



QEEG Clinical Report

BrainLens V0.4

Report Description



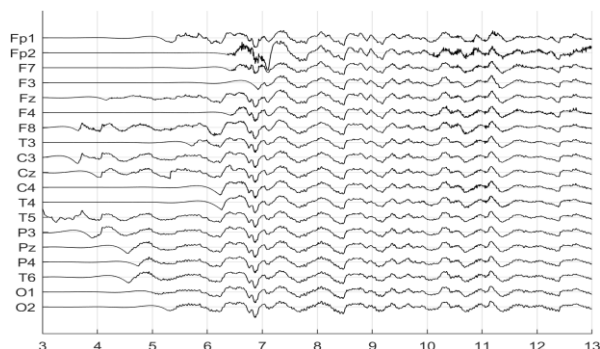
Personal & Clinical Data

Name	Saman Dadkhah	Date of Recording	07-Oct-2024
Date of Birth - Age	19-Aug-2000 - 24.13	Gender	Male
Handedness(R/L)	Right	Source of Referral	Asayesh Psychiatric Clinic -
Initial Diagnosis	Delusional-R/O BMD-Adult Psychotic		
Current Medication	-		

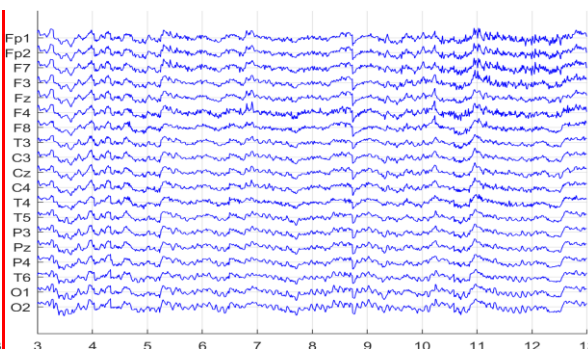
Asayesh Psychiatric Clinic -
Dr Torabi

Denoising Information (EC)

Raw EEG



Denoised EEG



Flat Channels



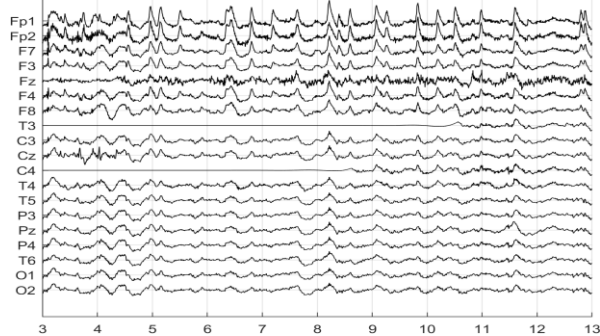
Rejected Channels



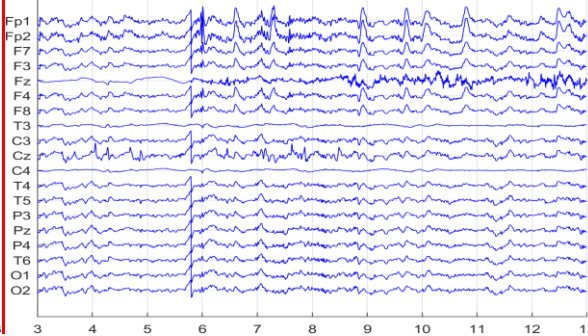
Number of Eye and Muscle Elements				Low Artifact Percentage	
Eye	2	Muscle	0		
Total Artifact Percentage				High Artifact Percentage	
EEG Quality		good		Total Recording Time Remaining	
				273.00 sec	

Denoising Information (EO)

Raw EEG



Denoised EEG



Flat Channels



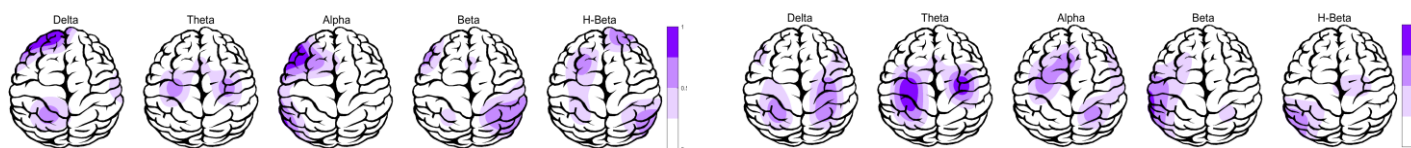
Rejected Channels



Number of Eye and Muscle Elements				Low Artifact Percentage	
Eye	3	Muscle	3		
Total Artifact Percentage				High Artifact Percentage	
EEG Quality		bad		Total Recording Time Remaining	
				287.51 sec	

