

Types of Seizures

Information for patients and families

Read to learn about:

- What a seizure is
- How a seizure compares with epilepsy
- Common symptoms of seizures
- Types of seizures
- Stages of a seizure
- Common triggers for seizures
- Tips for patients, families and caregivers
- Tips for responding when a person has a seizure
- How to get more information

What is a seizure?

A seizure happens when there is a sudden and temporary burst of abnormal electrical activity in the brain.

The symptoms (signs) of a seizure depend on the type of seizure and where it is in the brain. For example, some seizures cause a person's body to go stiff with jerking motions in the arms and legs. Other seizures cause a person to seem as if they are staring into space, and they stop responding when called.

There are many symptoms for a seizure, but not every single symptom means you are having a seizure.

Seizure versus epilepsy

A seizure is a single event. A seizure can happen for several reasons.

Epilepsy is a disorder that makes a person likely to have recurring seizures. Not every seizure means a person has epilepsy.

Symptoms and types of seizures

Here are some terms for symptoms of seizures.

- **tonic:** means tensing of muscles
- **clonic:** means rhythmic and repetitive jerking movements
- **motor:** means body movements
- **myoclonic:** means brief or sudden jerks or muscle twitching
- **atonic:** means sudden and temporary loss of muscle control, causing you to go limp or fall

These and other terms are used to describe seizures and different types of seizures. Knowing about types of seizures and understanding the terms for them will help you understand your health and care from your health care team.

Your neurologist (doctor who specializes in the brain) will tell you what diagnosis and terms apply to you.

There are 4 general groups of seizures:

1. focal
2. generalized
3. unknown whether it is focal or generalized
4. unclassified

Except in rare cases, a person would normally only have focal OR generalized seizures, not both.

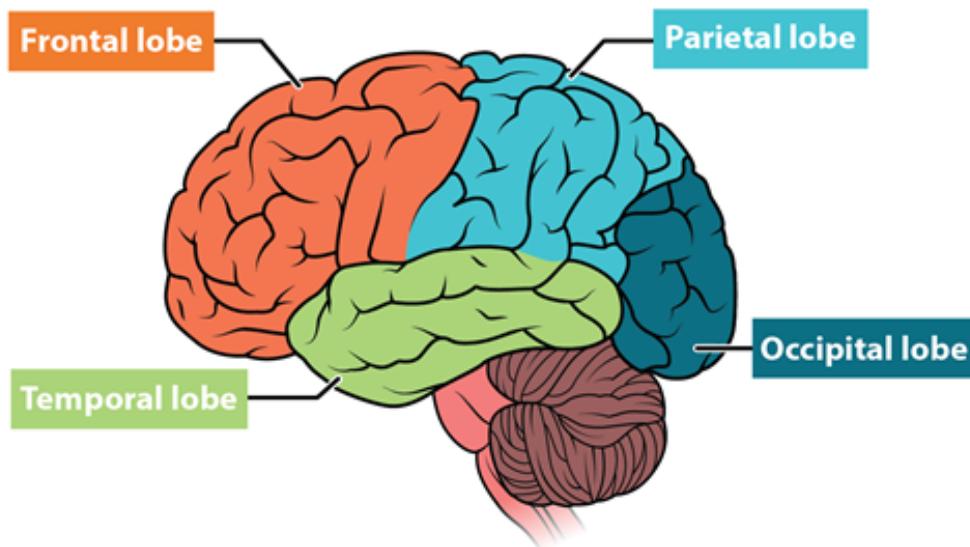
1. Focal seizures

A focal seizure is an increase in electrical activity that happens in 1 part of the brain. A focal seizure may last from several seconds to minutes. Focal seizures can happen either:

- with preserved consciousness, which means you are aware and responsive
- with impaired consciousness, which means you are not aware and not responsive.

Focal seizures can have both observable and non-observable symptoms.

Regions of the Brain Involved in Focal Seizures



© UHN Patient Education

If your **frontal lobe** is affected, you might have these symptoms:

- jerking muscle movements — These seizures are called focal clonic motor seizures.
- complex movements that look like rowing, kicking or bicycling — These seizures are called hypermotor seizures.

If your **temporal lobe** is affected, you might have these symptoms:

- rise in heart rate
- déjà vu, which means the feeling of having experienced something before
- changes in emotional or sensory state (for example, some people may have sudden feelings of nervousness or the smell of something burning)
- trouble speaking or hearing
- repetitive movements (such as rubbing your hands or smacking your lips)

If your **parietal lobe** is affected, you might have these symptoms:

- numbness or tingling
- body image distortions (for example, feelings or sensations in your body that are not actually occurring, such as feeling a limb moving when it is not)

If your **occipital lobe** is affected, you might have visual changes (such as flashes, hallucinations, distortions, seeing colours).

A focal seizure can start in 1 area of the brain and then spread to both sides. This is called a **focal-to-bilateral tonic-clonic seizure**. This can lead to shaking or jerking through the whole body, falling and losing consciousness. Bilateral means 2 sides.

2. Generalized seizures

The seizure affects both sides of the brain at the same time. It can last 1-2 minutes or longer. You usually lose awareness, even if it's brief.

Generalized seizures can have observable or non-observable symptoms.

In a **tonic-clonic seizure**, your muscles stiffen (called the tonic phase) and then you may have repetitive shaking or jerking movements (called the clonic phase). You might bite your tongue or lose control of your bladder. After the seizure, you may feel sore, fatigued (very tired) or confused.

In an **absence seizure**, you might stare into the distance for a short amount of time or seem to "space out." You may blink or make small gestures but not respond when spoken to. Absence seizures may be mistaken for daydreaming, especially in children.

