





# QEEG Clinical Report BrainLens V0.4

# Report Description

# Personal & Clinical Data

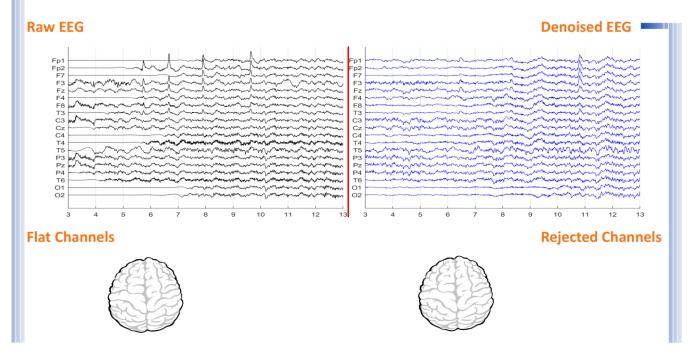
Name	Mohammad Parasa	Date of Recording	22-Oct-2024	
Date of Birth - Age	04-May-2008 - 16.47	Gender	Male	
Handedness(R/L)	Right	Source of Referral	Asayesh Psychiatric Clinic -	
Initial Diagnosis	ADHD-Puberty-PIC-Masturbation			
Current Medication	Medication Free			

Asayesh Psychiatric Clinic -Dr Torabi



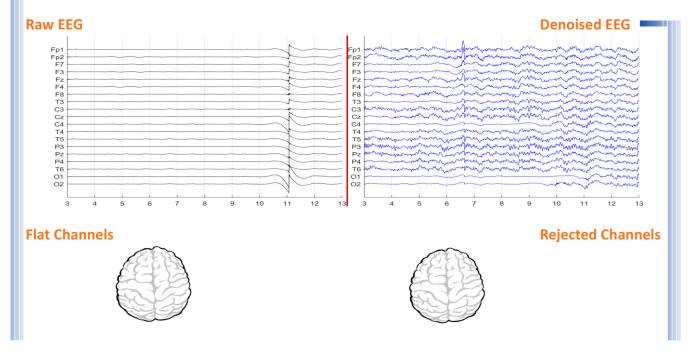


# Denoising Information (EC)



Number of Eye and Muscle Elements		Low Artifact Percentage				
Eye	2	Muscle	3	0		
Total Artifact Percentage		High Artifact Percentage				
		()				
<b>EEG Quality</b>	,	good		Total Recording Time Remaining	308.18 sec	

# Denoising Information (EO)



Number of Eye and Muscle Elements		Low Artifact Percentage			
Eye	1	Muscle	2	0	
Total Artifact Percentage		High Artifact Percentage			
				0	
<b>EEG Quality</b>		good		<b>Total Recording Time Remaining</b>	262.34 sec





### Pathological assessment for ADHD

### Compare to ADHD Database

















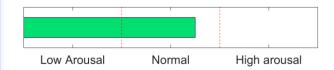




#### **EEG Compatibility with ADHD Diagnosis**

ADHD Table	EC		EO		
Feature Name	Threshold	Region	Threshold	Region	
Increased rDelta	2.00	global	1.00	global	
Increased rTheta	0.00	NAN	0.00	NAN	
Increased rAlpha	0.00	NAN	0.00	NAN	
Increased rBeta	0.00	NAN	0.00	NAN	
Decreased SMR	-2.00	global	-1.00	global	
Increased T/B Ratio	1.00	Fz and Cz	1.50	Fz and Cz	
ADHD					
ADHD Probability					

