

QEEG Clinical Report

EEGLens



The QEEG report is provided by NPCindex Company, operating under the QEEGhome brand.

Personal Data:

Name: Mehrsa Farrokhi
Gender: Female
Age: 1991-07-05 - 34.4
Handedness: Right

Clinical Data:

Initial diagnosis: Irritability-R/O OCD-Mixed Depression and Anxiety
Medication: Alprazolam-Asentra
Date of Recording: 2025-10-04
Source of Referral: Soshiyan Center

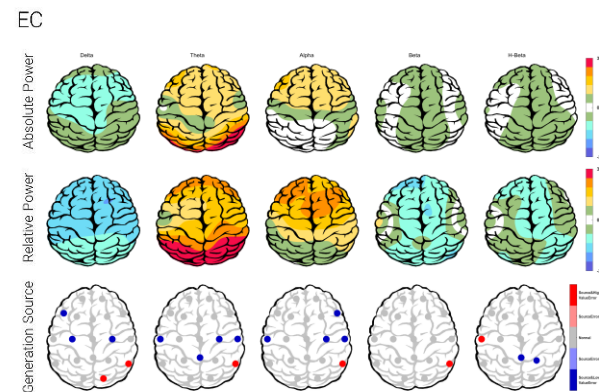


This case belongs to Soshiyan Center

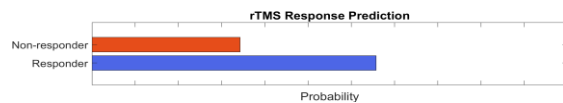
EEG Quality



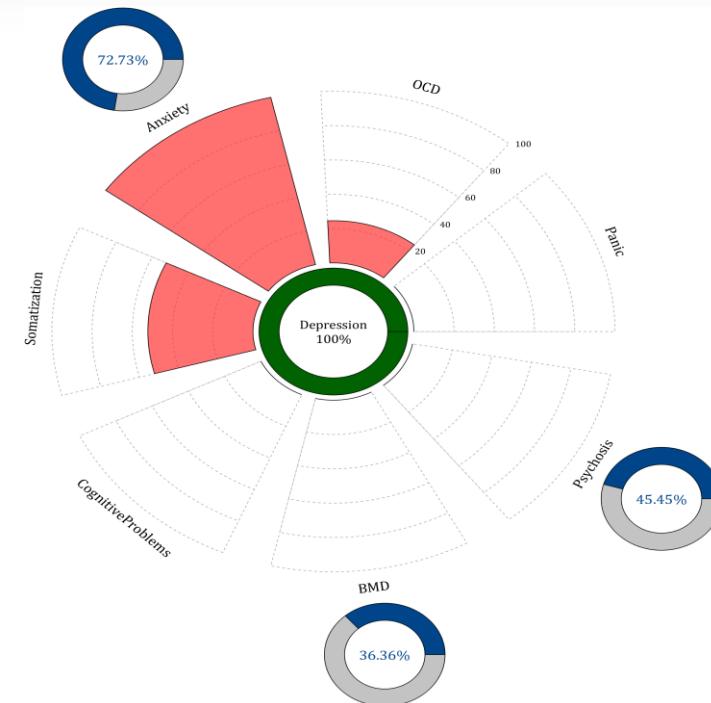
Z-score Information



TMS Responsibility



Pathological Assessment



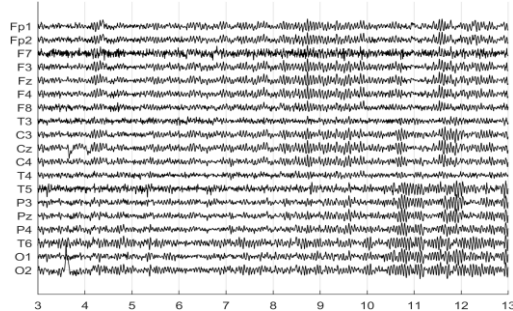
EEG Neuromarker Values

Neuromarker	Region	Value	Assessment
AFP	Frontal	08.50	Low
AFP	Occipital	08.50	Low
Arousal Level	-	-	Low

