



QEEG Clinical Report

BrainLens V0.4

Report Description



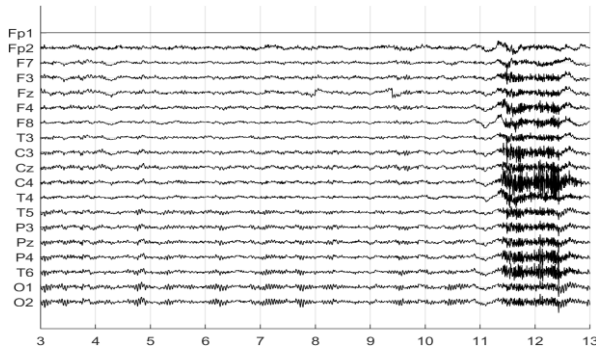
Personal & Clinical Data

Name	Pegah Moayeri	Date of Recording	02-Oct-2024
Date of Birth - Age	08-Aug-1998 - 26.15	Gender	Female
Handedness(R/L)	Right	Source of Referral	Asayesh Psychiatric Clinic - Dr Torabi
Initial Diagnosis	Adult ADHD-Atypical		
Current Medication	Medication Free		

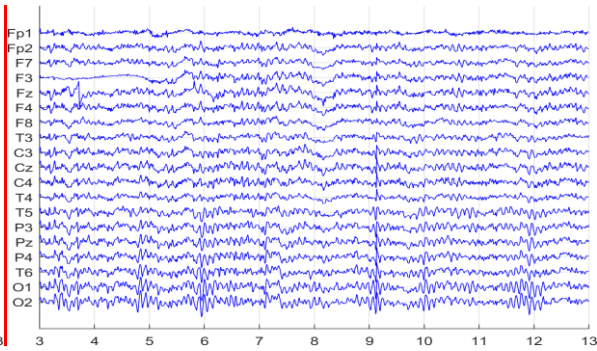
Asayesh Psychiatric Clinic -
Dr Torabi

Denoising Information (EC)

Raw EEG



Denoised EEG



Flat Channels



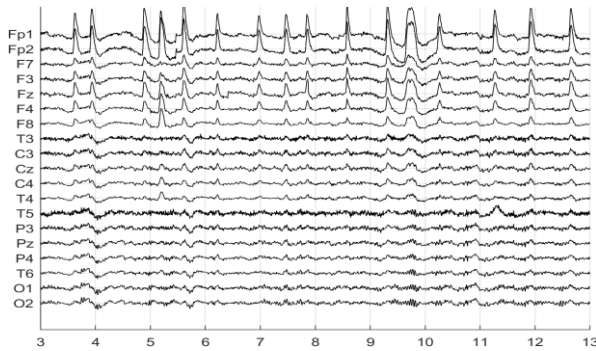
Rejected Channels



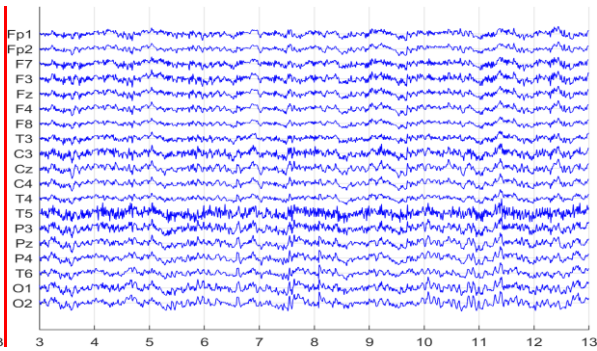
Number of Eye and Muscle Elements				Low Artifact Percentage	
Eye	2	Muscle	1		
Total Artifact Percentage				High Artifact Percentage	
EEG Quality		good		Total Recording Time Remaining	249.14 sec

Denoising Information (EO)

