

# QEEG Clinical Report

EEGLens



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

## Personal Data:

Name: Test Test

Gender: Female

Age: 1973-02-14 - 52.8

Handedness: Right

## Clinical Data:

Initial diagnosis: Depression

Medication: -

Date of Recording: 2025-10-15

Source of Referral: Dr Test

This case belongs to Dr Test



info@qeeghome.com



qeeghome.com

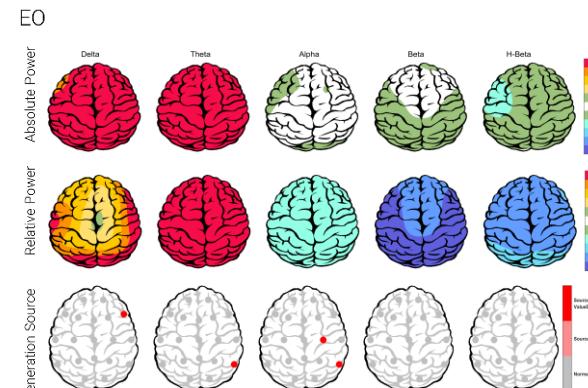
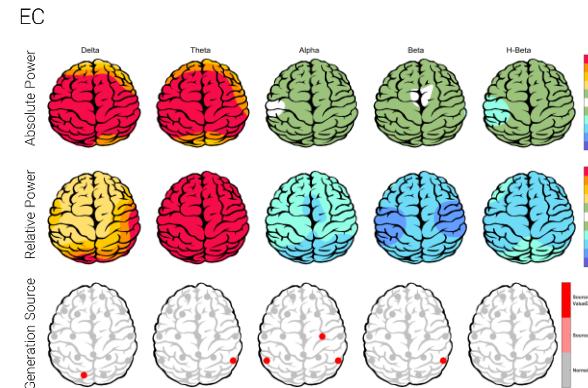