Pathological assessment for mood disorders

Compare to Mood Disorders Database



EEG Compatibility with Depression Diagnosis

Depression Table	EC		EO	
Feature Name	Threshold	Region	Threshold	Region
Increased Global rAlpha	0.00	NAN	0.00	NAN
Increased global rTheta	0.00	NAN	0.00	NAN
Decreased rDelta	0.00	NAN	0.00	NAN
Increased rBeta	0.00	NAN	0.00	NAN
Left FAA	0.00	NAN	-0.09	Left FAA
Right OAA	0.00	NAN	0.00	NAN
Decreased Coherence (D, T)	0.00	NAN	0.00	NAN
Increased Coherence (A, B)	1.00	Increased Coherence	1.00	Increased Coherence

depression

Depression Compatibility

Depression Probability

EEG Compatibility with Anxiety Diagnosis

Anxiety Table	EC		EO	
Feature Name	Threshold	Region	Threshold	Region
Decreased rAlpha	-0.50	LF-RF-MF-LT-RT-C-P-O-	-1.00	LF-RF-MF-LT-RT-C-P-O-
Increased rBeta	0.00	NAN	0.00	NAN
Right FAA	0.15	Right FAA	0.00	NAN
Left OAA	-0.16	Left OAA	-0.02	Left OAA
Increased IAF > 10.6	0.00	NAN	0.00	NAN

Anxiety

Anxiety Compatibility

Anxiety Probability

EEG Compatibility with Mood Swings Diagnosis *

Mood Swings Table			EC		EO	
Feature Name	Threshold	Region	Threshold	Region	Threshold	Region
Decreased rAlpha	-0.50	LF-RF-MF-LT-RT-C-P-O-	-1.00	LF-RF-MF-LT-RT-C-P-O-	-1.00	LF-RF-MF-LT-RT-C-P-O-
Increased (rDelta+rTheta)	1.00	RT-C-P-O-	0.50	LF-RF-MF-O-	0.50	LF-RF-MF-O-
Increased rBeta	0.00	NAN	0.00	NAN	0.00	NAN
Decreased Alpha Coherence	0.00	NAN	-1.00	Decreased Alpha	-1.00	Decreased Alpha
Right FAA	0.15	Right FAA	0.00	NAN	0.00	NAN

