





QEEG Clinical Report BrainLens V0.4

Report Description

Personal & Clinical Data

Name	Alireza Vatankhah	Date of Recording	14-Dec-2024		
Date of Birth - Age	17-May-1958 - 66.58	Gender	Male		
Handedness(R/L)	Right	Source of Referral	Asayesh Psychiatric Clinic -		
Initial Diagnosis	TRD				
Current Medication		-			

Asayesh Psychiatric Clinic -Dr Torabi





Z Score Summary Information (EC) 🥟



















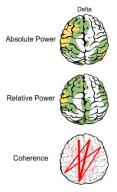




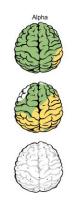




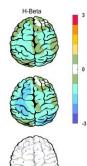
Z Score Summary Information (EO)



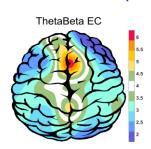


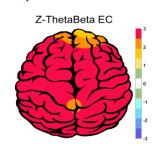




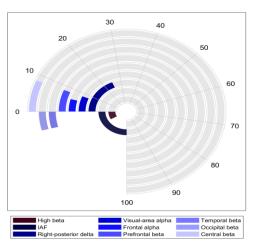


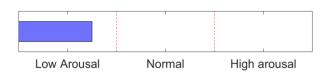




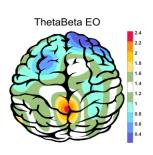


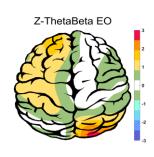
Arousal Level





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

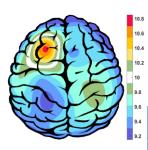








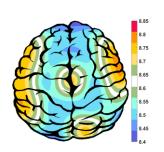
APF(EO)



Frontal APF= 09.58

Posterior APF= 09.62

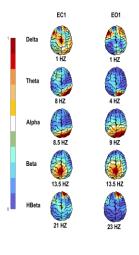
APF(EC)

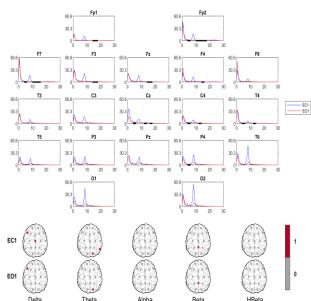


Frontal APF= 08.50

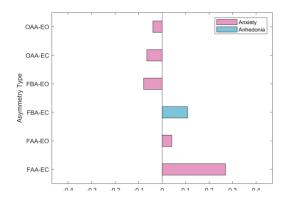
Posterior APF= 08.62

EEG Spectra





Alpha Asymmetry(AA)



