

THE NEW SEIZURE AND EPILEPSY CLASSIFICATIONS ARE USEFUL IN CLINICAL PRACTICE – YES

Andreas Schulze-Bonhage

University Hospital Freiburg, Germany

Classification systems should reflect the present-day knowledge and establish a systematic way of its representation to improve medical care in terms of diagnostic and therapeutic procedures and to facilitate communication. Since the last change of the classification of seizures in 1981 a considerable number of systematic video analyses of seizure semiology were performed showing that many seizure types could not be adequately described by the old classification schemes. Examples are seizures with automatisms despite preserved consciousness, myoclonic focal seizures or many types of childhood seizures with unclear effects on consciousness which do not fit into the old seizure classification scheme.

Similarly, the old classification system of epilepsies from 1989 expressed concepts (like “generalized”) which no longer hold. It did not refer to the etiology of the epilepsy thus not reflecting the considerable progress in structural imaging and genetic analyses available, contained ambiguous terms leading to incomparable interpretation of data, and used difficult-to-assess manifestations as key criteria.

The new classification systems offer progress in that they are more descriptive and comprehensive when classifying seizures. The etiology of epilepsies is granted its right, and nebulous terms have been abandoned.

Our knowledge on many aspects of epileptology is limited which poses limits to any attempt to form a taxonomy of events or entities. But even if our present knowledge is too limited to design a real new scheme adequately organizing the spectrum of epilepsies, seizure classification has become a lot more informative, and syndrome classification is on a way which attempts to better reflect the knowledge obtained during the last decades.