

Patient History

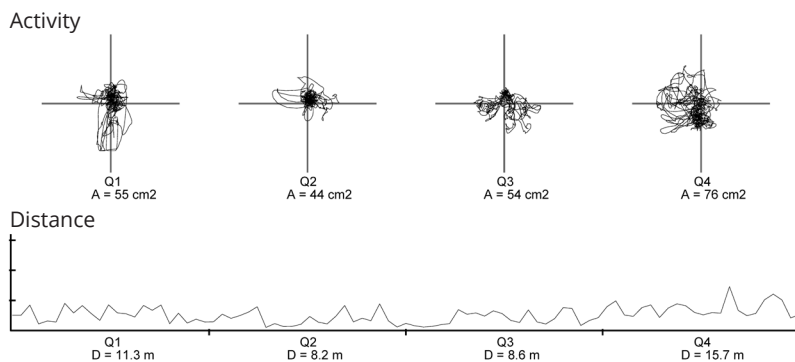
David* is a 7 year old boy living with his parents and two older siblings. Both in school and at home he displays difficulties with sustaining attention, completing tasks, blurting out, excessive fidgeting and interrupting others. He came into a clinic for an ADHD assessment after his teacher suggested and evaluation for attention difficulties.

* David is fictitious name

QbTest as a Part of an ADHD Evaluation

At the clinic QbTest was used to complement the clinical interview and rating scales in order to get an unbiased view of the three core symptoms of ADHD.

1. Motion Analysis



Quantitative & Normative Data

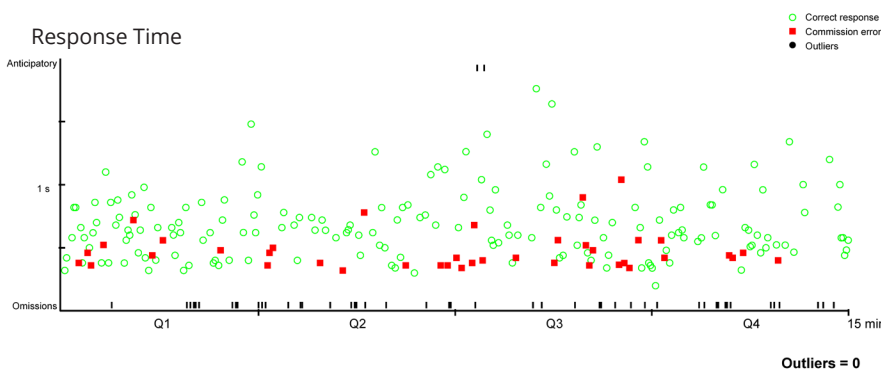
Measure	-3	0	+3	Q-score	Percentile
Time Active				1.4	92
Distance				1.6	95
Area				1.9	97
Microevents				1.8	96
Motion simpl.				0.4	66

A Q-score ≥ 1.5 is generally seen as atypical result.

QbActivity	-3	0	+3	Q-score	Percentile
				1.7	95

David shows elevated levels of hyperactivity, as seen in both the motion graphs and the quantitative data. The activity levels also increase over the duration of the test indicating a deterioration of ability to control his movement. The Q-scores (the equivalent to one standard deviation) for the activity parameters indicates clinically significant symptoms outside of the normative range compared to an age and gender matched normative group. This in turns yields an atypical outcome on the weighted summa parameter QbActivity.

2. Attention & Impulse Control Analysis



Quantitative & Normative Data

Measure	-3	0	+3	Q-score	Percentile
ReactionTime Var				1.8	96
Omission Error				1.1	86
Reaction Time				1.7	96
Normalized Var				1.0	84
Commission				0.4	66
Anticipatory				-0.1	46
MultiResponse				1.7	96
Error rate				0.5	69

A Q-score ≥ 1.5 is generally seen as atypical result.

QbAttention	-3	0	+3	Q-score	Percentile
				1.9	97
QbImpulsivity	-3	0	+3	Q-score	Percentile
				0.0	51

The Attention & Impulse Control Graph shows an elevated variability in the reaction time of Davids correct responses (green circles) already in the first quartile of the test, Q1. The variability in response speed then continues to deteriorate throughout the test indicating a poor ability to sustain attention. While David makes Omission Errors, they are not significantly outside of the normative group (Q-score <1.5). Instead the distraction in David's case is displayed in the slow Reaction Time and deteriorating variable response pattern. His atypical performance is also displayed in the Q-score for the weighted summa parameter QbAttention.

While some Commission Errors (inaccurate responses, red squares in the graph) are being made, they are not elevated in comparison to David's age and gender matched normative group which does not indicate difficulties in controlling his impulsivity. This can also be seen for weighted summa parameter QbImpulsivity (Q-score <1.5). Overall, QbTest objectively showed symptoms of inattention and hyperactivity.

To learn more on how QbTest can make a difference at your clinic contact us at info@qbtech.com