





## QEEG Clinical Report BrainLens V0.4

## Report Description

## Personal & Clinical Data

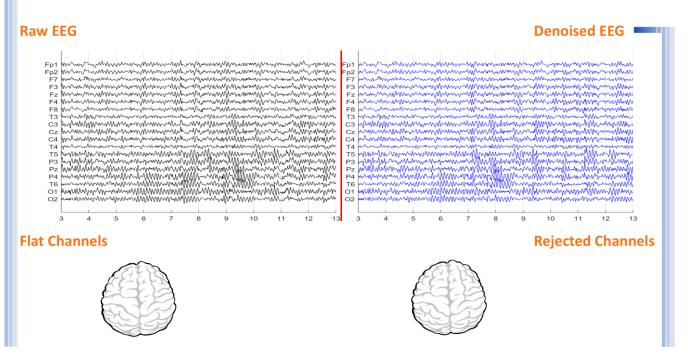
Name	Marziyeh Mirzaei	Date of Recording	19-Oct-2024		
Date of Birth - Age	17-Feb-2008 - 16.67	Gender	Female		
Handedness(R/L)	Right	Source of Referral	Dr Parvin Safavi		
Initial Diagnosis	Anxiety				
Current Medication	Rahakin-Ritalin				

Dr Parvin Safavi



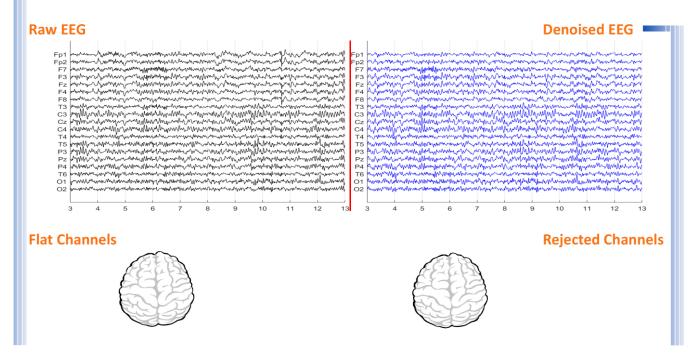


#### Denoising Information (EC)



Number of Eye and Muscle Elements			Low Artifact Percentage			
Eye	0	Muscle	0	0		
Total Artifact Percentage		High Artifact Percentage				
0		0				
EEG Quali	ty	bad		<b>Total Recording Time Remaining</b> 61.91 sec		

## **Denoising Information (EO)**



Number of Eye and Muscle Elements		Low Artifact Percentage			
Eye	1	Muscle	1	0	
Total Artifact Percentage		High Artifact Percentage			
				0	
<b>EEG Quality</b>		bad		<b>Total Recording Time Remaining</b> 61.18 sec	





## Pathological assessment for ADHD

#### Compare to ADHD Database

















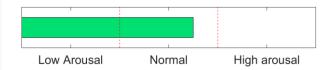




#### **EEG Compatibility with ADHD Diagnosis**

ADHD Table		EC	EO			
Feature Name	Threshold	Region	Threshold	Region		
Increased rDelta	0.00	NAN	0.00	NAN		
Increased rTheta	0.00	NAN	0.00	NAN		
Increased rAlpha	1.00	global	0.00	NAN		
Increased rBeta	0.00	NAN	0.50	NAN		
Decreased SMR	0.00	NAN	0.00	NAN		
Increased T/B Ratio	0.00	NAN	0.00	NAN		
ADHD 0 10 20 30 40 50 60 70 80 90 100 ADHD Compatibility						
ADHD Probability						

#### **Arousal Level Detection**



## ADHD Clustering

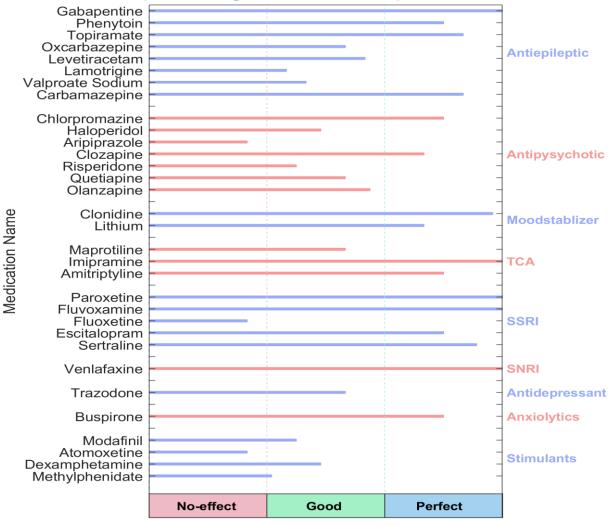
1. May be anxious, inattentive, may be highly intelligent, need sufficient sleep, and should avoid high carbohydrate intake. Consider clonidine.

<sup>\*</sup> If there is Paroxymal epileptic discharge in EEG data, this case needs sufficient sleep and should avoid high carbohydrate intake. You can consider anticonvulsant medications.





## 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 .

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.