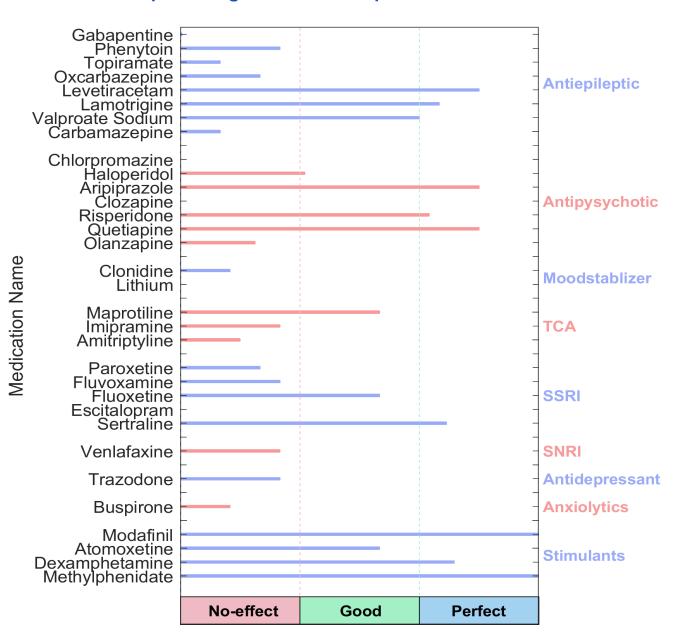
-Alpha Blocking







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: 1
نتایج تشخیصی: 1
1



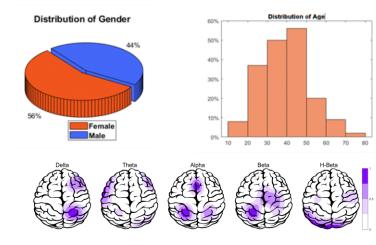


rTMS Response Prediction

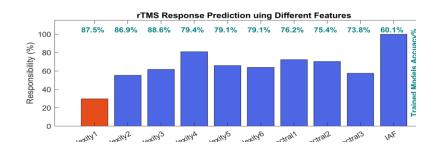
Network Performance

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

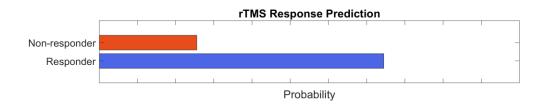
Participants Information



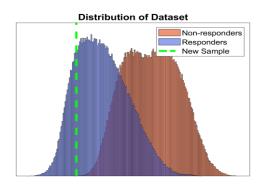
Features Information



----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.





Pathological assessment for mood disorders and adult ADHD

Compare to Mood Disorders Database





















Compare to Adult ADHD Database













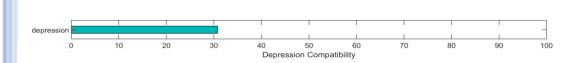


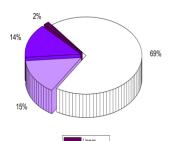




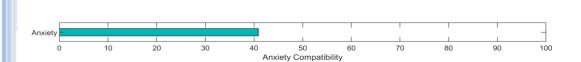


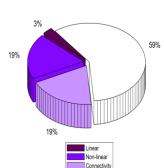
EEG Compatibility with Depression Diagnosis



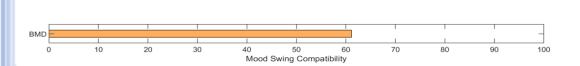


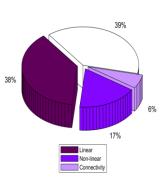
EEG Compatibility with Anxiety Diagnosis





EEG Compatibility with Mood Swing Diagnosis *



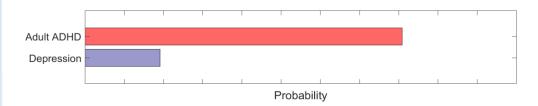


^{*} This index can only be investigated if there are symptoms of mood swings (R/O BMD or R/O mood swings).





