





# QEEG Clinical Report BrainLens V0.4

# Report Description

# Personal & Clinical Data

Name	Zahra Negahban	Date of Recording	28-Oct-2024		
Date of Birth - Age	16-Jan-2015 - 9.78	Gender	Female		
Handedness(R/L)	Right	Source of Referral	Asayesh Psychiatric Clinic -		
Initial Diagnosis	ADHD				
Current Medication		-			

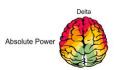
Asayesh Psychiatric Clinic -Dr Torabi





### Z Score Summary Information (EC)



















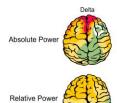








# Z Score Summary Information (EO)















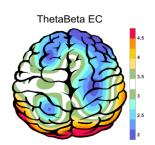


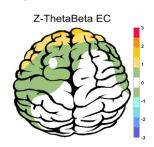




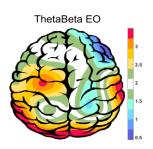


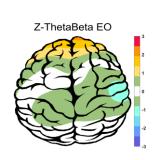
### E.C.T/B Ratio ( Raw- Z Score)



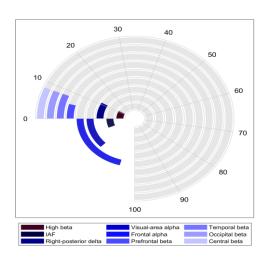


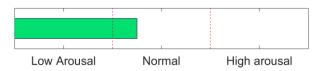
### E.O.T/B Ratio ( Raw- Z Score)





### Arousal Level

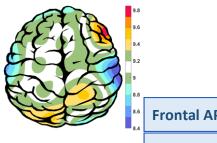








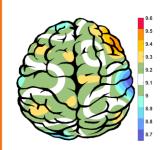
### APF(EO)



Frontal APF= 09.08

Posterior APF= 09.12

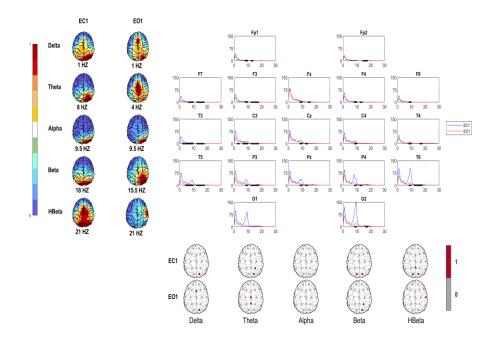
# APF(EC)



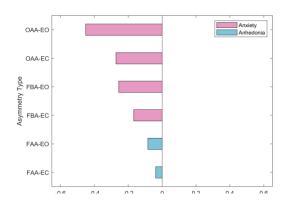
Frontal APF= 09.08

Posterior APF= 09.25

### EEG Spectra



# Alpha Asymmetry(AA)



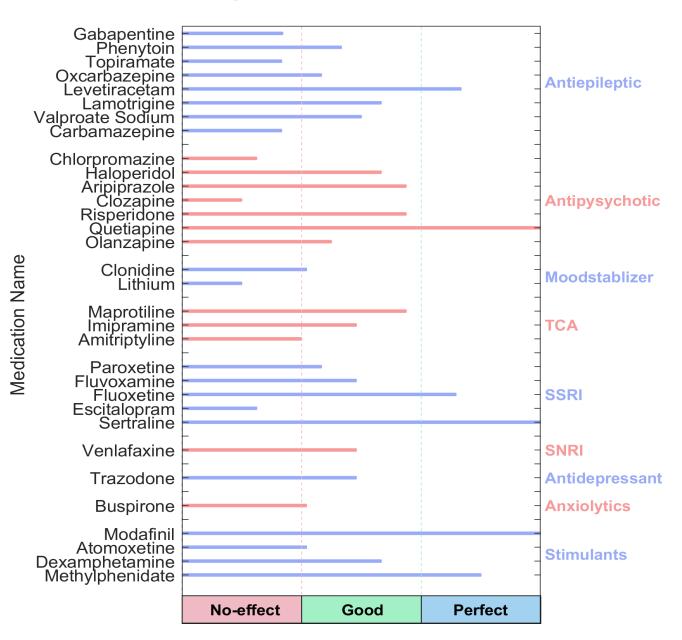
# **Alpha Blocking**







### 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.

two charts, calculate 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.