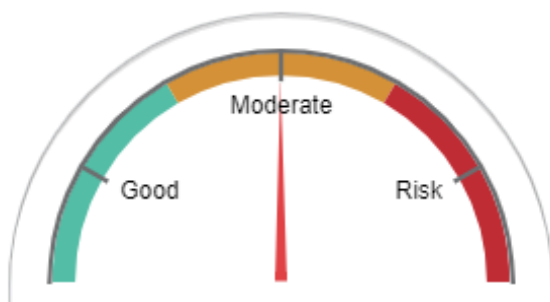
BMD

Mood Swing Compatibility

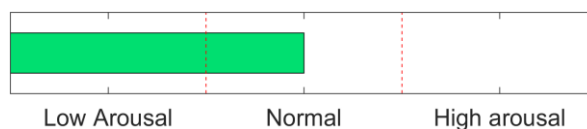
Mood Swings Probability

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

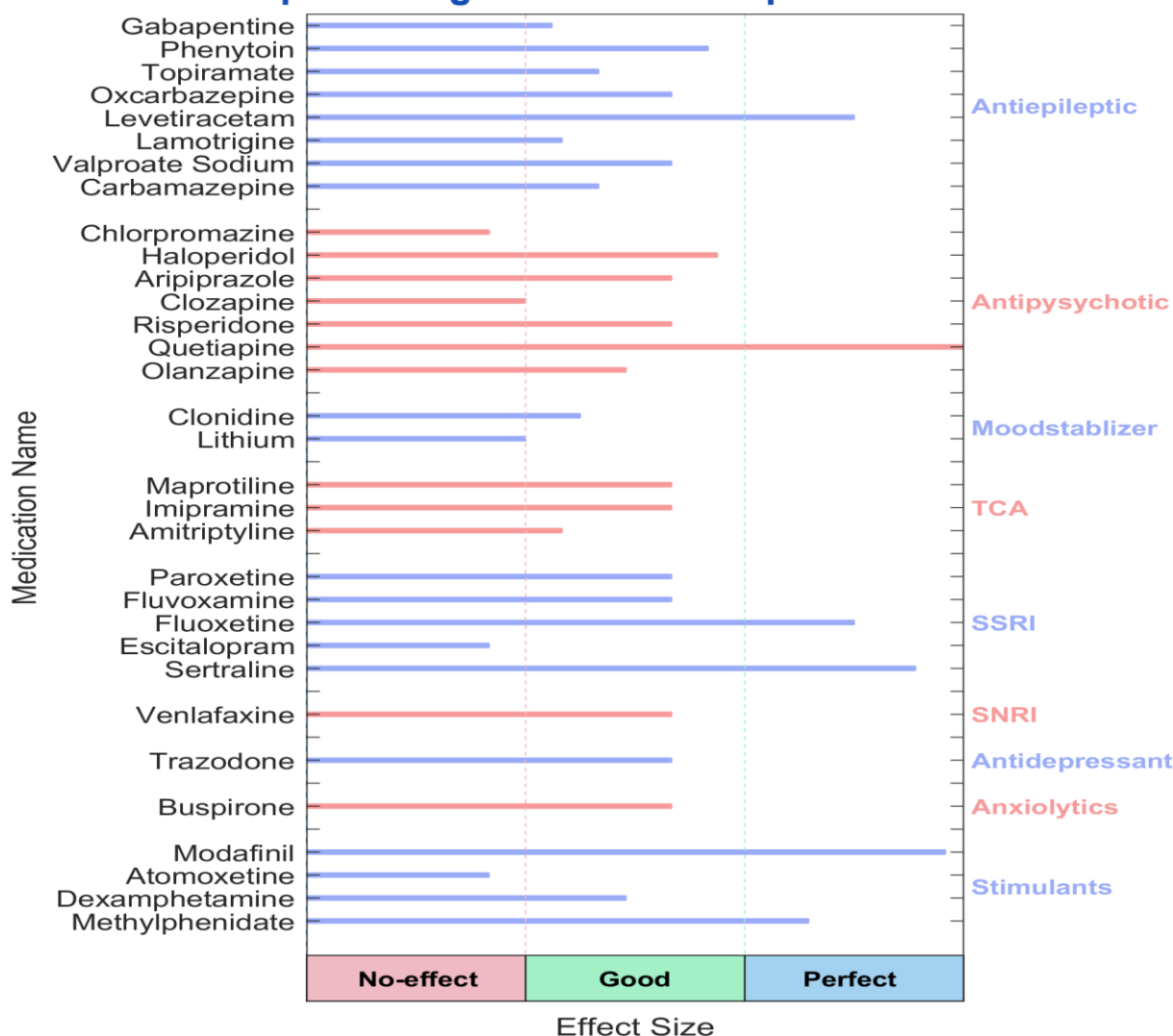
Cognitive Functions



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 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 .

⚠ Medication Recommendation

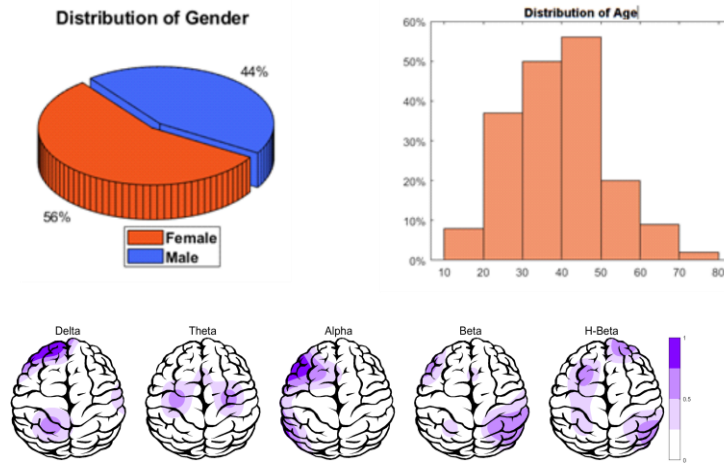
These two charts, calculate response probability to various medications, according only to QEEG indicators. Blue charts favor drug response and red charts favor drug resistance. The longer the bar, the more evidence there is in the articles. Only drugs listed in the articles are listed. These tables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

