

# Report Description

# Personal & Clinical Data

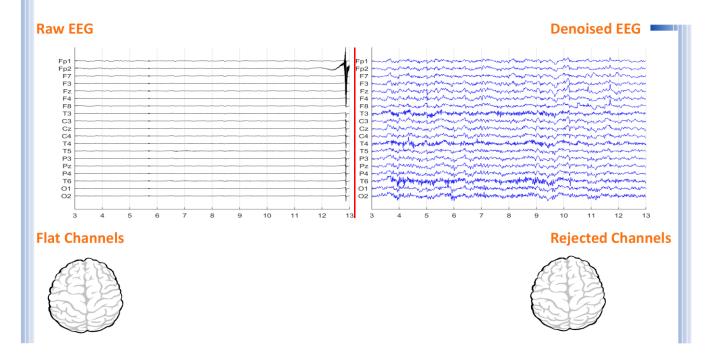
Name	Atosa Gandomi	Date of Recording	19-Oct-2024
Date of Birth - Age	06-Oct-2017 - 7.04	Gender	Female
Handedness(R/L)	Right	Source of Referral	Dr Mohammadhasani
Initial Diagnosis		ADHD	
Current Medication		Medication Free	

Dr Mohammadhasani





# Denoising Information (EC)



Number of Eye and Muscle Elements		Low Artifact Percentage			
Eye	2	Muscle	1	0	
Total Artifact Percentage				High Artifact Percentage	
<b>EEG Quali</b>	EEG Quality good		<b>Total Recording Time Remaining</b> 479.29 se	С	





### Pathological assessment for ADHD

## Compare to ADHD Database







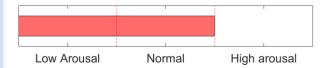




### **EEG Compatibility with ADHD Diagnosis**

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

### **Arousal Level Detection**



# **ADHD Clustering**

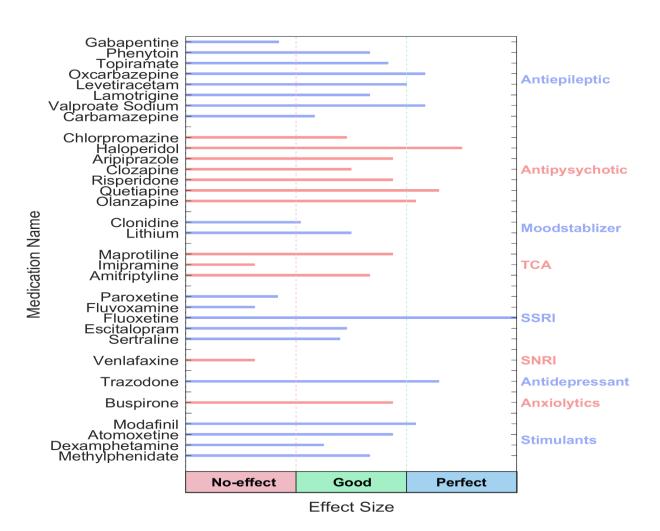
- 1. Prone to moody behavior and temper tantrums. May be anxious, may be highly intelligent, need sufficient sleep, and should avoid high carbohydrate intake. Avoide stimulants, benzodiazepines, SSRI and SNRI. Consider clonidine.
- 2. Same inattentive and hyperactive prevalence, may be anxious, may be highly intelligent, need sufficient sleep, and should avoid high arbohydrate inbtake. 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



### Explanation



#### Medication Recommendation

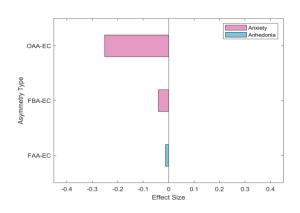
These two tables can be considered the most important finding that can be extracted from QEEG. To prepare this list, the NPCIndex Article Review Team has studied, categorized, and extracted algorithms from many authoritative published articles on predict medication response and Pharmaco EEG studies.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

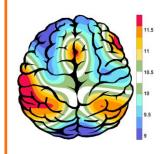




## Alpha Asymmetry(AA)



# APF(EC)

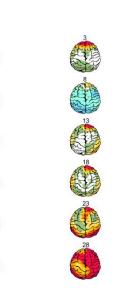


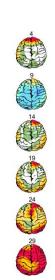
Frontal APF= 09.50

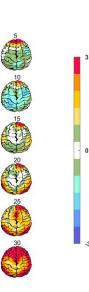
Posterior APF= 10.25

## Absolute Power-Eye Closed (EC) 🥟

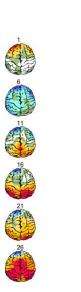




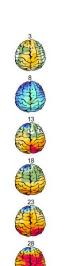




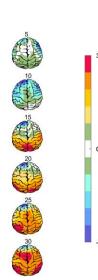
### Relative Power-Eye Closed (EC) 🌮









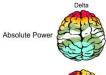




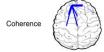


# Z Score Summary Information (EC)

















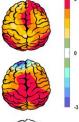






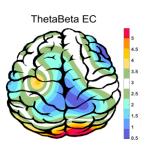


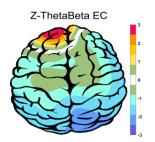




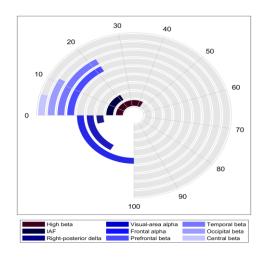


### E.C.T/B Ratio ( Raw- Z Score)





### Arousal Level



### EEG Spectra

