





QEEG Clinical Report BrainLens V0.4

Report Description

Personal & Clinical Data

Name	Fateme Alizade	Date of Recording	2025-08-20		
Date of Birth - Age	1947-03-22 - 78.5	Gender	Female		
Handedness(R/L)	Right	Source of Referral	Asayesh Psychiatric Clinic -		
Initial Diagnosis	Depression-Memory Loss-HTN-IHD-Insomnia				
Current Medication		-			

Asayesh Psychiatric Clinic -Dr Torabi





EXAMPLE 2 Score Summary Information (EC)



































Z Score Summary Information (EO)

Absolute Power























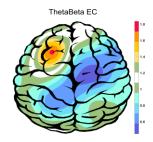


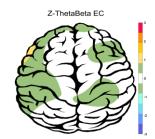




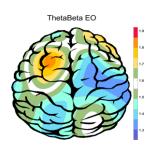


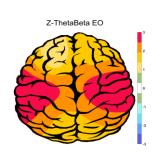
E.C.T/B Ratio (Raw- Z Score)



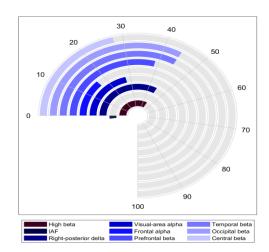


E.O.T/B Ratio (Raw- Z Score)





Arousal Level

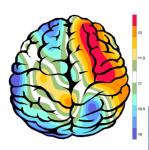








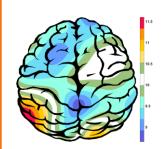
APF(EO)



Frontal APF= 12.08

Posterior APF= 11.25

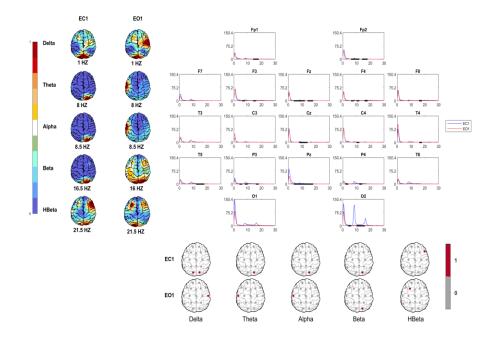
APF(EC)



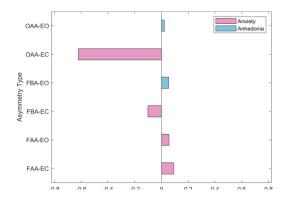
Frontal APF= 09.83

Posterior APF= 09.38

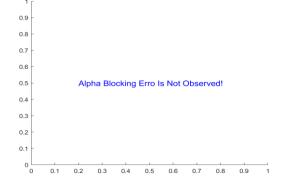
EEG Spectra



Alpha Asymmetry(AA)



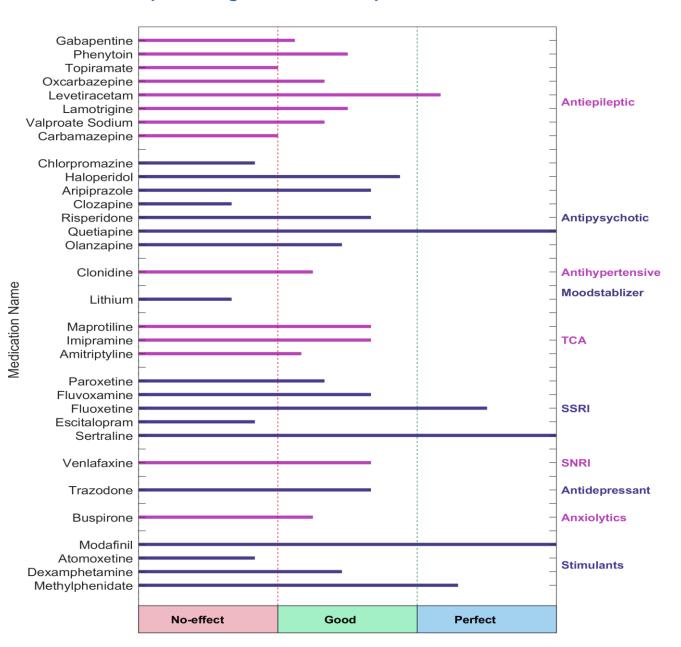
Alpha Blocking







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.