rTMS Response Prediction

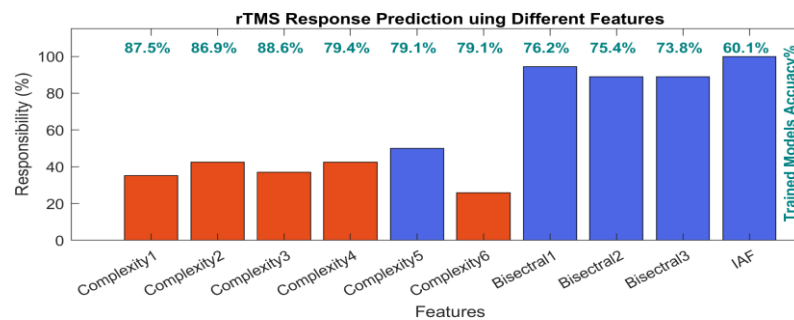
Network Performance

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

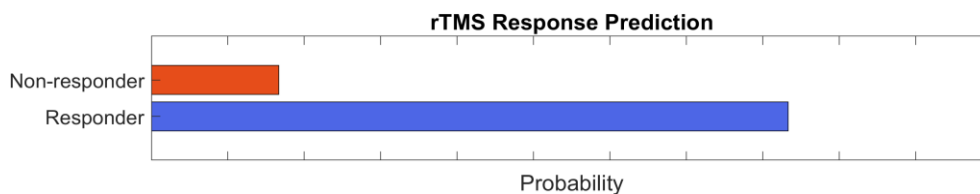
Participants Information



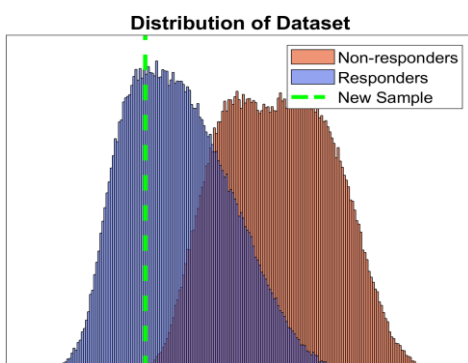
Features Information



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.

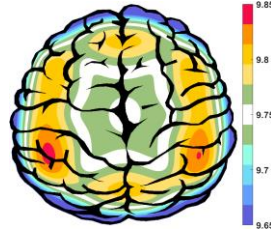
APF(EO)



Frontal APF= 09.25

Posterior APF= 10.00

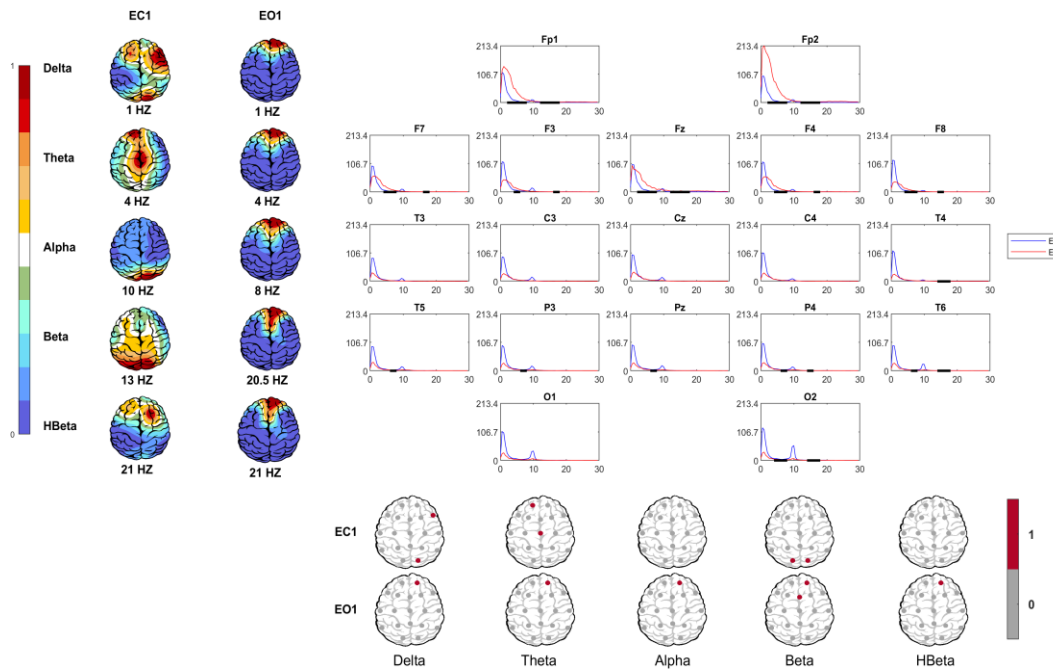
APF(EC)



