



QEEG Clinical Report

BrainLens V0.4

Report Description

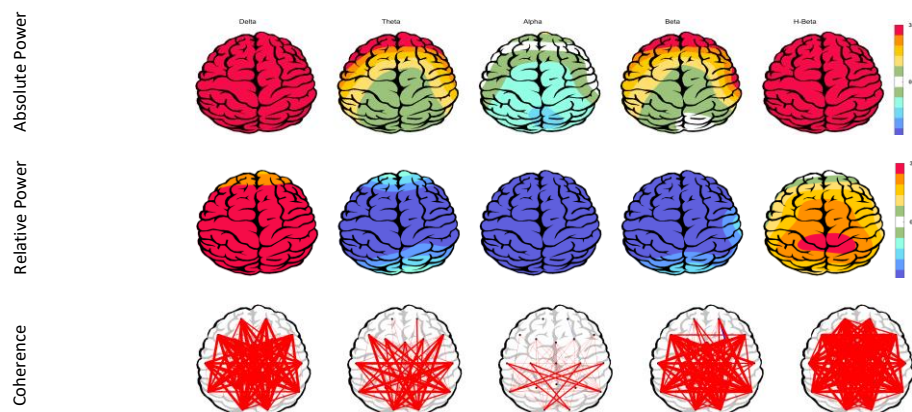


Personal & Clinical Data

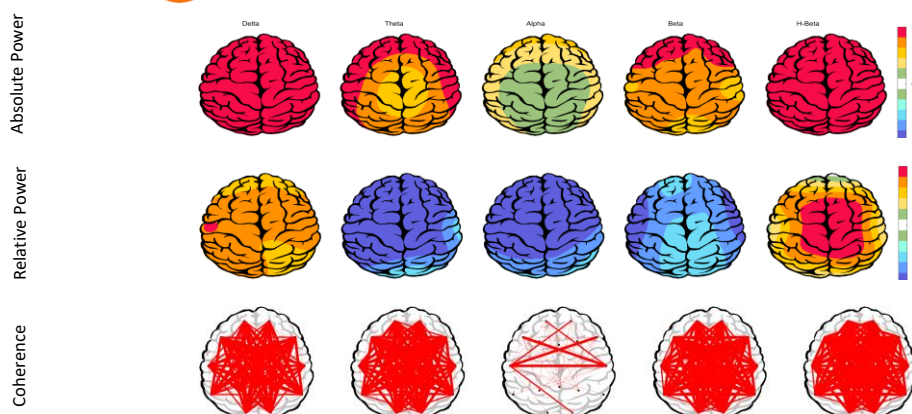
Name	Atena Keshizade	Date of Recording	2025-06-16
Date of Birth - Age	2009-04-09 - 16.19	Gender	Female
Handedness(R/L)	Right	Source of Referral	Asayesh Psychiatric Clinic -
Initial Diagnosis	Irritability-Prodromal Phase-R/O OCD		
Current Medication	Aripiprazole-Sertraline		

Asayesh Psychiatric Clinic -
Dr Torabi

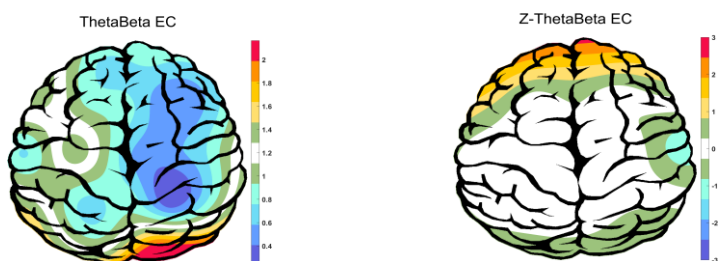
Z Score Summary Information (EC)