Report

	گزارش: 1
	نتایج تشخیصی : 1



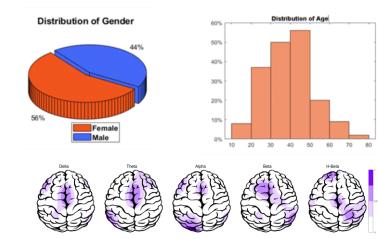


rTMS Response Prediction

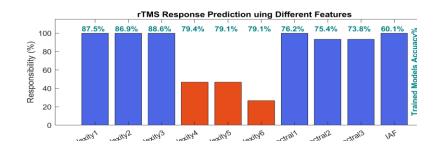
Network Performance

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

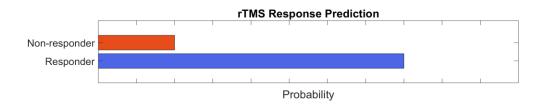
Participants Information



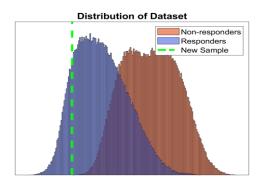
Features Information



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 mood disorders and adult ADHD

Compare to Mood Disorders Database





















Compare to Adult ADHD Database













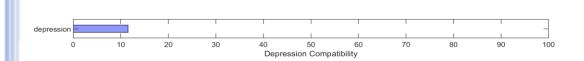


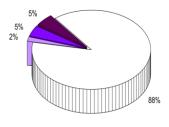






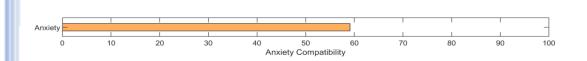
EEG Compatibility with Depression Diagnosis

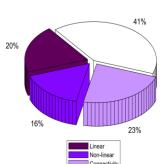




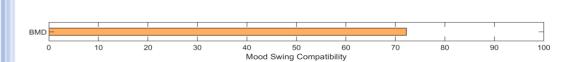
Linear Non-linear Connectivity

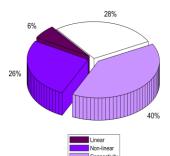
EEG Compatibility with Anxiety Diagnosis





EEG Compatibility with Mood Swing Diagnosis *



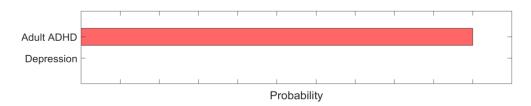


^{*} This index can only be investigated if there are symptoms of mood swings (R/O BMD or R/O mood swings).