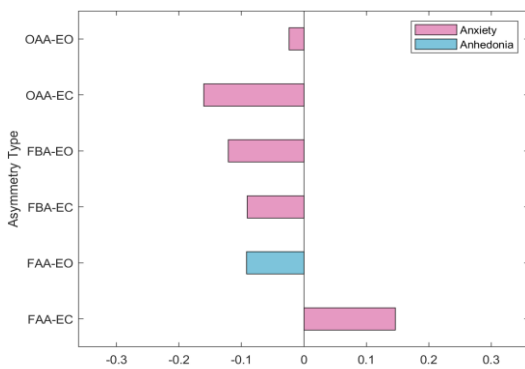
Frontal APF= 09.75

Posterior APF= 09.75

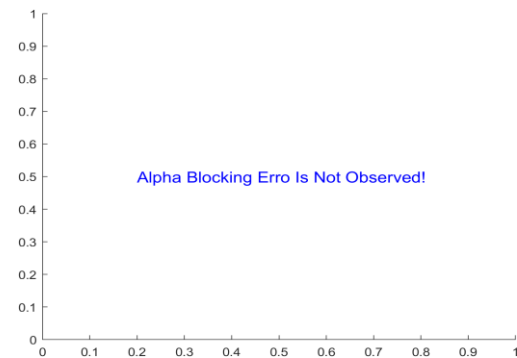
EEG Spectra



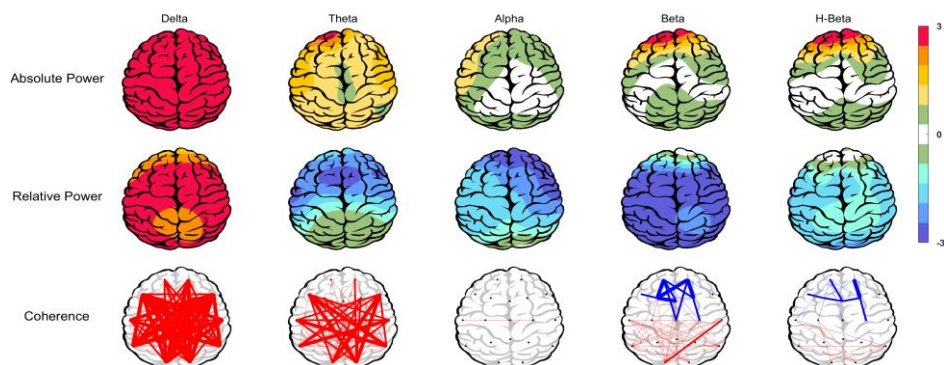
Alpha Asymmetry(AA)



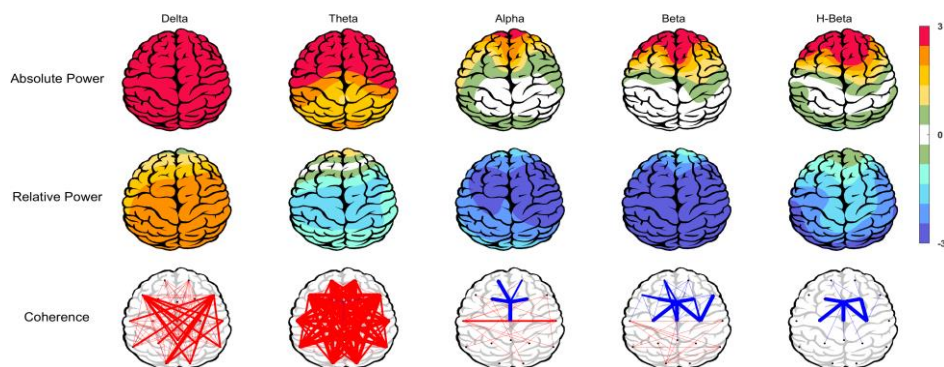
Alpha Blocking



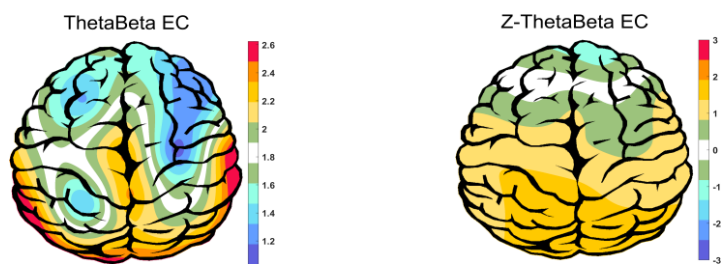
Z Score Summary Information (EC)



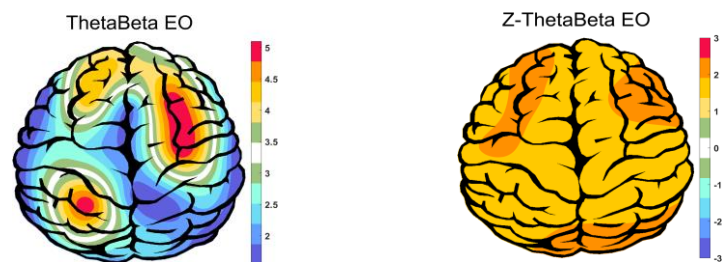
Z Score Summary Information (EO)