Raw EEG



Denoised EEG



Flat Channels

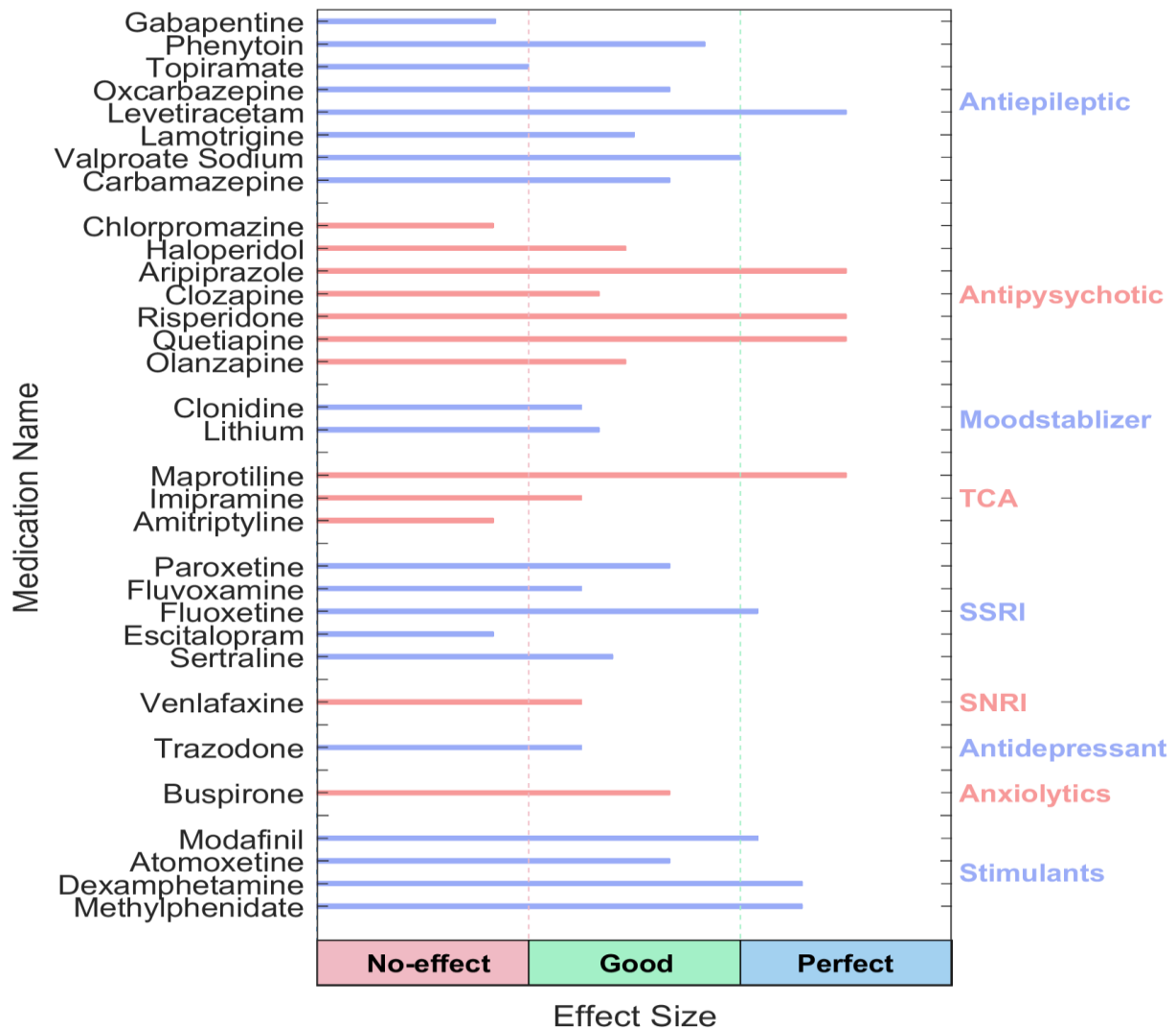


Rejected Channels



Number of Eye and Muscle Elements				Low Artifact Percentage	
Eye	4	Muscle	4		
Total Artifact Percentage				High Artifact Percentage	
EEG Quality		good		Total Recording Time Remaining	272.81 sec

QEEG based predicting medication response



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 Pharmac 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 .

