



QEEG Clinical Report

BrainLens V0.4

Report Description

Personal & Clinical Data

Name	Rezavafa	Date of Recording	2025-09-25
Date of Birth - Age	2009-08-30 - 16.07	Gender	Male
Handedness(R/L)	Left	Source of Referral	Kamal Barzegar Ghazi
Initial Diagnosis	Attention and Concentration Problem		
Current Medication	-		

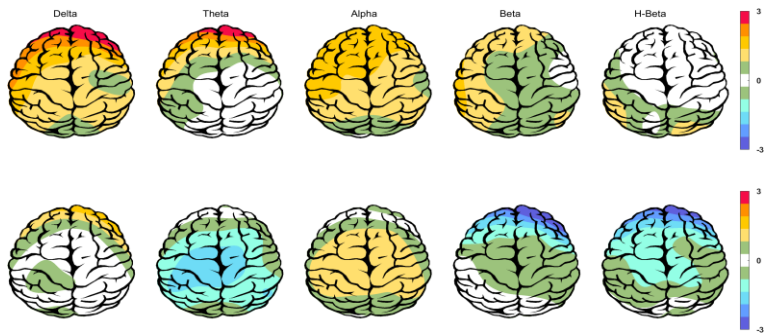
Kamal Barzegar Ghazi

Summary Report

EEG Quality

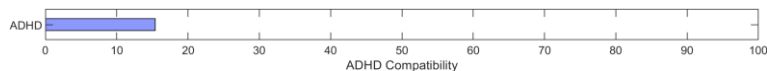


Z-score Information

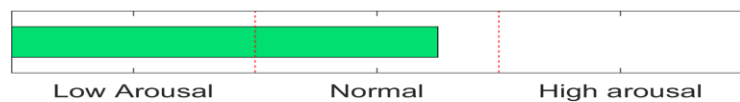


Absolute Power
Relative Power

Compatibility with ADHD



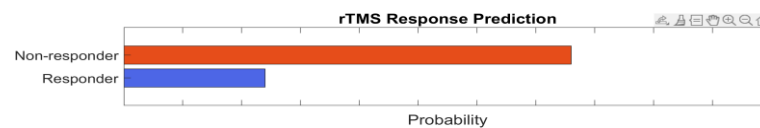
Arousal Level



APF

Posterior APF-EC= 10.25

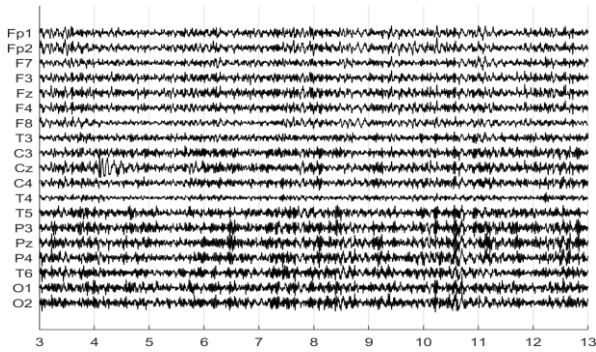
TMS Responsibility



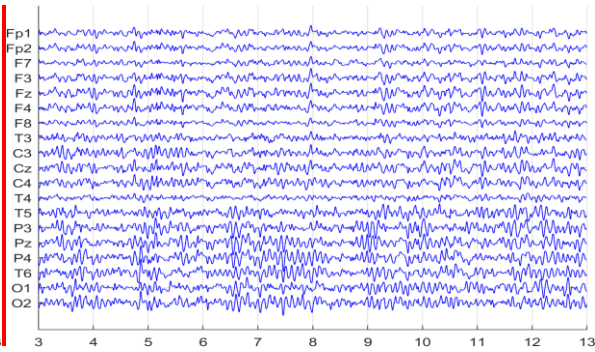
To investigate QEEG-based predicting medication response, please refer to the Report.

