





# QEEG Clinical Report BrainLens V0.4

# Report Description

# Personal & Clinical Data

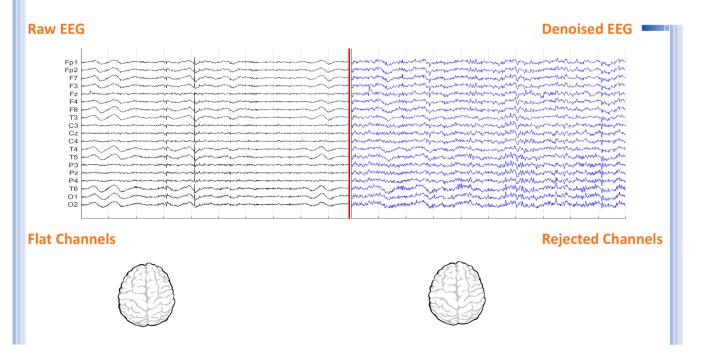
Name	Fateme Azadishiri	Date of Recording	01-Jul-2024	
Date of Birth - Age	21-Mar-1991 - 33.28	Gender	Female	
Handedness(R/L)	Right	Source of Referral	Dr Zarghami	
Initial Diagnosis	Anxiety-Depression-Adult ADHD			
Current Medication	Medication Free			

Dr Zarghami



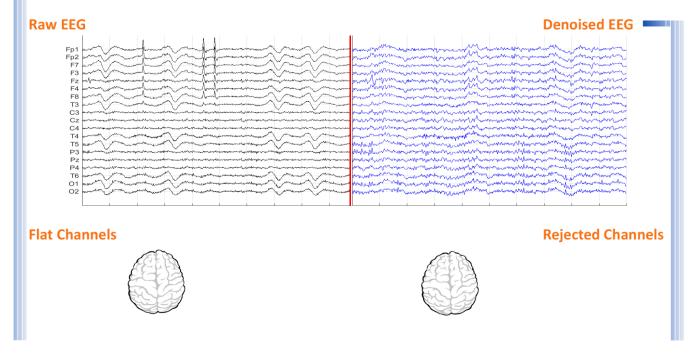


### Denoising Information (EC)



Number of Eye and Muscle Elements		Low Artifact Percentage			
Eye 0 Muscle 0					
Total Artifact Percentage		High Artifact Percentage			
0					
EEG Qualit	у	good		Total Recording Time Remaining	501.87 sec

# Denoising Information (EO)



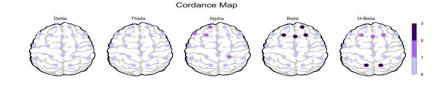
Number of Eye and Muscle Elements		Low Artifact Percentage		
Eye	e 0 Muscle 0		0	
Total Artifact	t Percentage			High Artifact Percentage
	0			
<b>EEG Quality</b>		good		<b>Total Recording Time Remaining</b> 325.09 sec





### Pathological assessment for mood disorders

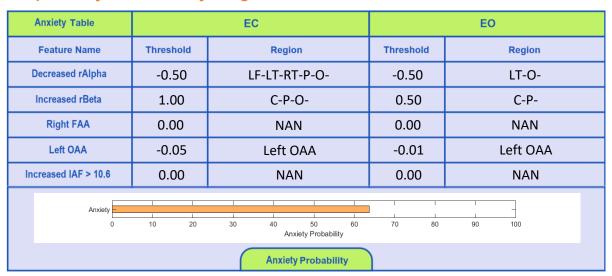
### **Compare to Mood Disorders Database**



### **EEG Compatibility with Depression Diagnosis**

Depression Table		EC	EO		
Feature Name	Threshold	Region	Threshold	Region	
Increased Global rAlpha	0.00	NAN	0.00	NAN	
Increased global rTheta	0.00	NAN	0.00	NAN	
Decreased rDelta	0.00	NAN	-0.50	С	
Increased rBeta	1.00	C-P-O-	0.50	C-P-	
Left FAA	-0.02	Left FAA	-0.02	Left FAA	
Right OAA	0.00	NAN	0.00	NAN	
Decreased Coherence (D, T)	-0.50	Decreased Coherence	0.00	NAN	
Increased Coherence (A, B)	0.00	NAN	0.00	NAN	
depression — — — — — — — — — — — — — — — — — — —					
Depression Probability					

