





# QEEG Clinical Report BrainLens V0.4

# Report Description

# Personal & Clinical Data

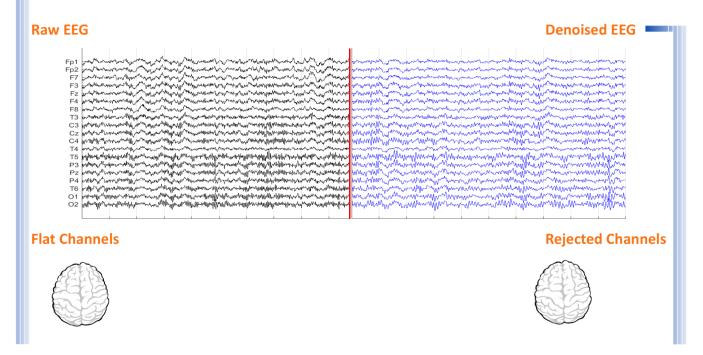
Name	Arshiya Taheri	Date of Recording	06-Jul-2024
Date of Birth - Age	26-Dec-2013 - 10.53	Gender	Male
Handedness(R/L)	Right	Source of Referral	Dr Rajabi
Initial Diagnosis	Anxiety, Emotion regulation, Attention deficit		
Current Medication	Medication Free		

Dr Rajabi





# Denoising Information (EC)



Number of Eye and Muscle Elements				Low Artifact Percentage	
Eye	3	Muscle	0	()	
Total Artifact Percentage				High Artifact Percentage	
		()			
<b>EEG Quali</b>	ty	good		Total Recording Time Remaining 2	14.13 sec





## **Pathological assessment for ADHD**

## **Compare to ADHD Database**







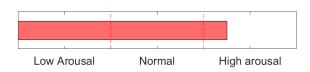




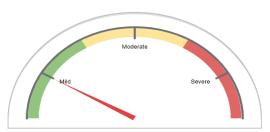
#### **EEG Compatibility with ADHD Diagnosis**

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 Probability		
ADHD Probability				

#### **Arousal Level Detection**



## **ADHD Severity**



# **ADHD Clustering**

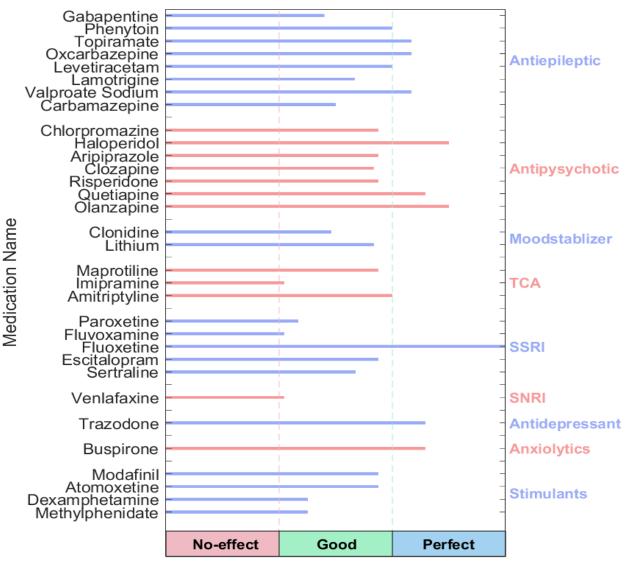
- 1. Prone to moody behavior and temper tantrums. May respond to stimulants, consider anticonvulsants or clonidine, avoid SSRI.
- 2. Same inattentive and hyperactive prevalence. Well respond to stimulants.

<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.





#### **QEEG** based predicting medication response



Effect Size

#### Explanation



#### Medication Recommendation

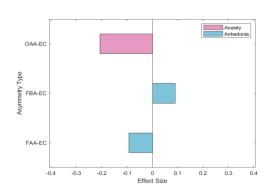
These two tables can be considered the most important finding that can be extracted from QEEG. To prepare this list, the NPCIndex Article Review Team has studied, categorized, and extracted algorithms from many authoritative published articles on predict medication response and Pharmaco EEG studies.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

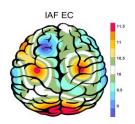




# Alpha Asymmetry(AA)



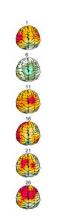
# **IAF(EC)**

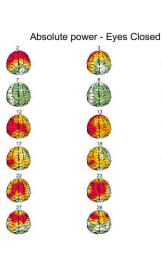


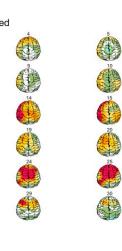
Eye Close IAF= 09.62

#### 🚃 Absolute Power-Eye Closed (EC) 🌮





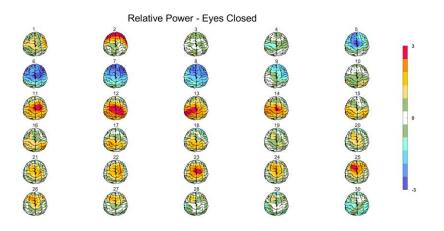






## Relative Power-Eye Closed (EC) 🌮



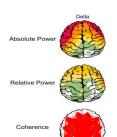


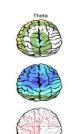


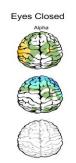


# Z Score Summary Information (EC)

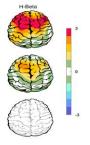




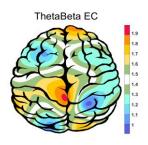


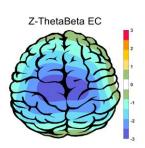




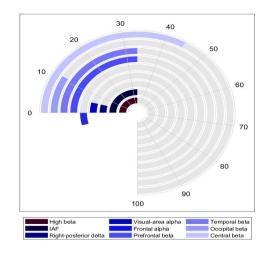


## E.C.T/B Ratio ( Raw- Z Score)





## Arousal Level



# EEG Spectra

