

Article type : Letter

### Response to the numbering of seizure types

We thank the authors for their kind attention to the 2017 ILAE seizure type classification. Our target audience comprised general clinicians, patients with epilepsy and the public (for the basic classification) and neurologists, epileptologists and researchers (for the expanded classification). To keep the classification usable for this audience, the Classification Task Force chose only to abbreviate the most important seizure types, for example, FAS for focal aware seizure and FIAS for focal impaired awareness seizure. We have no objection to the suggested numbering system for use by specialized groups using the computerized SCORE system.

The question of negative myoclonus was not extensively discussed by our Task Force. The 2017 classification is not comprehensive and it omits mention of a number of seizure types. Distinction of negative myoclonus seizures from focal or generalized atonic seizures can be difficult. Diagnosis is confounded by non-epileptic negative myoclonus in the form of asterixis. Despite these diagnostic issues, it would be acceptable to indicate that myoclonic seizures can either have positive or negative manifestations. Future research about this entity may clarify where negative myoclonus best fits into a classification.

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We confirm that we have read the Journal's position on issues involved in ethical publication and affirm that this report is consistent with those guidelines.'

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