qeeghome

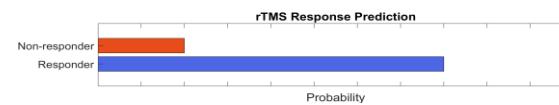
### EEG Quality



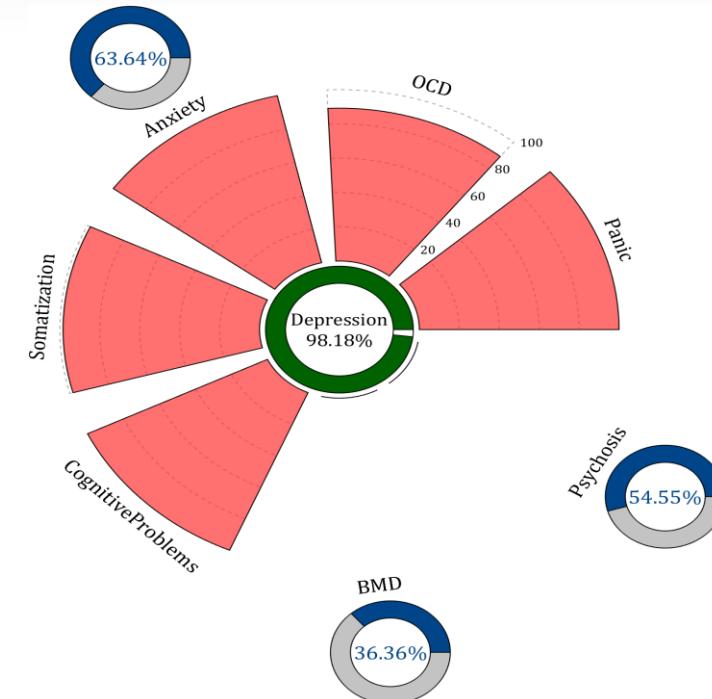
### Z-score Information



### TMS Responsibility



### Pathological Assessment



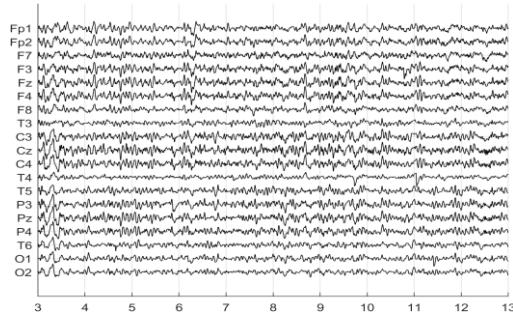
### EEG Neuromarker Values

Neuromarker	Region	Value	Assessment
APF - EO	Frontal	08.92	Low
APF - EC	Frontal	08.83	Low
APF - EO	Occipital	08.50	Low
APF - EC	Occipital	08.50	Low
Arousal Level - EO	-	-	Low
Arousal Level - EC	-	-	Low