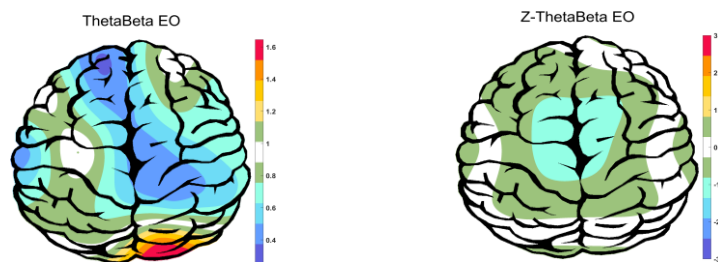
Z Score Summary Information (EO)



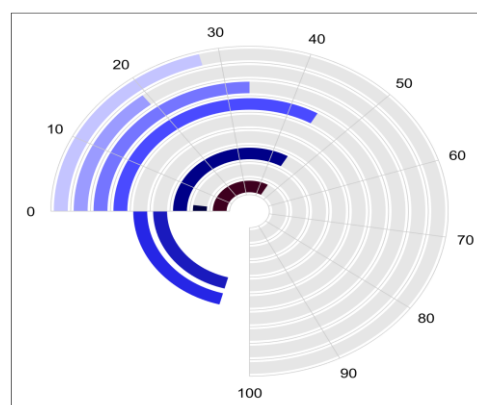
E.C.T/B Ratio (Raw- Z Score)



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



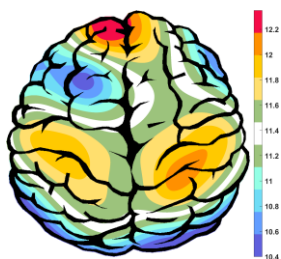
Arousal Level



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



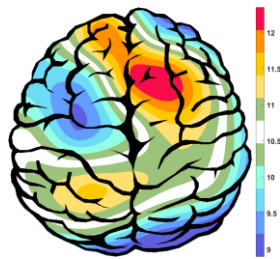
APF(EO)



Frontal APF= 11.67

Posterior APF= 11.50

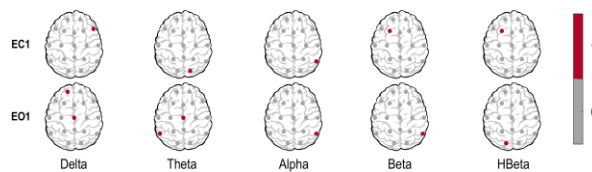
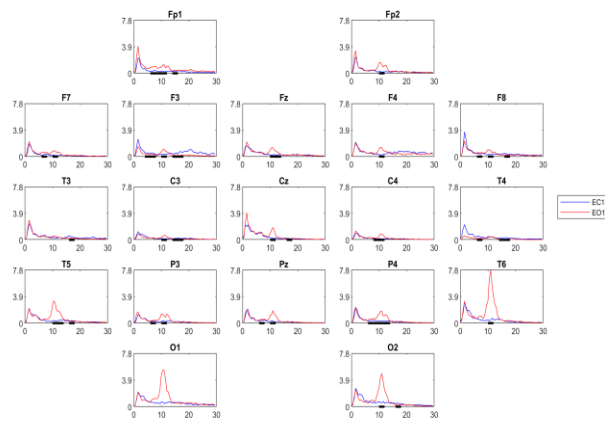
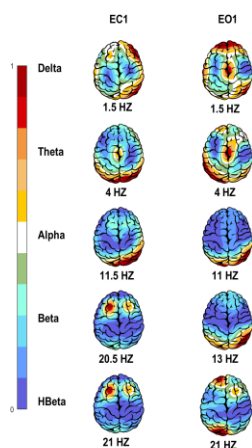
APF(EC)



