





QEEG Clinical Report BrainLens V0.4

Report Description

Personal & Clinical Data

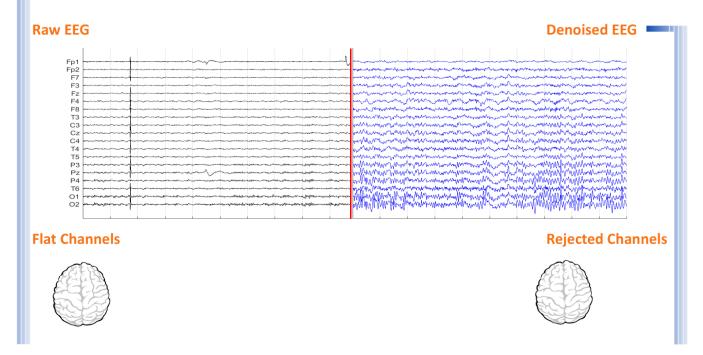
Name	Mahla Mobaraki	Date of Recording	01-Jun-2024					
Date of Birth - Age	20-Mar-2004 - 20.2	Gender	Female					
Handedness(R/L)	Right	Source of Referral	Dr Masjedi					
Initial Diagnosis	Anxiety-Hand tremors due to nervous attack							
Current Medication	Medication Free							

Dr Masjedi





Denoising Information (EC)



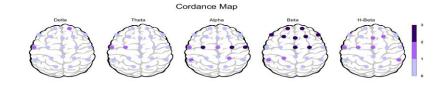
Number of Eye and Muscle Elements				Low Artifact Percentage				
Eye	2	Muscle	0	()				
Total Artifact Percentage				High Artifact Percentage				
()				0				
EEG Quali	ity	bad		Total Recording Time Remaining 46.77 sec				





Pathological assessment for mood disorders

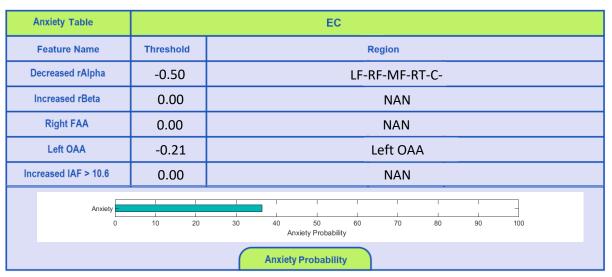
Compare to Mood Disorders Database



EEG Compatibility with Depression Diagnosis

Depression Table	EC									
Feature Name	Threshold	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	-0.14	Left FAA								
Right OAA	0.00	NAN								
Decreased Coherence (D, T)	0.00	NAN								
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 *

M	ood Swings Table		EC										
	Feature Name	Thresh	Threshold Region										
D	ecreased rAlpha	-0.5	-0.50 LF-RF-MF-RT-C-										
Incre	ased (rDelta+rTheta)	0.5	.50 LF-MF-LT-RT-C-										
ı	ncreased rBeta	0.00 NAN											
Decre	ased Alpha Coherence	-0.5	50	Decreased Alpha Coherence									
	Right FAA	0.0	0.00					NAN					
	BMD -			1			<u> </u>		-				
	0	10	20	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



