A Report from the Commission for Classification and Terminology

Ingrid E. Scheffer, Chair

The Classification and Terminology Commission has been working hard to refine the new organization of the epilepsies. The previous major changes implemented in 2010 have been updated to modify some of the terminology so that it more readily translates to other languages. Following the feedback from the global epilepsy community, the concepts of generalized epilepsies and focal epilepsies have been reinstated. In addition to the well-defined and accepted electroclinical syndromes, the concept of a clinicoradiological entity was endorsed. The major category of etiologically based diagnoses has been expanded to incorporate genetic, structural, metabolic, immune, infectious and unknown. There are also unclassified epilepsies. The Commission and its associated Classification Task Force have worked collaboratively to refine these new approaches.

The Classification Task Force has continued to develop the Diagnostic Manual, which is an online resource defining seizure types and epilepsy syndromes with EEG and video examples. Kate Riney has worked with IT academics at the University of Melbourne to develop the manual as an online resource. It has had huge input from both the Task Force and the Commission. We are sure that this resource will be invaluable to people caring for individuals with epilepsy around the world.

The Status Task Force, led by Eugen Trinka and Daniel Lowenstein, working in collaboration with the Status Task Force of the Epidemiology Commission, are in the final stages of preparing a new classification of Status Epilepticus. We think this will be a very useful tool for the epilepsy community.

My warmest thanks to all members of the Classification and Terminology Commission and to both Task Forces for their invaluable input through this term.


The Task Forces of the ILAE Commission on Diagnostic Methods would like to continue their successful work and complete their specific aims and to continue to develop better tools and protocols for diagnostic methods in epilepsy care. Commission members would also like to develop mechanisms to assess cost-effectiveness and accuracy of pre-surgical evaluation protocols, including neuroimaging, neuropsychology and neurophysiology procedures.

In addition to the dissemination of the ILAE consensus classification systems for FCD and HS at national and international scientific meetings and the further promotion of collaboration with the ILAE Neuroimaging Task Force, a major task for the upcoming period is to improve the classification and the definition of diagnostic guidelines for tumors associated with the chronic epilepsies. These guidelines should then be referenced in the up coming revision of the WHO classification system for brain tumors to achieve worldwide recognition and dissemination.