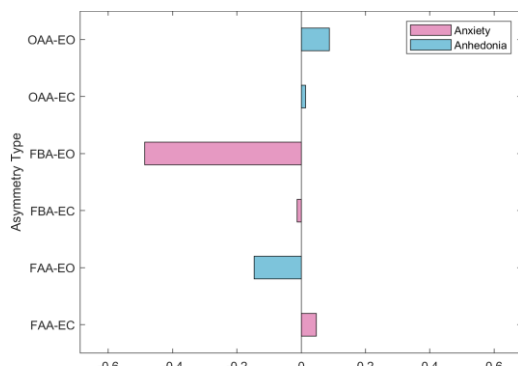
Frontal APF= 10.92

Posterior APF= 10.75

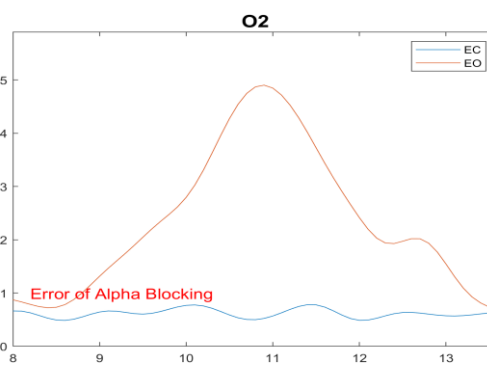
EEG Spectra



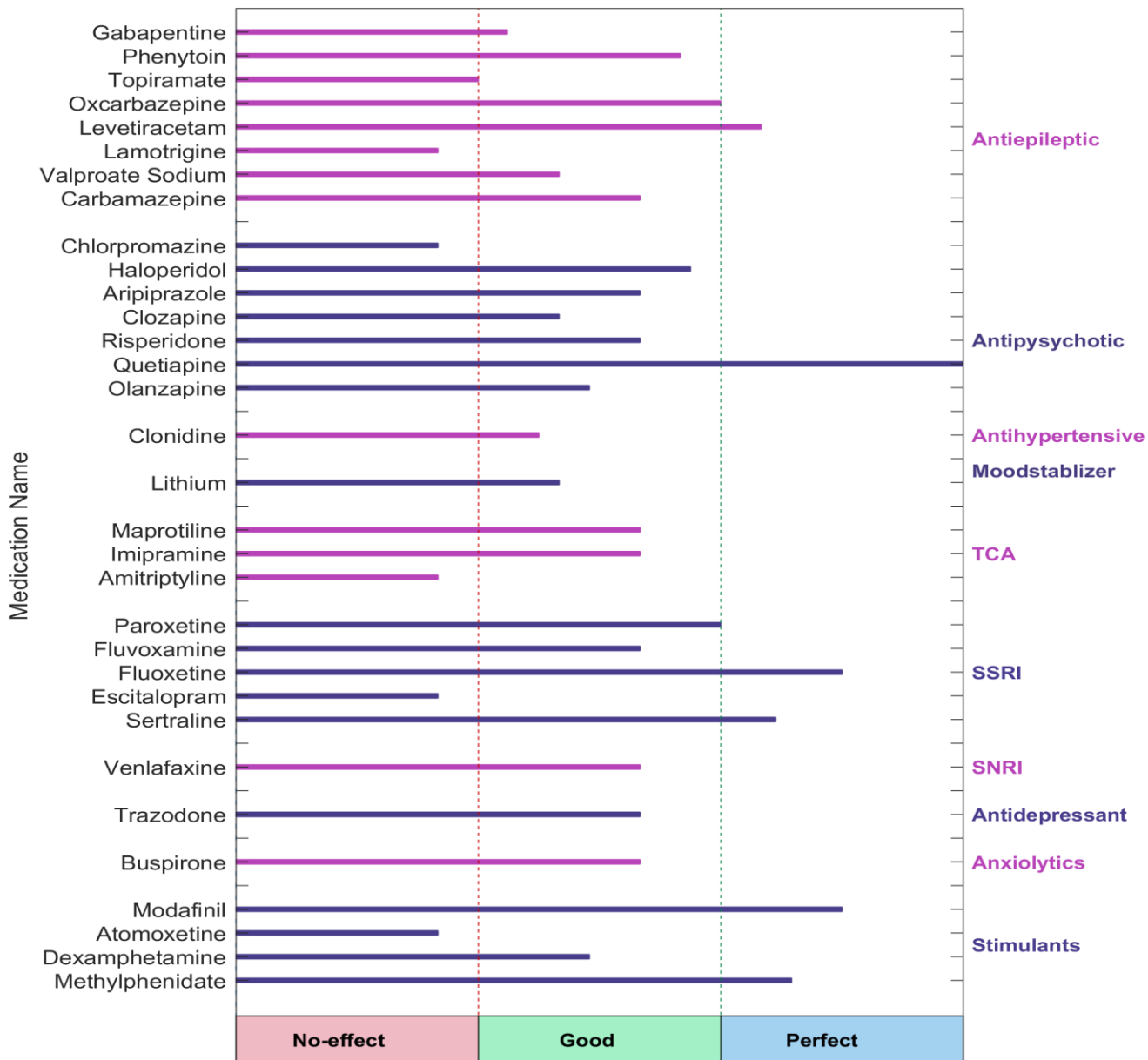
Alpha Asymmetry(AA)



