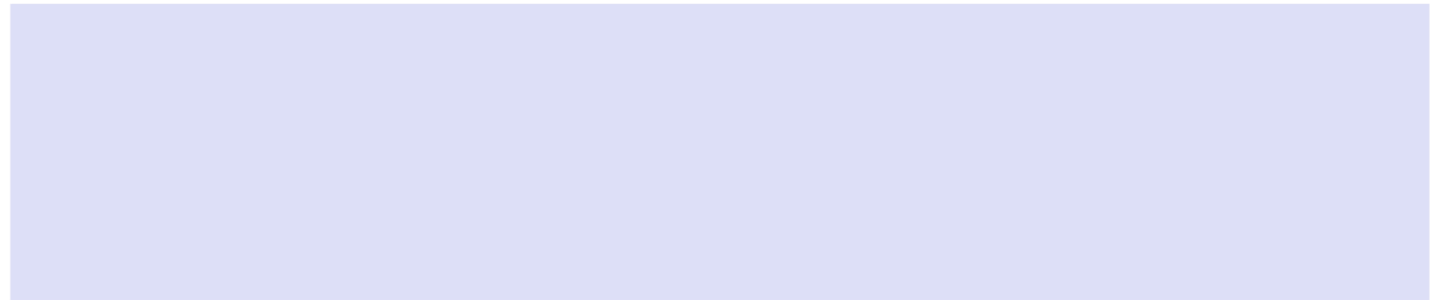




# QEEG Clinical Report

BrainLens V0.4

## Report Description

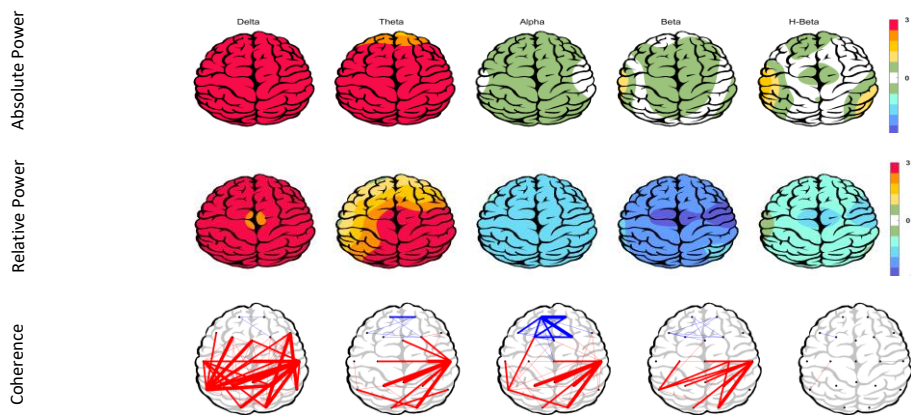


## Personal & Clinical Data

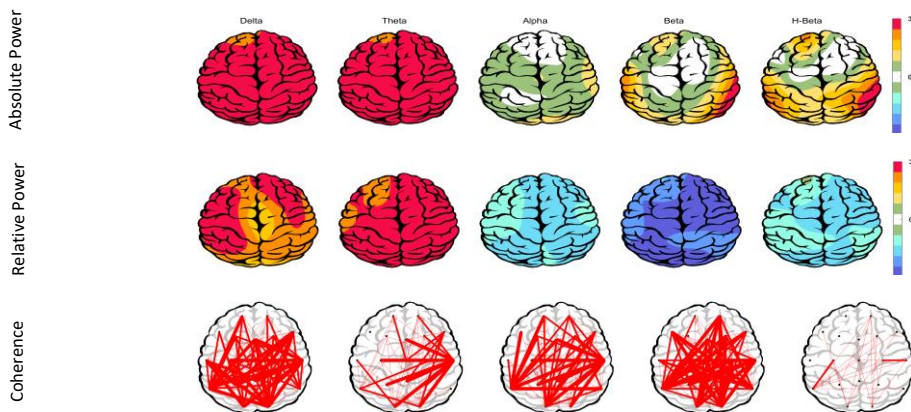
Name	Ipagnaz Asadi	Date of Recording	2025-09-27
Date of Birth - Age	1956-01-07 - 69.9	Gender	Female
Handedness(R/L)	Left	Source of Referral	Asayesh Psychiatric Clinic -
Initial Diagnosis	PIC-Dementia-DM		
Current Medication	Haloperidol-Quetiapine		

Asayesh Psychiatric Clinic -  
Dr Torabi

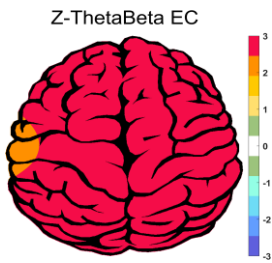
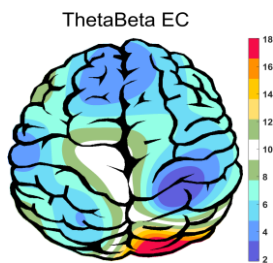
### Z Score Summary Information (EC)



