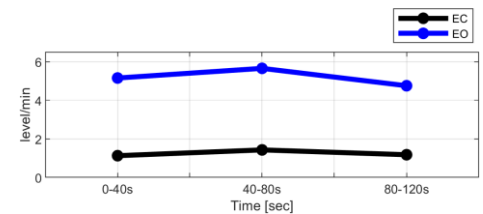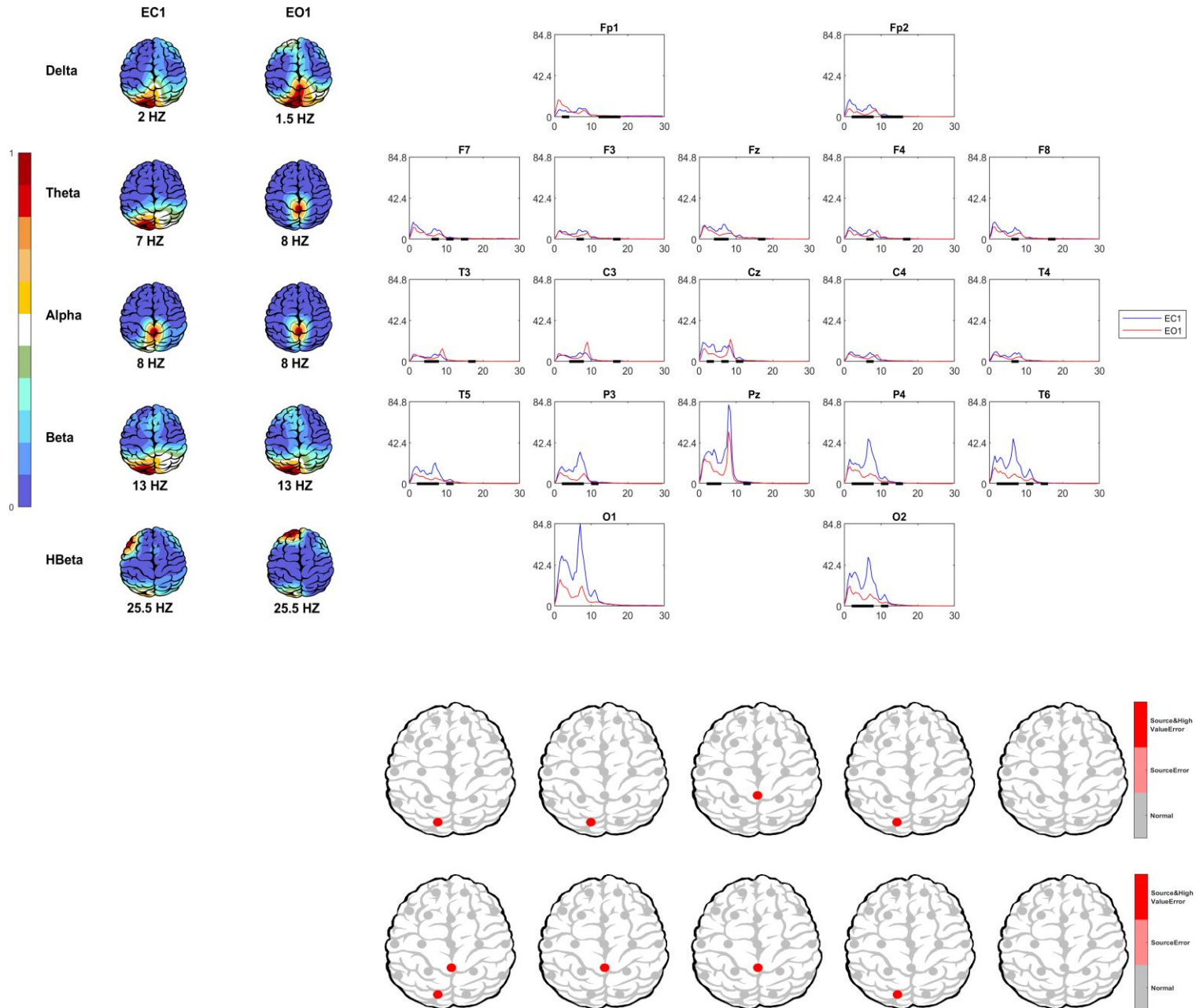
Vigilance