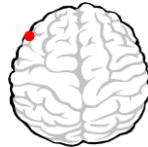
Denoising Information

Eye Close

Raw EEG



Rejected Channel



Total Recording Time Remaining:
237.88 sec

Number of Eye and Muscle Elements

Eye: 2

Muscle: 1

Low Artifact Percentage



High Artifact Percentage

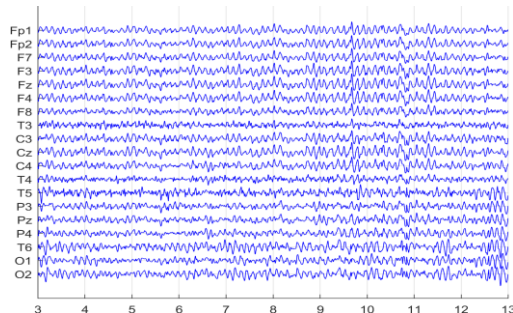


Total Artifact Percentage



EEG Quality: perfect

Denoised EEG

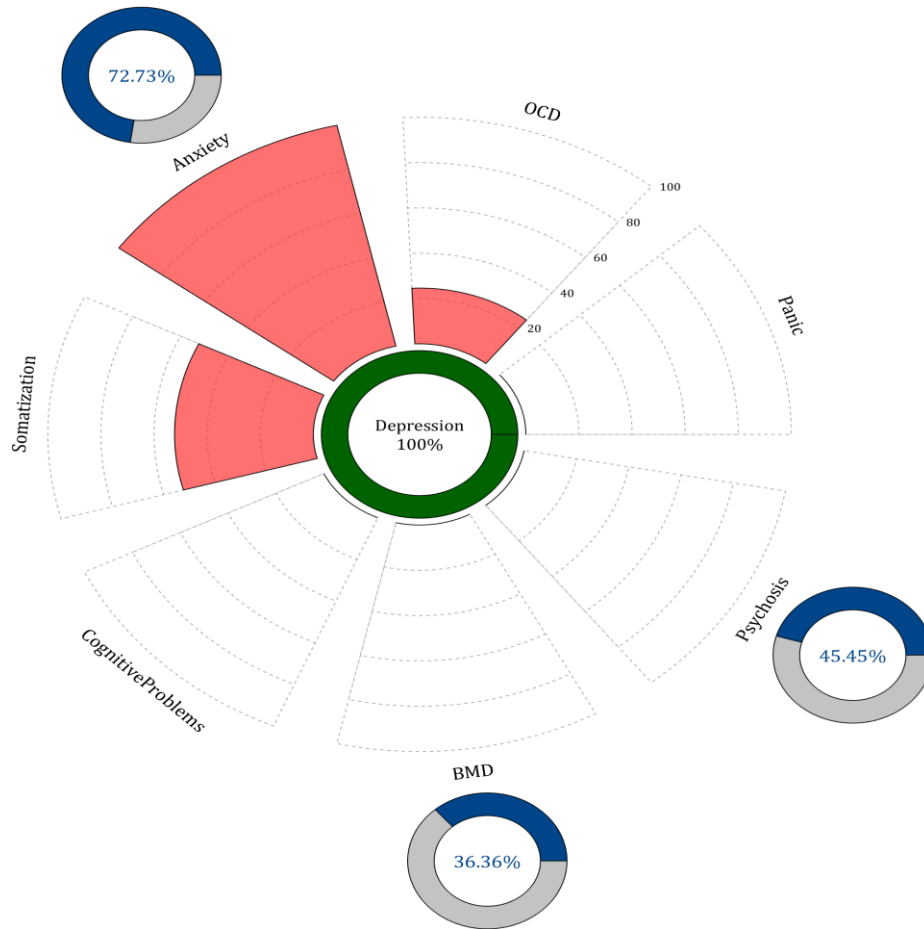


Flat Channel



Pathological Assessment

Main Diagnosis: Depression



Description

According to the guidelines, the initial diagnosis of depression could have comorbidities such as **alcohol abuse, panic attacks, OCD, and anxiety**. It also differentially diagnoses with **anxiety, bipolar disorder, alcohol abuse, psychosis, and somatoform**.

In the above graph, the **red area** shows the percentage of each comorbidity from your patient's EEG markers. Observe that each comorbidity marker is not unique and can be shared with other comorbidities.

Side circles in the above graph represent the differential diagnosis between depression and its misdiagnosis conditions based on your patient's EEG markers and trained artificial intelligence. The differential diagnosis probability is represented by the **bold blue bars** in the circles, and the probability of depression is represented by the **gray bars**.