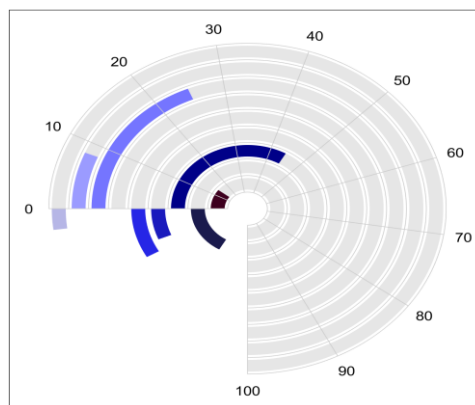
### Z Score Summary Information (EO)



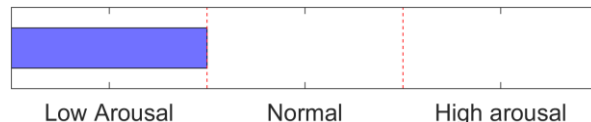
### E.C.T/B Ratio ( Raw- Z Score)



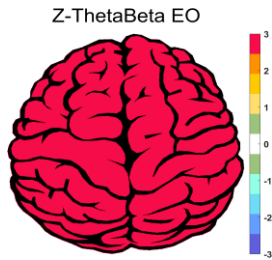
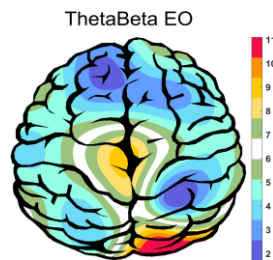
### Arousal Level



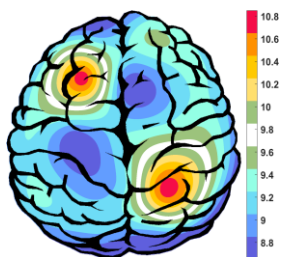
- High beta
- IAF
- Right-posterior delta
- Visual-area alpha
- Frontal alpha
- Prefrontal beta
- Temporal beta
- Occipital beta
- Central beta



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

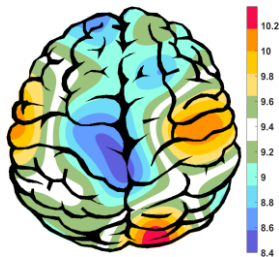


### APF(EO)



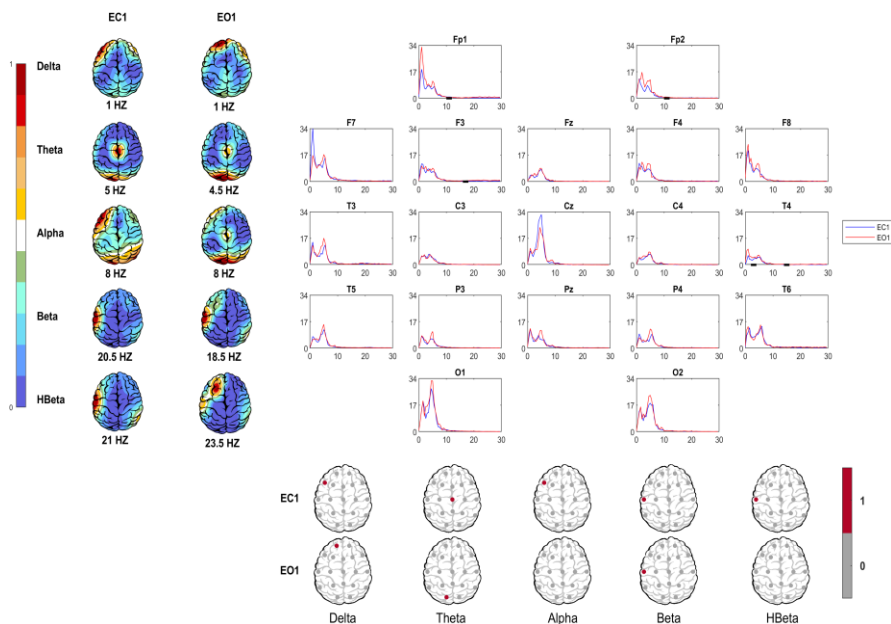
Frontal APF= 09.08  
Posterior APF= 09.25