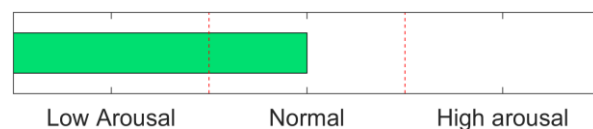
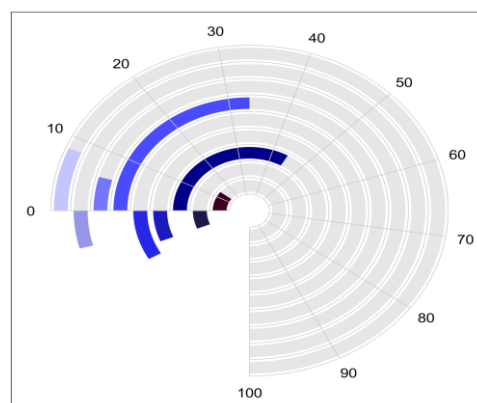
E.C.T/B Ratio (Raw- Z Score)



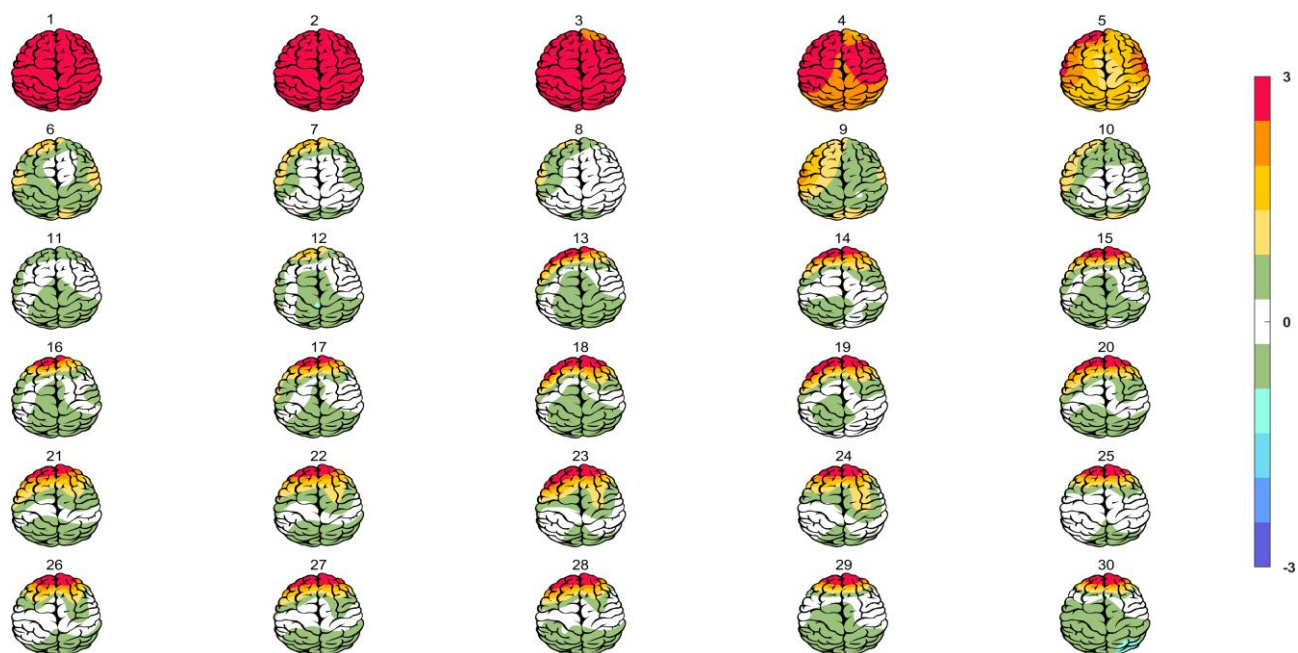
E.O.T/B Ratio (Raw- Z Score)