Denoising Information (EC)

Raw EEG



Denoised EEG



Flat Channels



Rejected Channels



Number of Eye and Muscle Elements

Eye	2	Muscle	0
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Total Artifact Percentage



EEG Quality	good
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Low Artifact Percentage



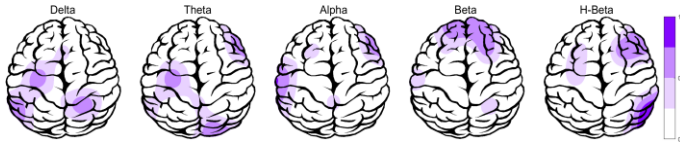
High Artifact Percentage



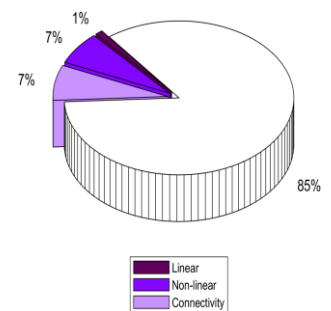
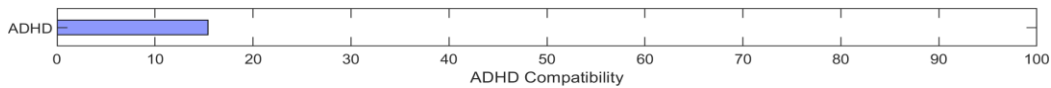
Total Recording Time Remaining	128.61 sec
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Pathological assessment for ADHD