### APF(EC)

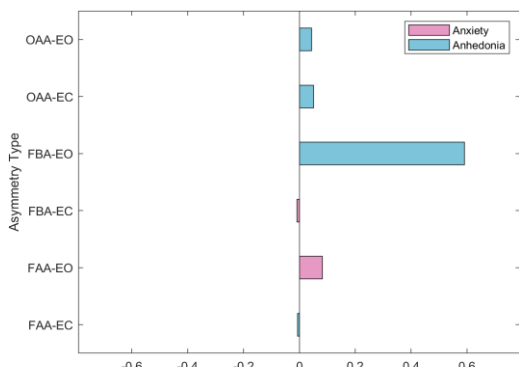


Frontal APF= 09.17  
Posterior APF= 08.62

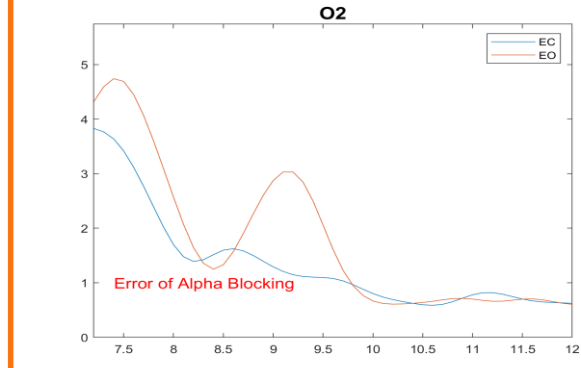
### EEG Spectra



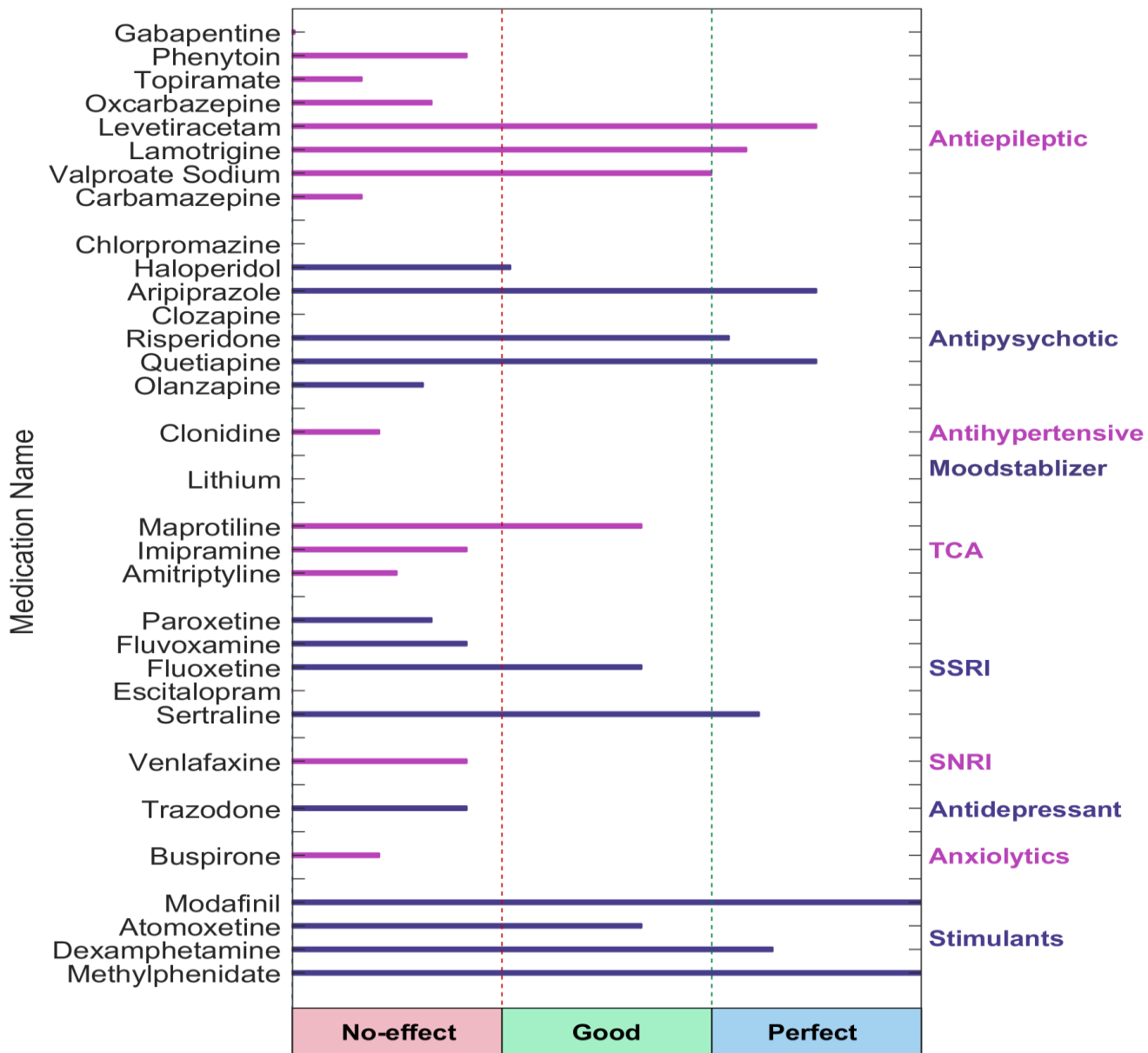
### Alpha Asymmetry(AA)



### 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 Pharmacology 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 loretta that have not been segregated to avoid complexity, and their results are shown in these diagrams. One can review details in NPCIndex.com .