Vigilance Slope

EC:0.01   **EO:0.05**
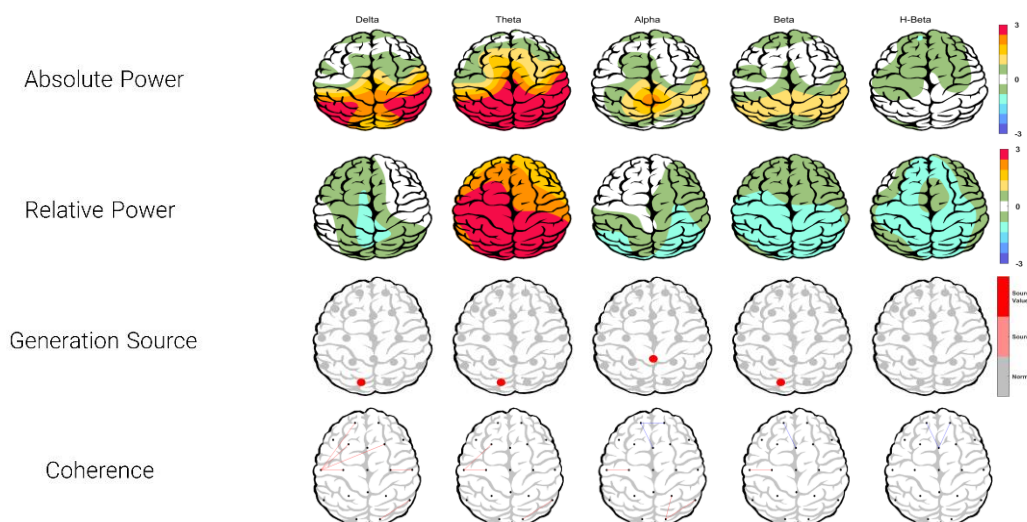
2min   2min

EEG Neuromarker Values

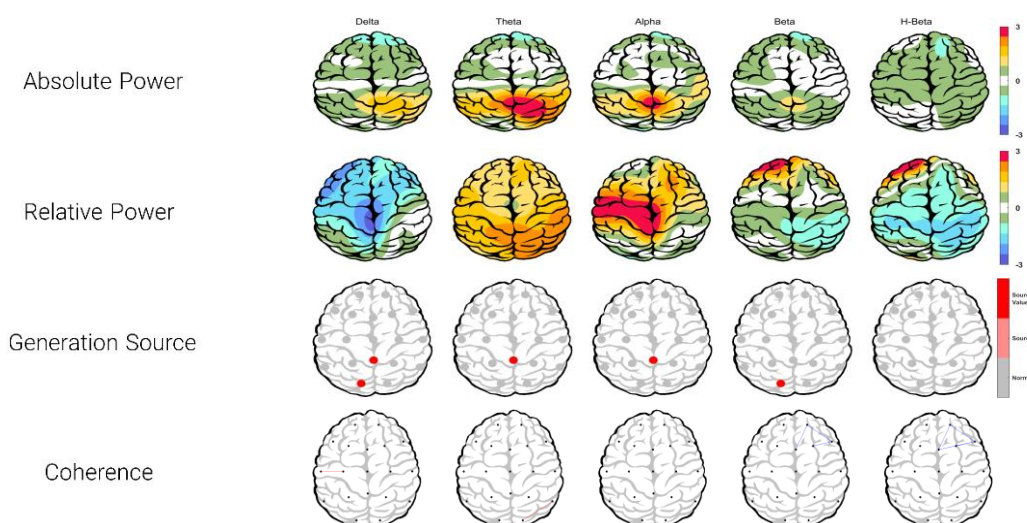| Neuromarker	Region	Value	Assessment
APF - EO	Frontal	08.92	Low
APF - EC	Frontal	08.67	Low
APF - EO	Occipital	08.88	Low
APF - EC	Occipital	08.38	Low
Alpha Asymmetry	Frontal	00.15	Anxiety
Alpha Asymmetry	Occipital	00.21	Anxiety
Beta Asymmetry	Frontal	00.08	Anhedonia
Alpha Blocking Error	-	-	Not
Arousal Level - EO	-	-	Low
Arousal Level - EC	-	-	Low
Vigilance Level - EO	-	06.00	Normal
Vigilance Level - EC	-	01.00	Low
Vigilance Mean - EO	-	05.26	Low
Vigilance Mean - EC	-	01.25	Low
Vigilance Regulation - EO	-	00.05	Normal
Vigilance Regulation - EC	-	00.01	Normal
Vigilance 0 Stage (%) - EO	-	63.22	Normal
Vigilance 0 Stage (%) - EC	-	00.00	Normal
Vigilance A1 Stage (%) − EO	-	00.00	-
Vigilance A1 Stage (%) − EC	-	00.00	-

EEG Spectra

Z Score Summary Information

Eye Close

Eye Open

Theta/Beta Ratio

Eye Close

Raw ThetaBeta	Z- ThetaBeta EC

Eye Open

Raw ThetaBeta	Z- ThetaBeta EC