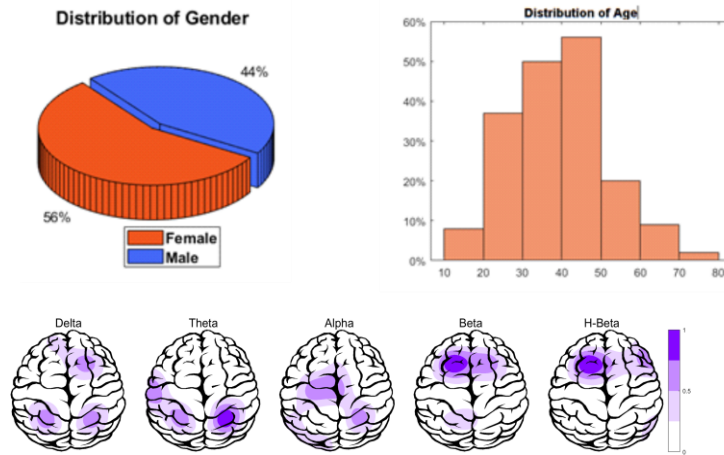
These two charts, calculate response probability to various medications, according only to QEEG indicators. Blue charts favor drug response and red charts favor drug resistance. The longer the bar, the more evidence there is in the articles. Only drugs listed in the articles are listed. These tables present the indicators reviewed in the QEEG studies and are not a substitute for physician selection.

rTMS Response Prediction

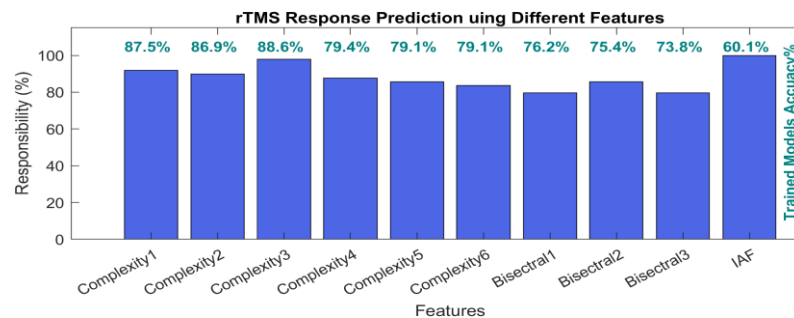
Network Performance

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

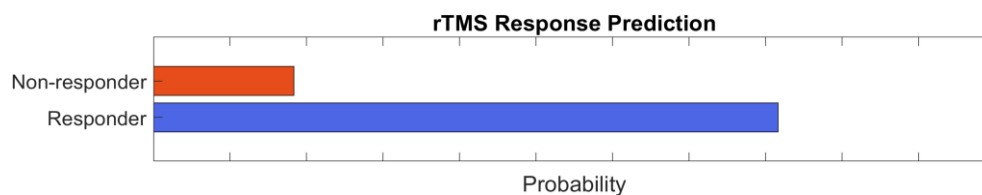
Participants Information



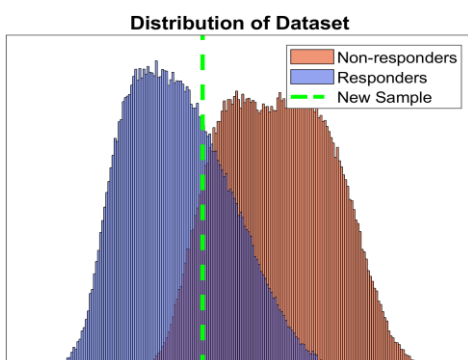
Features Information



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.