### **EEG Compatibility with Anxiety Diagnosis**







### **EEG Compatibility with Mood Swings Diagnosis**\*

Mood Swings Table		EC	EO		
Feature Name	Threshold	Region	Threshold	Region	
Decreased rAlpha	-0.50	LF-LT-RT-P-O-	-0.50	LT-O-	
Increased (rDelta+rTheta)	0.50	RT-O-	0.50	LF-RF-MF-O-	
Increased rBeta	1.00	C-P-O-	0.50	C-P-	
Decreased Alpha Coherence	-0.50	Decreased Alpha	-0.50	Decreased Alpha	
Right FAA	0.00	NAN	0.00	NAN	
BMD	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 30 40 50 60	70 80	90 100	
Mood Swings Probability					

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

### **Depression Severity**

# Anxiety Severity

Mild	Borderline	Moderate	Severe	Extreme



### Arousal Level Detection

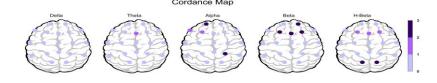




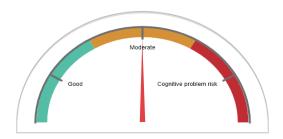


# Pathological assessment for adult ADHD

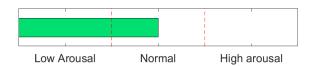
### **Compare to Adult ADHD Database**



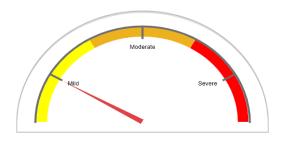
# **Cognitive Functions**



# **Arousal Level Detection**



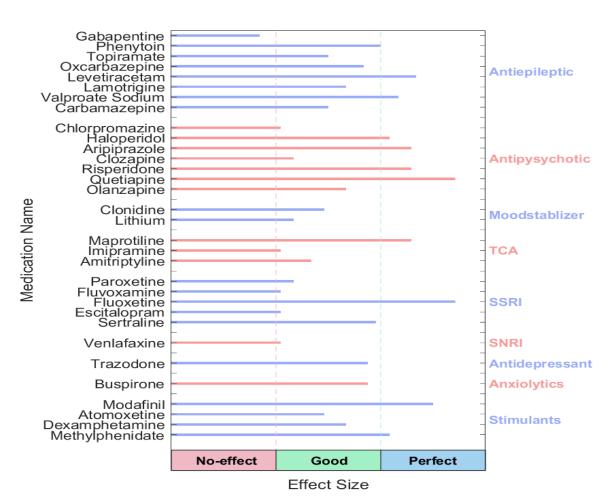
# **Adult ADHD Severity**







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



### **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.



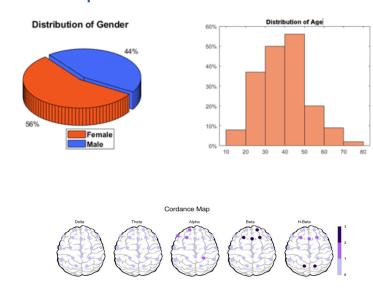


#### rTMS Response Prediction

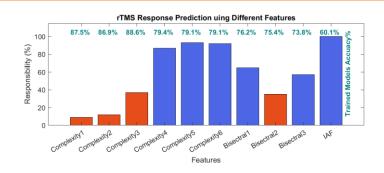
#### Network Performance

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

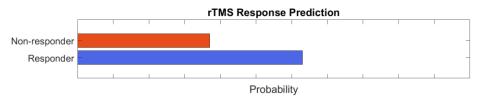
#### Participants Information



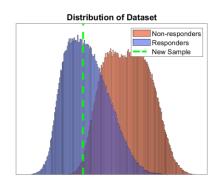
#### Features Information



#### Responsibility



#### Data Distribution



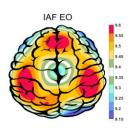
#### About Predicting rTMS Response

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.