Depression and Adult ADHD Diagnosis Probabiliy



Cognitive Functions Assessment



Arousal Level Detection







Pathological Assessment for Dementia

Compare to Dementia Database













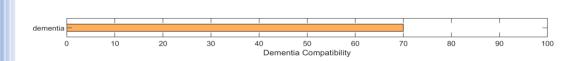


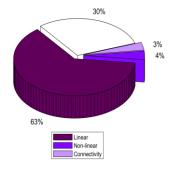






EEG Compatibility with Dementia Diagnosis

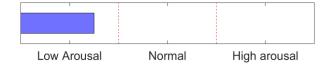




Cognitive Functions Assessment



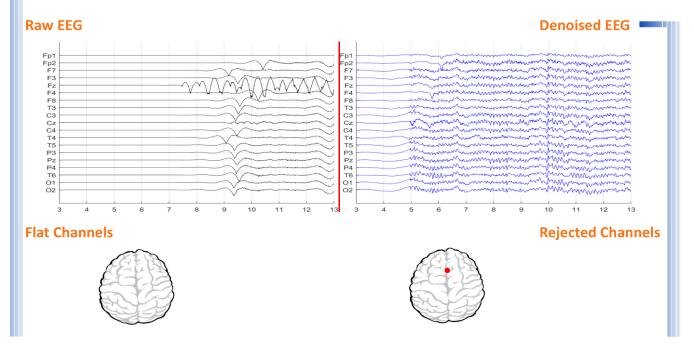
Arousal Level Detection





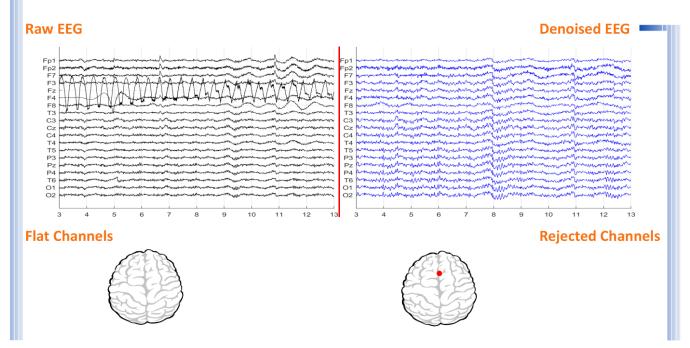


Denoising Information (EC)



Number of Eye and Muscle Elements			Low Artifact Percentage		
Eye	1	Muscle	0		
Total Artifact Percentage			High Artifact Percentage		
				0	
EEG Quality		good		Total Recording Time Remaining 236.41 sec	

Denoising Information (EO)

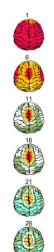


Number of Eye and Muscle Elements			Low Artifact Percentage		
Eye	1	Muscle	0	0	
Total Artifact Percentage			High Artifact Percentage		
0			0		
EEG Quality		good		Total Recording Time Remaining 226.82 sec	





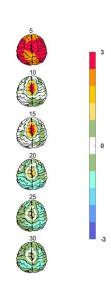
Absolute Power-Eye Closed (EC) 🌮



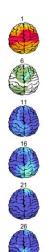


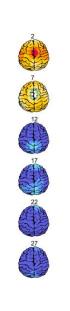




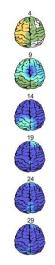


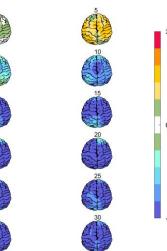
Relative Power-Eye Closed (EC) 🌮







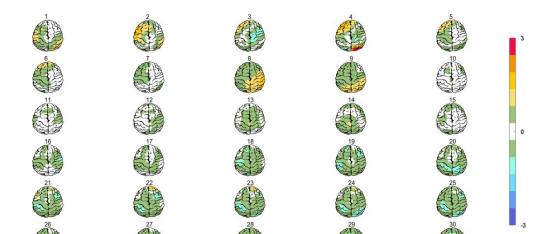




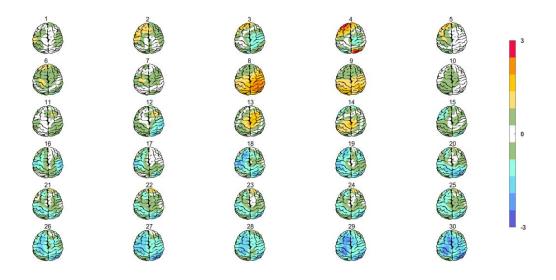




Absolute Power-Eye Open (EO)



Relative Power-Eye Open (EO) 🕢





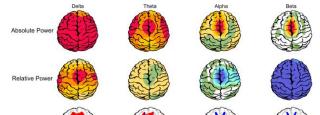
QEEGhome

EEG Quality





Z-score Information



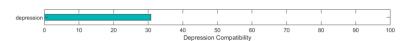








Compatibility with Depression



Compatibility with Mood Swing



Arousal Level



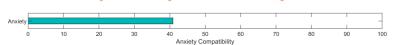
Cognitive Performance



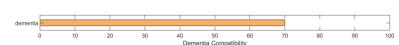
0

Absolute Power Relative Power Coherence

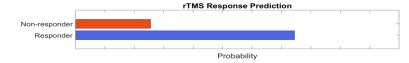
Compatibility with Anxiety



Compatibility with Dementia



TMS Responsibility





Posterior APF-EC= 08.62

Posterior APF-EO= 09.62

To investigate QEEG-based predicting medication response, please refer to the Report.