COMMENTARY

Epilepsia®

Updating the ILAE seizure classification

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The updated version of the International League Against Epilepsy (ILAE) seizure classification is published in the current issue of *Epilepsia*.[1] This revision comes 8 years after the 2017 classification, aligning with standard medical practice to ensure meaningful updates. The 2017 Seizure Classification provided a fundamental framework to enhance the accuracy of seizure classification. The need for revision arose from challenges in clinical implementation, concerns about applicability across diverse health care settings, and issues with translation. To ensure a robust and globally relevant framework, an extensive international collaboration was undertaken, incorporating systematic literature review, broad expert input, and public feedback. The fundamental structure remains unchanged, but refinements—particularly in focal seizure terminology—enhance clarity and usability for both primary care providers and epilepsy specialists.

1 | WHY WAS THERE A NEED FOR REVISION, AND WASN'T IT TOO SOON?

- Since 1960, classifications of seizures and epilepsy have undergone several revisions (Figure 1). In 2017, the ILAE seizure classification was published in parallel with the new epilepsy classification framework, after an extensive process including community review.

Sándor Beniczky and Eugen Trinka Contributed equally.

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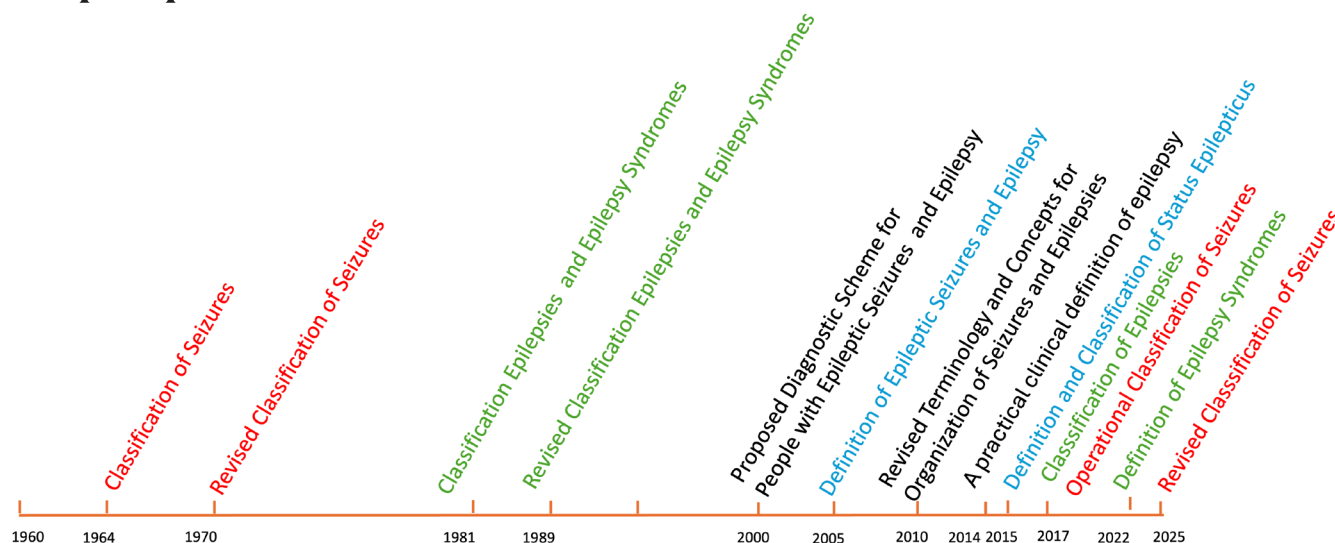
FIGURE 1 Timeline of seizure and epilepsy classifications.

The new classification did not represent a fundamental change but allowed greater flexibility and transparency in naming seizure types.

- It was recognized that implementation would require assessment in clinical practice. The aim was for a useable classification, applicable to all settings globally, regardless of resource.
- Concerns were raised regarding the applicability in presurgical assessment, where the sequence of semiological characteristics is critical to define. Separate proposals were put forward, although it was apparent that all complemented each other.
- It also became clear that some terminology became lost in translation in many languages, which hindered broader adoption.
- The update comes after 8 years—a timeframe that aligns with practices in other medical societies. Changes should only be made once it is clear there are major implications for practice.

2 | HOW DOES THIS UPDATE BUILD ON THE 2017 CLASSIFICATION TO BETTER SUIT THE BROAD NEEDS OF THE INTERNATIONAL EPILEPSY COMMUNITY?

- To prevent undue influence from a few dominant voices, a large international working group was appointed, ensuring professional and geographic diversity within the ILAE. The group followed the Delphi method, and all steps were carefully documented.

- The revision was based on a systematic review of the literature, with all proposed changes backed by published evidence.
- After public feedback and peer review in *Epilepsia*, a newly appointed group, comprising 50% of the original group and 50% new members, revised the proposal, incorporating relevant suggestions. These revisions were substantial. All modifications were tracked and documented for transparency.
- High priority was given to translations into languages other than English, which were completed during the process rather than after final approval.

3 | WHAT DOES THE UPDATE CHANGE, AND WHY IS IT CONSIDERED USEFUL?

- The fundamental structure of the classification remains unchanged, and databases using the 2017 version can be easily converted to the updated classification.
- All terms used in the updated version are well established in epileptology or broadly in medicine—no new or unfamiliar terminology has been introduced.
- Most changes apply to the advanced version—the basic version essentially remains the same.
- The main change to terminology is in focal seizures. Responsiveness is added to awareness, to operationally define consciousness. The sequence of seizure semiology is introduced as a descriptor, which is important for detailed seizure characterization in presurgical evaluation.
- These refinements ensure practical application across all levels of clinical care, from primary care providers to specialized epilepsy centers.

- To help in accurate clinical implementation, education material will be published in *Epileptic Disorders* and on the ILAE academy.

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1. Beniczky S, Trinka E, Wirrell E, Abdulla F, Al Baradie R, Alonso Vanegas M, et al. Updated classification of epileptic seizures: Position paper of the International League Against Epilepsy. Epilepsia. 2025:1–20. https://doi.org/10.1111/epi.18338