





QEEG Clinical Report BrainLens V0.4

Report Description

Personal & Clinical Data

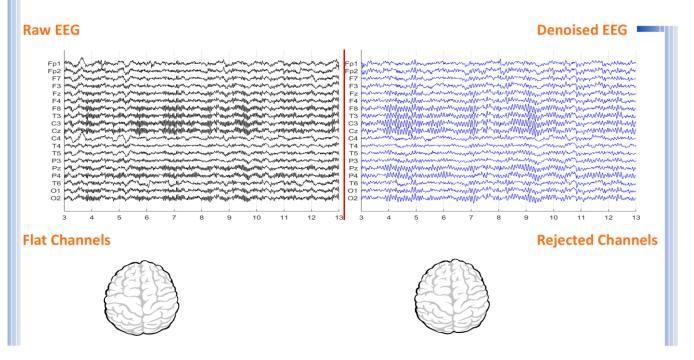
Name	Sepehr Mahmoudi	Date of Recording	02-Oct-2024
Date of Birth - Age	21-Oct-2008 - 15.95	Gender	Male
Handedness(R/L)	Left	Source of Referral	Asayesh Psychiatric Clinic -
Initial Diagnosis	ADHD-Puberty		
Current Medication	Medication Free		

Asayesh Psychiatric Clinic -Dr Torabi



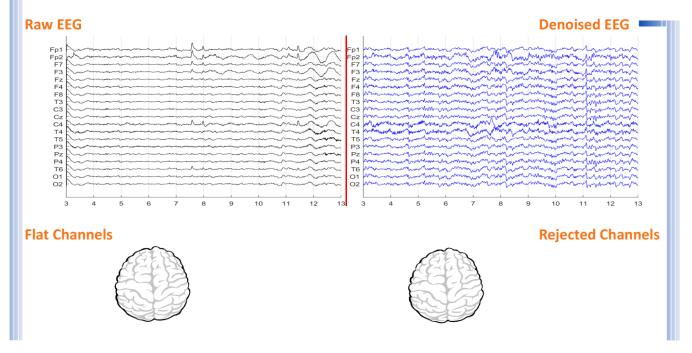


Denoising Information (EC)



Number of Eye and Muscle Elements		Low Artifact Percentage			
Eye	1	Muscle	0	0	
Total Artifact Percentage			High Artifact Percentage		
EEG Quality		bad		Total Recording Time Remaining	244.40 sec

Denoising Information (EO)



Number of Eye and Muscle Elements		Low Artifact Percentage			
Eye	3	Muscle	2	0	
Total Artifact Percentage		High Artifact Percentage			
		0			
EEG Quality bad		Total Recording Time Remaining 259.81 sec			





Pathological assessment for ADHD

Compare to ADHD Database

















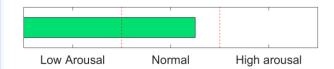




EEG Compatibility with ADHD Diagnosis

ADHD Table	EC		EO		
Feature Name	Threshold	Region	Threshold	Region	
Increased rDelta	0.00	NAN	2.00	global	
Increased rTheta	0.00	NAN	0.00	NAN	
Increased rAlpha	1.00	global	0.00	NAN	
Increased rBeta	0.00	NAN	0.00	NAN	
Decreased SMR	0.00	NAN	-2.00	global	
Increased T/B Ratio	0.00	NAN	1.50	Fz and Cz	
ADHD 0 10 20 30 40 50 60 70 80 90 100 ADHD Compatibility					
ADHD Probability					