## Denoising Information

Eye Close

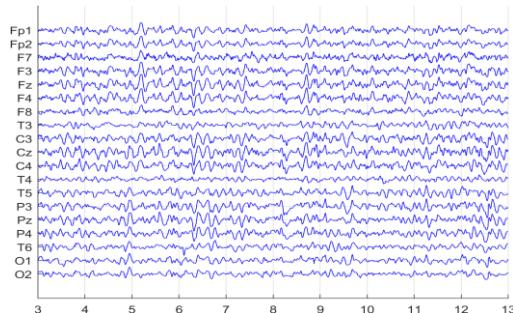
Raw EEG



Rejected Channel



Denoised EEG



Flat Channel



**Total Recording Time Remaining:**

232.75 sec

**Number of Eye and Muscle Elements**

Eye: 2

Muscle: 0

**Low Artifact Percentage**



**High Artifact Percentage**



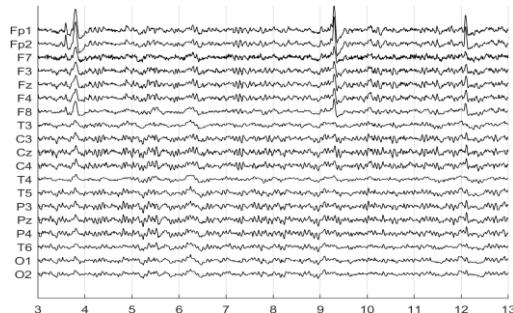
**Total Artifact Percentage**



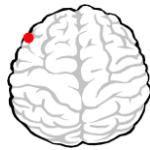
**EEG Quality:** perfect

Eye Open

Raw EEG



Rejected Channel



**Total Recording Time Remaining:**

231.93 sec

**Number of Eye and Muscle Elements**

Eye: 2

Muscle: 0

**Low Artifact Percentage**



**High Artifact Percentage**



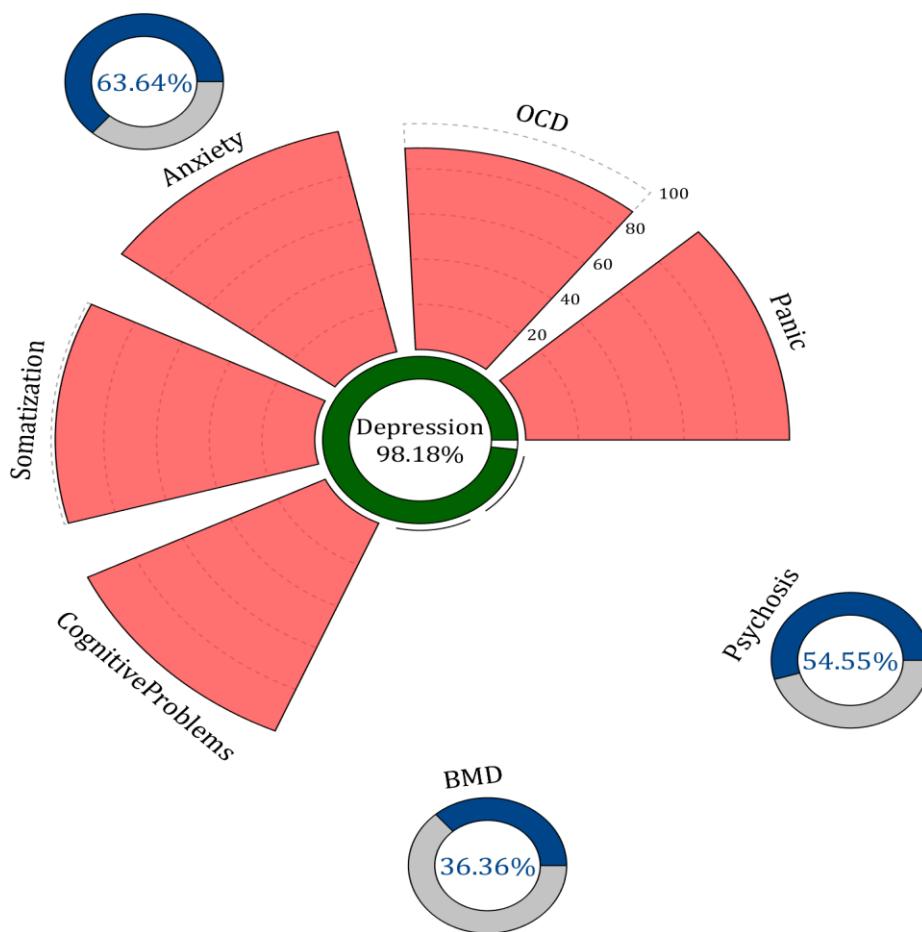
**Total Artifact Percentage**



**EEG Quality:** perfect

## Pathological Assessment

Main Diagnosis: Depression



### Description

According to the guidelines, the initial diagnosis of depression could have comorbidities such as **alcohol abuse, panic attacks, OCD, and anxiety**. It also differentially diagnoses with **anxiety, bipolar disorder, alcohol abuse, psychosis, and somatoform**.

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**.

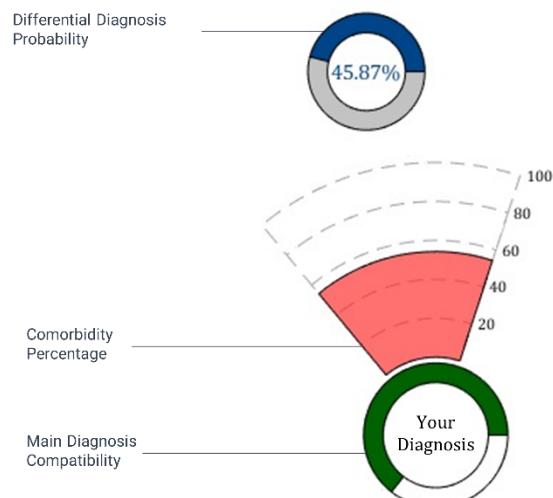
**Note:** In case your patient has drug abuse, obtain the substance abuse pathologic page of QEEGhome by registering the diagnosis under the initial diagnoses section of the website.