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:

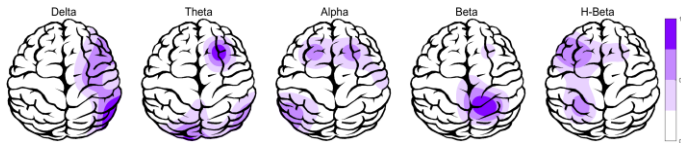
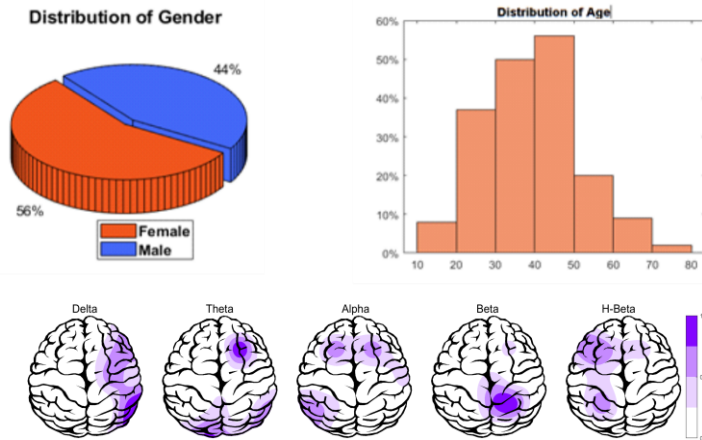
..... -1

# rTMS Response Prediction

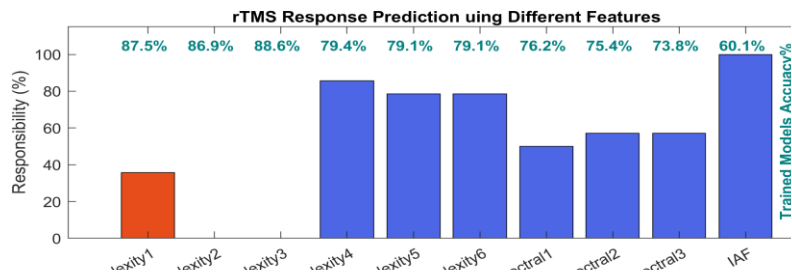
## Network Performance

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

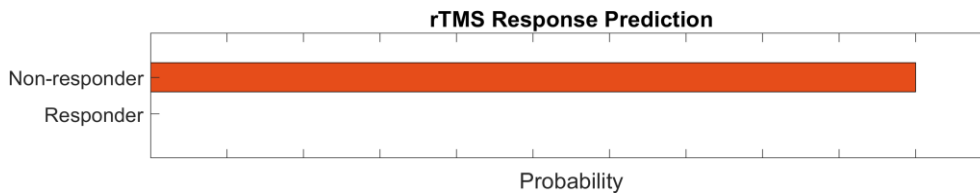
## Participants Information



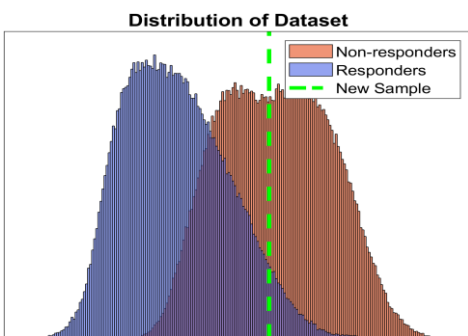
## Features Information



## Responsibility



## Data Distribution



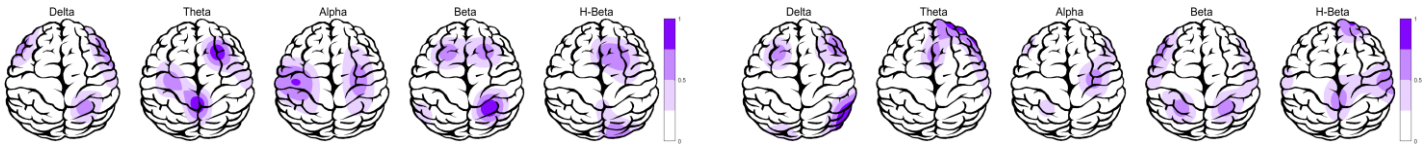
## About Predicting rTMS Response

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.