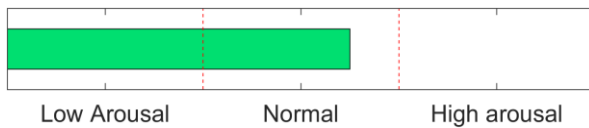
Compare to ADHD Database



EEG Compatibility with ADHD Diagnosis



Arousal Level Detection

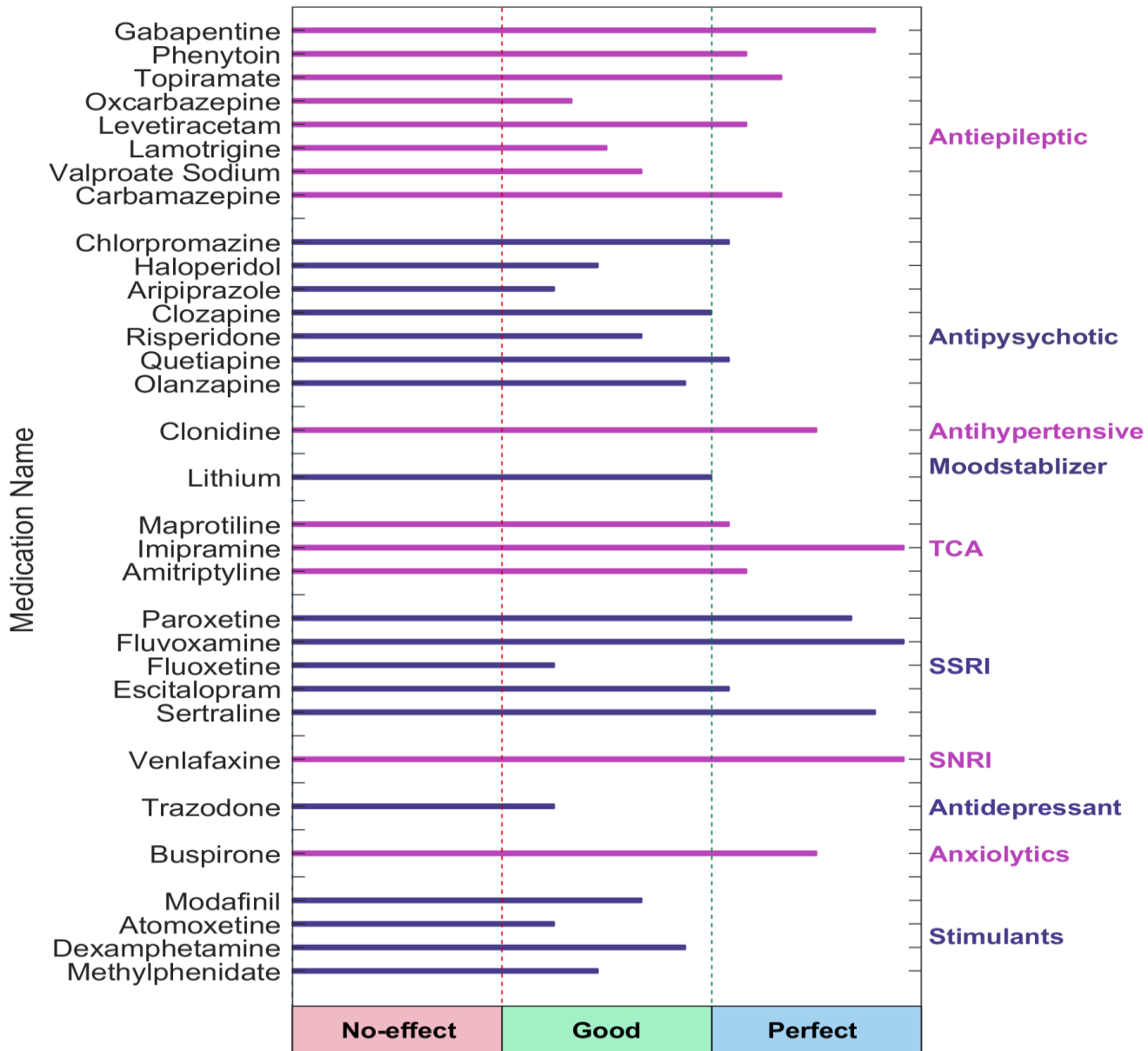


ADHD Clustering *

1. Least impulsive group, almost only inattentive. May respond to stimulants.

* 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

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

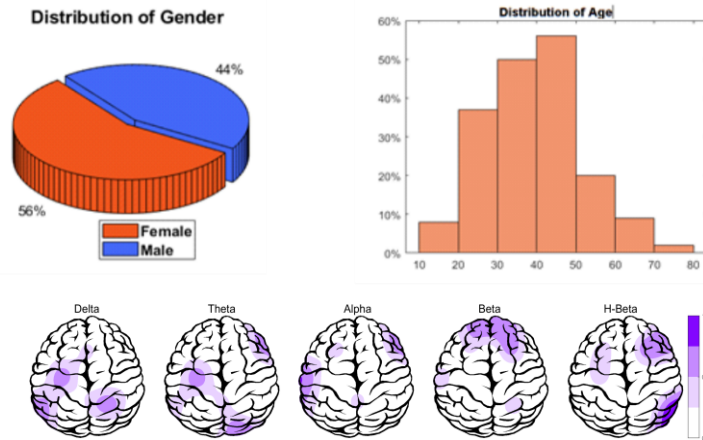
These two charts, calculate response probability to various medications, according only to QEEG indicators. Blue charts favor drug response and red charts favor drug resistance. The longer the bar, the more evidence there is in the articles. Only drugs listed in the articles are listed. These tables present the indicators reviewed in the QEEG studies and are not a substitute for physician selection.