Arousal Level Detection



ADHD Clustering

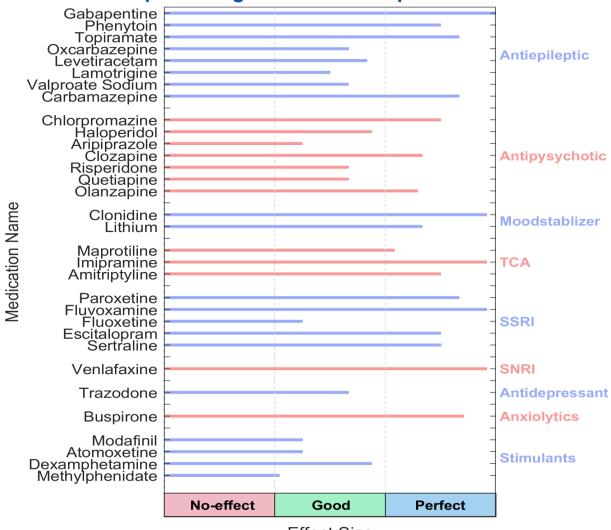
1. Same inattentive and hyperactive prevalence, may be anxious, may be highly intelligent, need sufficient sleep, and should avoid high arbohydrate inbtake. Consider clonidine

^{*} If there is Paroxymal epileptic discharge in EEG data, this case needs sufficient sleep and should avoid high carbohydrate intake. You can consider anticonvulsant medications.





QEEG based predicting medication response



Effect Size

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.



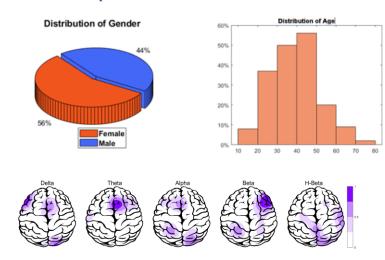


rTMS Response Prediction

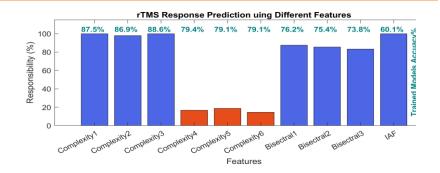
Network Performance

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

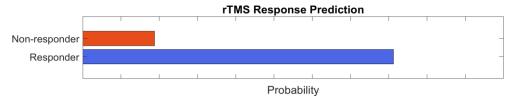
Participants Information



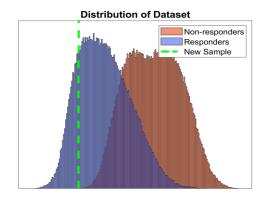
Features Information



Responsibility



Data Distribution



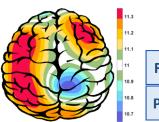
About Predicting rTMS Response

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.





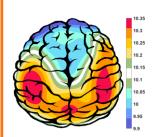
APF(EO)



Frontal APF= 11.17

Posterior APF= 10.88

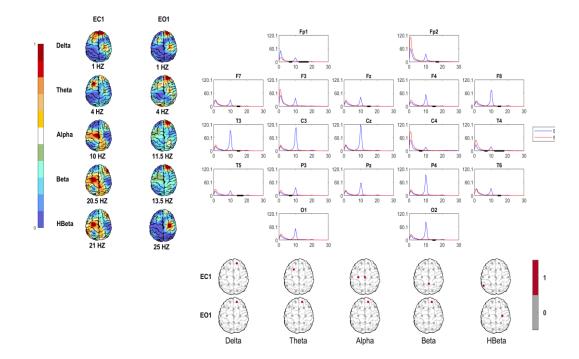
APF(EC)



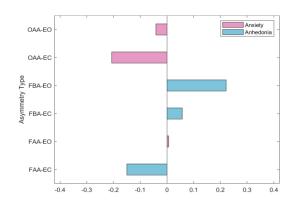
Frontal APF= 10.17

Posterior APF= 10.12

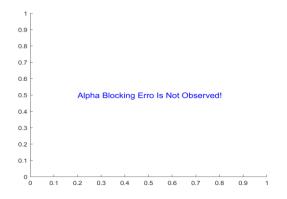
EEG Spectra



Alpha Asymmetry(AA)