#### References:

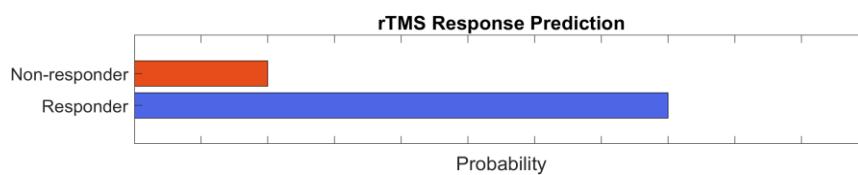
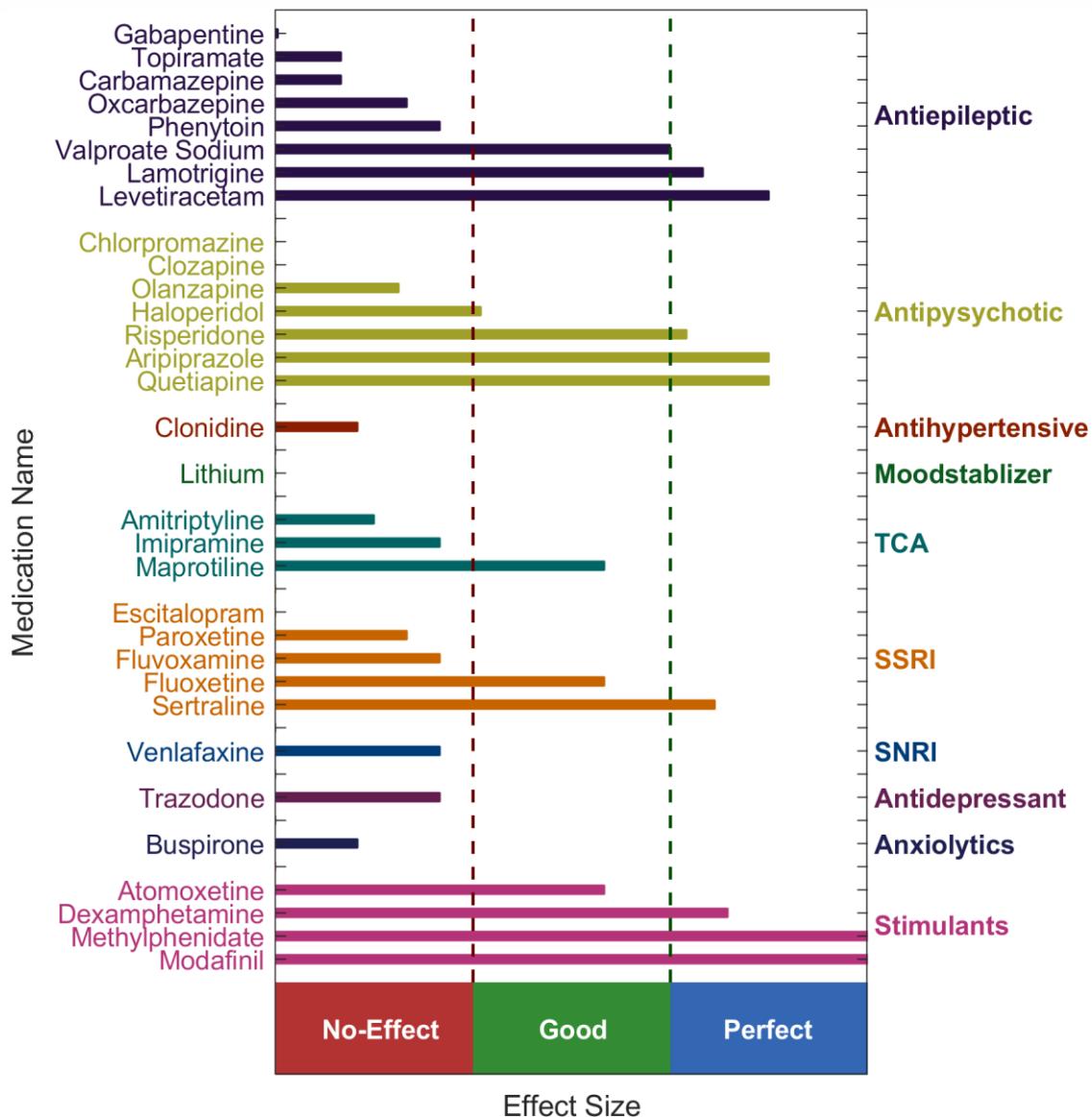
Sadock, B. J., Sadock, V. A., & Ruiz, P. (Eds.). (2025). Kaplan and Sadock's comprehensive textbook of psychiatry (11th ed., Vols. 1–2). Wolters Kluwer  
 Sadock, B. J., Sadock, V. A., & Ruiz, P. (2022). Kaplan and Sadock's synopsis of psychiatry: Behavioral sciences/clinical psychiatry (12th ed.). Wolters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