rTMS Response Prediction

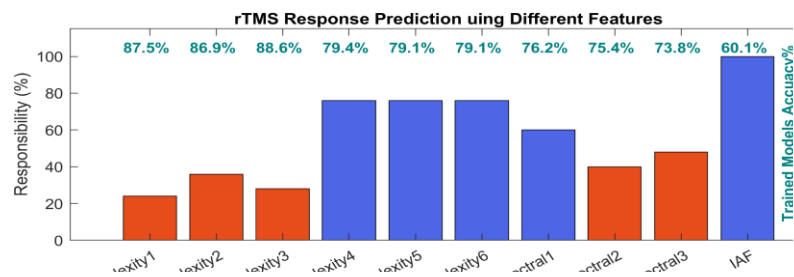
Network Performance

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

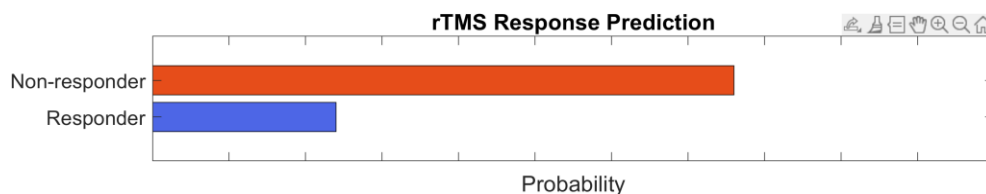
Participants Information



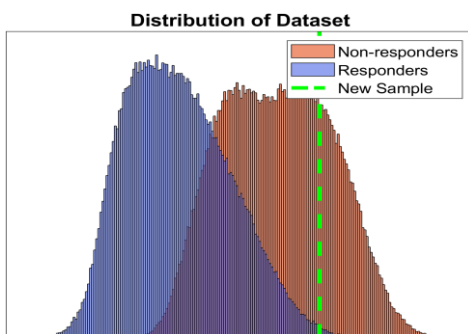
Features Information



Responsibility



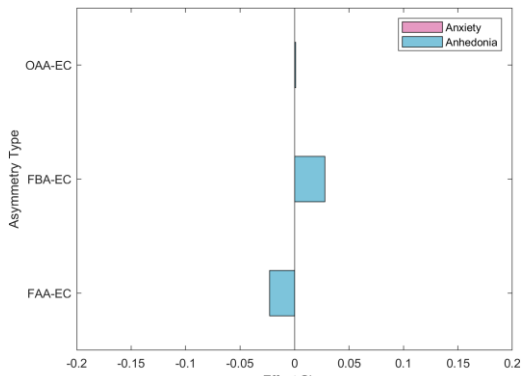
Data Distribution



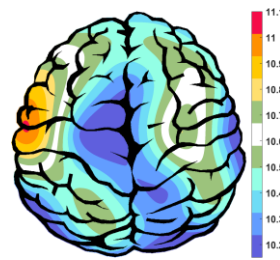
About Predicting rTMS Response

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.

Alpha Asymmetry(AA)



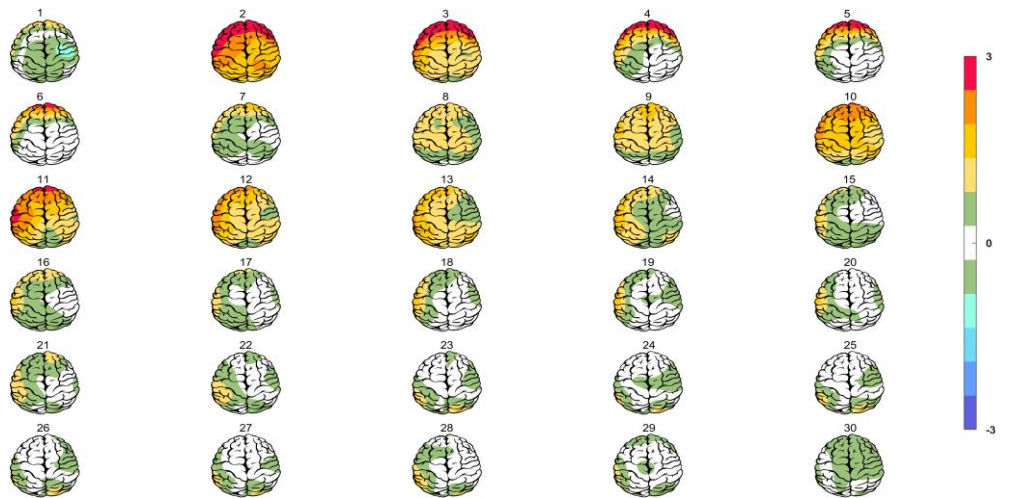
APF(EC)



