





# QEEG Clinical Report BrainLens V0.4

# Report Description

# Personal & Clinical Data

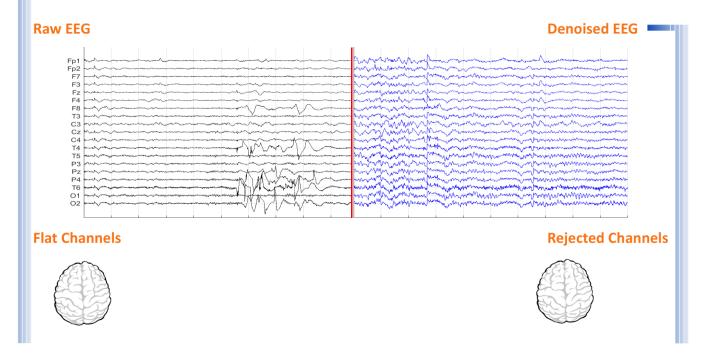
Name	SeyedKarim HosseiniNasab	Date of Recording	13-Jun-2024
Date of Birth - Age	21-Mar-1950 - 74.23	Gender	Male
Handedness(R/L)	Right	Source of Referral	Dr Masjedi
Initial Diagnosis	Memory Problem-Insomnia-Anxiety		
Current Medication	Medication Free		

Dr Masjedi





# Denoising Information (EC)



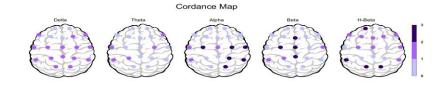
Number of Eye and Muscle Elements				Low Artifact Percentage	
Eye	0	Muscle	0	0	
Total Artifact Percentage				High Artifact Percentage	
		0			
EEG Quali	ity	bad		<b>Total Recording Time Remaining</b> 31.98 s	ec





### Pathological assessment for mood disorders

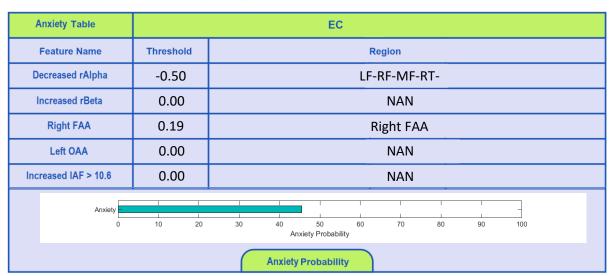
#### **Compare to Mood Disorders Database**



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

Depression Table	EC		
Feature Name	Threshold	Region	
Increased Global rAlpha	0.00	NAN	
Increased global rTheta	0.00	NAN	
Decreased rDelta	0.00	NAN	
Increased rBeta	0.00	NAN	
Left FAA	0.00	NAN	
Right OAA	0.10	Right OAA	
Decreased Coherence (D, T)	-0.50	Decreased Coherence (D,T)	
Increased Coherence (A, B)	1.00	Increased Coherence (A,B)	
depression 0	10 20	30 40 50 60 70 80 90 100  Depression Probability	
Depression Probability			

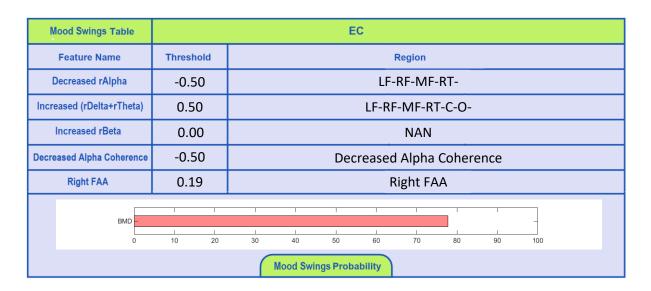
### **EEG Compatibility with Anxiety Diagnosis**







