

## **EPILEPSY EDUCATION SERIES.**

### **A BRIEF GUIDE INTRODUCING THE NEW CLASSIFICATION OF EPILEPSY**

**Classification systems used for animals, plants and diseases have led to an improved understanding while allowing more effective communication among caregivers, researchers, patients, and other interested parties.**

**This also applies to the classification of seizures, epilepsy types, and epilepsy syndromes.**

**Hippocrates recognized that the cause of seizures was in the brain approximately 400 BC. He understood that seizures could result from severe brain trauma, and he observed that one-sided seizures resulted from trauma on the opposite side of the brain. He also reported the connection between seizures, alcohol, and genetic factors. Most seizures were considered to be idiopathic: a bad interaction between phlegm and black bile. Hippocrates wrote “On Sacred Disease”, but also asked: “why are seizures divine and other diseases not”.**

**In the middle of the 19th century, the terms ‘Grand Mal’, ‘Petit Mal’, and ‘Absence’ were being used in French hospitals, and the Western world followed.**

**The most recent classification, with which most of us are familiar, was drawn up 28 years ago by the Commission for Classification and Terminology of the International League Against Epilepsy (ILAE).**

**Early in 2017, this same Committee published a position paper in which a revised terminology framework was proposed. The epilepsy types recognized include focal, generalized, combined generalized and focal, and unknown. Terms such as ‘complex partial seizures’ will be simplified to ‘focal onset, impaired awareness’, ‘simple partial seizures’ become ‘focal onset, aware’.**

**Robert S Fisher MD, the Chairman of the Classification Committee, reported the ILAE approval of the new classification during the 70th Annual Meeting of the American Epilepsy Society.**

**Those interested in reading more about the new classification system may look up “The 2017 ILAE Classification of Seizures - Epilepsy Foundation” on the internet for a clear and concise review. Understandably, it will be a challenge for many to adjust to this new terminology after working with one system for 28 years.**

To familiarize the reader with the essential changes in the proposed terminology a partial list of old and new terms is provided:

OLD TERMINOLOGY	NEW TERMINOLOGY
Tonic Clonic Seizure, “Grand Mal”	Generalized Tonic Clonic of Unknown Onset
Absence / “Petit Mal”	Generalized Absence (typical, atypical, myoclonic, or with eyelid myoclonia)
Simple Partial Seizure	Focal Aware Seizure
Complex Partial Seizure	Focal Impaired Awareness Seizure
Psychomotor Seizure	Focal Impaired Awareness Seizure
Atonic / “Drop Attack”	Focal or Generalized Atonic
Secondary Generalized Tonic Clonic	Focal to Bilateral Tonic Clonic (onset can be aware or impaired aware)
Infantile Spasms	Focal, Generalized, Unknown Onset Epileptic Spasms
Arrest, Freeze, Pause	Behavior Arrest

Only some of the old terms have been listed, despite the fact that some of them appeal to the imagination. Simple deduction tells us that Limbic Epilepsy, for example, is a Focal Impaired Awareness Seizure, similar to Gelastic Epilepsy (bouts of unnatural laughter) and Dacrystic Epilepsy (excessive tearing).