QEEG Clinical Report

EEGLens





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

Personal Data:

Name: Niyayeshgarmroodi

Gender: Female

Age: 2012-12-23 - 13 Handedness: Right

Clinical Data:

Initial diagnosis: Attention and Concentration Problem

Medication: -

Date of Recording: 2025-10-09

Source of Referral: Kamal Barzegar Ghazi

This case belongs to Kamal Barzegar Ghazi





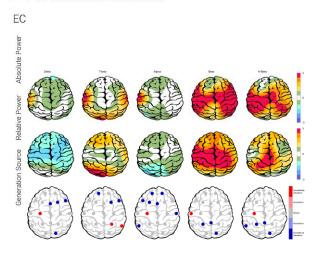




EEG Quality

EC

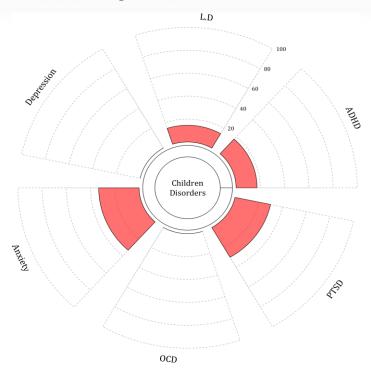
Z-score Information



EEG Neuromarker Values

Neuromarker	Region	Value	Assessment
AFP - EC	Frontal	11.67	High
AFP - EC	Occipital	11.38	High
Arousal Level - EC	-	-	Normal

■ Pathological Assessment

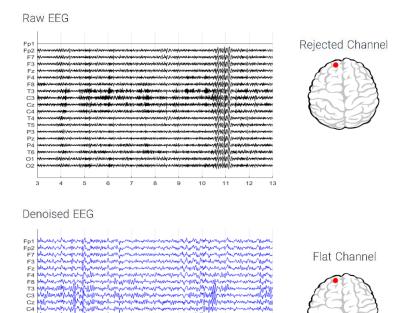


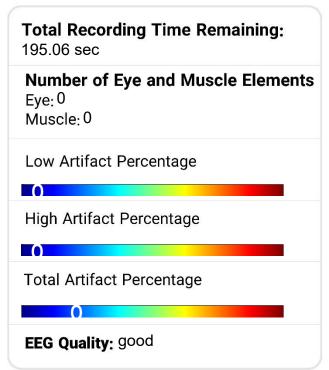




Denoising Information

Eye Close



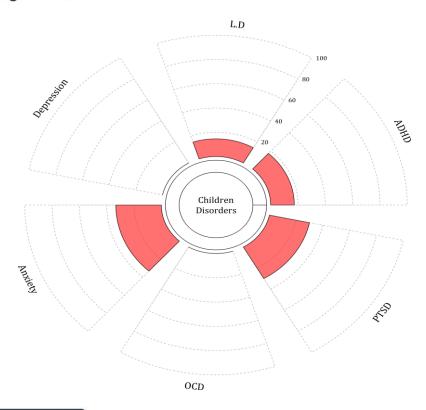






Pathological Assessment

Main Diagnosis: Children Disorder



ADHD Subtypes

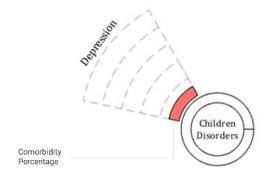
1. Prone to moody behavior and temper tantrums. May be anxious, may be highly intelligent, need sufficient sleep, and should avoid high carbohydrate intake. Avoide stimulants,

Description

According to the guidelines, psychiatric disorders in children (under 17 years) include ADHD, learning disorder (LD), PTSD, OCD, depression, and anxiety. In the above graph, the red area shows the percentage of each disorder from your patient's EEG markers. Observe that each disorder marker is not unique and can be shared with others.

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

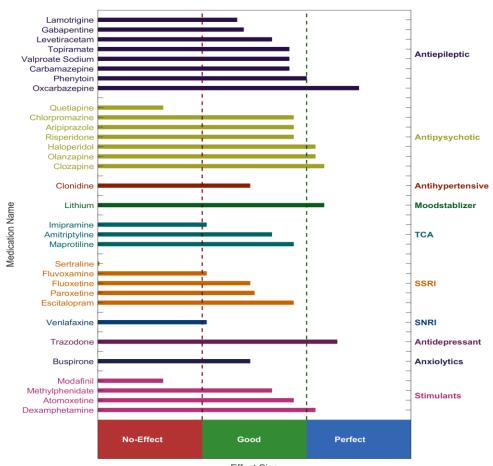
User Manual







QEEG Based Predicting Medication Response



Effect Size

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 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 .

