

# Report Description

# Personal & Clinical Data

Name	Seyd Amir Mohamad	Date of Recording	2025-06-25		
Date of Birth - Age	2010-12-12 - 14.54	Gender	Male		
Handedness(R/L)	Right	Source of Referral	Dr Mohammadhasani		
Initial Diagnosis	Attention Deficit				
Current Medication	-				

Dr Mohammadhasani

# Summary Report









# Z-score Information Delta Alpha Beta H-Beta 3 3 4 Compatibility with ADHD

#### Arousal Level





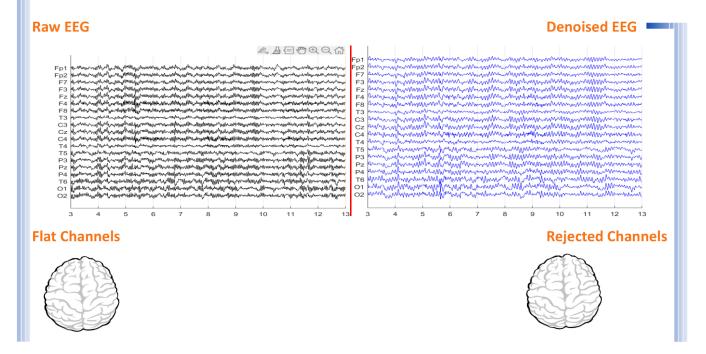
Posterior APF-EC= 10.00

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





# Denoising Information (EC)



Number of Eye and Muscle Elements			Low Artifact Percentage		
Eye	2	Muscle	1		
Total Artifact Percentage			High Artifact Percentage		
		0			
<b>EEG Quali</b>	ity	good		<b>Total Recording Time Remaining</b> 486.16 sec	



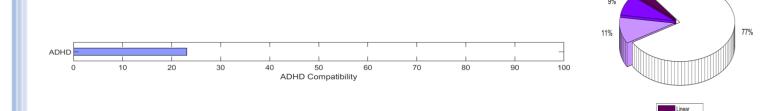


## Pathological assessment for ADHD

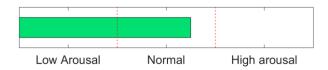
#### **Compare to ADHD Database**



## **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.

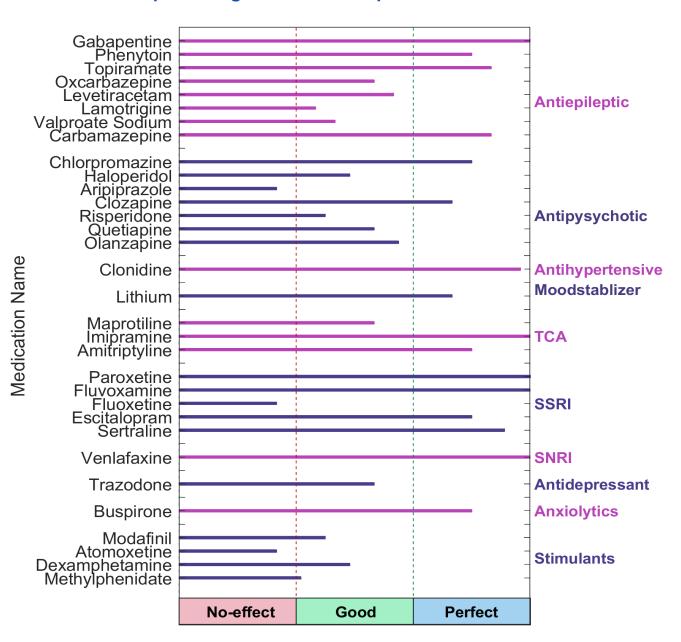
\* If there is Paroxymal epileptic discharge in EEG data, this case needs sufficient sleep and should avoid high carbohydrate intake.

You can consider anticonvulant medications.





#### **QEEG** based predicting medication response



#### **Explanation**



#### Medication Recommendation

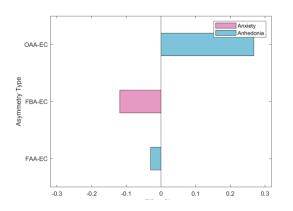
These two tables can be considered the most important finding that can be extracted from QEEG. To prepare this list, the NPCIndex Article Review Team has studied, categorized, and extracted algorithms from many authoritative published articles on predict medication response and Pharmaco EEG studies. 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.

two charts, calculate 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.

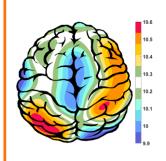




# Alpha Asymmetry(AA)



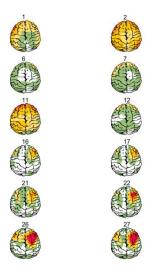
# APF(EC)

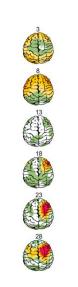


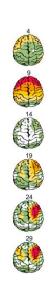
Frontal APF= 10.25

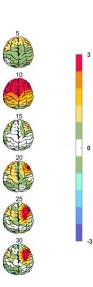
Posterior APF= 10.00

## 🚃 Absolute Power-Eye Closed (EC) 🀠



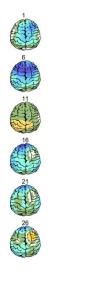


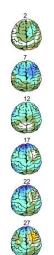


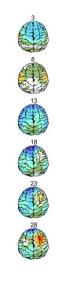


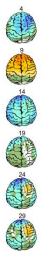
### Relative Power-Eye Closed (EC) 🌮

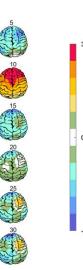








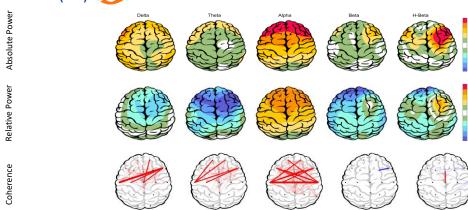




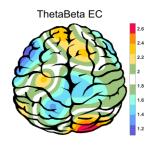


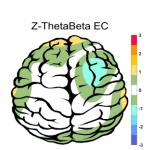


## Z Score Summary Information (EC)



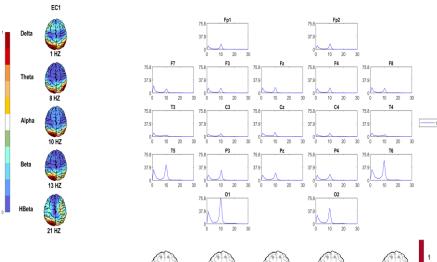
## E.C.T/B Ratio ( Raw- Z Score)

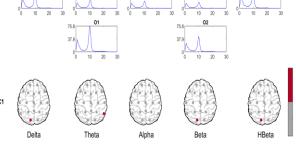




#### **EEG** Spectra







#### Arousal Level