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



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

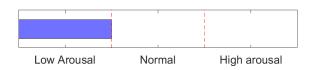
### **Depression Severity**



### **Anxiety Severity**



### Arousal Level Detection

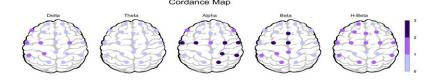




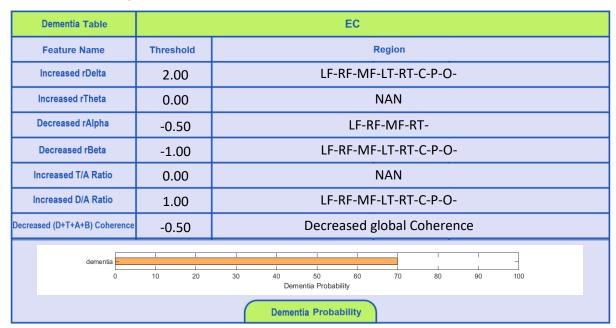


# Pathological assessment for Dementia

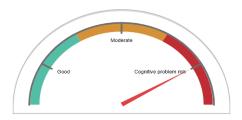
### **Compare to Dementia Database**



### **Dementia Probability**



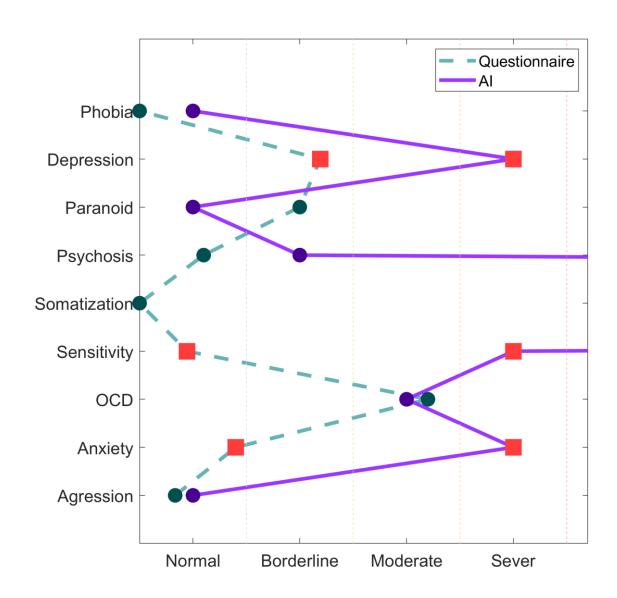
# **Cognitive Impairment Severity**







#### **Al-Driven Psychometric Symptoms Assessing**



#### **Explanation**

■ Note

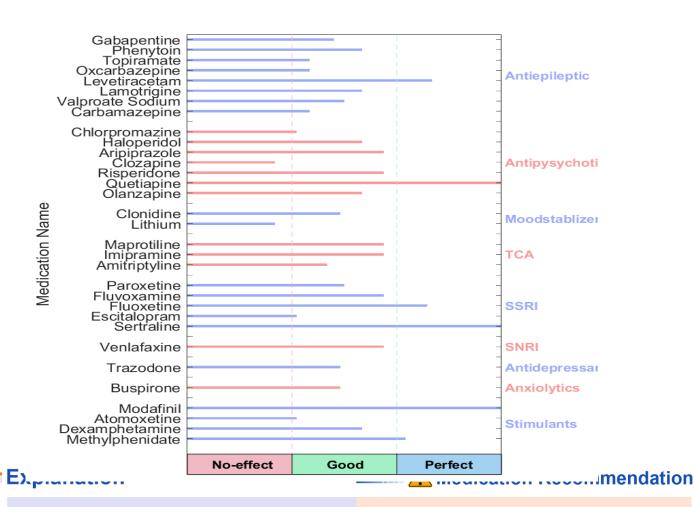
The above diagram illustrates the psychometric symptoms based on the SCL90 questionnaire of the subject (green line) and AI (purple line). Combination of non-linear EEG markers have been used to estimate these symptoms using AI. All the AI algorithms used in these analysis have an accuracy more than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



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.



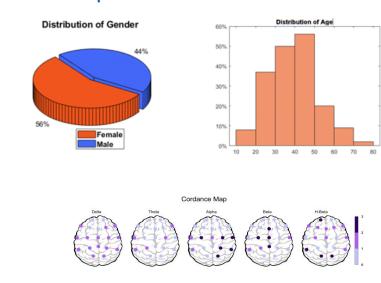


#### rTMS Response Prediction

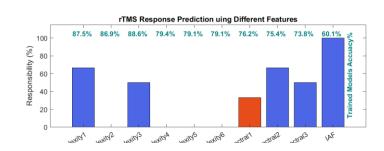
#### Network Performance

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

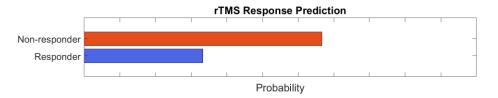
#### Participants Information



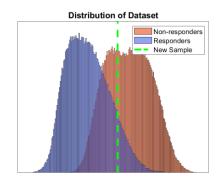
#### Features Information



#### Responsibility



#### Data Distribution



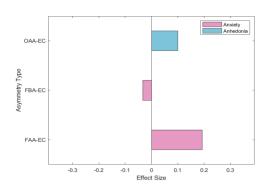
#### About Predicting rTMS Response

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.

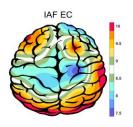




# Alpha Asymmetry(AA)



### IAF(EC)



Eye Close IAF= 08.25

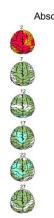
### Absolute Power-Eye Closed (EC) 🌮



















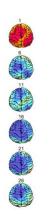


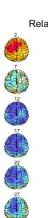


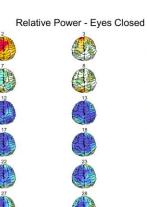


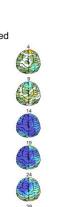
# Relative Power-Eye Closed (EC) 🌮

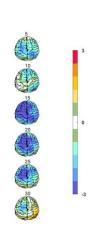








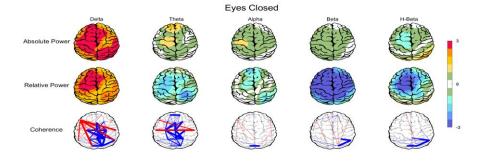




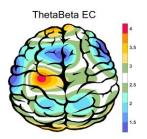


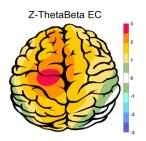


### Z Score Summary Information (EC)

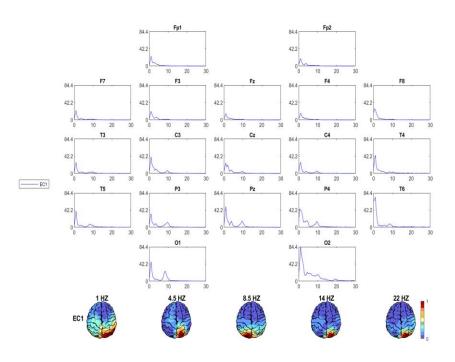


### E.C.T/B Ratio ( Raw- Z Score)





### EEG Spectra



# Arousal Level

