



Editorial

“Epileptics”, “people with epilepsy”, “PWE”, “epilepsy patients” – What is the best label?

Three years ago – and after much deliberation – the Commission on Classification and Terminology of the International League Against Epilepsy (ILAE) finally published the latest version of the official nosology of the epilepsies.¹ This carefully considered work has been translated into all major languages and describes the “official” use of scores of words related to epileptic seizures and epilepsy. However, people looking for guidance on what to call those experiencing seizures will be disappointed. Although “individual patients” are mentioned in passing, the classification does not propose a more specific label for the patient group it is intended to subdivide.

The lack of “official” guidance means that people who want to write about those having epileptic seizures have to look for other sources of inspiration. Many authors now think that the adjective “epileptic” should only be used to characterise seizures and not a person. These authors may be concerned about the negative connotations of epilepsy and about identifying the whole individual with their condition. Whilst the same grammatical approach might be acceptable in other areas of medicine (fewer people would worry about calling a person “hypertensive” or

“asthmatic”), many other disorders have not had the same negative social connotations as epilepsy.

However, as the letter by Jeffrey Hatcher demonstrates, not everybody agrees with this “politically correct” approach – especially when “epileptic” morphs into “PWE” because “person with epilepsy” is too cumbersome. I hope that Jeffrey Hatcher's letter and Ann Jacoby's comments will provide food for thought and stimulate debate.

Reference

1. Berg A, et al. Berkovic SF, Brodie MJ, Buchhalter J, Cross JH, van Emde Boas W. Revised terminology and concepts for organization of seizures and epilepsies: report of the ILAE Commission on Classification and Terminology, 2005–2009. *Epilepsia* 2010;51:676–85.

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