





QEEG Clinical Report BrainLens V0.4

Report Description

Personal & Clinical Data

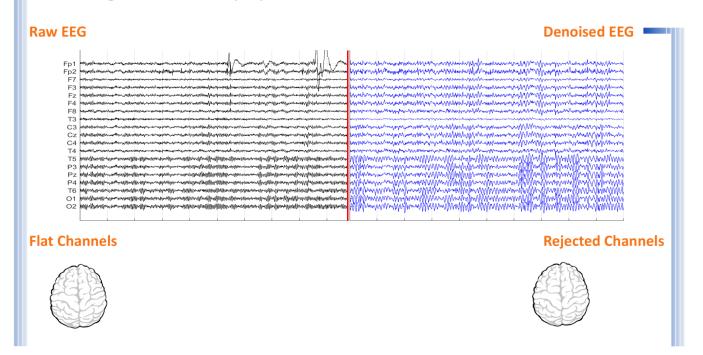
| Name | Hadise Habibifar | Date of Recording | 09-Apr-2024 |
|---------------------|---------------------|--------------------|-------------|
| Date of Birth - Age | 05-Feb-1994 - 30.18 | Gender | Female |
| Handedness(R/L) | Right | Source of Referral | Dr Seddigh |
| Initial Diagnosis | | Depression | |
| Current Medication | | - | |

Dr Seddigh





Denoising Information (EC)



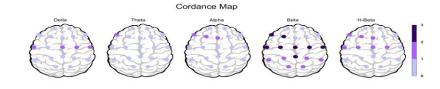
| Number | of Eye and Mu | scle Elements | | Low Artifact Percentage | |
|-------------------|-----------------|---------------|---|--------------------------------|------------|
| Eye | 4 | Muscle | 2 | 0 | |
| Total Arti | fact Percentage | | | High Artifact Percentage | |
| | 0 | | | 0 | |
| EEG Qual | ity | good | | Total Recording Time Remaining | 190.07 sec |





Pathological assessment for mood disorders

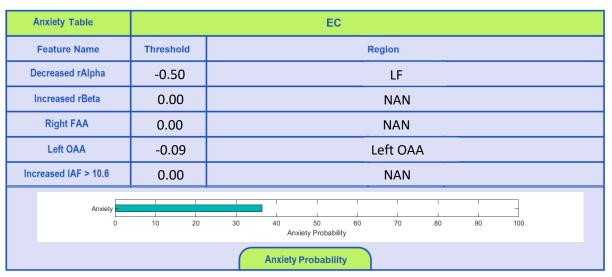
Compare to Mood Disorders Database



EEG Compatibility with Depression Diagnosis

| Depression Table | | EC |
|----------------------------|-----------|--|
| Feature Name | Threshold | Region |
| Increased Global rAlpha | 0.50 | global |
| Increased global rTheta | 0.00 | NAN |
| Decreased rDelta | -0.50 | RF-MF-LT-RT-C-P-O- |
| Increased rBeta | 0.00 | NAN |
| Left FAA | -0.14 | Left FAA |
| Right OAA | 0.00 | NAN |
| Decreased Coherence (D, T) | -1.00 | Decreased Coherence (D,T) |
| Increased Coherence (A, B) | 0.00 | Increased Coherence (A,B) |
| depression | 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 *

| M | ood Swings Table | | | | E | С | | | | | |
|-------|-----------------------|---------------------|----|----------|----------|---------|--------|----|----|-----|--|
| | Feature Name | Threshold | | | | ı | Region | | | | |
| D | ecreased rAlpha | -0.50 | | | | | LF | | | | |
| Incre | eased (rDelta+rTheta) | 0.00 | | | | | NAN | | | | |
| ı | ncreased rBeta | 0.00 | | | | | NAN | | | | |
| Decre | ased Alpha Coherence | 0.00 | | | | | NAN | | | | |
| | Right FAA | 0.00 | | | | | NAN | | | | |
| | BMD 0 | 1 1 1 1 1 1 1 1 2 0 | 30 | 40 | 50 | 60 | 70 | 80 | 90 | 100 | |
| | | | | Mood Swi | ngs Prob | ability | | | | | |