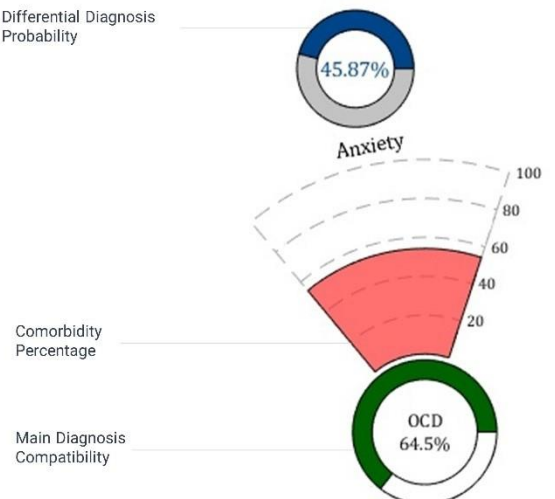
Note: In case your patient has drug abuse, obtain the substance abuse pathologic page of QEEGhome by registering the diagnosis under the initial diagnoses section of the website.

References:

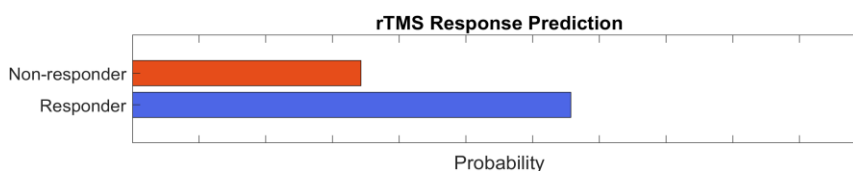
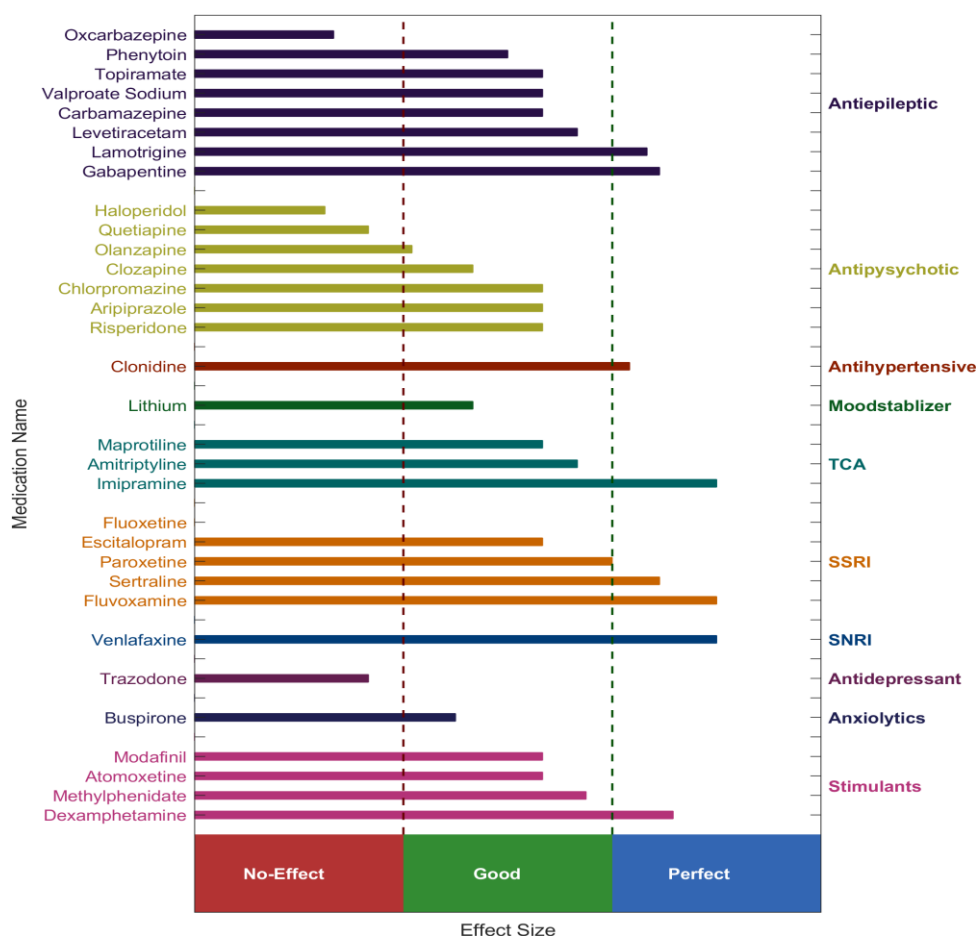
Sadock, B. J., Sadock, V. A., & Ruiz, P. (Eds.). (2025). Kaplan and Sadock's comprehensive textbook of psychiatry (11th ed., Vols. 1–2). Wolters Kluwer
 Sadock, B. J., Sadock, V. A., & Ruiz, P. (2022). Kaplan and Sadock's synopsis of psychiatry: Behavioral sciences/clinical psychiatry (12th ed.). Wolters Kluwer

