





# QEEG Clinical Report BrainLens V0.4

# Report Description

# Personal & Clinical Data

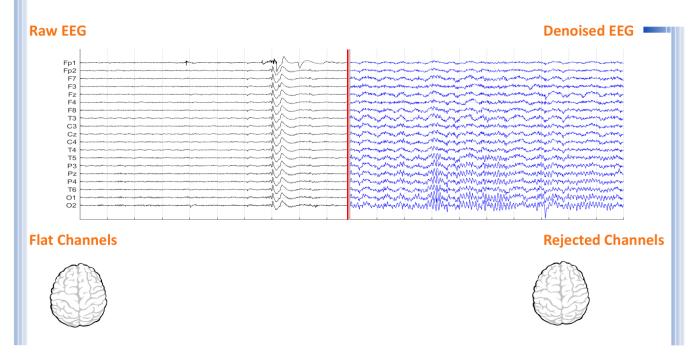
Name	Fateme Kazemzade	Date of Recording	12-Aug-2024
Date of Birth - Age	21-Mar-1975 - 49.39	Gender	Female
Handedness(R/L)	Right	Source of Referral	Dr Masjedi
Initial Diagnosis	Anxiety-Headache-Excessive sleep-Fatigue		
Current Medication	Medication Free		

Dr Masjedi





# Denoising Information (EC)



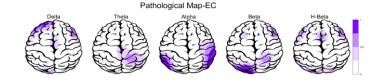
Number of Eye and Muscle Elements		Low Artifact Percentage			
Eye	2	Muscle	0	0	
Total Artifact Percentage		High Artifact Percentage			
0		0			
<b>EEG Quali</b>	ity	bad		Total Recording Time Remaining	376.81 sec





### Pathological assessment for mood disorders

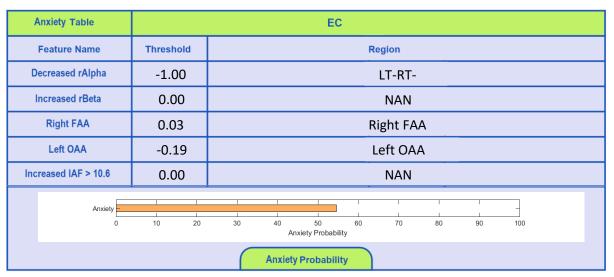
### **Compare to Mood Disorders Database**



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

Depression Table	EC		
Feature Name	Threshold	Region	
Increased Global rAlpha	0.00	NAN	
Increased global rTheta	0.00	NAN	
Decreased rDelta	0.00	NAN	
Increased rBeta	0.00	NAN	
Left FAA	0.00	NAN	
Right OAA	0.00	NAN	
Decreased Coherence (D, T)	-0.50	Decreased Coherence (D,T)	
Increased Coherence (A, B)	0.00	NAN	
depression 0	10 20	30 40 50 60 70 80 90 100  Depression Probability	
Depression Probability			

# **EEG Compatibility with Anxiety Diagnosis**







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

Mood Swings Table	EC		
Feature Name	Threshold	Region	
Decreased rAlpha	-1.00	LT-RT-	
Increased (rDelta+rTheta)	0.50	LT-RT-	
Increased rBeta	0.00	NAN	
Decreased Alpha Coherence	-0.50	Decreased Alpha Coherence	
Right FAA	0.03	Right FAA	
BMD	1 1 10 20	1	
Mood Swings Probability			