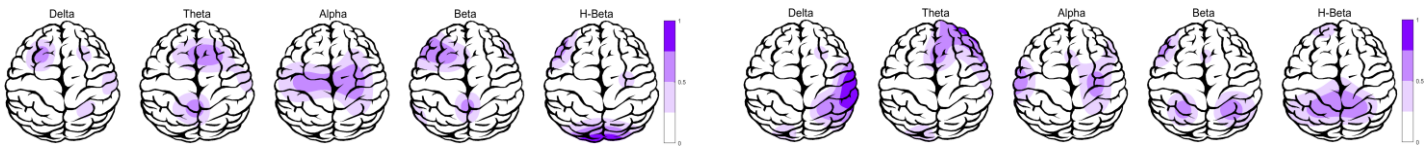


# Pathological assessment for mood disorders and adult ADHD

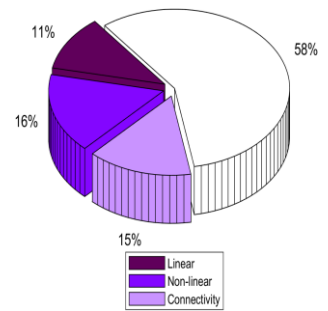
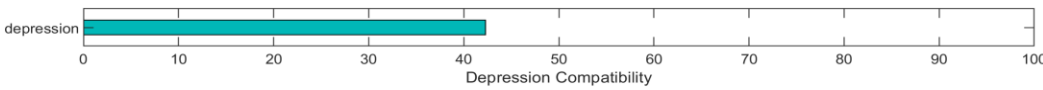
## Compare to Mood Disorders Database



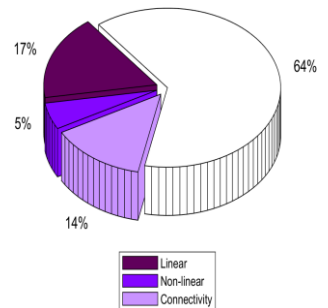
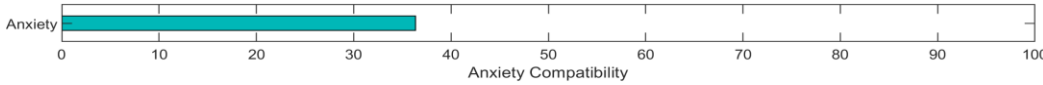
## Compare to Adult ADHD Database



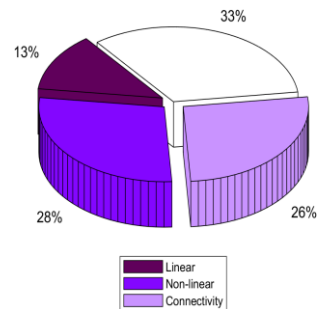
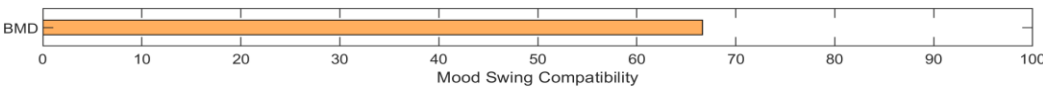
## EEG Compatibility with Depression Diagnosis



## EEG Compatibility with Anxiety Diagnosis

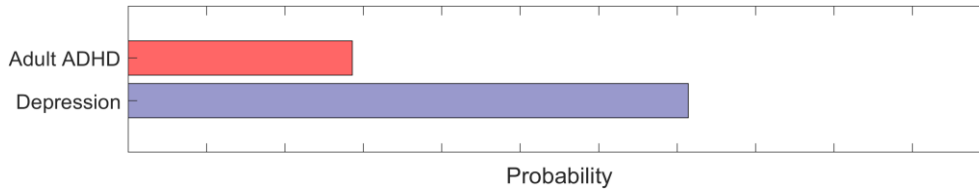


## EEG Compatibility with Mood Swing Diagnosis \*



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

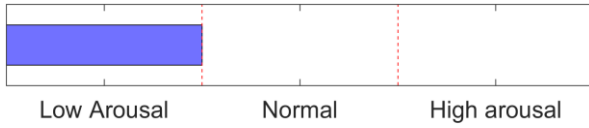
## Depression and Adult ADHD Diagnosis Probabiliy



## Cognitive Functions Aseessment



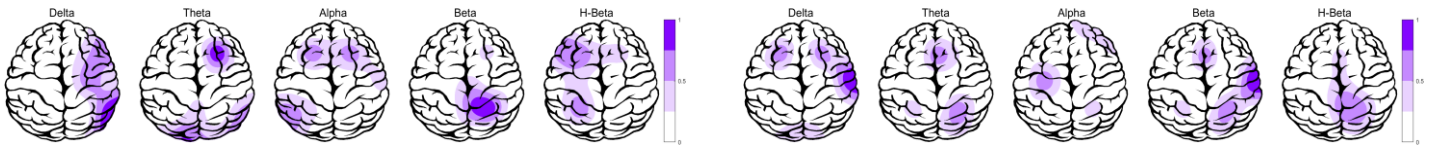
## Arousal Level Detection



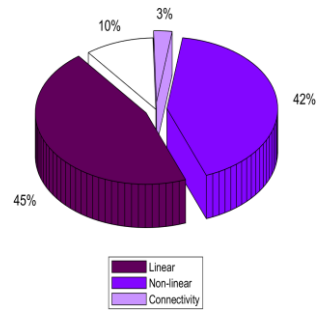
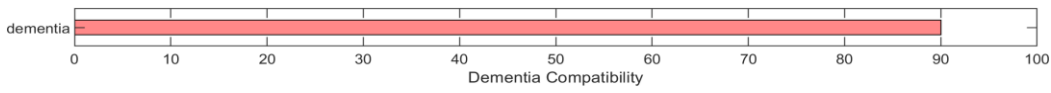