Cognitive Functions



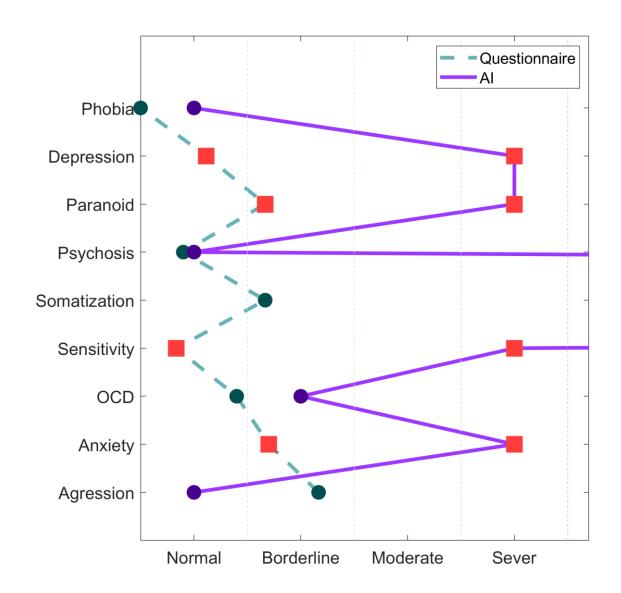
Arousal Level Detection







AI-Driven Psychometric Symptoms Assessing



Explanation

Note

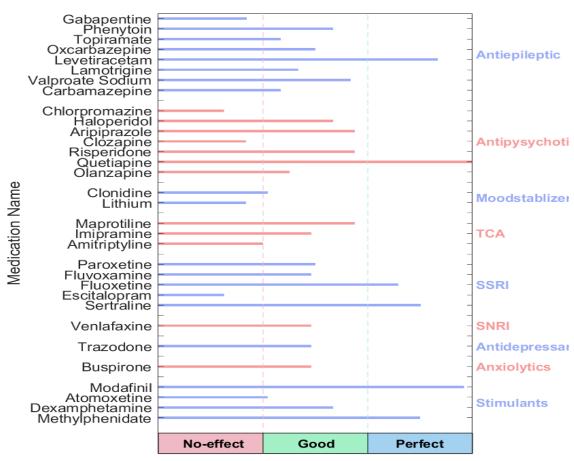
The above diagram illustrates the psychometric symptoms based on the SCL90 questionnaire of the subject (green line) and AI (purple line). Combination of non-linear EEG markers have been used to estimate these symptoms using AI. All the Al algorithms used in these analysis have an accuracy more than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



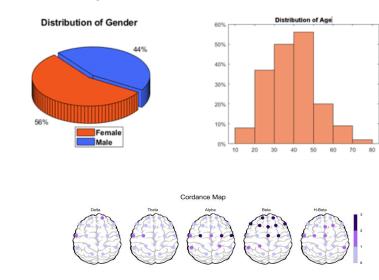


rTMS Response Prediction

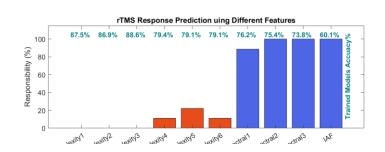
Network Performance

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

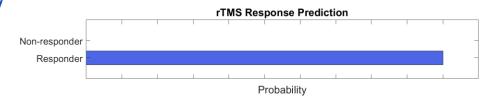
Participants Information



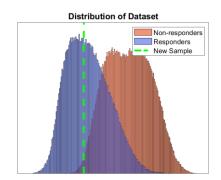
Features Information



Responsibility



Data Distribution



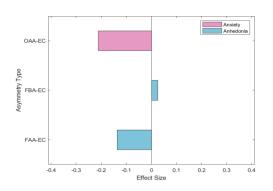
About Predicting rTMS Response

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.

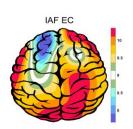




Alpha Asymmetry(AA)



IAF(EC)



Eye Close IAF= 09.75

Absolute Power-Eye Closed (EC) 🌮





























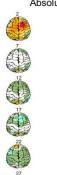
Relative Power-Eye Closed (EC) 🌮

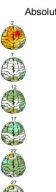




TBI Probability



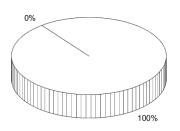








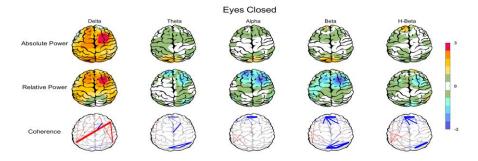




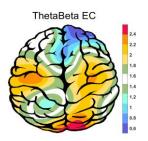


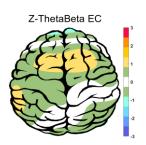


Z Score Summary Information (EC)

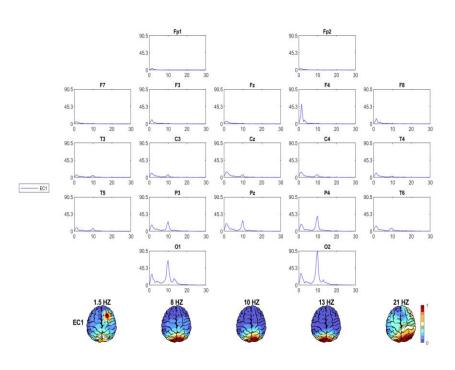


E.C.T/B Ratio (Raw- Z Score)





EEG Spectra



Arousal Level