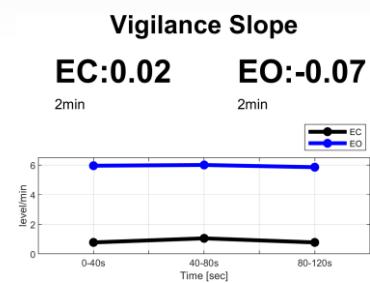
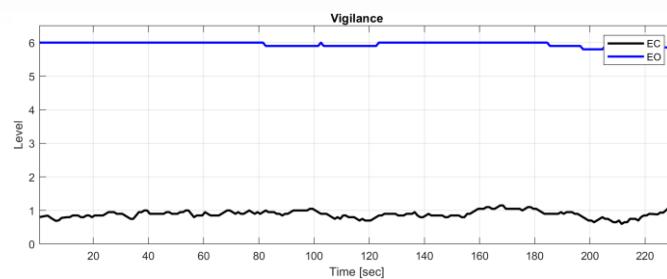
These two tables present the primary neuromarker findings from NPCindex Research Institute, derived from our research on medication-free Iranian cohorts. The NPCindex team identified and validated 85 candidate features across raw bands, spectra, power, coherence, and LORETA, and report them here without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

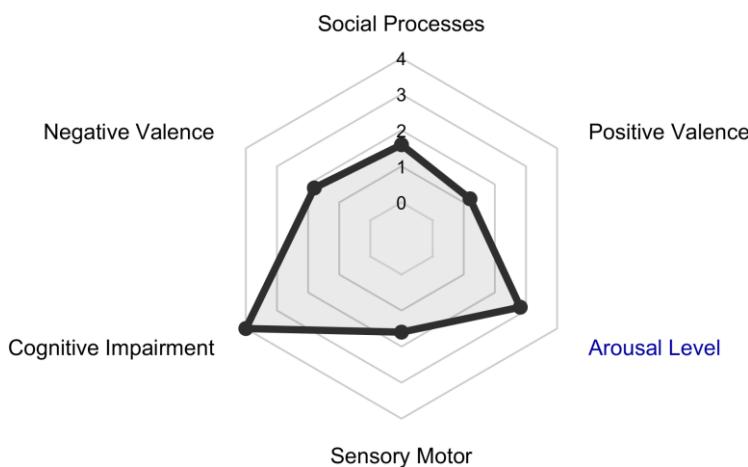
## Vigilance



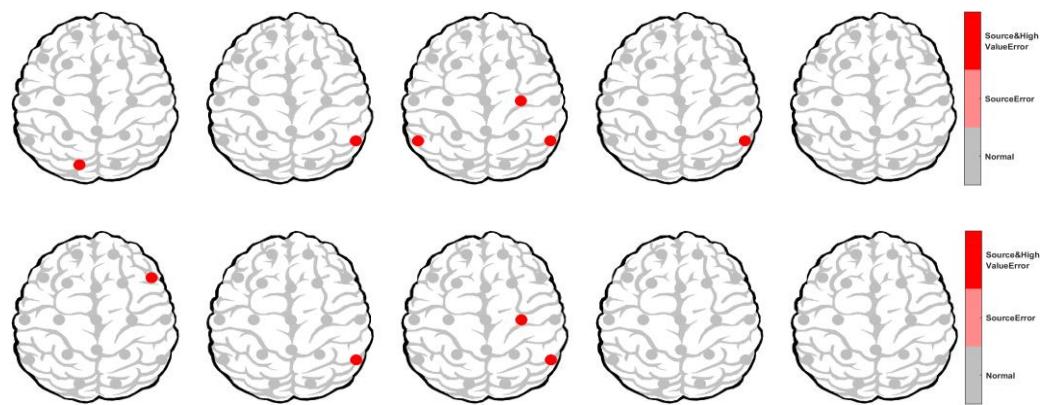
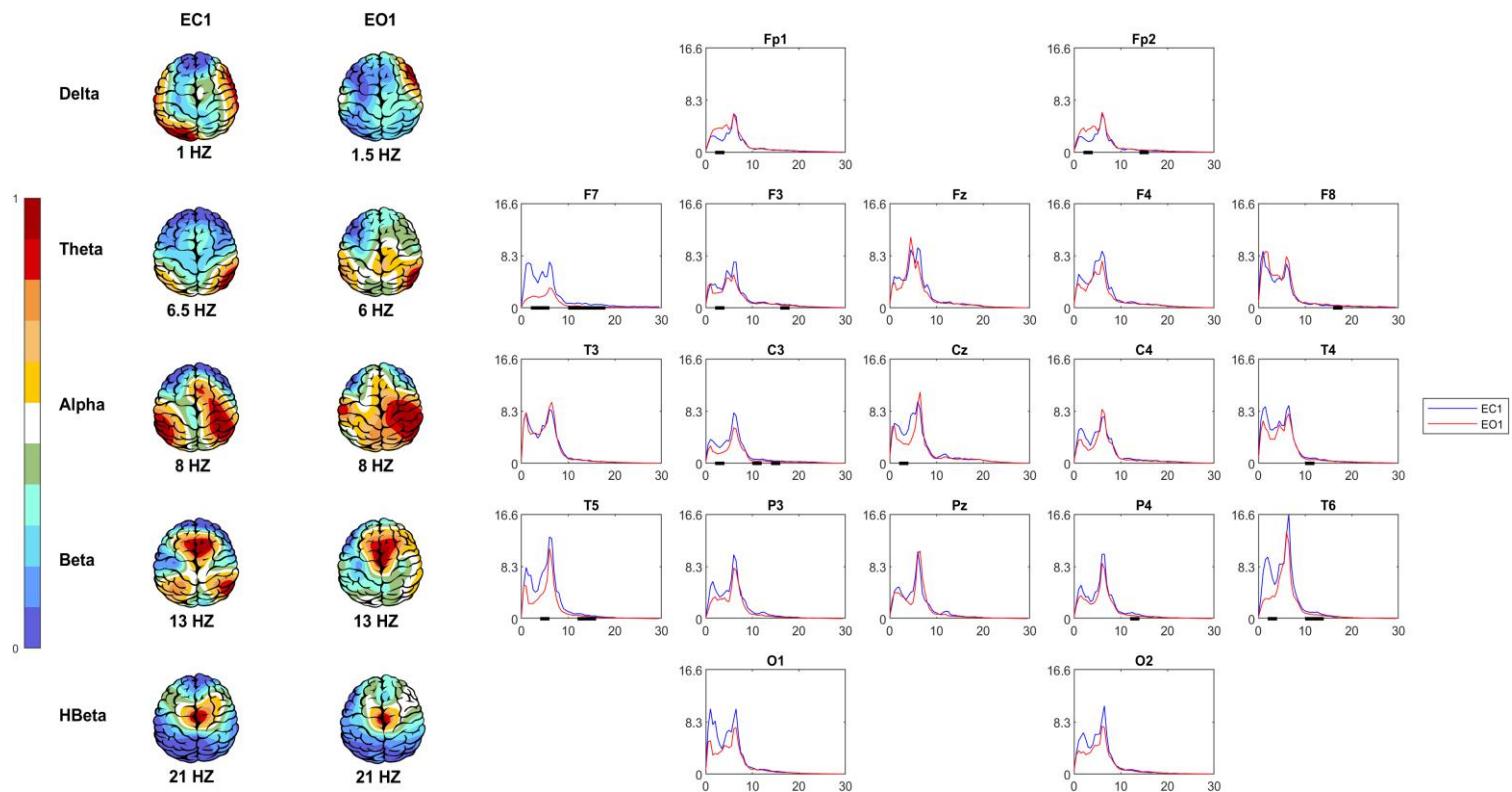
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APF - EO	Frontal	08.92	Low
APF - EC	Frontal	08.83	Low
APF - EO	Occipital	08.50	Low
APF - EC	Occipital	08.50	Low
Alpha Asymmetry	Frontal	-0.07	Anhedonia
Alpha Asymmetry	Occipital	-0.01	Anhedonia
Beta Asymmetry	Frontal	-0.06	Anxiety
Alpha Blocking Error	Pz	-	Observed
Vigilance Level - EO	-	06.00	Normal
Vigilance Level - EC	-	01.00	Low
Vigilance Mean - EO	-	05.96	Normal
Vigilance Mean - EC	-	00.89	Low
Vigilance Regulation - EO	-	-0.07	Normal
Vigilance Regulation - EC	-	00.02	Normal
Vigilance 0 Stage (%) - EO	-	97.84	Normal
Vigilance 0 Stage (%) - EC	-	00.00	Normal
Vigilance A1 Stage (%) - EO	-	00.00	-
Vigilance A1 Stage (%) - EC	-	00.00	-