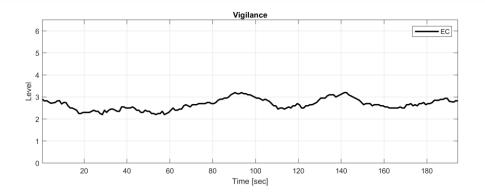
Medication Recommendation

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.

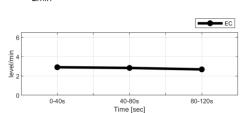




Vigilance



Vigilance Slope 0.18



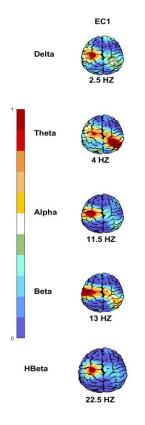
EEG Neuromarker Values

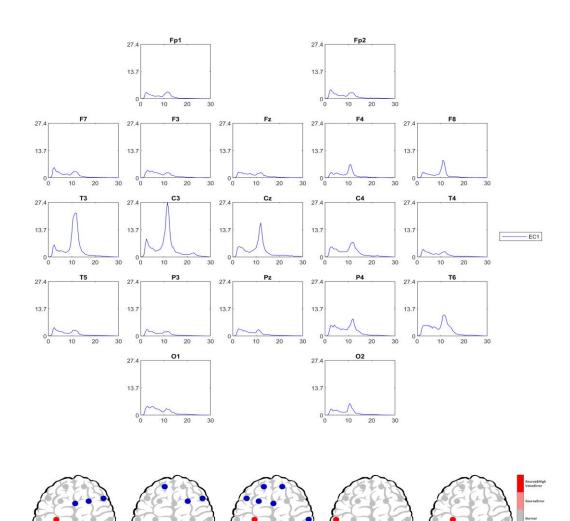
Neuromarker	Region	Value	Assessment
APF	Frontal	11.67	High
APF	Occipital	11.38	High
Alpha Asymmetry	Frontal	-0.22	Anhedonia
Alpha Asymmetry	Occipital	-0.12	Anhedonia
Beta Asymmetry	Frontal	00.10	Anhedonia
Arousal Level		-	Normal
Vigilance Level		03.00	Normal
Vigilance Mean	_	02.67	Normal
Vigilance Regulation		00.18	Normal
Vigilance 0 Stage (%)		00.00	Normal
Vigilance A1 Stage (%)		03.08	-





EEG Spectra



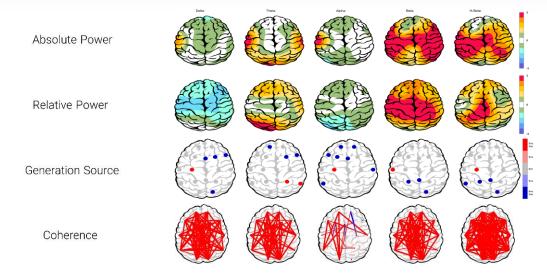




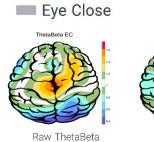


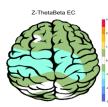
Z Score Summary Information

Eye Close



Theta/Beta Ratio



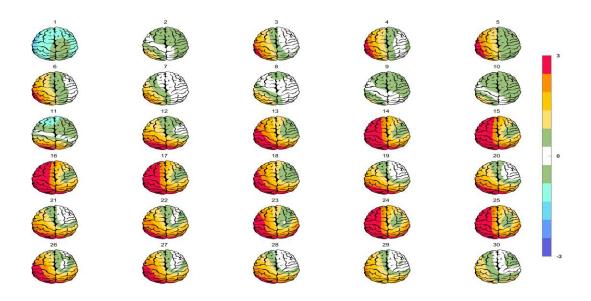


Z- ThetaBeta EC





Absolute Power-Eye Close



Relative Power-Eye Close