# Pathological Assessment for Dementia

## Compare to Dementia Database



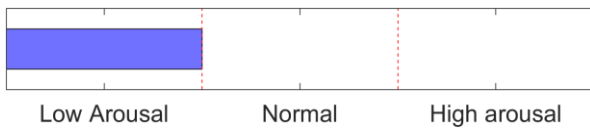
## EEG Compatibility with Dementia Diagnosis



## Cognitive Functions Assessment

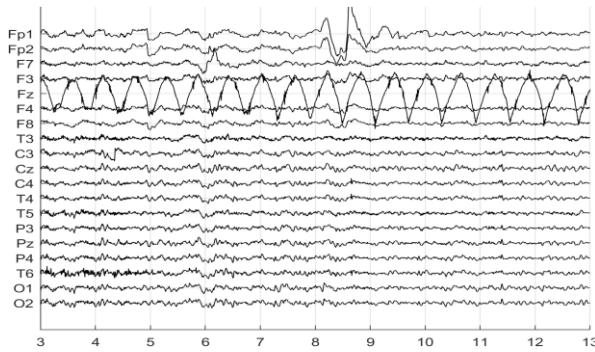


## Arousal Level Detection

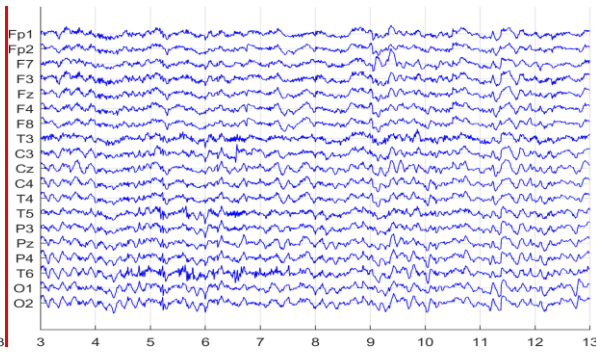


## Denosing Information (EC)

Raw EEG



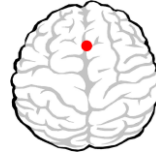
Denosed EEG



Flat Channels



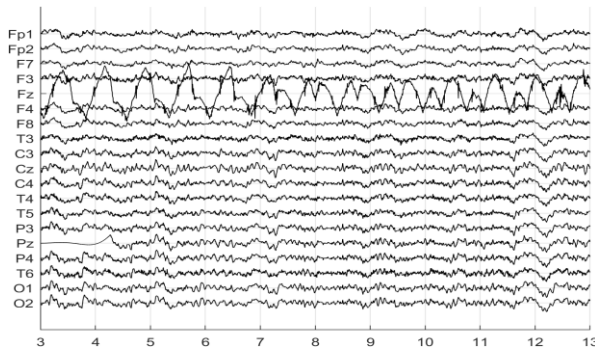
Rejected Channels



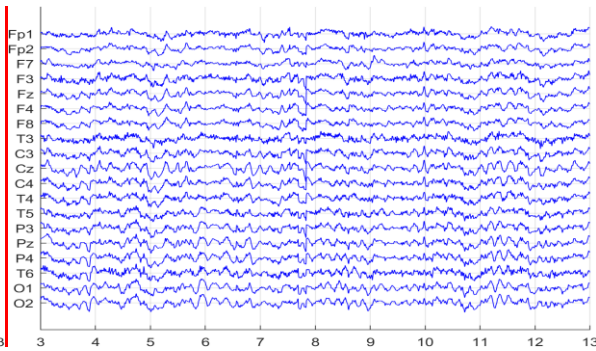
Number of Eye and Muscle Elements				Low Artifact Percentage	
Eye	2	Muscle	0		
Total Artifact Percentage				High Artifact Percentage	
EEG Quality		bad		Total Recording Time Remaining 72.54 sec	