Alpha Blocking



QEEG based predicting medication response



Explanation

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 Pharmacoe 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 .

Medication Recommendation

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.

 Report

گزارش:

-1

نتایج تشخیصی:

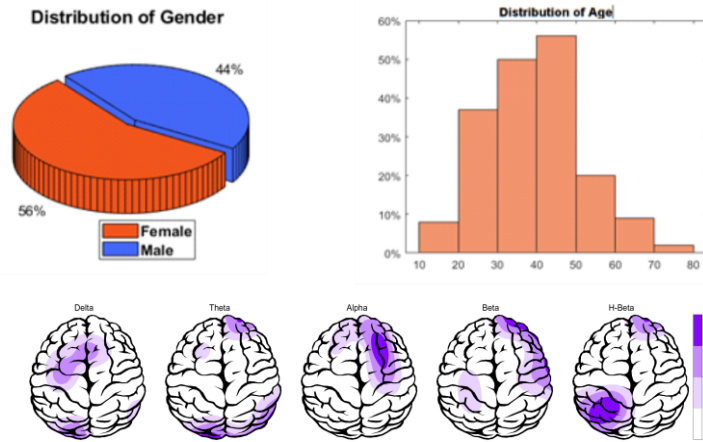
-1

rTMS Response Prediction

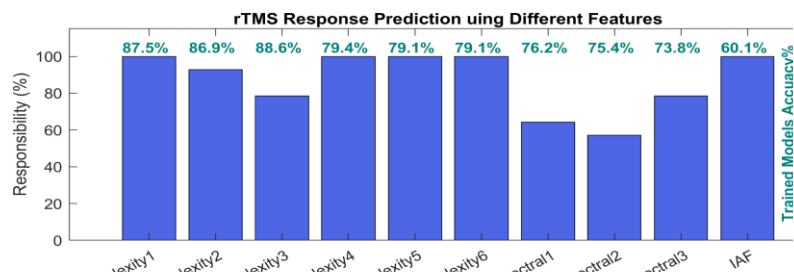
Network Performance

Accuracy: 92.1%
Sensitivity: 89.13%
Specificity: 97.47%

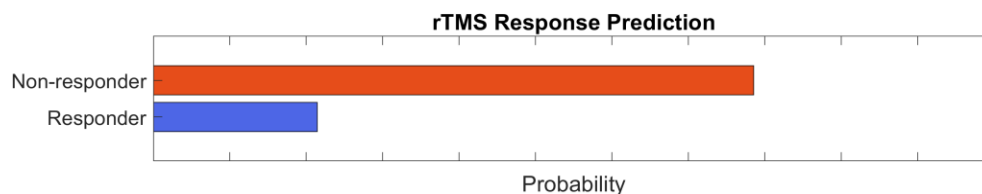
Participants Information



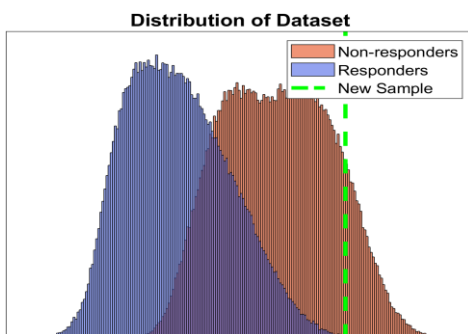
Features Information



Responsibility



Data Distribution

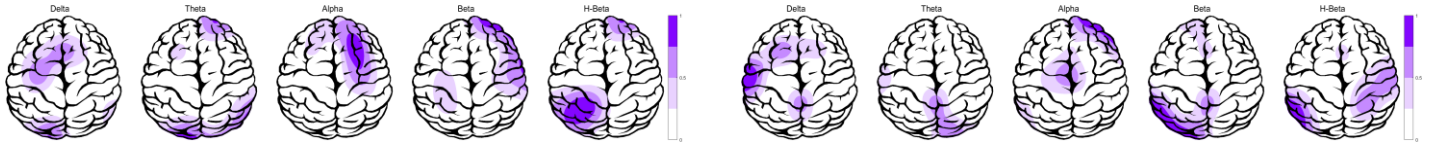


About Predicting rTMS Response

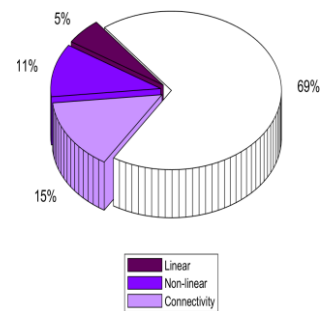
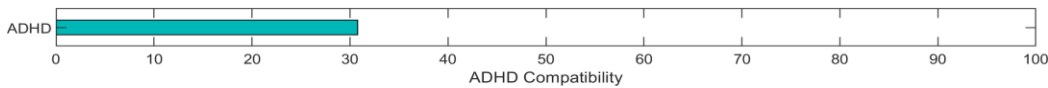
This index was obtained based on machine learning approaches and by examining the QEEG biomarkers of more than 470 cases treated with rTMS. The cases were diagnosed with depression (with and without comorbidity) and all were medication free. By examining more than 40 biomarkers capable of predicting response to rTMS treatment in previous studies and with data analysis, finally 10 biomarkers including bispectral and nonlinear features entered the machine learning process. The final chart can distinguish between RTMS responsive and resistant cases with 92.1% accuracy. This difference rate is much higher than the average response to treatment of 44%, in the selection of patients with clinical criteria, and is an important finding in the direction of personalized treatment for rTMS.

Pathological assessment for ADHD

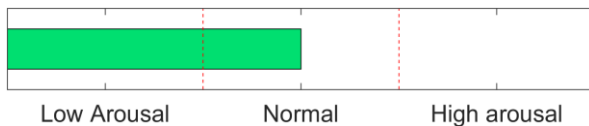
Compare to ADHD Database



EEG Compatibility with ADHD Diagnosis



Arousal Level Detection



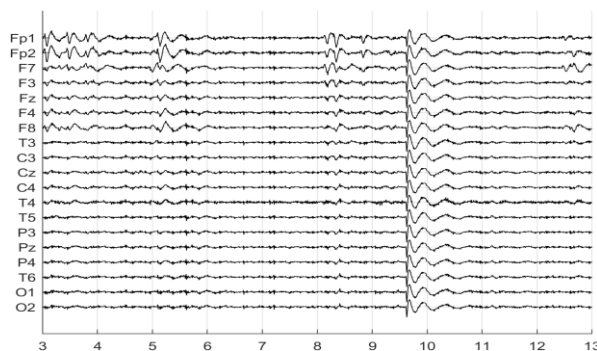
ADHD Clustering *

1. Same inattentive and hyperactive prevalence, may be anxious, may be highly intelligent, need sufficient sleep, and should avoid high carbohydrate intake. Consider clonidine