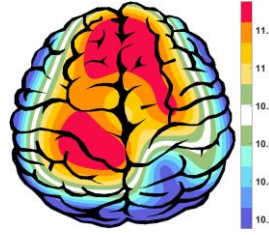
APF(EO)



Frontal APF= 10.25

Posterior APF= 10.38

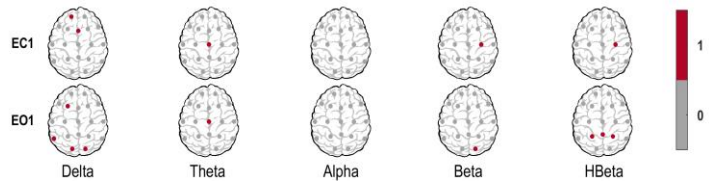
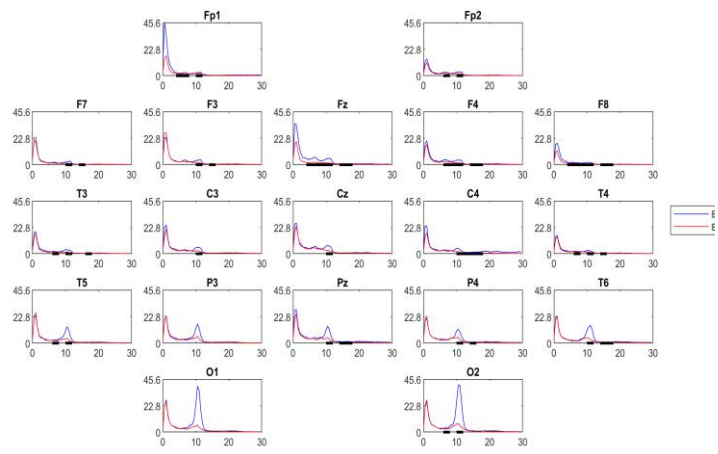
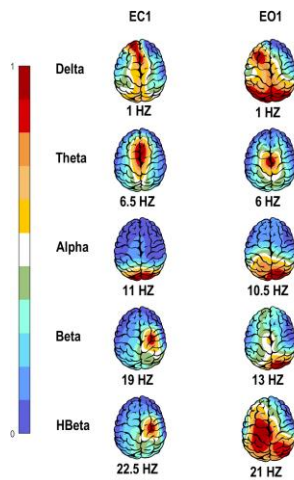
APF(EC)