## Denosing Information (EO)

Raw EEG



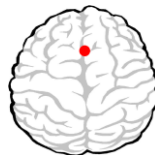
Denosed EEG



Flat Channels

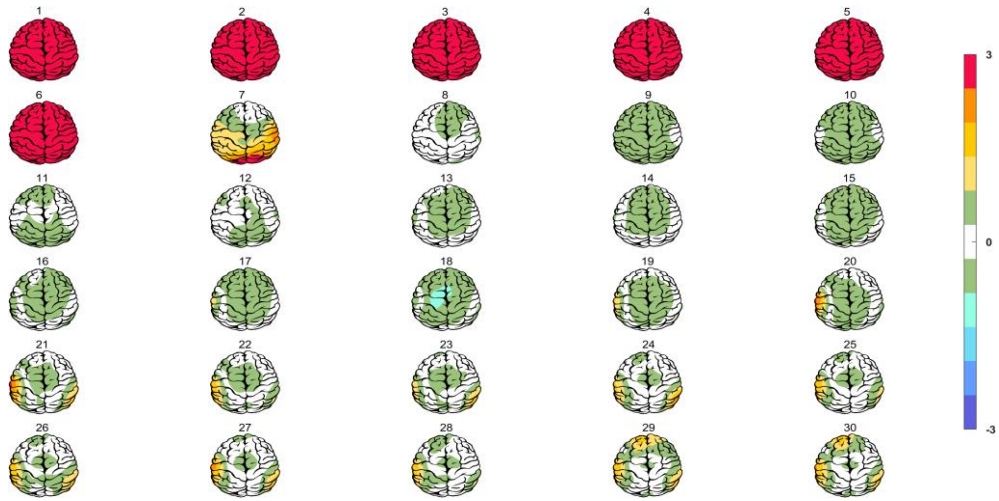


Rejected Channels

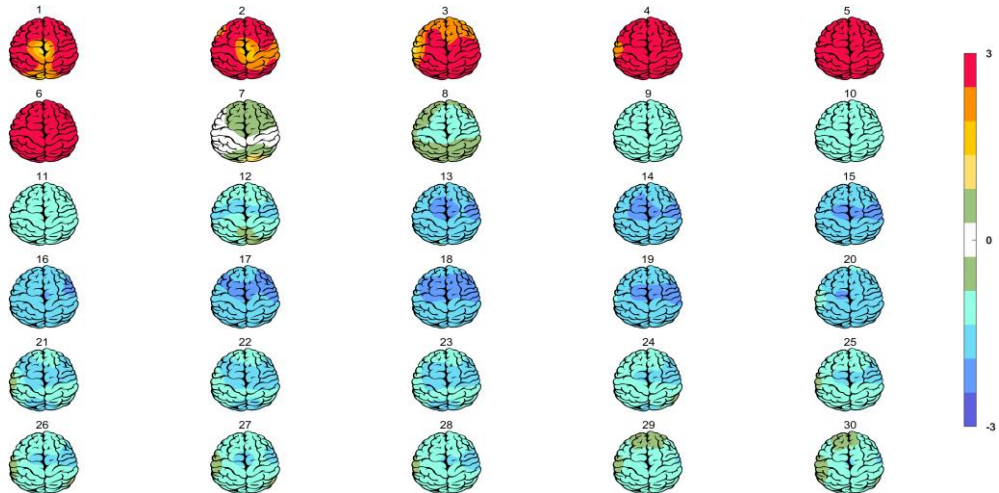


Number of Eye and Muscle Elements				Low Artifact Percentage	
Eye	0	Muscle	0		
Total Artifact Percentage				High Artifact Percentage	
EEG Quality		bad		Total Recording Time Remaining 38.10 sec	

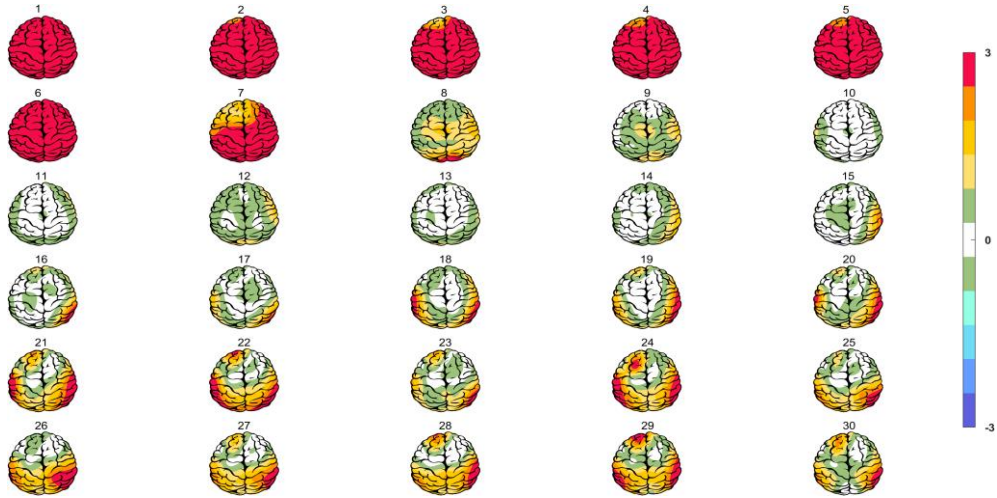
### Absolute Power-Eye Closed (EC)