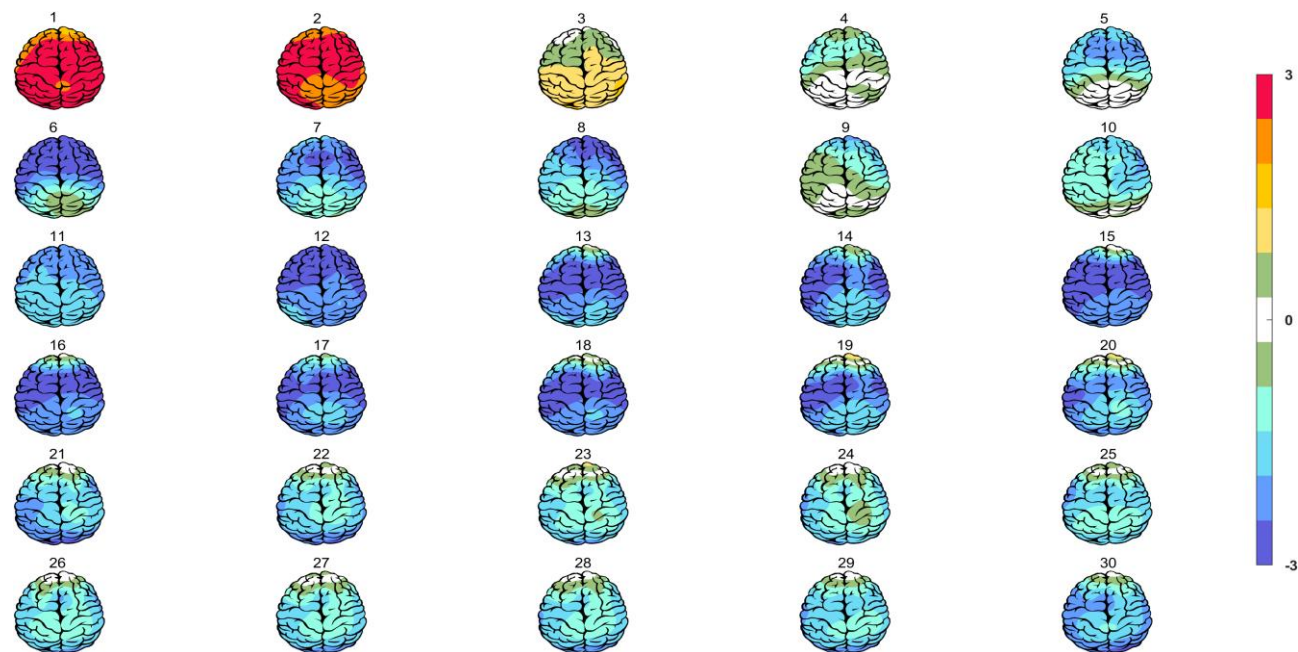
Arousal Level



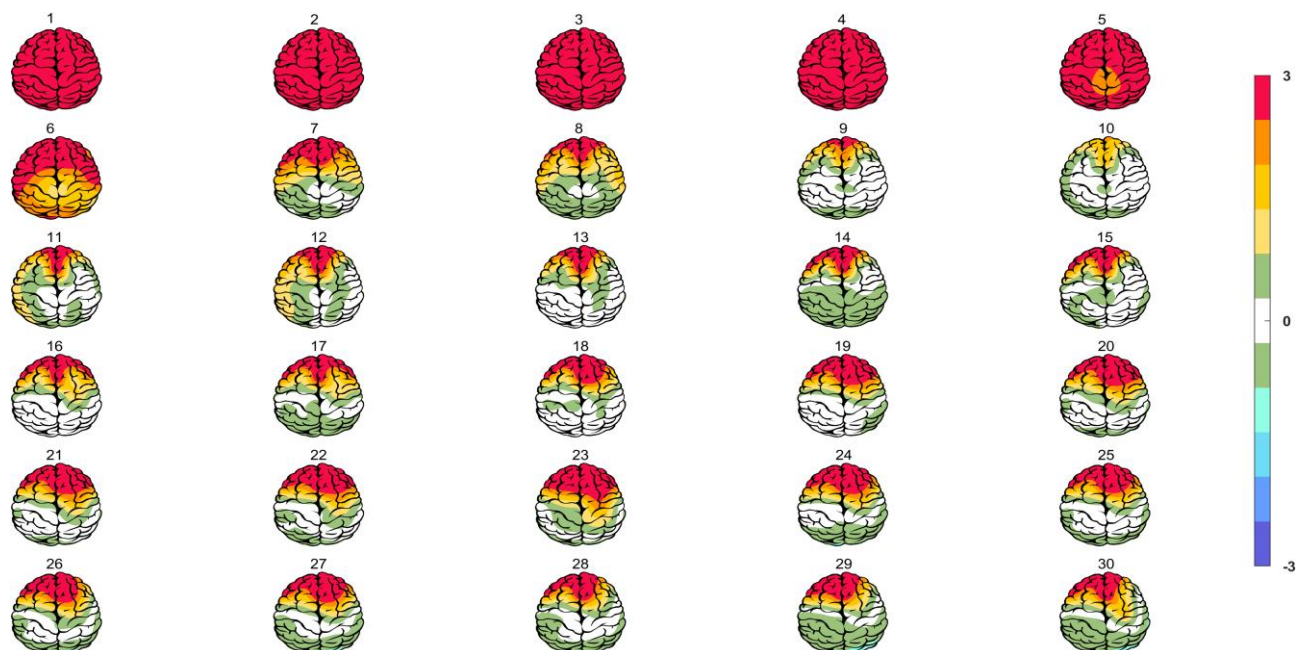
Absolute Power-Eye Closed (EC)



