





# Report Description

# Personal & Clinical Data

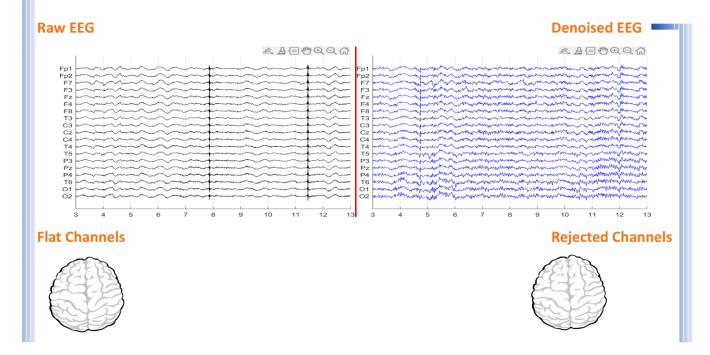
Name	Mohammad Saeidifar	Date of Recording	30-Sep-2024			
Date of Birth - Age	03-Jun-1998 - 26.32	Gender	Male			
Handedness(R/L)	Right	Source of Referral	Dr Mohammadhasani			
Initial Diagnosis	R/o Bipolarity (BIID) ,Tramadol use disorder , Adult ADHD					
Current Medication	Tramadol-Alprazolam					

Dr Mohammadhasani





# Denoising Information (EC)



Number of Eye and Muscle Elements		Low Artifact Percentage				
Eye	3	Muscle	2	0		
Total Artifact Percentage		High Artifact Percentage				
0						
<b>EEG Quali</b>	EEG Quality good		<b>Total Recording Time Remaining</b> 504.51 sec			





### Pathological assessment for mood disorders

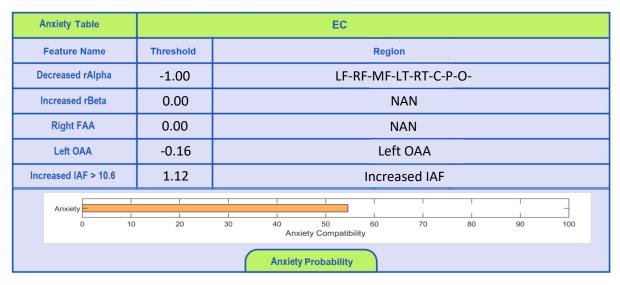
### **Compare to Mood Disorders Database**



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

Depression Table	EC								
Feature Name	Threshold Region								
Increased Global rAlpha	0.00	0.00 NAN							
Increased global rTheta	0.00	0.00 NAN							
Decreased rDelta	0.00	NAN							
Increased rBeta	0.00	NAN							
Left FAA	-0.08	Left FAA							
Right OAA	0.00	NAN							
Decreased Coherence (D, T)	0.00	NAN							
Increased Coherence (A, B)	1.00 Increased Coherence (A,B)								
depression 0	1 1 1 1 10 20	30	40 Depre	l 50 ession Compa	60 atibility	70	80	90	100
Depression Probability									

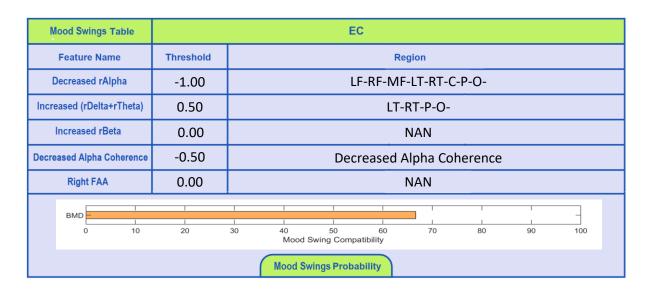
### **EEG Compatibility with Anxiety Diagnosis**







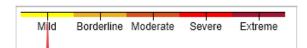
### **EEG Compatibility with Mood Swings Diagnosis \***