User Manual

Differential Diagnosis Probability



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: 92.10%
Sensitivity: 89.13%
Specificity: 97.47%

Participants Information

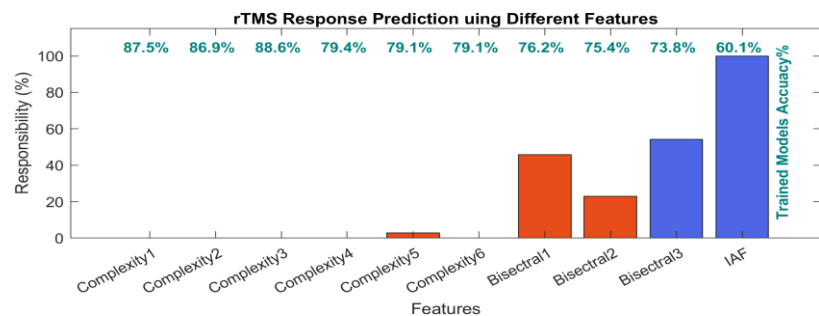
Distribution of Gender



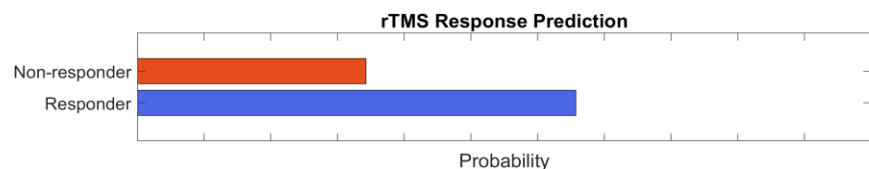
Distribution of Age



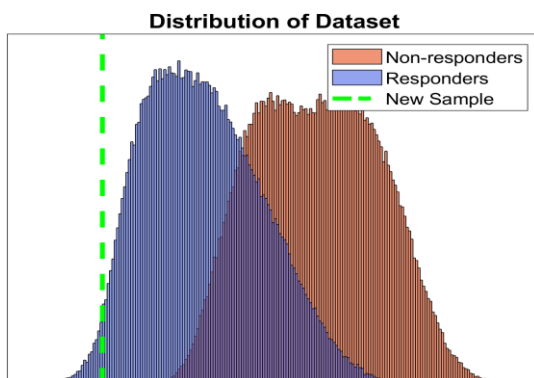
Features Information



Responsibility



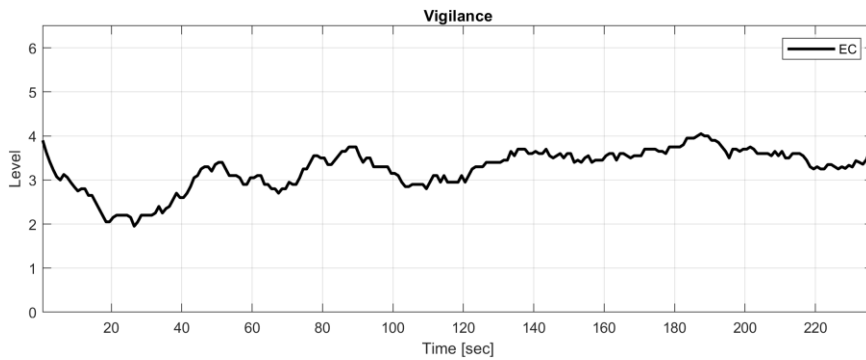
Data Distribution



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.