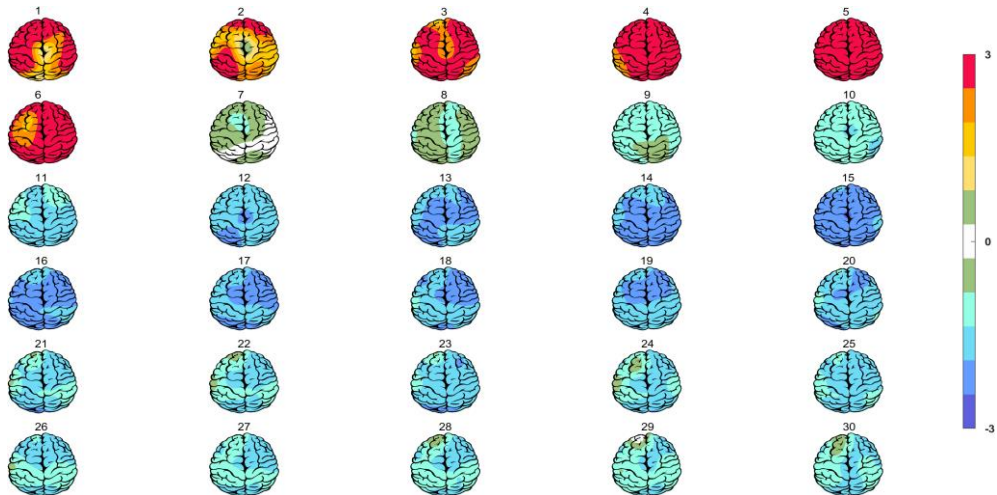
### Relative Power-Eye Closed (EC)



### Absolute Power-Eye Open (EO)



### Relative Power-Eye Open (EO)

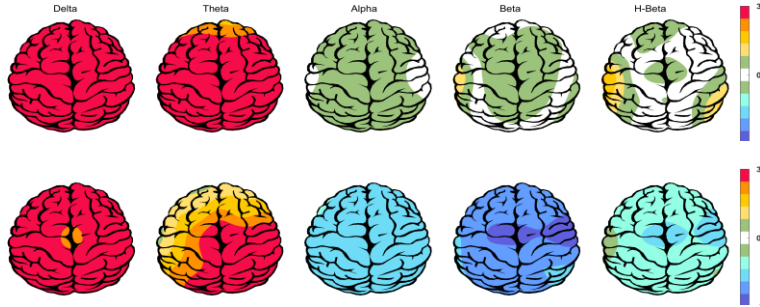


# Summary Report

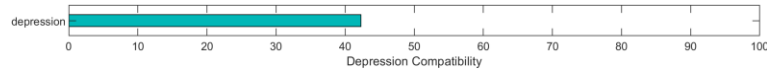
## EEG Quality



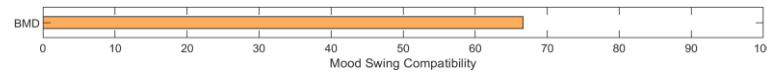
## Z-score Information



## Compatibility with Depression



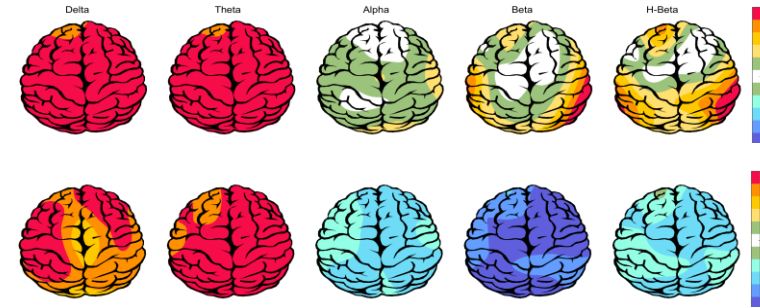
## Compatibility with Mood Swing



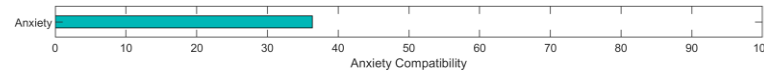
## Arousal Level



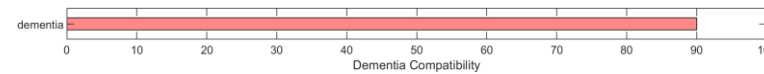
## Cognitive Performance



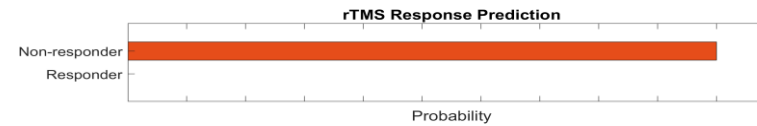
## Compatibility with Anxiety



## Compatibility with Dementia



## TMS Responsibility



## APF

Posterior APF-EC= 08.62

Posterior APF-EO= 09.25

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