#### **Arousal Level Detection**



# ADHD Clustering

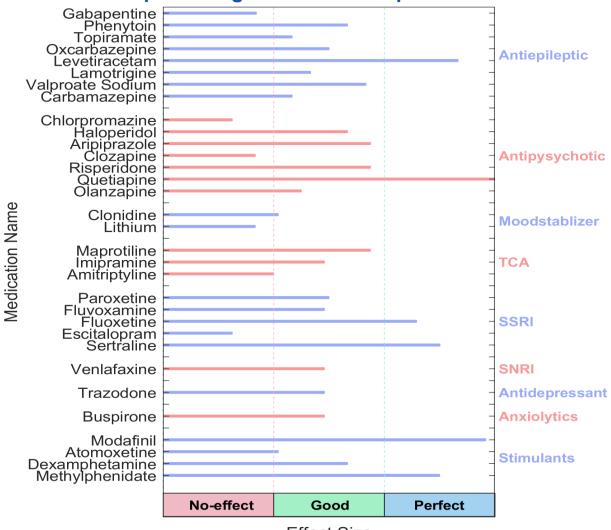
1. Same inattentive and hyperactive prevalence, may be anxious, may be highly intelligent, need sufficient sleep, and should avoid high arbohydrate inbtake. Consider clonidine

<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.

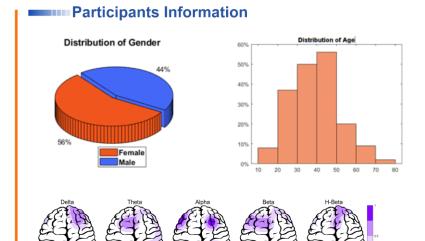




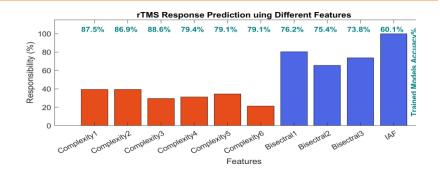
#### rTMS Response Prediction

#### Network Performance

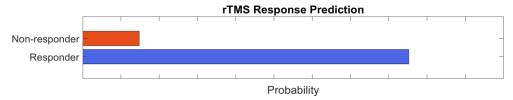
Accuracy: 92.1% Sensitivity: 89.13% Specificity: 97.47%



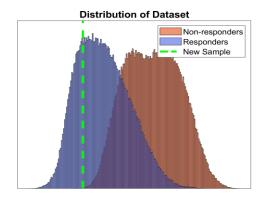
#### Features Information



#### Responsibility



#### Data Distribution



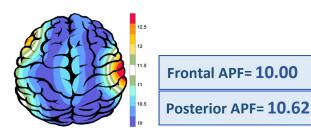
#### About Predicting rTMS Response

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.

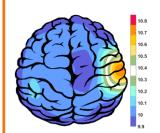




# APF(EO)



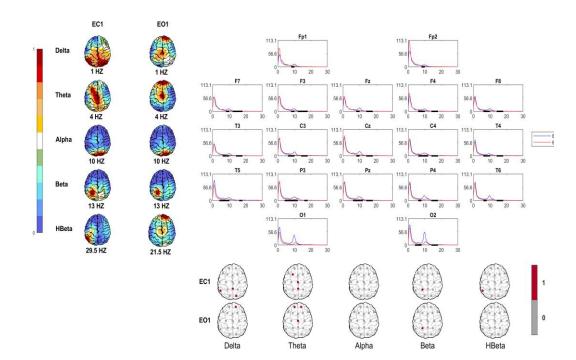
# APF(EC)



