EVALUATION OF EPILEPSIA AND EPILEPTIC SYNDROMES BASED ON THE CLASSIFICATION OF EPILEPTIC SEIZURE ILAE 2025

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Annotation: *The diagnosis and classification of epilepsy are constantly being improved for clinical practice and scientific research. In 2017, the strictly defined classification of epileptic seizures and epilepsy by ILAE (International League Against Epilepsy) gained widespread clinical application, but in recent years, further optimization of this classification has been required based on practical experience and scientific literature. As a result, in 2025, an updated classification of ILAE epileptic seizures was adopted. This article analyzes the main principles, structural composition, terminological changes, and practical significance of the ILAE 2025 update in pediatric neurology.*

Keywords: *ILAE 2025, classification of epileptic seizures, classification of epilepsy, types of seizures, clinical neurology.*

Epilepsy is a chronic and multifaceted pathology of the central nervous system characterised by recurrent epileptic seizures.

The identification and classification of epileptic seizures is one of the central tasks of clinical neurological practice, since the type of seizure determines the etiology, treatment strategy, and prognosis of epilepsy [2,21,23].

Due to the complexity of traditional classifications and uncertainties in practical application, the system of classification of ILAE epileptic seizures has been updated several times by the international neurological community.

Although the comprehensive classification of 2017 partially met the needs of clinical and research needs, a two-stage combat classification adapted to practice was adopted in 2025 [2,8,13,18].

Principles of the ILAE 2025 classification

The updated classification of epileptic seizures ILAE 2025 was revised based on the 2017 system. A working group of 37 international experts and a modified Delphi consensus methodology were used in the development of the update [1,2,9].

Main aspects of the updated classification:

• Four main classes of seizures: focal, generalized, unknown, and unclassified.

• The number of types of seizures was reduced to 21 (in 2017 - 63).

• The term "Onset" (beginning) was removed from the names, replaced by more specific episodic and clinical signs.

• Instead of the term "awareness," the term "consciousness" (state of consciousness) was introduced.

• The distinction between "motor" and "non-motor" has now been replaced by observable and non-observable states.

• The temporal sequence prevailed in the determination of epileptic semiological features.

• An epileptic negative myoclonus was recognized as a new type of seizure [2,3,6].

Identification of seizure types and terminological innovations

The updated classification is structured on the basis of semiological features, parameters of the unconscious state, and clinical interpretations in determining the types of seizures.

Now the types of seizures are classified into the following categories: focal, generalized, unknown, and unclassified.

Each type of seizure is associated with its clinical signs and EEG characteristics [3,7,12].

In addition, the 2025 classification identifies seizures based on motornull or ecu semiology in the semiological classification and introduces additional descriptive characteristics for each type of seizure. This allows clinicians to accurately determine the seizure process and insert a corresponding device into the patient's history [5,14].

Clinical and scientific significance

The updated classification of 2025 provides a number of advantages in clinical neurology practice:

The simplicity and consistency of classification terminology reduces errors in clinical application.

A terminological approach, such as "Consciousness," helps to assess the patient's condition more accurately [20,22].

The established semiological sequence in the classification of seizure types simplifies the practical diagnostic process.

Standardized language and concepts for epidemiological and clinical research will be created, which will stimulate information exchange on a global scale.

The current clinical application of the ILAE 2025 classification provides more accurate statistical and practical results, in particular, it is used in national neurological guidelines and epilepsy monitoring systems in centers [4,10].

Comparative analysis: ILAE 2017 vs ILAE 2025

While the 2017 classification used complex semiological categories and numerous subtypes to identify epileptic seizures, the 2025 update simplified this number, achieved systematic consistency of terms, and strengthened clinical significance [11,15,19].

The ILAE 2025 system simplifies the basic diagnostic steps and increases the speed of clinical decision-making.

For example, instead of the traditional classification, such as "motor vs non-motor," an observable and non-observable feature approach was introduced, which makes clinical assessment intuitive and accurate [12,16,17].

Final considerations

The classification of epileptic seizures, adopted by the ILAE in 2025, marks a new stage in the science of epileptology.

This update is based on the previous 2017 system and ensures the creation of a unified language for accurate and consistent diagnosis, statistics, and research in clinical practice.

The updated system better expresses semiotic features, simplifies terminology, and achieves high efficiency in determining the patient's condition.

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