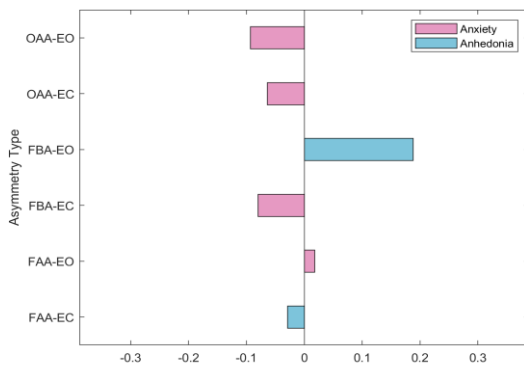
Frontal APF= 11.25

Posterior APF= 11.12

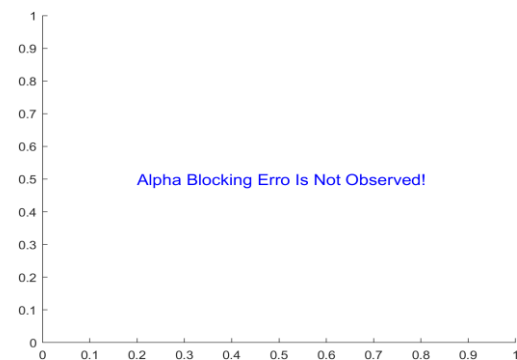
EEG Spectra



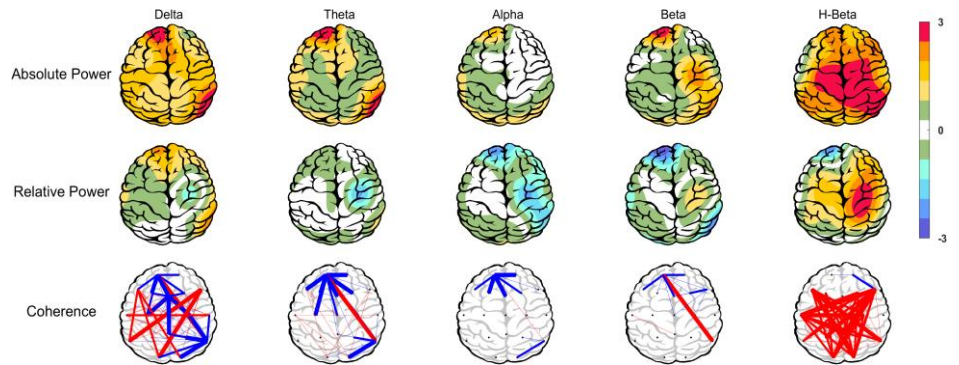
Alpha Asymmetry(AA)



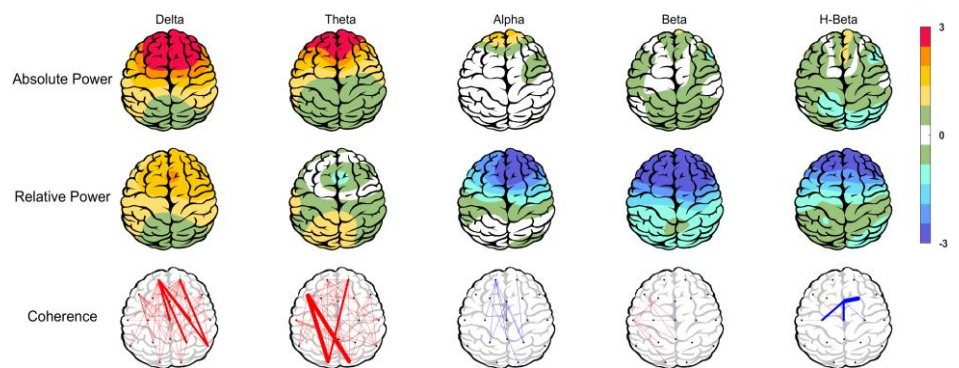
Alpha Blocking



Z Score Summary Information (EC)



Z Score Summary Information (EO)



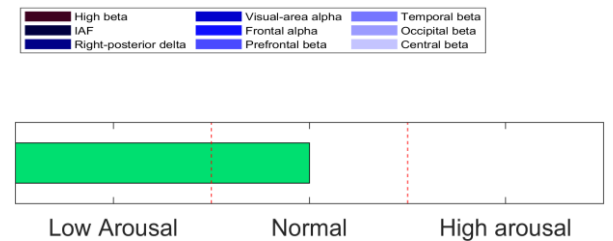
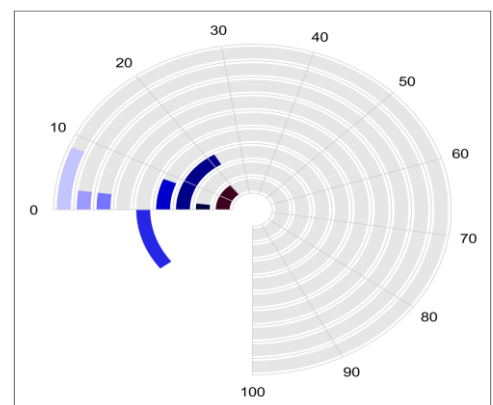
E.C.T/B Ratio (Raw- Z Score)