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

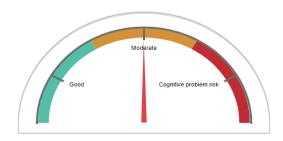
Depression Severity



Anxiety Severity

| | | _ | |
|------|----------|--------|---------|
| Mild | Moderate | Severe | Extreme |

Cognitive Functions



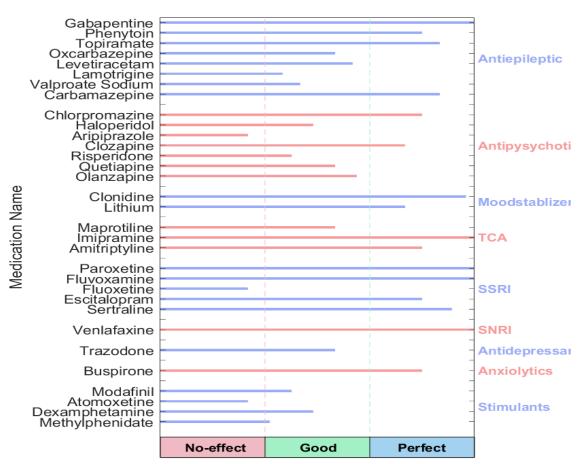
Arousal Level Detection







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.



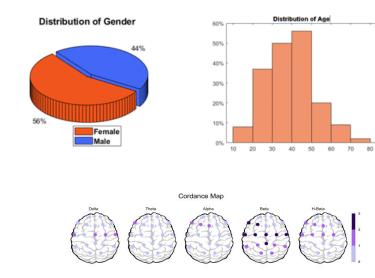


rTMS Response Prediction

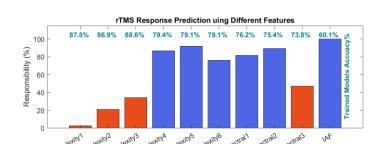
Network Performance

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

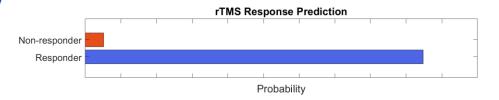
Participants Information



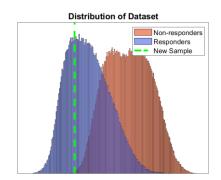
Features Information



Responsibility



Data Distribution



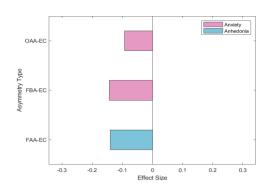
About Predicting rTMS Response

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.

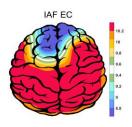




Alpha Asymmetry(AA)



IAF(EC)

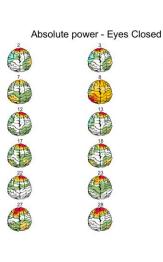


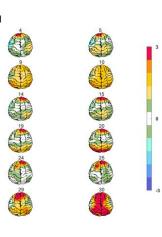
Eye Close IAF= 10.25

Absolute Power-Eye Closed (EC) 🌮









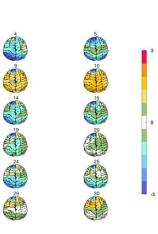
Relative Power-Eye Closed (EC) 🌮







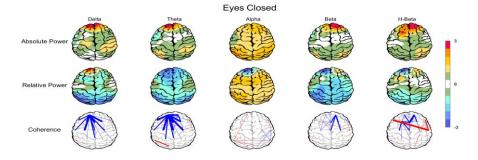




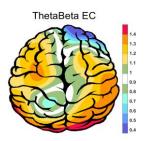


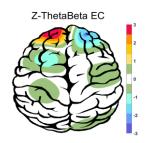


Z Score Summary Information (EC)

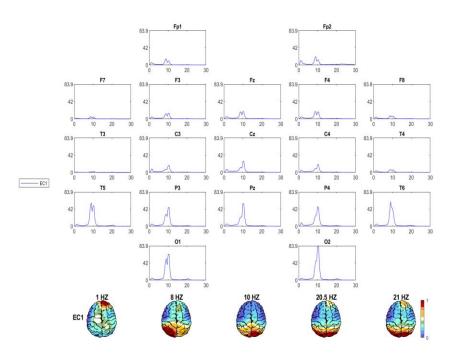


E.C.T/B Ratio (Raw- Z Score)





EEG Spectra



Arousal Level