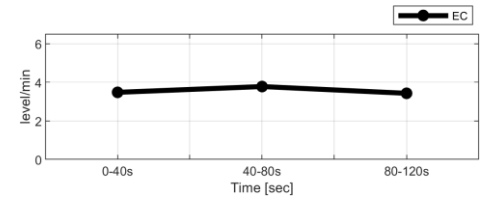
Vigilance



Vigilance Slope

0.30

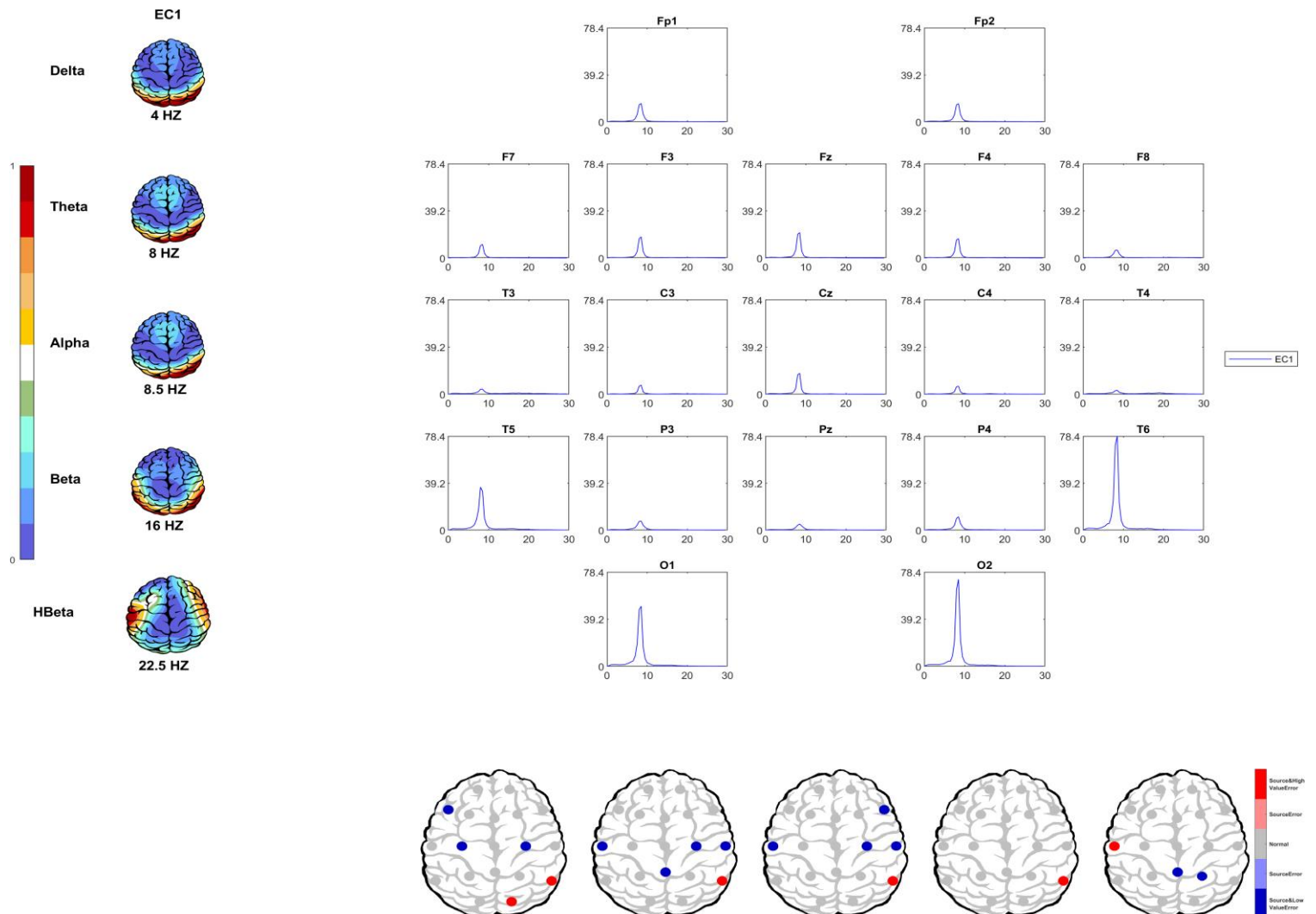
2min



EEG Neuromarker Values

Neuromarker	Region	Value	Assessment
AFP	Frontal	08.50	Low
AFP	Occipital	08.50	Low
Alpha Asymmetry	Frontal	00.05	Anxiety
Alpha Asymmetry	Occipital	-0.17	Anhedonia
Beta Asymmetry	Frontal	00.16	Anhedonia
Arousal Level	-	-	Low
Vigilance Level	-	04.00	Normal
Vigilance Mean	-	03.27	Normal
Vigilance Regulation	-	00.30	Normal
Vigilance 0 Stage (%)	-	00.00	Normal
Vigilance A1 Stage (%)	-	13.08	-

