

1 QUESTION

HOW ARE SEIZURES CLASSIFIED?

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The ability to appropriately classify patients with recurrent seizures has far-reaching implications. Our ability to communicate with one another, to discuss prognoses with families, and to choose correct treatment hinges on a universal, clearly stated classification system. As our understanding of genetics and advanced imaging techniques moves forward, the complexity of such a classification system expands. There have been recent attempts to revise older systems to reflect this scientific progress, leading to controversy as old concepts and familiar terms are abandoned. When thinking about a particular patient with epilepsy, it has been proposed to describe him or her based on clinical features, etiology or epilepsy syndrome, and age of onset (Table 1-1).

Clinical Features

In the past, the terms *partial* and *focal* have referred to seizures that presumably originate from one part of the brain, as compared to generalized seizures, which involve the entire cortex at onset. As having 2 terms referring to the same concept is confusing, focal has replaced partial. There has also been controversy as to the utility of the terms *simple* and *complex*. Simple refers to a seizure in which consciousness is preserved whereas complex refers to a seizure in which consciousness is lost. It has been suggested that focal seizures be described according to their characteristics rather than relying solely on the confusing terms simple or complex. For example, a seizure could be described as “focal with impairment of consciousness” or “focal with subjective sensory symptoms only (ie, aura).” It can also be difficult to determine the state of consciousness of some patients during a seizure.