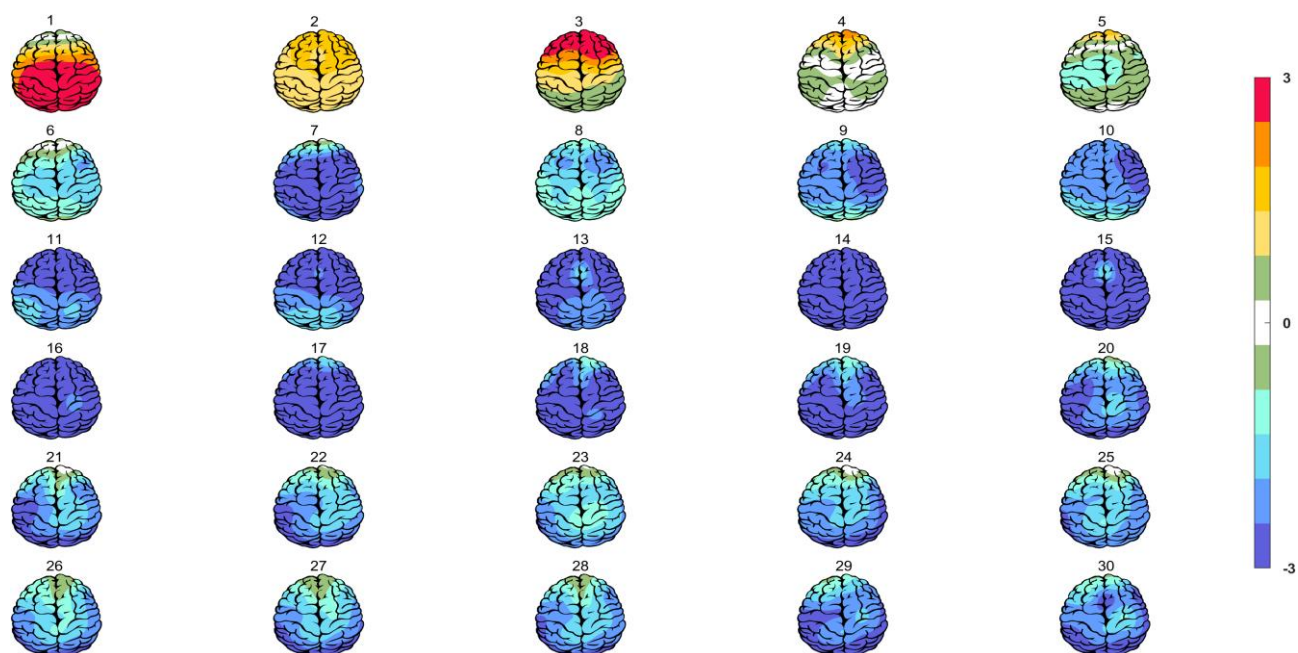
Relative Power-Eye Closed (EC)



Absolute Power-Eye Open (EO)



Relative Power-Eye Open (EO)



Report

گزارش:

- 1- Hypo-coherence و Hyper-coherence مشاهده میشود.
- 2- نسبت بالای تتا به بتا مشاهده میشود.
- 3- اختلال عملکرد در نواحی Medial dorsal pre-frontal و Medial sensory-motor مشاهده میشود.
- 4- مارکهای نوسانات خلقی مشاهده میشود. توصیه میشود علائم بالینی نوسانات خلقی مورد بررسی بیشتر قرار گیرد.
- 5- مارکهای Psychosis مشاهده میشود. توصیه میشود علائم بالینی مورد بررسی بیشتر قرار گیرد.
- 6- مارکهای اختلال در کارکردهای اجرایی مشاهده میشود.

نتایج تشخیصی:

- 1- اختلال در خلق توام با اختلال در کارکردهای اجرایی
- 2- توصیه میشود علائم بالینی Psychosis و نوسانات خلقی مورد بررسی بیشتر قرار گیرد.