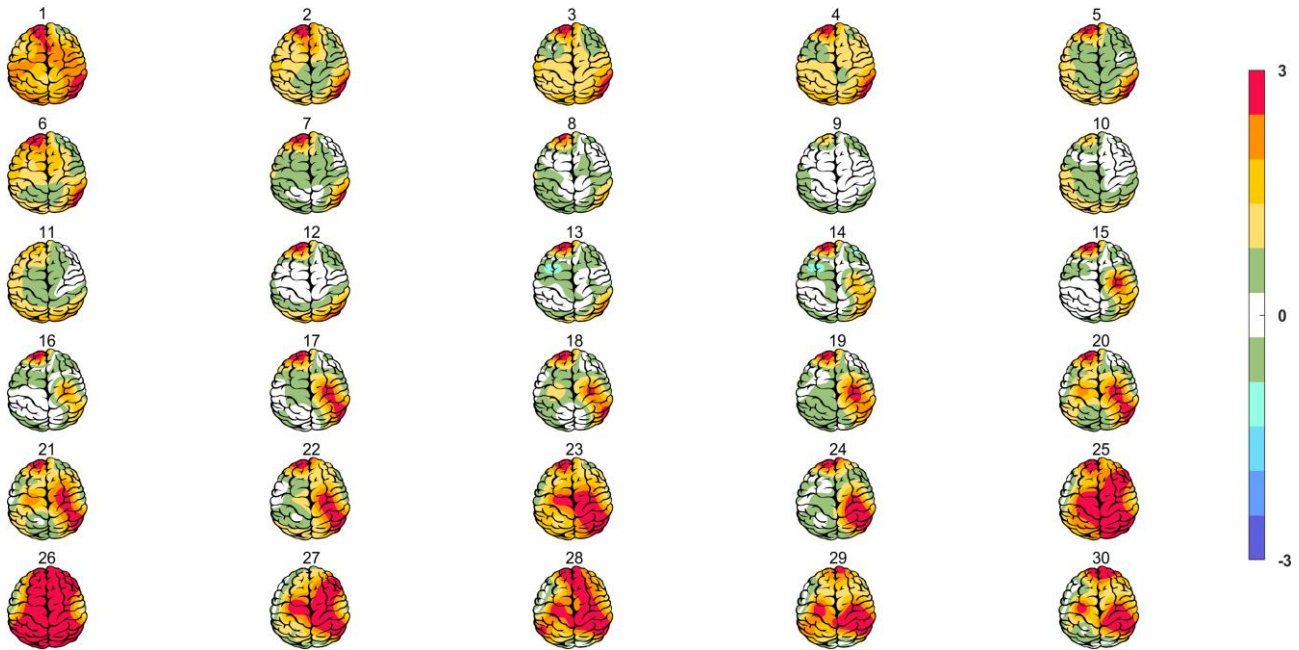
E.O.T/B Ratio (Raw- Z Score)