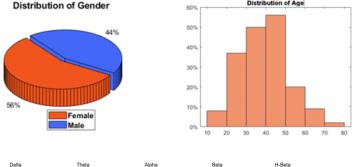


#### rTMS Response Prediction

#### Network Performance

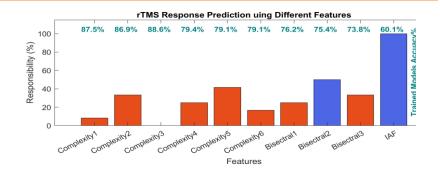
Accuracy: 92.1% Sensitivity: 89.13% Specificity: 97.47%

# Participants Information Distribution of Gender 44%

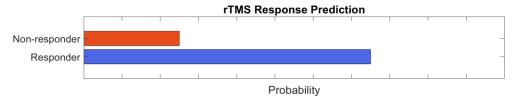




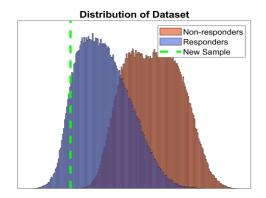
#### Features Information



#### Responsibility



#### Data Distribution



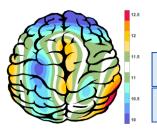
#### About Predicting rTMS Response

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.





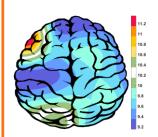
## APF(EO)



**Frontal APF= 10.67** 

Posterior APF= 11.88

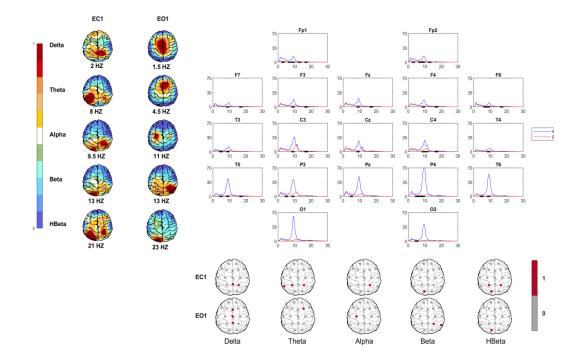
## APF(EC)



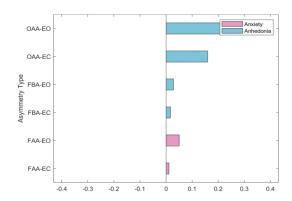
Frontal APF= 09.58

Posterior APF= 09.63

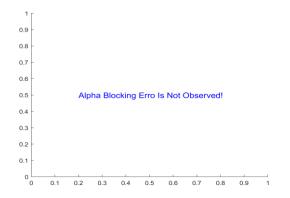
#### EEG Spectra



## Alpha Asymmetry(AA)



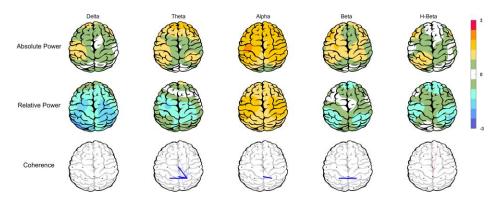
## Alpha Blocking



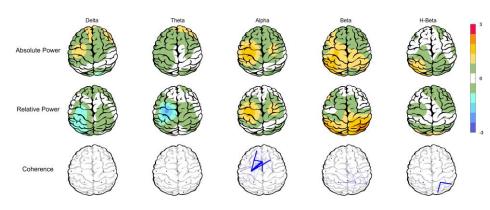




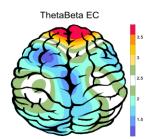
#### Z Score Summary Information (EC)

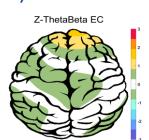


#### Z Score Summary Information (EO)

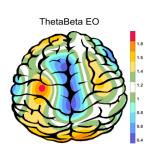


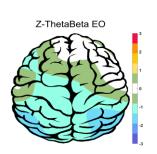
### E.C.T/B Ratio ( Raw- Z Score)



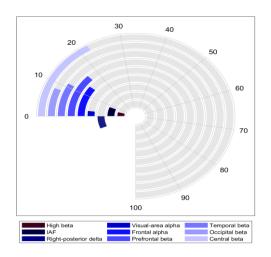


## E.O.T/B Ratio ( Raw- Z Score)





#### Arousal Level

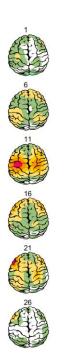


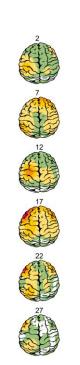


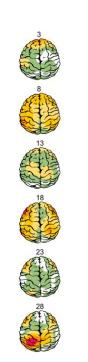


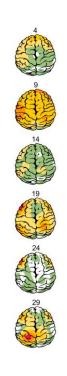


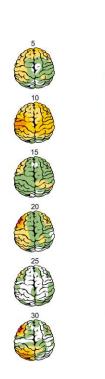
## Absolute Power-Eye Closed (EC) 🌮





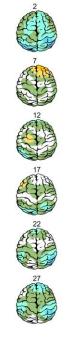


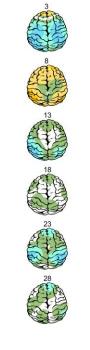


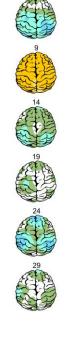


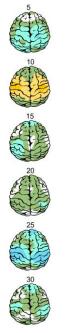
## Relative Power-Eye Closed (EC) ớ







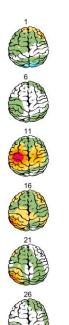


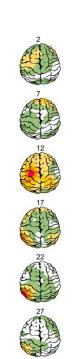


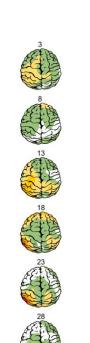


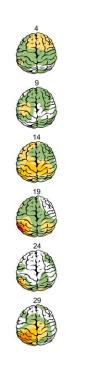


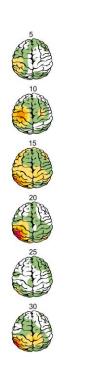
## Absolute Power-Eye Open (EO) 📀











## Relative Power-Eye Open (EO)