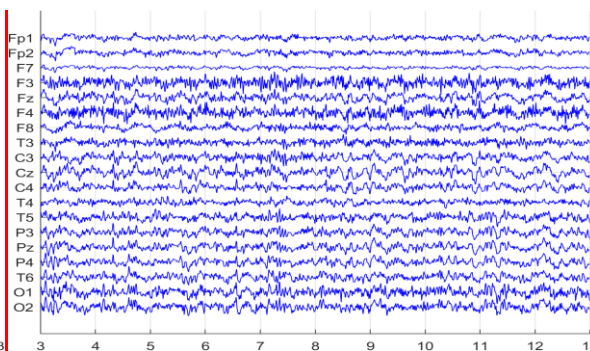
* If there is Paroxymal epileptic discharge in EEG data, this case needs sufficient sleep and should avoid high carbohydrate intake. You can consider anticonvulant medications.

Denoising Information (EC)

Raw EEG



Denoised EEG



Flat Channels



Rejected Channels



Number of Eye and Muscle Elements

Eye	3	Muscle	2
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Total Artifact Percentage



EEG Quality	bad
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Low Artifact Percentage



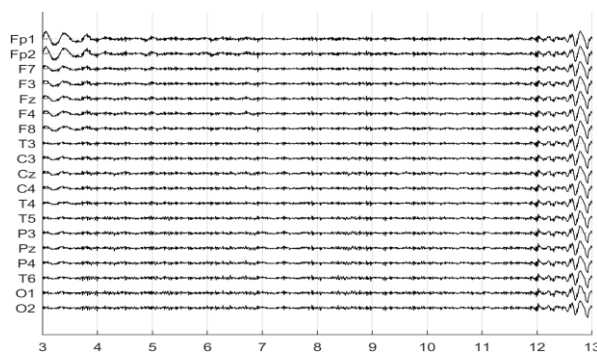
High Artifact Percentage



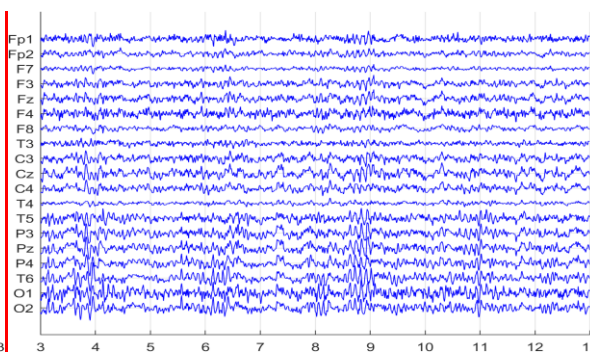
Total Recording Time Remaining	71.23 sec
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Denoising Information (EO)

