





Report Description

Personal & Clinical Data

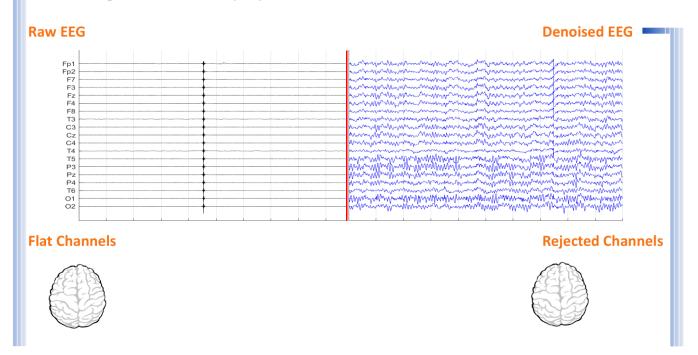
| Name | Taha Rajabi | Date of Recording | 11-May-2024 | |
|---------------------|--------------------|--------------------|-------------------|--|
| Date of Birth - Age | 27-Dec-2015 - 8.37 | Gender | Male | |
| Handedness(R/L) | Right | Source of Referral | Dr Mohammadhasani | |
| Initial Diagnosis | | ADHD | | |
| Current Medication | | Medication Free | | |

Dr Mohammadhasani





Denoising Information (EC)



| Number of Eye and Muscle Elements | | | | Low Artifact Percentage | |
|-----------------------------------|---|--------------------------------|------------|--------------------------|--|
| Eye | 4 | Muscle | 0 | () | |
| Total Artifact Percentage | | | | High Artifact Percentage | |
| 0 | | | | | |
| EEG Quality good | | Total Recording Time Remaining | 506.86 sec | | |





Pathological assessment for ADHD

Compare to ADHD Database







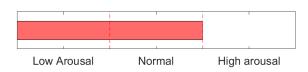




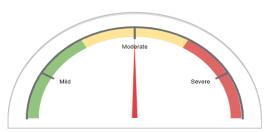
EEG Compatibility with ADHD Diagnosis

| ADHD Table | EC | | | |
|---------------------|-----------|---|--|--|
| Feature Name | Threshold | Region | | |
| Increased rDelta | 0.50 | global | | |
| Increased rTheta | 0.00 | NAN | | |
| Increased rAlpha | 0.00 | NAN | | |
| Increased rBeta | 0.00 | NAN | | |
| Decreased SMR | -0.50 | global | | |
| Increased T/B Ratio | 0.00 | NAN | | |
| ADHD 0 | 10 20 | 30 40 50 60 70 80 90 100 ADHD Probability | | |
| ADHD Probability | | | | |

Arousal Level Detection



ADHD Severity



ADHD Clustering

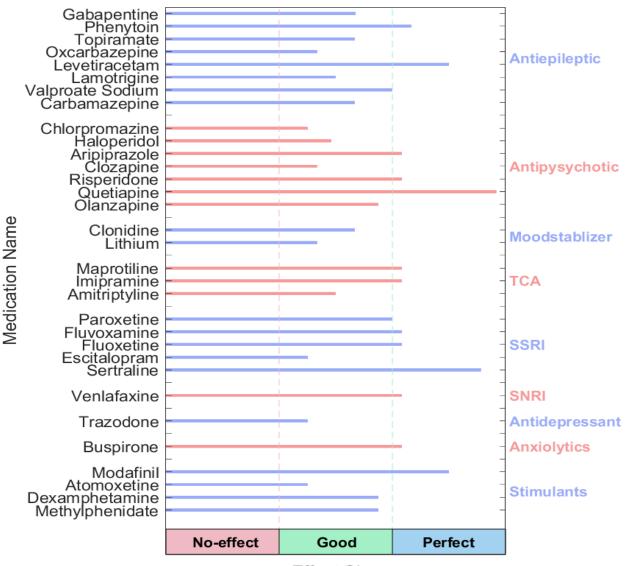
1. Same inattentive and hyperactive prevalence. Well respond to stimulants.

^{*} 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



Medication Recommendation

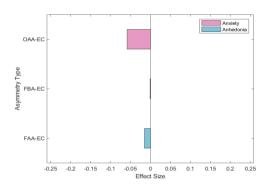
These two tables can be considered the most important finding that can be extracted from QEEG. To prepare this list, the NPCIndex Article Review Team has studied, categorized, and extracted algorithms from many authoritative published articles on predict medication response and Pharmaco EEG studies. 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.

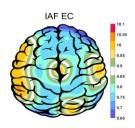




Alpha Asymmetry(AA)



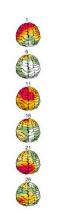
IAF(EC)



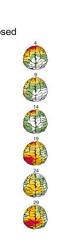
Eye Close IAF= 09.88

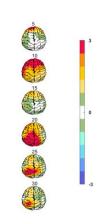
Absolute Power-Eye Closed (EC) 🌮







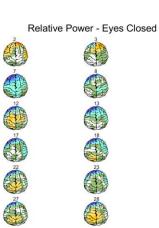




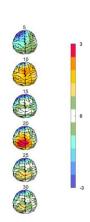
Relative Power-Eye Closed (EC) 🌮







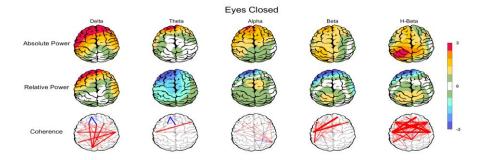




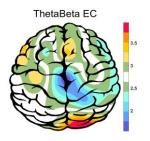


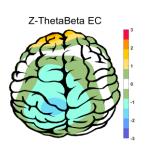


Z Score Summary Information (EC)

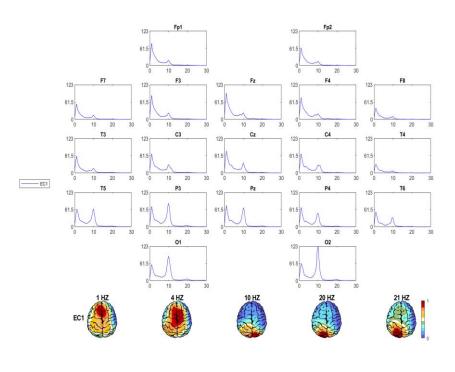


E.C.T/B Ratio (Raw- Z Score)





EEG Spectra



Arousal Level