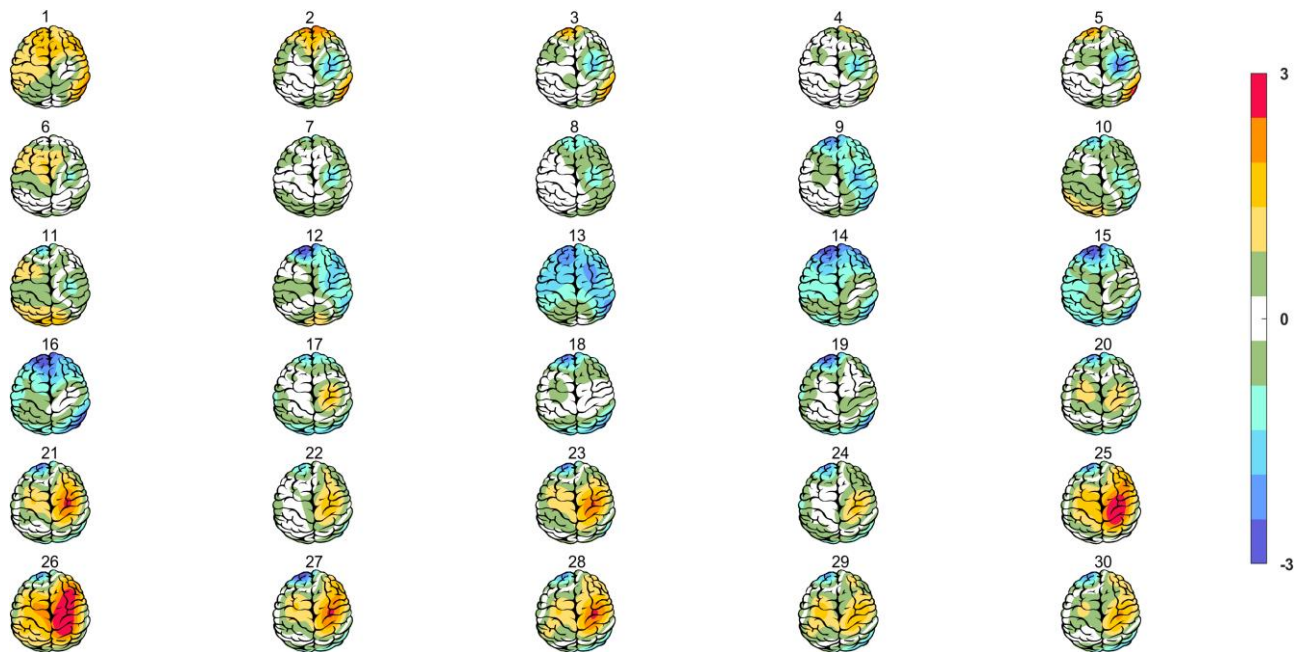
Arousal Level



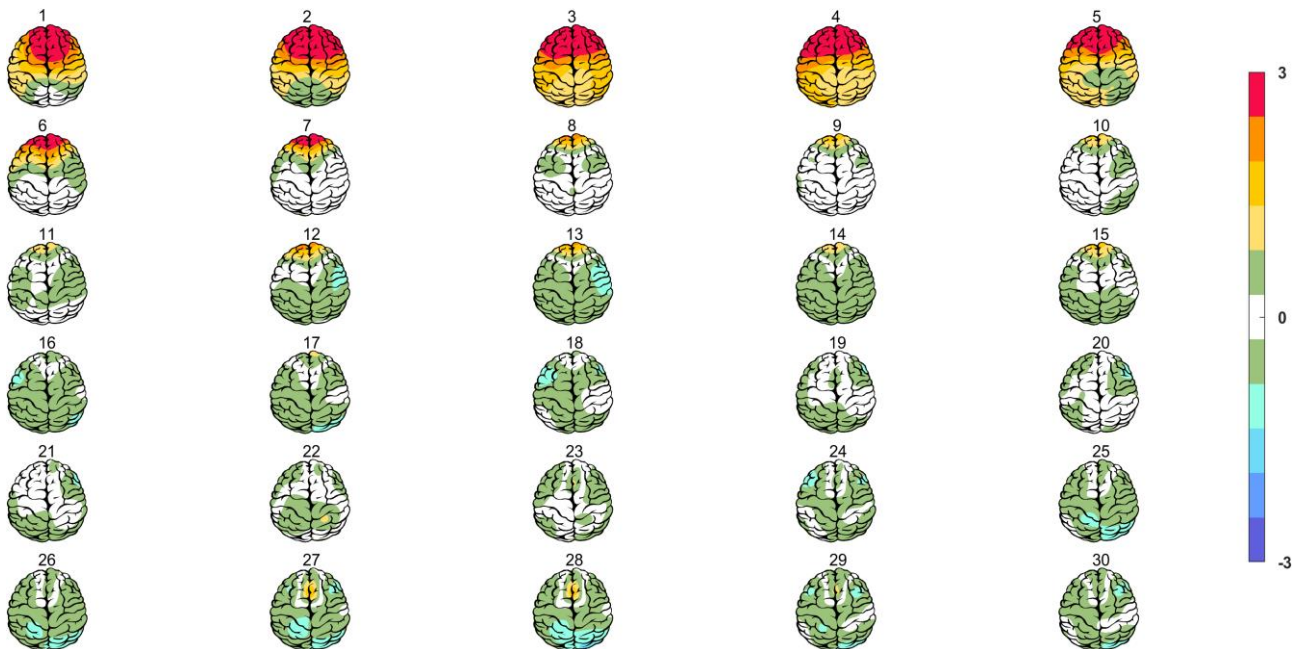
Absolute Power-Eye Closed (EC)