## RDoC Domain

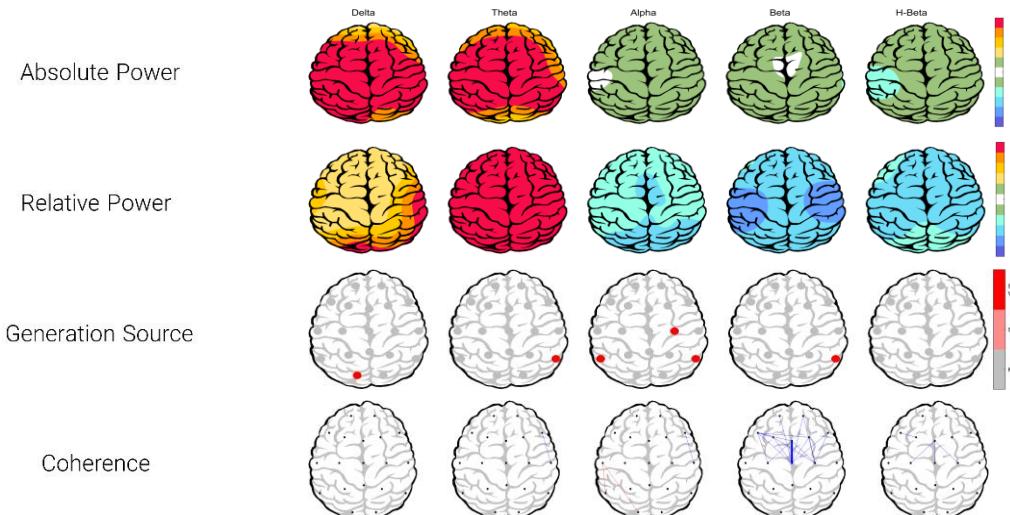


## EEG Spectra

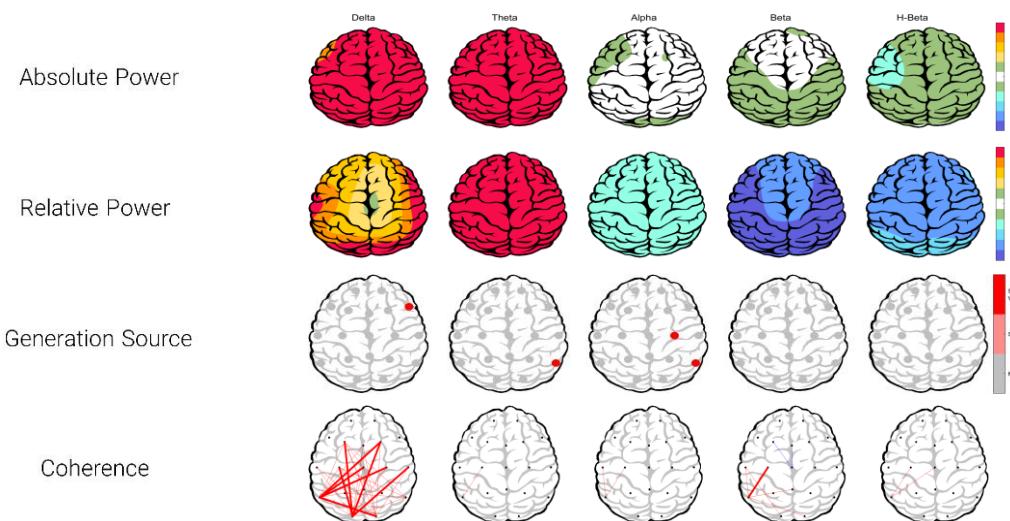


## Z Score Summary Information

■ Eye Close

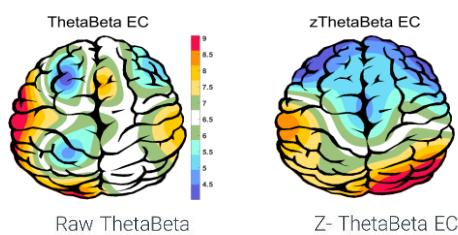


■ Eye Open



## Theta/Beta Ratio

■ Eye Close



■ Eye Open