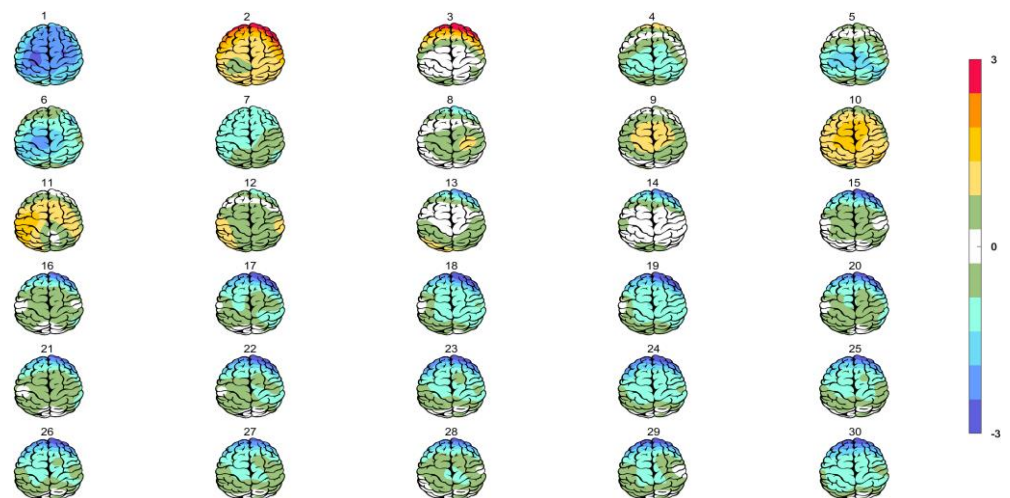
Frontal APF= 10.50

Posterior APF= 10.25

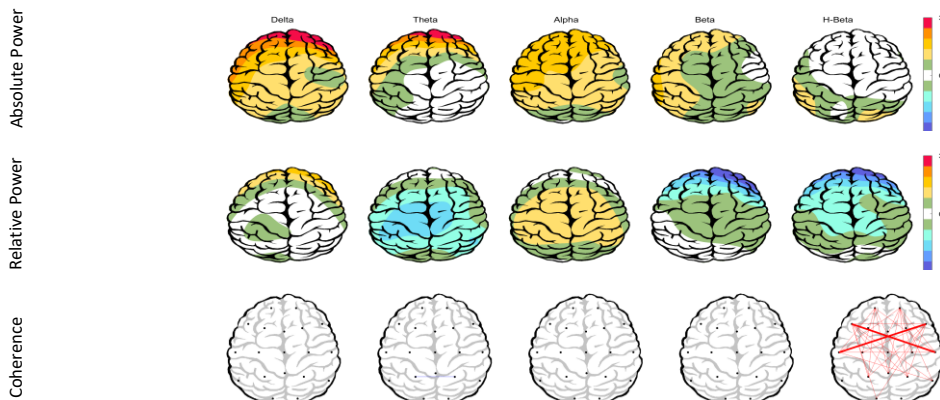
Absolute Power-Eye Closed (EC)



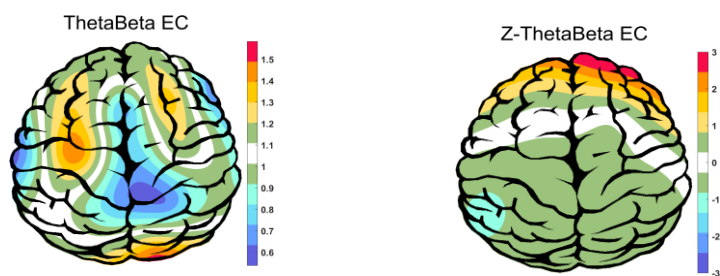
Relative Power-Eye Closed (EC)



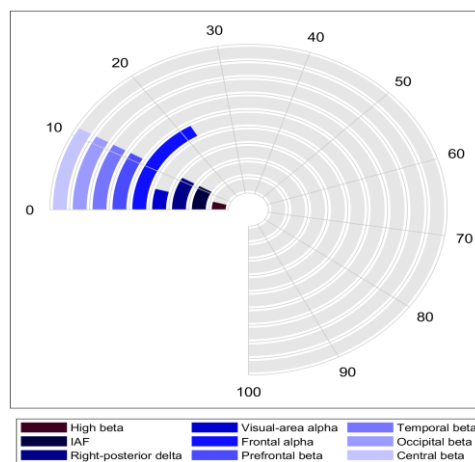
Z Score Summary Information (EC)



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



Arousal Level



EEG Spectra

