



Patient name:
 Date of Birth:
 Age: 31.6
 Date of Test: 10/16/2007
 Test medications: None
 CNSR Patient ID: 8604

Referring physician:
 Address:
 Phone:
 Technician:

Summary of rEEG Findings

Section 1: Overall Abnormality			
Test Type	Test Date	Test Medications	Neurophysiologic Abnormality*
Type I	10/16/2007	no medications on board	High/Moderate/ Low

* as measured by rEEG features

Section 2: Drug Class Correlations				
Drug Class	Test Type	Test Date	Sensitivity	Biomarker Predominance
Beta Blockers	Type I	10/16/2007	Sensitive/ Intermediate /Resistive	High/Moderate/ Low
Anticonvulsants	Type I	10/16/2007	Sensitive/ Intermediate /Resistive	High/ Moderate /Low
Antidepressants	Type I	10/16/2007	Sensitive/ Intermediate /Resistive	High/Moderate/ Low
Stimulants	Type I	10/16/2007	Sensitive /Intermediate/Resistive	High/Moderate/ Low

Correlations are based on a subset of more than 1,600 patients in the rEEG database having (1) similar rEEG features to this patient and (2) a change of two or more improvement in their Clinical Global Improvement Index (CGI).

Section 3: Individual Medication Responsivity

Subgroup ratings (S, I & R) are based on comparison to other subgroups within the overall medication group. Within the subgroup individual medications ratings (1, 2, 3) are relative to other medications in the subgroup only. When there is only one medication in a subgroup only the subgroup rating appears. Specific medication combinations may be incompatible.

Anticonvulsants (Intermediate)		
Trade Name	Generic Name	Sensitivity
Benzodiazepines		I
Xanax	Alprazolam	2
Ativan	Lorazepam	1
Klonopin	Clonazepam	1
Tegretol	Carbamazepine	R
Depakote	Divalproex	I
Neurontin	Gabapentin	S
Lithane	Lithium	I
Beta Blockers (Intermediate)		
Trade Name	Generic Name	Sensitivity
Lopressor	Metoprolol	I
Inderal	Propranolol	I
Tenormin	Atenolol	I

Antidepressants (Intermediate)		
Trade Name	Generic Name	Sensitivity
SSRI		S
Prozac	Fluoxetine	1
Zoloft	Sertraline	1
Paxil	Paroxetine	3
Luvox	Fluvoxamine	2
Celexa	Citalopram	2
TCA		I
Norpramin	Desipramine	1
Tofranil	Imipramine	2
Pamelor	Nortriptyline	2
Elavil	Amitriptyline	2
Anafranil	Clomipramine	2
Wellbutrin	Bupropion	I
Effexor	Venlafaxine	I
Stimulants (Sensitive)		
Trade Name	Generic Name	Sensitivity
MAOI		R
Manerix [‡]	Moclobemide	
Parnate	Tranylcypromine	
Eldepryl	Selegiline	
Ritalin	Methylphenidate	I
Dexedrine	d-Amphetamine	I
Adderall	d,l-Amphetamine	I

Key to symbols:
S = sensitive, patients with similar neurophysiology were most often responsive to medications with this designation.
R = resistant, patients with similar neurophysiology were least often responsive to medications with this designation.
I = intermediate, patients with similar neurophysiology were neither consistently sensitive or consistently resistant to medications with this designation
 ND = No data in the database to support recommendations
 1,2,3 = relative rankings amongst agents in a subgroup where 1 is highest and 3 is lowest. [‡] - Available in Canada

Recording Procedures

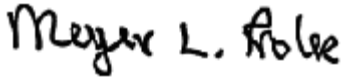
The recording is certified by a trained EEG Technician to conform with CNS Response recording instructions that are established in accordance with the American Clinical Neurophysiology Society guidelines.

Conventional EEG

This is a 21-channel, routine EEG (95816) recording of fair technical quality. Muscle and eye-blink artifacts were minimal during the recording.

Alpha rhythm 10-11 Hz, with amplitudes ranging from 10-30 uV. There is 18-22 Hz activity of 0-30 uV amplitude in anterior leads. Intermittent 3-5 Hz activity of semi-rhythmic character, having amplitudes of 30-50 uV, arises in the left temporal region.

INTERPRETATION: This patient's EEG shows a focus of intermittent slow activity in the left temporal region, suggesting the presence of lesion of unspecified character in this area.



Meyer L. Proler, MD
Diplomate, ABCN in Evoked Potentials and Electroencephalography
Certified by ABEN with special competence in Quantified EEG

Warning

Absolutely no consideration is given to medical appropriateness of any combination of medications. Ratings are specific to each agent; no combinatorial ratings are given or implied. Nothing in this analysis is meant to suggest medication strategy without full consideration of all clinical factors, package insert medication information, FDA approved usage and warnings, limitations on use of any agents for patients of any age, pregnancy status, or otherwise, cross toxicities with other medications (psychotropic or otherwise), or any other relevant medical factor reasonably considered by a physician skilled and experienced with patients diagnosed with behavioral disorders and the medications listed. This analysis is based upon segregated reporting of patients having successfully reported outcomes of a change of 2 or more in the Clinical Global Improvement Index as reported by their physician and as correlated to neurophysiological factors recorded on FDA approved Quantitative Electroencephalography Equipment and FDA approved software discriminating these factors and stored in the Referenced-EEG database. Analysis is not segregated or correlated by diagnostic nomenclature. CNS Response does not monitor the capability of EEG equipment suppliers, the regulatory status of the equipment or the condition and performance of equipment at the time of data collection. Readers of this report should have read and understood the material in the CNS Response, Inc Physician's Information Binder. CNS Response, Inc will facilitate physician consultancy for further interpretation and medical consideration when available.

Physicians considering the use of Beta-Blockers must be aware that they have not been approved by the FDA for treatment of certain behavioral disorders. Beta-Blockers have been demonstrated in some studies to change neurophysiologic parameters in a way similar to some anticonvulsants and anxiolytics. Other studies have reported their use in anxiety management. Use of a beta-blocker requires baseline & follow-up monitoring of resting pulse rate and blood pressure.

Ratings for Monoamine Oxidase Inhibitors (MAOI's) are shown as a subclass and individually in stimulant tables though the FDA may have approved indications of these medications for some affective disorders. This classification reflects some similarity of the neurophysiological effect shown by these agents and other stimulants. No other implications are intended. For further explanation see the CNSR Physician's Information Binder and/or consider discussing this with the CNS Response Medical Director. The physician should be aware of the contraindications of using MAOI's with some medications.