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

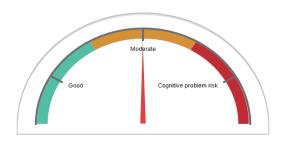
### **Depression Severity**



### **Anxiety Severity**



# Cognitive Functions



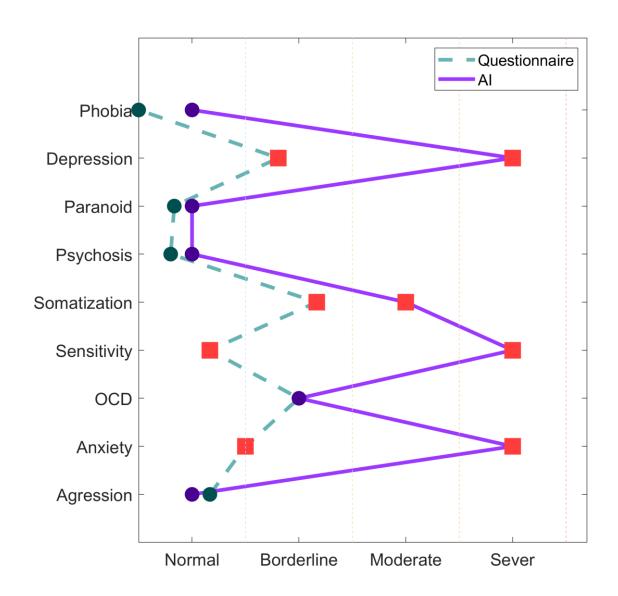
### Arousal Level Detection







### **Al-Driven Psychometric Symptoms Assessing**



#### **Explanation**

Note

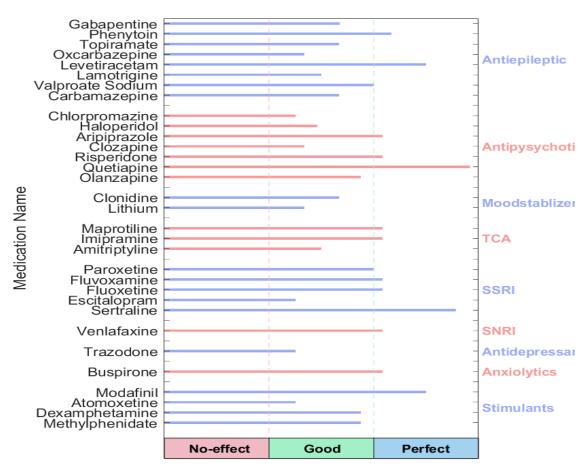
The above diagram illustrates the psychometric symptoms based on the SCL90 questionnaire of the subject (green line) and AI (purple line). Combination of non-linear EEG markers have been used to estimate these symptoms using AI. All the AI algorithms used in these analysis have an accuracy more than 97.60%, a sensitivity more than 97.54%, and a specificity more than 97.58%.

If a red square marker appears in the symptom, it means there is a remarkable difference between the subject's questionnaire score and AI estimate. In the other words, the subject's questionnaire score is in the normal to borderline area, but the AI estimate is in the moderate to extreme area or vice versa.





### **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.



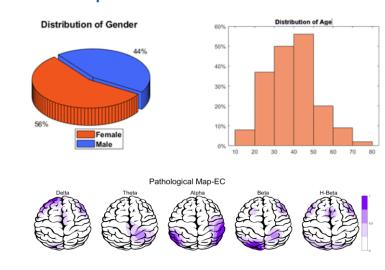


#### rTMS Response Prediction

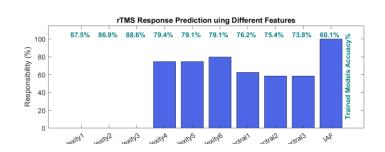
#### Network Performance

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

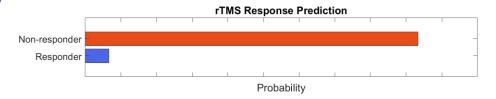
#### Participants Information



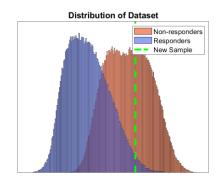
#### Features Information



#### Responsibility



#### Data Distribution



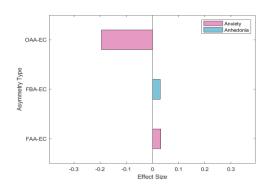
#### About Predicting rTMS Response

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.

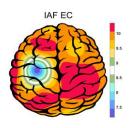




### Alpha Asymmetry(AA)



### APF(EC)



Frontal APF= 09.00

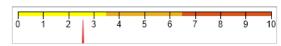
Occipital APF= 10.00

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









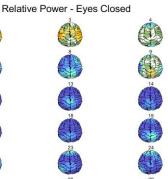








Absolute power - Eyes Closed



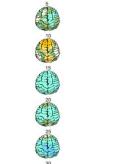


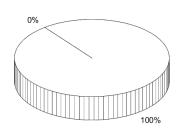
### Relative Power-Eye Closed (EC) 🌮



### TBI Probability

**TBI Probability** 

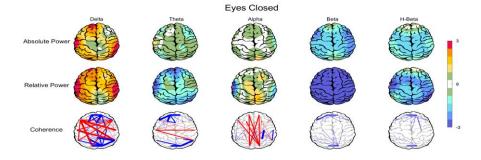




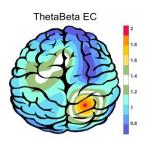


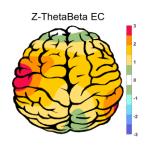


### Z Score Summary Information (EC)

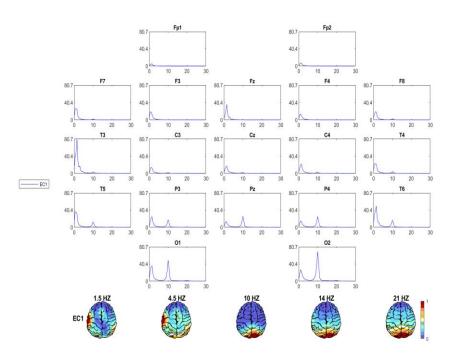


### E.C.T/B Ratio ( Raw- Z Score)





### EEG Spectra



# Arousal Level