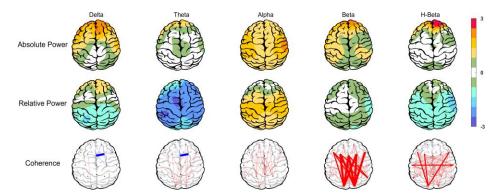
---Alpha Blocking



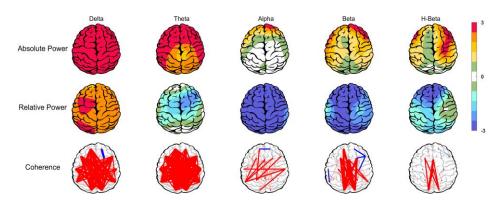




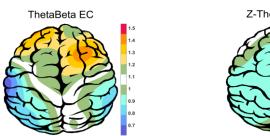
Z Score Summary Information (EC)

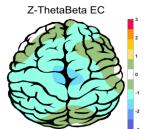


Z Score Summary Information (EO)

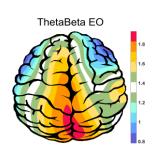


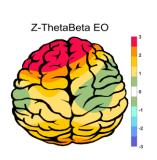
E.C.T/B Ratio (Raw- Z Score)



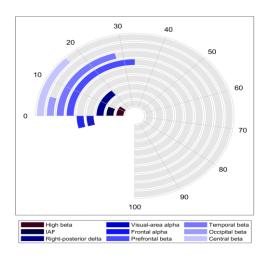


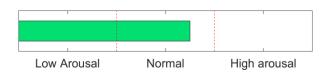
E.O.T/B Ratio (Raw- Z Score)





Arousal Level

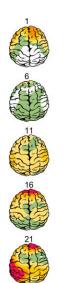


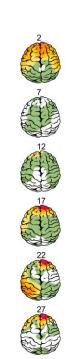


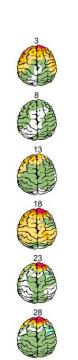


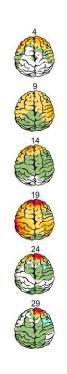


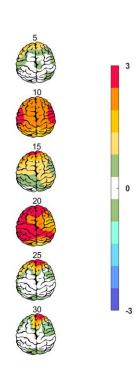
Absolute Power-Eye Closed (EC) 🌮





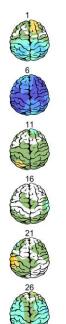


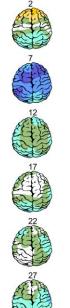


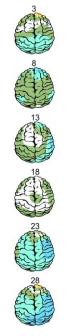


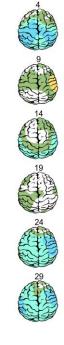
Relative Power-Eye Closed (EC) ớ

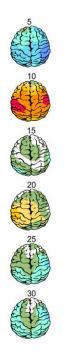










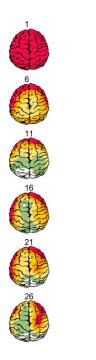


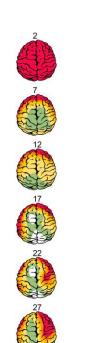


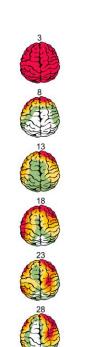


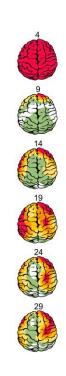
Absolute Power-Eye Open (EO) 🕢

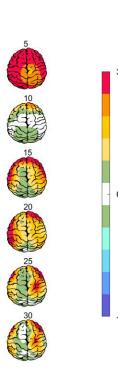




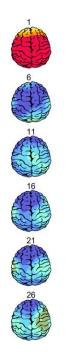


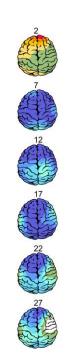


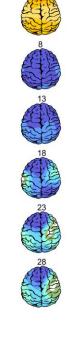


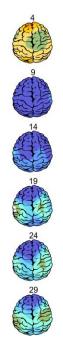


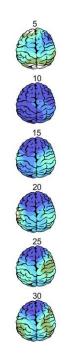
Relative Power-Eye Open (EO)















Report

گزارش:
1
نتایج تشخیصی:
1