# Report

گزارش <b>:</b> 1
نتایج تشخیصی <b>:</b> 1





# Pathological assessment for ADHD

### **Compare to ADHD Database**

















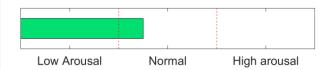




### **EEG Compatibility with ADHD Diagnosis**

ADHD Table		EC	EO			
Feature Name	Threshold	Region	Threshold	Region		
Increased rDelta	1.00	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	-0.50	global	0.00	NAN		
Increased T/B Ratio	0.50	Fz	0.00	NAN		
ADHD						
ADHD Probability						

### **Arousal Level Detection**



### **ADHD Clustering**

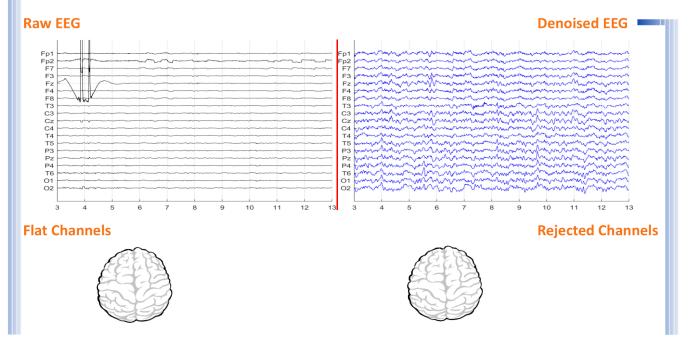
1. Same inattentive and hyperactive prevalence. Well respond to stimulants.

<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.



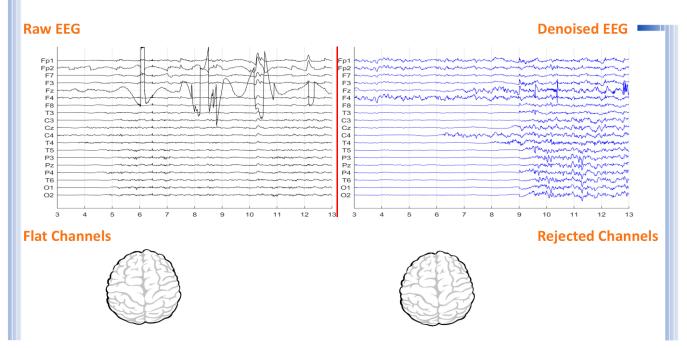


# **Denoising Information (EC)**



Number of Eye and Muscle Elements			Low Artifact Percentage			
Eye	3	Muscle	0	0		
Total Artifact Percentage			High Artifact Percentage			
0				0		
EEG Quali	ty	good		<b>Total Recording Time Remaining</b> 270.78 sec		

# **Denoising Information (EO)**



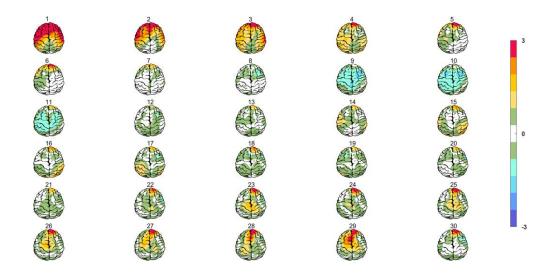
Number of Eye and Muscle Elements		Low Artifact Percentage				
Eye	4	Muscle	0			
Total Artifact Percentage			High Artifact Percentage			
			0			
EEG Quality good			Total Recording Time Remaining	267.83 sec		



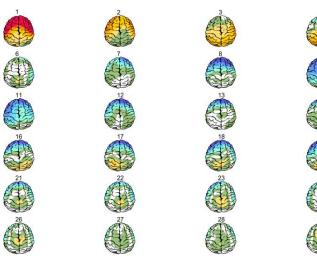


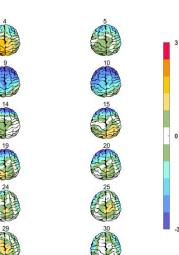
# Absolute Power-Eye Closed (EC) 🌮





### Relative Power-Eye Closed (EC) 🌮

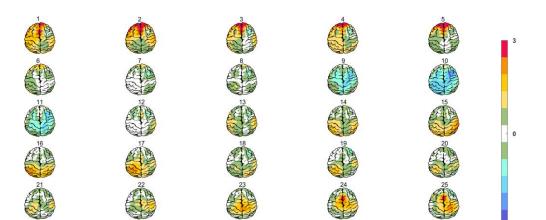








# Absolute Power-Eye Open (EO) 🕢



# Relative Power-Eye Open (EO) 🕢