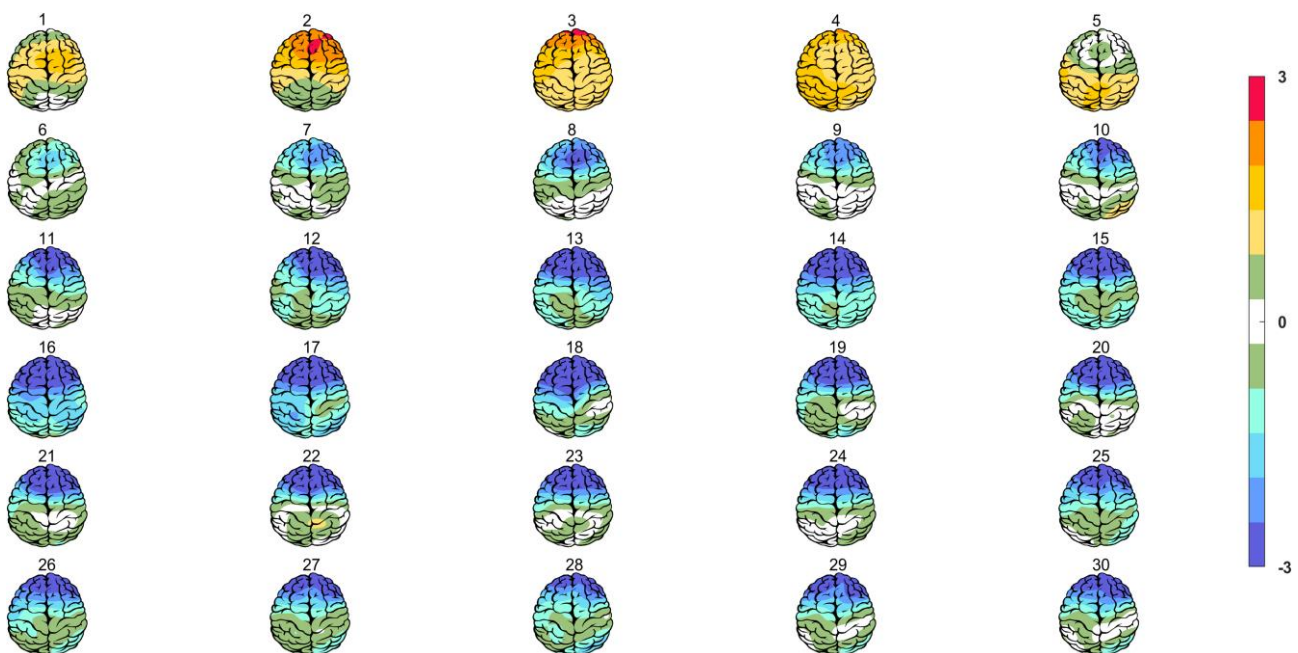
Relative Power-Eye Closed (EC)



Absolute Power-Eye Open (EO)



Relative Power-Eye Open (EO)



Report

گزارش:

- 1- Hyper-coherence و Hypo-coherence مشاهده میشود.
- 2- نسبت بالای تتا به بتا در حالت چشم باز مشاهده میشود.
- 3- اختلال عملکرد در نواحی Medial و Medial and right side sensory-motor و Posterior مشاهده میشود.
- 4- IAF بالا در حالت چشم بسته مشاهده میشود.
- 5- مارکرهای اختلال در کارکردهای اجرایی مشاهده میشود.
- 6- مارکرهای اضطراب مشاهده میشود.
- 7- مارکرهای اختلال در آستانه تحریک پذیری مشاهده میشود.
- 8- مارکرهای نوشخوار فکری مشاهده میشود.
- 9- مارکرهای Somatization مشاهده میشود.

نتایج تشخیصی:

- 1- اضطراب، اختلال در آستانه تحریک پذیری و نوشخوار فکری و Somatization
- 2- استفاده از لورتا نوروفیدبک و بیوفیدبک میتواند مفید باشد.