Raw EEG



Denoised EEG



Flat Channels



Rejected Channels



Number of Eye and Muscle Elements

Eye	3	Muscle	3
-----	---	--------	---

Total Artifact Percentage



EEG Quality	bad
-------------	-----

Low Artifact Percentage

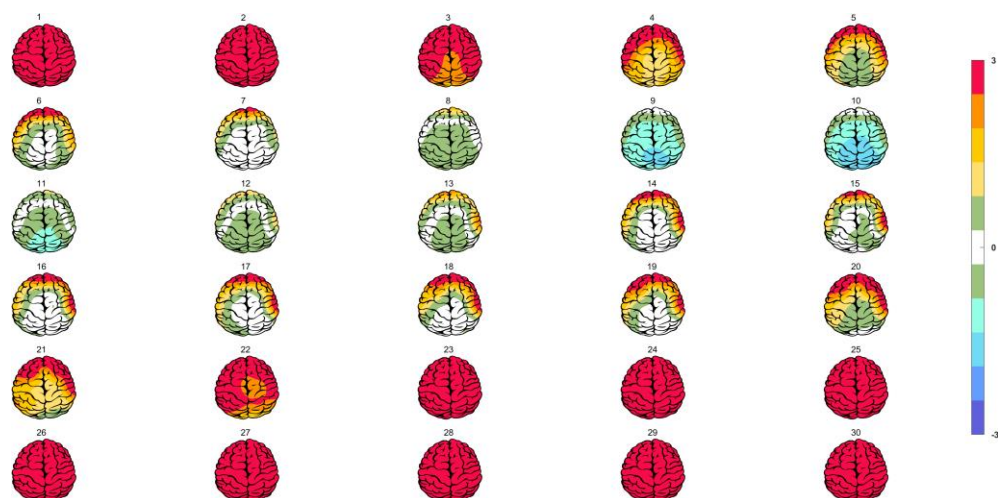


High Artifact Percentage

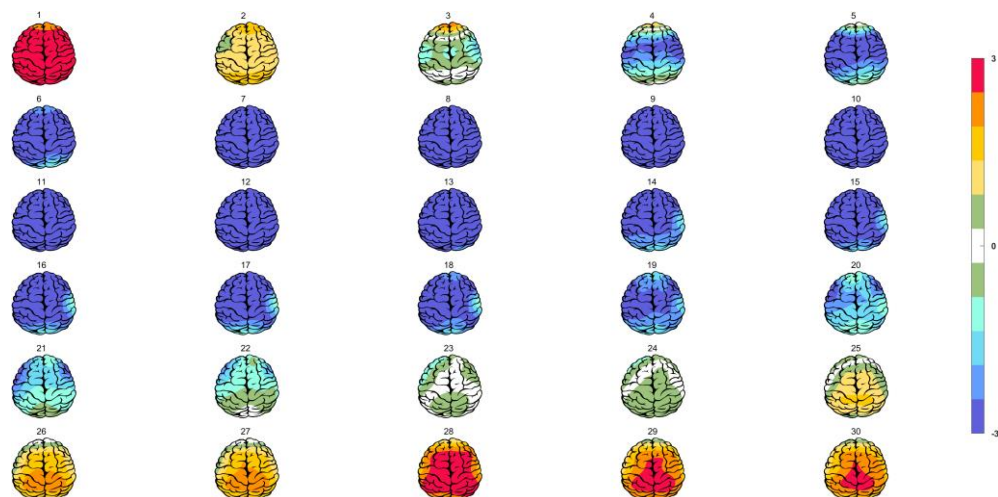


Total Recording Time Remaining	85.75 sec
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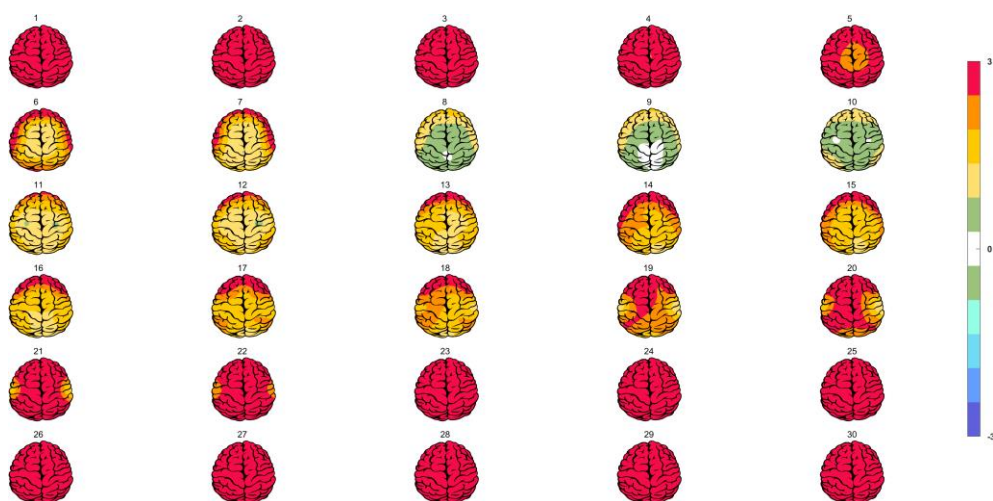
Absolute Power-Eye Closed (EC)



