Turkish Translation of the 2025 Updated Classification of Epileptic Seizures

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Cite this article as: Çaman MB, Bek S, Kutlu G. Turkish translation of the 2025 updated classification of epileptic seizures. *Arch Epilepsy*. 2026;32(4):151-152.

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Received: 04.11.2026 **Accepted:** 05.11.2026 **Epub:** 13.11.2026 **Publication Date:** 23.11.2026

DOI: 10.4274/ArchEpilepsy.2026.26328

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Keywords: Epilepsy, taxonomy, consciousness, semiology, terminology

Dear Editor,

The International League Against Epilepsy (ILAE) has updated its 2017 seizure classification to establish a common language in clinical practice and standardize seizure descriptions. The new classification, published by Beniczky et al.[1] in 2025, retains the previous framework while introducing important changes to seizure classification and description. As the Turkish Epilepsy Society, we prepared Turkish translations of the updated classification materials to make them accessible to healthcare professionals in our country. The Turkish translations of Table 1 and Figures 1-2 have been published on the ILAE's official website in the section entitled "updated classification of epileptic seizures-2025" alongside translations into other languages. These translations enable Turkish-speaking healthcare professionals to access the classification's structure and its basic and expanded versions in Turkish.

Before finalizing the new classification, the ILAE invited clinicians to evaluate the proposed update and incorporated their feedback into the development process. In our 2024 article, we discussed this process and the main features of the proposal, informed colleagues about the proposed changes, and emphasized their importance for epilepsy practice.[2] We also outlined the fundamental approach of the proposed classification and the anticipated changes to be discussed. With the classification finalized in 2025, the updated approach to seizure classification and description has been established.[1] Preparing the Turkish translations continues our efforts to inform colleagues about these developments.

The four main categories have been retained: focal seizures, unknown (whether focal or generalized), generalized seizures, and unclassified seizures. A major change is the replacement of "awareness" with "consciousness" as a classifier. Consciousness is operationally defined as both awareness, assessed through recall, and responsiveness, assessed using verbal and motor tasks. Impairment of either component warrants classification as a seizure with impaired consciousness. The distinction between "motor" and "non-motor" has also been replaced by an approach based on the presence or absence of observable manifestations. The new classification distinguishes "classifiers," which determine seizure type, from "descriptors," which detail clinical features. The basic version provides a simpler classification for clinical use, whereas the expanded version allows semiological features to be listed chronologically. Generalized negative myoclonic seizures, absent from the previous classification, have been added to the expanded version. The classification also recognizes that epileptic spasms may occur across different onset categories. Whereas the previous classification listed 63 seizure types, the new approach defines 21 seizure types, with other seizure features expressed through descriptors, thereby enhancing flexibility and clinical applicability.

Making these Turkish translations available will support the integration of current scientific knowledge into clinical practice and promote consistent terminology in epilepsy care. We hope this work will benefit neurologists, child neurologists, and all healthcare professionals working in epilepsy.

Footnotes

Authorship Contributions

Surgical and Medical Practices: M.B.Ç., S.B., G.K., Concept: M.B.Ç., S.B., G.K., Design: M.B.Ç., S.B., G.K., Data Collection or Processing: M.B.Ç., S.B., G.K., Analysis or Interpretation: M.B.Ç., S.B., G.K., Literature Search: M.B.Ç., S.B., G.K., Writing: M.B.Ç., S.B., G.K.

Conflict of Interest: No conflict of interest was declared by the authors.

Financial Disclosure: The authors declared that this study received no financial support.

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