

ILAE 2025

# SEIZURE CLASSIFICATION AT A GLANCE

## FOUR MAIN SEIZURE CLASSES

Focal

Generalized

Unknown  
(whether focal or generalized)

Unclassified

## Key Changes from 2017 to 2025

### 2017:

#### Focal Onset

Aware

Impaired Awareness

Motor Onset  
Nonmotor Onset

Focal to bilateral tonic-clonic

#### Generalized Onset

Motor

Tonic clonic  
Other motor

Nonmotor (Absence)

#### Unknown Onset

Motor

Tonic clonic  
Other motor

Nonmotor

Unclassified

### 2025:

#### Focal

Consciousness  
>> Preserved  
>> Impaired

Focal to bilateral tonic-clonic seizure

#### Unknown

whether focal or generalized

Consciousness  
>> Preserved  
>> Impaired

Bilateral tonic-clonic seizure

#### Generalized

>> Absence seizures  
>> Other generalized seizures

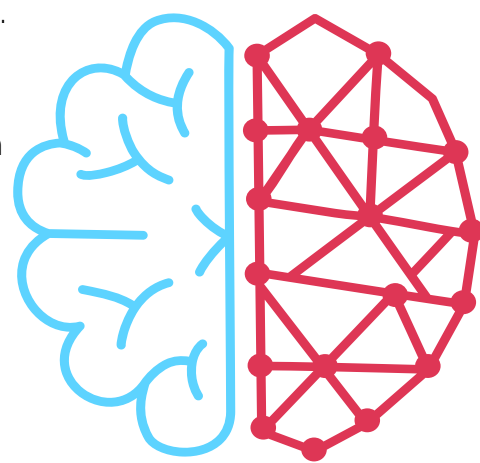
Generalized tonic-clonic seizure

Unclassified

Basic descriptors:  
With vs. Without observable<sup>4</sup> manifestations

Main classes are in red, seizure types are in black, while descriptors are in blue color. The horizontal yellow background in the figures highlights that bilateral tonic-clonic seizures-associated with the highest morbidity and mortality-can occur in all three main seizure classes.

1. "Onset" is removed from the names of the main seizure classes.
2. A distinction is made between **classifiers** and **descriptors**, based on taxonomic rule.
3. **Consciousness** is used as a classifier instead of awareness, with consciousness operationally defined by awareness and responsiveness.
4. The **motor vs. nonmotor** dichotomy is replaced by **observable vs. nonobservable** manifestations.
5. The **chronological sequence** of seizure semiology is used to describe seizures, rather than relying solely on the first sign.
6. **Epileptic negative myoclonus** is recognized as a seizure type.



## Definitions:

- **Classifiers:** define the seizure types, considered as biological classes with direct influence on patient management by guiding syndrome diagnosis, therapeutic decisions, and prognosis.(2)
- **Descriptors:** are important clinical characteristics of the seizures that, along with other clinical data and modalities, indirectly contribute to shaping patient management. (2)
- **Consciousness:** the ability to attend and perceive, to relate perception to one's own fund of personal memories, to remember recent events and to react voluntarily in response to such stimuli. (3)
- **Unknown (whether focal or generalized):** are seizures with information available to characterize certain aspects of seizures, but insufficient for classification into focal or generalized. (2)
- **Unclassified:** are events with no information available to characterize the seizure, but the clinician is confident that the event is an epileptic seizure. (1)

### Reference and adaptations:

- (1) Fisher RS, Cross JH, French JA, et al. Operational classification of seizure types by the International League Against Epilepsy: Position Paper of the ILAE Commission for Classification and Terminology. *Epilepsia* 2017;58(4):522-530
- (2) Beniczky S, et al. Updated classification of epileptic seizures: Position paper of the International League Against Epilepsy. *Epilepsia*. 2025 Jun;66(6):1804-1823. doi: 10.1111/epi.18338.
- (3) Gloor P. Consciousness as a neurological concept in epileptology: a critical review. *Epilepsia*. 1986;27(Suppl 2):S14-S26. <https://doi.org/10.1111/j.1528-1157.1986.tb05737.x>

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