

Report Description

Personal & Clinical Data

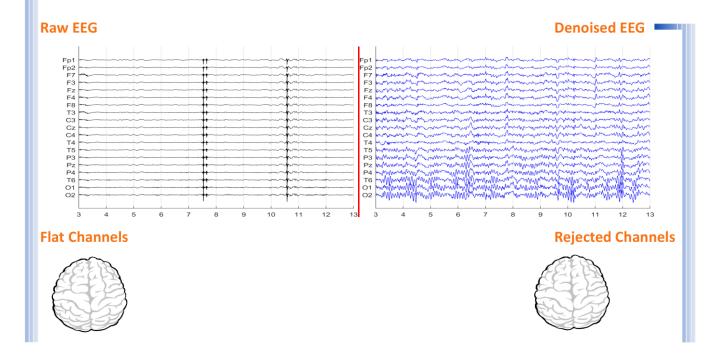
Name	Parinaz Alavinezhad	Date of Recording	16-Oct-2024
Date of Birth - Age	03-Jun-2014 - 10.37	Gender	Female
Handedness(R/L)	Right	Source of Referral	Dr Mohammadhasani
Initial Diagnosis	ADHD		
Current Medication	Medication Free		

Dr Mohammadhasani





Denoising Information (EC)



Number of Eye and Muscle Elements		Low Artifact Percentage			
Eye	3	Muscle	0		
Total Artifact Percentage				High Artifact Percentage	
EEG Quality good		Total Recording Time Remaining	487.55 sec		





Pathological assessment for ADHD

Compare to ADHD Database







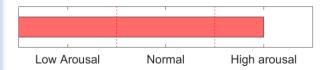




EEG Compatibility with ADHD Diagnosis

ADHD Table	EC		
Feature Name	Threshold	Region	
Increased rDelta	1.00	global	
Increased rTheta	0.00	NAN	
Increased rAlpha	0.00	NAN	
Increased rBeta	0.00	NAN	
Decreased SMR	-0.50	global	
Increased T/B Ratio	0.00	NAN	
ADHD 10	1 20	30 40 50 60 70 80 90 100 ADHD Compatibility	
ADHD Probability			

Arousal Level Detection



ADHD Clustering

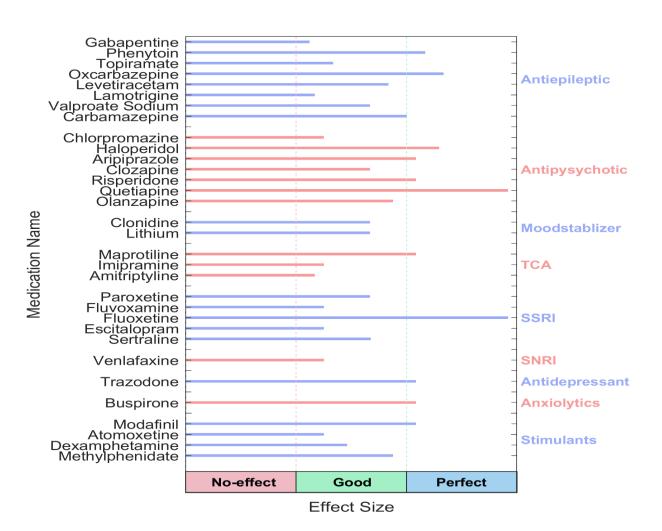
1. Same inattentive and hyperactive prevalence, may be anxious, may be highly intelligent, need sufficient sleep, and should avoid high arbohydrate inbtake. Consider clonidine

^{*} 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



Explanation

Medication Recommendation

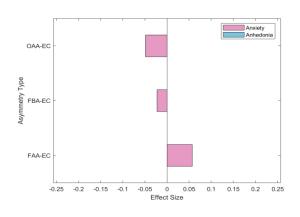
These two tables can be considered the most important finding that can be extracted from QEEG. To prepare this list, the NPCIndex Article Review Team has studied, categorized, and extracted algorithms from many authoritative published articles on predict medication response and Pharmaco EEG studies. 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.

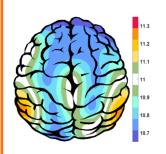




Alpha Asymmetry(AA)



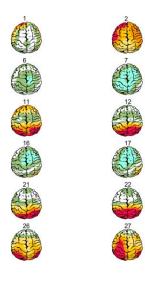
APF(EC)

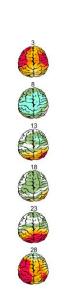


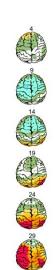
Frontal APF= 10.75

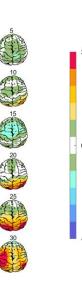
Posterior APF= 11.00

Absolute Power-Eye Closed (EC) 🥟





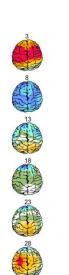




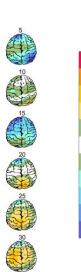
Relative Power-Eye Closed (EC) 🌮









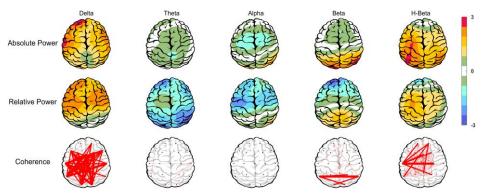






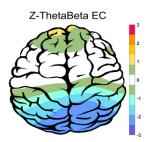
Z Score Summary Information (EC)



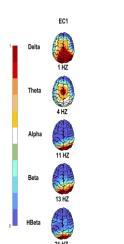


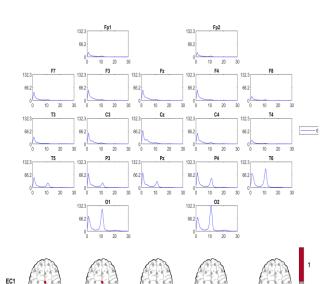
E.C.T/B Ratio (Raw- Z Score)

ThetaBeta EC



EEG Spectra





Arousal Level