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

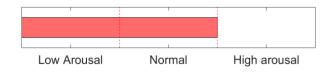
### **Depression Severity**

# Anxiety Severity





### Arousal Level Detection







# Pathological assessment for adult ADHD

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







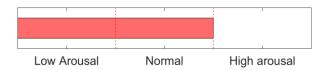




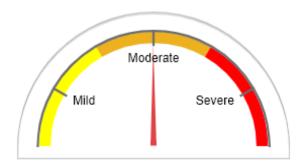
# **Cognitive Functions**



### **Arousal Level Detection**



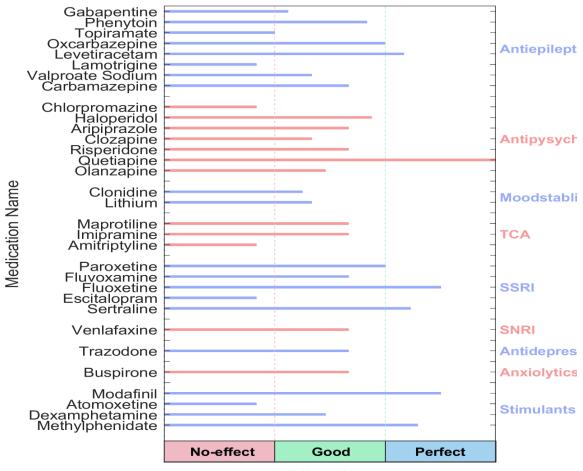
# **Adult ADHD Severity**







### QEEG based predicting medication response



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.



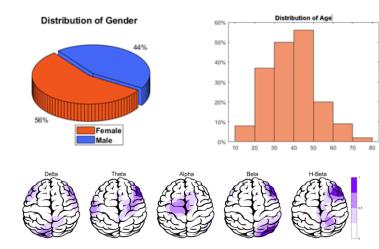


#### rTMS Response Prediction

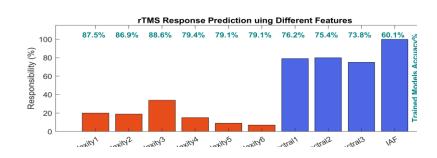
#### Network Performance

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

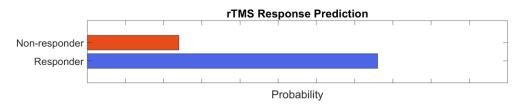
# Participants Information



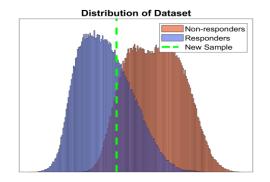
#### Features Information



#### Responsibility



#### Data Distribution



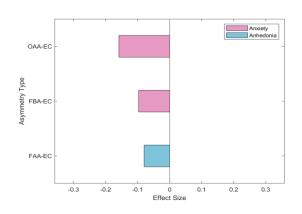
#### About Predicting rTMS Response

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.

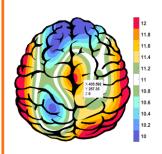




### Alpha Asymmetry(AA)



### APF(EC)

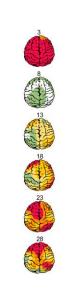


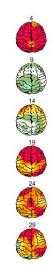
Frontal APF= 10.75

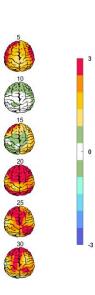
**Posterior APF= 11.62** 

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

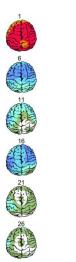




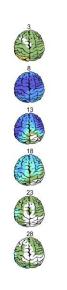




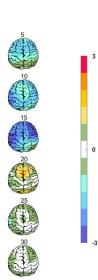
### Relative Power-Eye Closed (EC) 🌮







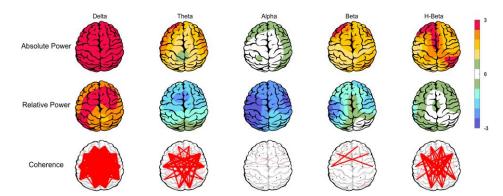




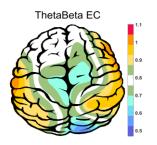


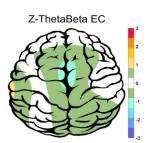


# Z Score Summary Information (EC)



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





# EEG Spectra