EEG Spectra



Z Score Summary Information

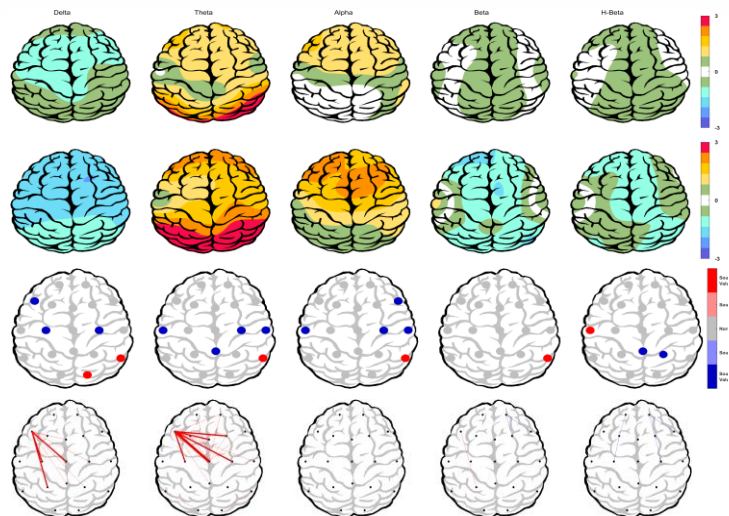
■ Eye Close

Absolute Power

Relative Power

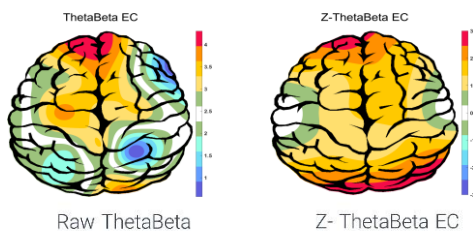
Generation Source

Coherence

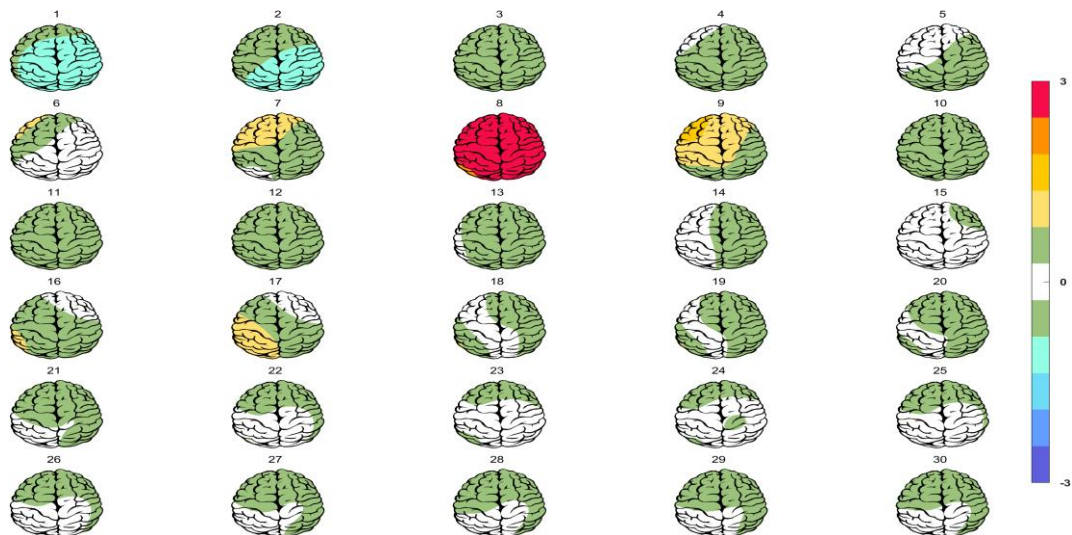


Theta/Beta Ratio

■ Eye Close



Absolute Power-Eye Close



Relative Power-Eye Close