Depression and Adult ADHD Diagnosis Probabiliy



Cognitive Functions Assessment



Arousal Level Detection







Pathological Assessment for Dementia

Compare to Dementia Database













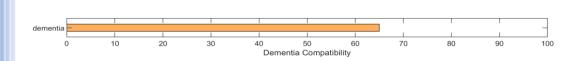


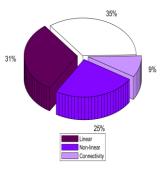






EEG Compatibility with Dementia Diagnosis





Cognitive Functions Assessment



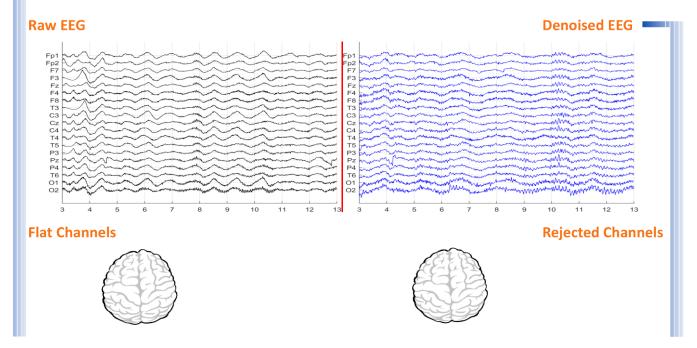
Arousal Level Detection





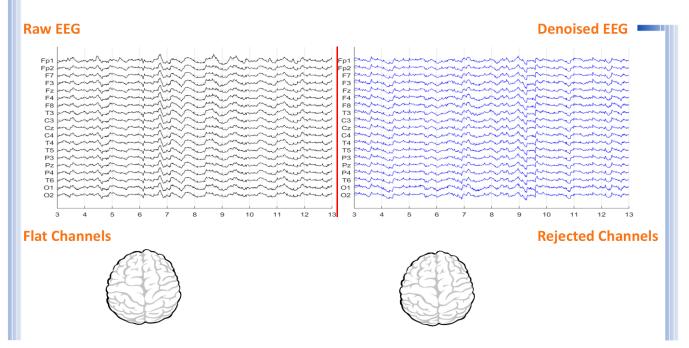


Denoising Information (EC)



Number of Eye and Muscle Elements			Low Artifact Percentage		
Eye	0	Muscle	0	0	
Total Artifact Percentage			High Artifact Percentage		
EEG Qua	lity	bad		Total Recording Time Remaining 75.93 sec	

Denoising Information (EO)

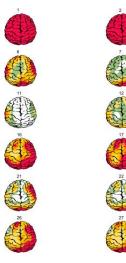


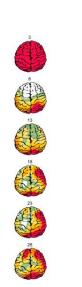
Number of Eye and Muscle Elements		Low Artifact Percentage			
Eye	2	Muscle	0	0	
Total Artifact Percentage			High Artifact Percentage		
0		0			
EEG Quality		bad		Total Recording Time Remaining 205.23 sec	

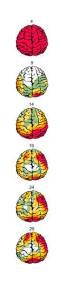


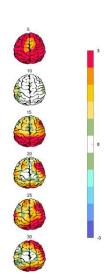


Absolute Power-Eye Closed (EC) 🌮

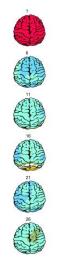


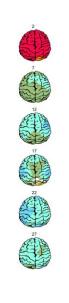


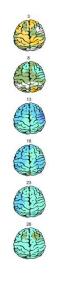


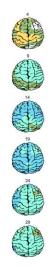


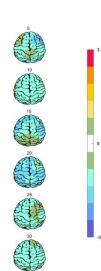
Relative Power-Eye Closed (EC) 🌮







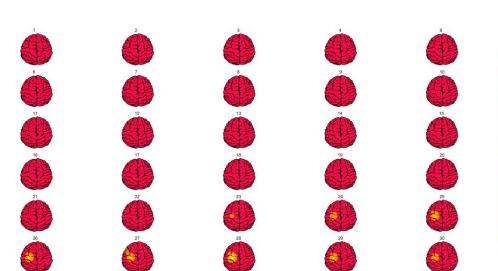




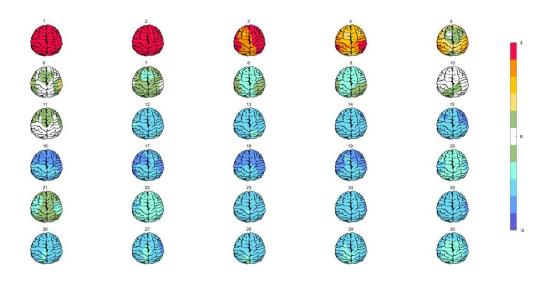




Absolute Power-Eye Open (EO) 🕢



Relative Power-Eye Open (EO) 🕢









Relative Power

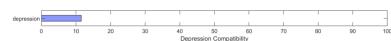


Z-score Information

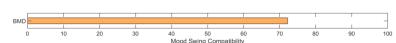












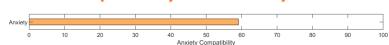
Arousal Level



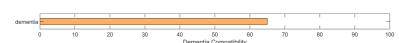
Cognitive Performance



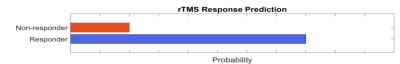
Compatibility with Anxiety



Compatibility with Dementia



TMS Responsibility



APF

Posterior APF-EC= 09.38

Posterior APF-EO= 11.25

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