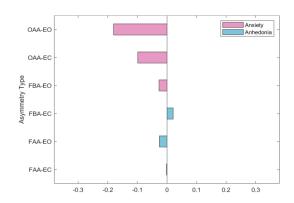
Frontal APF= 10.00

Posterior APF= 10.00

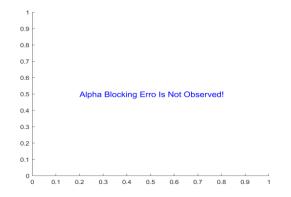
#### EEG Spectra



### Alpha Asymmetry(AA)



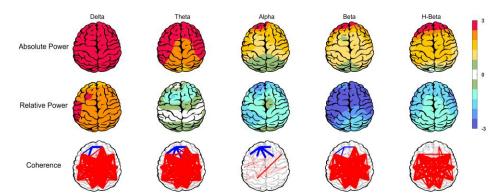
### Alpha Blocking



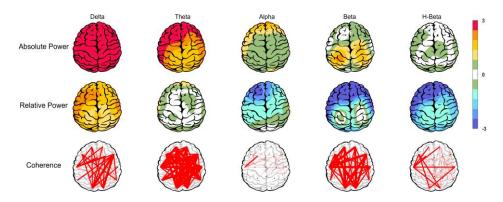




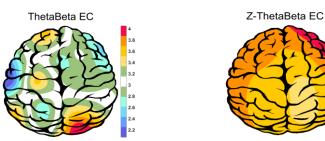
#### Z Score Summary Information (EC)



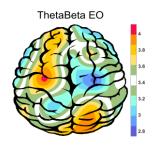
#### Z Score Summary Information (EO)

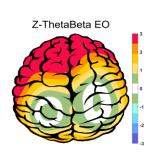


#### E.C.T/B Ratio ( Raw- Z Score)

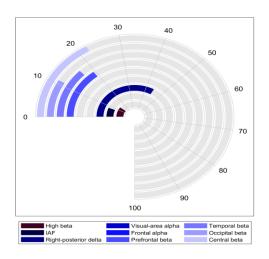


### E.O.T/B Ratio ( Raw- Z Score)





#### Arousal Level

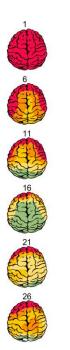


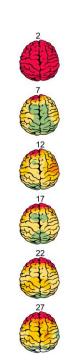


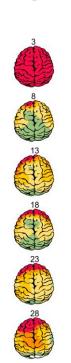


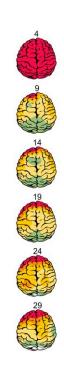


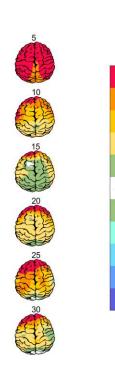
# Absolute Power-Eye Closed (EC) ớ



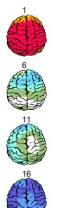


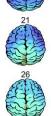


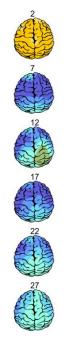


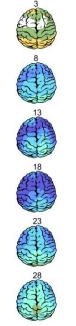


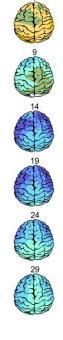
# Relative Power-Eye Closed (EC) ớ

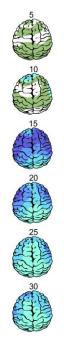










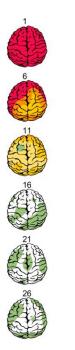


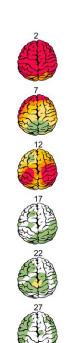


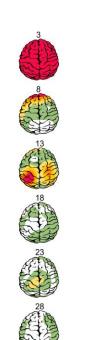


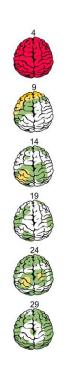
# Absolute Power-Eye Open (EO) 📀

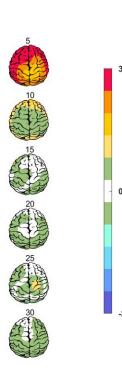




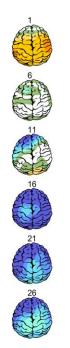


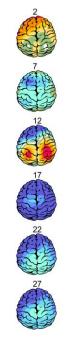


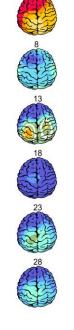


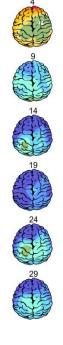


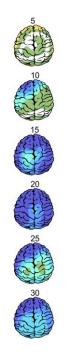
# Relative Power-Eye Open (EO)















# Report

نتایج تشخیصی: 1		<b>گزارش:</b> 1