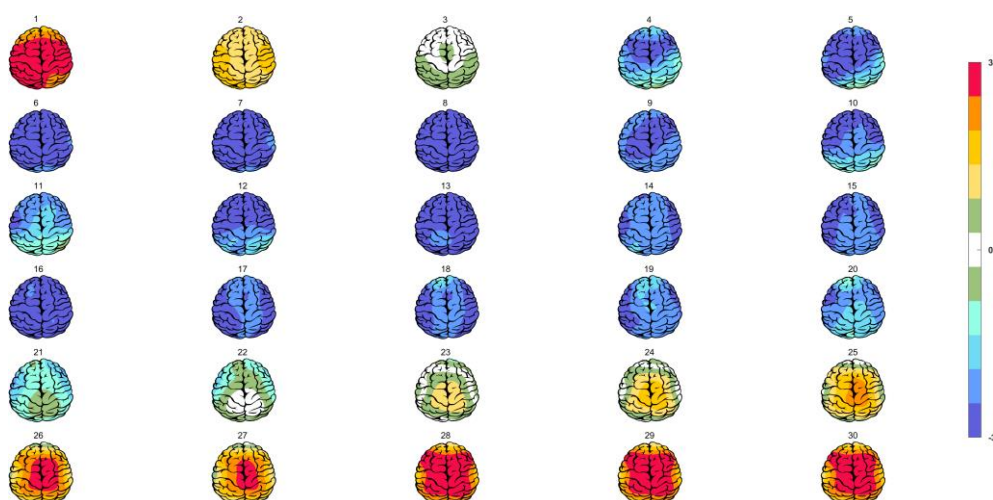
Relative Power-Eye Closed (EC)



Absolute Power-Eye Open (EO)



Relative Power-Eye Open (EO)



Summary Report

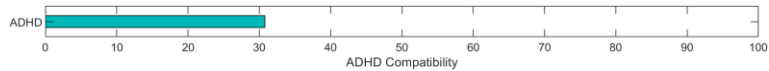
EEG Quality



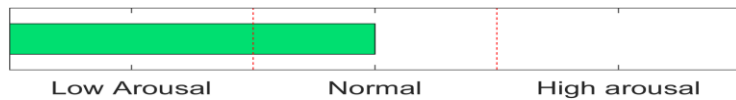
Z-score Information



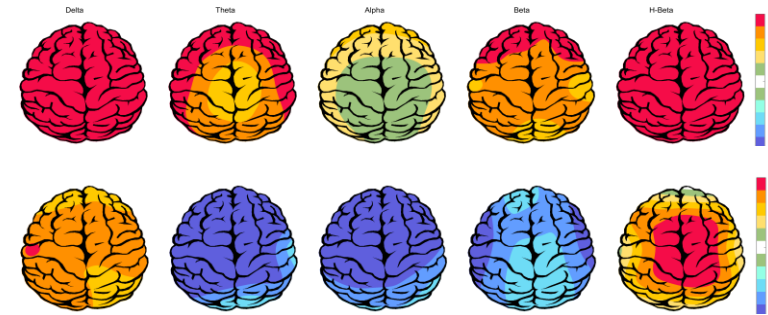
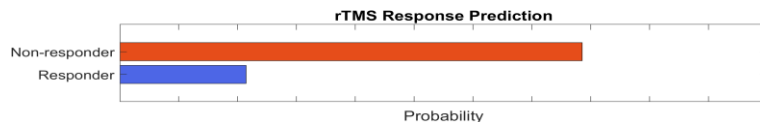
Compatibility with ADHD



Arousal Level



TMS Responsihility



Absolute Power
Relative Power

APF

Posterior APF-EC= 10.75

Posterior APF-EO= 11.50

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