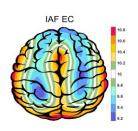


# IAF(EO)



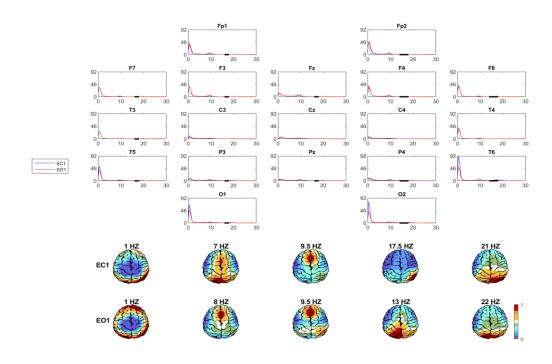
**Eye Open IAF= 09.38** 

# IAF(EC)

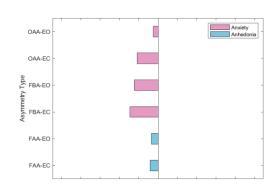


Eye Close IAF= 10.50

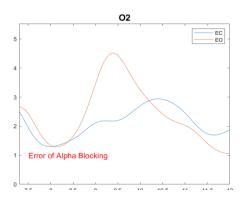
### EEG Spectra



# Alpha Asymmetry(AA)



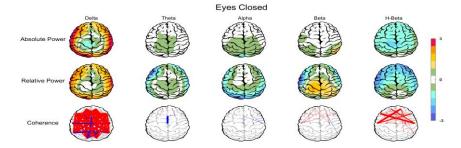
### Alpha Blocking



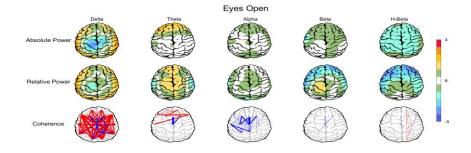




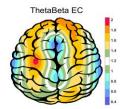
### Z Score Summary Information (EC)

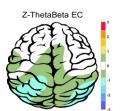


### Z Score Summary Information (EO)

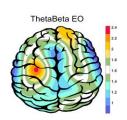


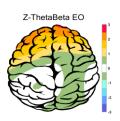
### E.C.T/B Ratio ( Raw- Z Score)



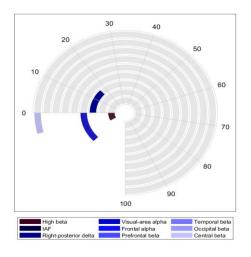


# E.O.T/B Ratio ( Raw- Z Score)





### Arousal Level

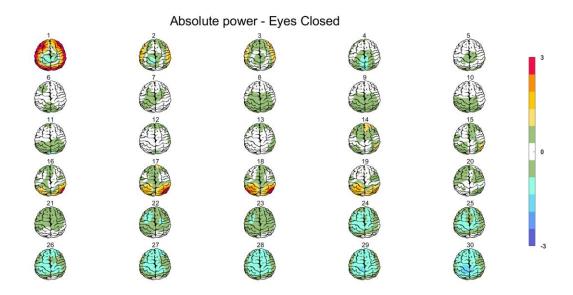




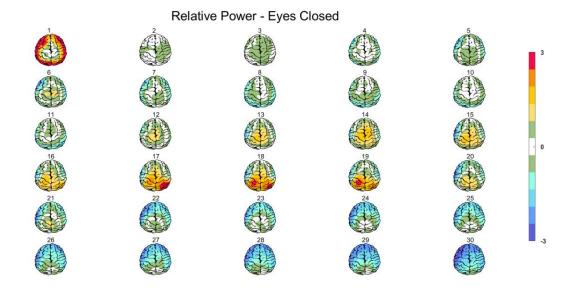




### Absolute Power-Eye Closed (EC) 🌮



### Relative Power-Eye Closed (EC) ớ

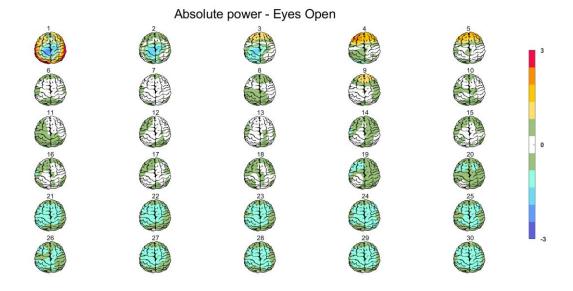






### Absolute Power-Eye Open (EO) 🕢





### Relative Power-Eye Open (EO)

