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Dear Commission on Classification and Terminology of the ILAE:

I have reviewed the report “revised terminology and concepts for organization of the epilepsies”. My first words should go to congratulate the Commission members for the thoroughness and clarity of their manuscript.

My only comment for this document is related to the term *consciousness* and *responsiveness*, especially in the way it is referred to on table 2 of the article. This table divides partial seizures into “with and without impairment of *consciousness / responsiveness*”. This is often a difficult term to assess, quantify, and agree upon in the evaluation and description of seizures, and from reading the manuscript I understand that its clarification might not be one of the goals of this revised terminology. Nevertheless, I believe it is now a good opportunity to discuss it and consider other terminology that might be more appropriate.

The terms *consciousness and responsiveness* are confusing and difficult to apply in some seizures. In pure amnesic seizures (i.e. some non-dominant temporal lobe seizures) and some absence seizures, *consciousness* and *responsiveness* are preserved, despite the fact that patients are completely or partially unaware of their environment and unable to interact properly. In the other hand, patients with ictal Broca’s aphasia cannot *respond* although they are aware of their surroundings and follow commands. Finally, in simple partial motor seizures there is an inability to perform appropriate motor *responses*, while cognitive functions are completely preserved. These seizure types become difficult to classify when *consciousness* or *responsiveness* are the differential features defining the distinction between simple and complex partial seizures, or between focal and generalized seizures.

As the authors stated in pages 5 and 6, “the distinction based on impairment of consciousness is impossible to define in a precise scientific manner (Gloor 1986)” and because of this the commission has preferred not to create a scientific classification within focal seizures. However, from the above examples it may be appropriate to use the term *awareness* instead of *consciousness* and *responsiveness*. *Awareness* is impaired in amnesic and absence seizures, and is preserved in aphasic and simple partial motor seizures. Therefore the evaluation of ictal *awareness* may provide more precision in the distinction between seizures that impair the ability to perform complex tasks from those that do not cause such impairment, in the

assessment of seizure severity, and in the evaluation of the patients fitness to drive and to perform certain jobs.

I hope you find this comments useful and thank you in advance for allowing me to participate in the development of this important task.

Sincerely,

Antonio Gil-Nagel