





QEEG Clinical Report BrainLens V0.4

Report Description

Personal & Clinical Data

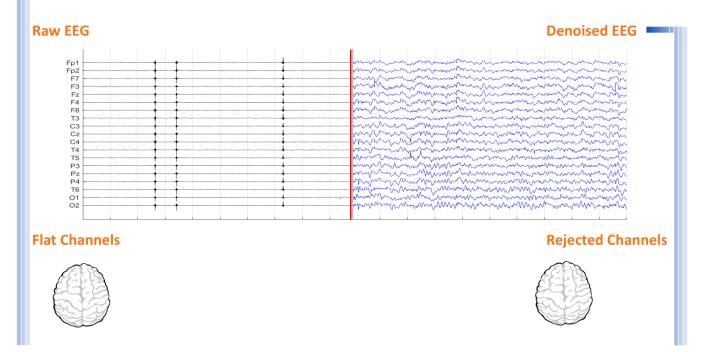
Name	Ali Mousaeiemami	Date of Recording	09-Apr-2024
Date of Birth - Age	20-Aug-2018 - 5.64	Gender	Male
Handedness(R/L)	Right	Source of Referral	Dr Mohammadhasani
Initial Diagnosis	Attention deficit		
Current Medication	Medication Free		

Dr Mohammadhasani





Denoising Information (EC)



Number of Eye and Muscle Elements		Low Artifact Percentage			
Eye	2	Muscle	0	0	
Total Artifact Percentage				High Artifact Percentage	
0					
EEG Quali	ty	good		Total Recording Time Remaining	478.55 sec





Pathological assessment for ADHD

Compare to ADHD Database







Cordance Map

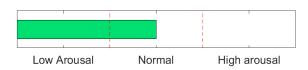




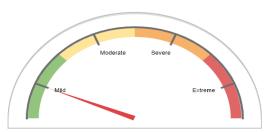
EEG Compatibility with ADHD Diagnosis

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	-1.00	global		
Increased T/B Ratio	0.00	NAN		
ADHD 0	10 20	30 40 50 60 70 80 90 100 ADHD Probability		
ADHD Probability				

Arousal Level Detection



ADHD Severity



ADHD Clustering

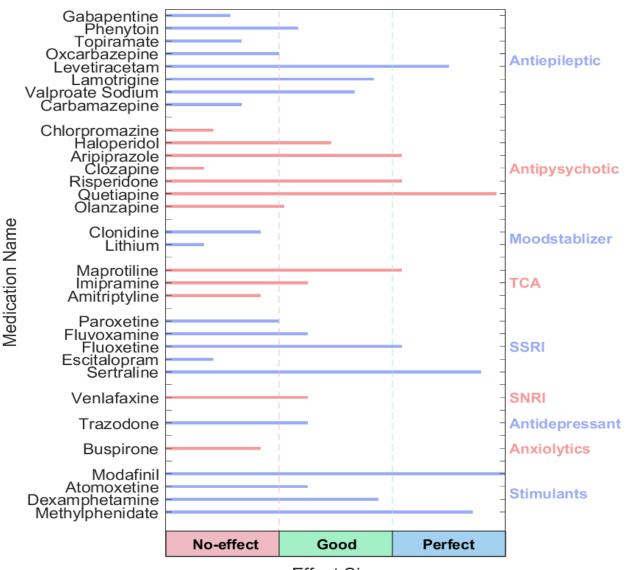
- 1. Same inattentive and hyperactive prevalence. Well respond to stimulants.
- 2. Mostly inattentive. Not respond well to methylphenidate, consider neurofeedback or amphetamine-type stimulants.

^{*} 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



Medication Recommendation

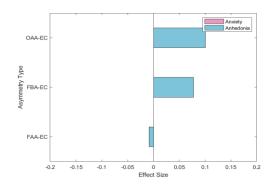
These two tables can be considered the most important finding that can be extracted from QEEG. To prepare this list, the NPCIndex Article Review Team has studied, categorized, and extracted algorithms from many authoritative published articles on predict medication response and Pharmaco EEG studies.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

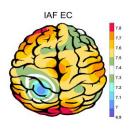




Alpha Asymmetry(AA)



IAF(EC)

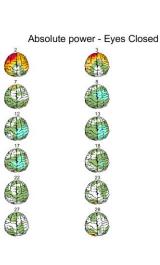


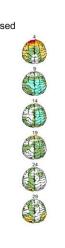
Eye Close IAF= 07.62

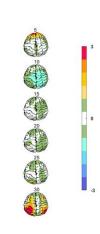
🚃 Absolute Power-Eye Closed (EC) 🌮





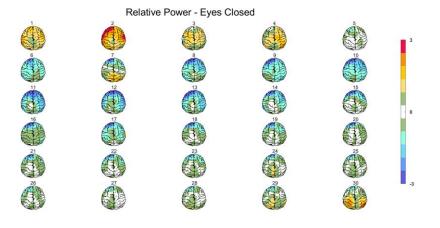






Relative Power-Eye Closed (EC) 🌮



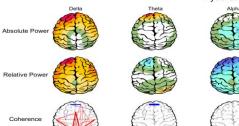


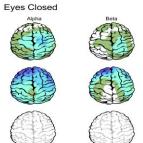


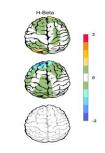


Z Score Summary Information (EC)

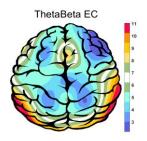


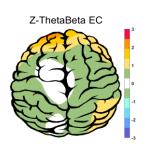




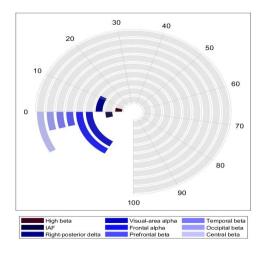


E.C.T/B Ratio (Raw- Z Score)





Arousal Level



EEG Spectra