3 and 4 Unknown and unclassified categories

The last categories of seizures are:

3. Unknown whether it is focal or generalized

This category is for seizures where how they started is unknown and no one saw them. For example, you could have a seizure during your sleep (called nocturnal seizures).

4. Unclassified seizures

This is a temporary category of seizures. In this case, your doctor doesn't have enough information yet to be certain which type of seizure you had. An unclassified seizure might be classified later based on getting more information.

Stages of a seizure

Many people think of the seizure as only when there are symptoms that are observable (can be seen). But that is only 1 stage, called the ictal stage. There are up to 3 stages in a seizure.



1. Prodrome (beginning)

Not everyone will experience the prodrome stage. But some people experience symptoms hours or days before the ictal stage.

Some common signs include:

Aura or warning symptoms

Some people notice an **aura** at the start of a seizure. An aura may be a strange feeling, taste or smell. Many patients think of the aura as coming before the seizure, but the aura is an early stage in a seizure.

In **focal preserved consciousness seizures**, your senses trigger a warning symptom (aura). This may be a physical, emotional, visual, olfactory (smell), or gustatory (taste) sensation. This is a very small seizure happening deep within your brain. At times, the seizure might not progress and will end with the aura stage.

Some examples of auras include:

- unusual taste or smell
- déjà vu
- numbness or tingling
- visual disturbance, such as seeing colours, flashing, or hallucinations
- sudden emotions, such as fear or panic

2. Ictal (middle)

This is the stage of observable symptoms and ends when the seizure symptoms end. Common experiences include:

- loss of consciousness
- confusion
- difficulty speaking or being unable to speak
- loss of muscle control
- repetitive movements
- unusual eye movements
- twisting, jerking, spasms or shaking

3. Post-ictal (ending)

This is the recovery stage, after the burst of electrical activity in the brain, and returning to normal.

Common experiences include:

- confusion or disorientation
- exhaustion
- weakness
- soreness
- speech impairment (for example, stuttering, slurring)
- feeling thirsty
- nausea (feeling like throwing up)
- feelings of shame, anxiety, fear or embarrassment

After this stage, you may remember, not remember or partially remember your seizure.

What can trigger a seizure?

Each person will have different triggers, but some common triggers are:

- sleep deprivation (having too little sleep) or disrupted sleep
- illness, infection or fever
- alcohol withdrawal or intoxication
- hormonal changes, for example, changes that come with your menstrual cycle or pregnancy
- not taking your medicines on time or skipping doses

Your health care team

Your team of health care professionals will talk with you about your health, symptoms and possible tests and treatments to determine what will work for you.

In some cases, your neurologists may ask you to visit the Epilepsy Monitoring Unit (EMU) to observe your seizure activity to get more information about your seizures.

Tips for patients, families and caregivers

- Keep a seizure diary to help track how often seizures happen, how long they last and the symptoms. Tracking seizures and summarizing them for your doctor (for example, per year, per month, per week, every other month) is important for your treatment. That way your doctor can understand if an intervention (a treatment or support) has helped, worsened or not changed anything.
- Know your triggers and plan to avoid or reduce them when possible. (See **What can trigger a seizure?**)
- Take your medication as prescribed.
- Keep your health care team informed about details of your seizures.
- Learn seizure First Aid to support those you care for. See Tips for responding to a seizure.

Tips for responding to a seizure

If you see someone having a seizure, here are some tips:

- Stay calm.
- Keep the person having the seizure safe.
 - If they are aware, guide them to a safe space.
 - If they are at risk of falling, guide them to the floor or ground safely.
 - If they are having a tonic-clonic seizure, put something under their head to protect them, such as a blanket and sweater.
 - Put the person in a recovery position, on their side. This will help keep their airway open so they are able to breathe, and help prevent choking.
- Time the seizure, starting when you first notice symptoms. If the seizure lasts longer than 5 minutes, **call 911**.
- Do not place any objects in their mouth.
- Do not restrain them.
- Do not leave them alone. Stay with them until they are fully aware and feel safe and able to cope.



Call 911 if:

- the seizure lasts longer than 5 minutes.
- the seizure happens in water.
- the person struggles to regain awareness after the seizure.
- the person has trouble breathing.
- more than 1 seizure occurs without periods of recovery in between.

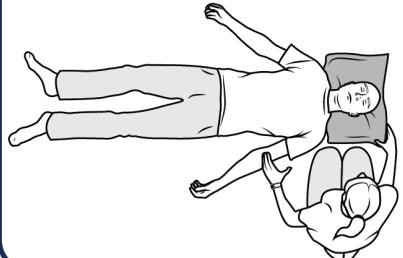
Important: If a seizure lasts 5 or more minutes, or there is more than 1 seizure after another without a recovery period in between, this is a medical emergency. Get medical attention as soon as possible. This is called status epilepticus. Status epilepticus can have serious medical effects or outcomes.

How to Respond to a Seizure

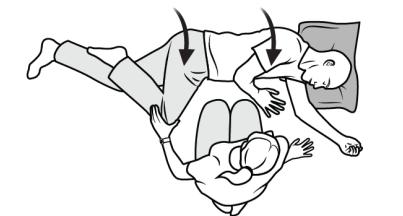
1 Guide the person to a safe space or to the floor



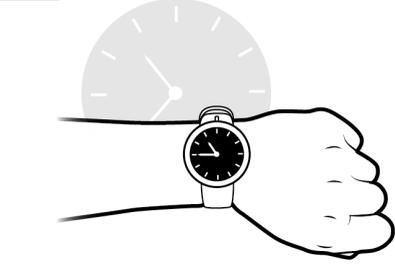
2 Place something soft under the person's head



3 Place the person in the recovery position



4 Time the seizure



5 Make sure the person is breathing



6 Call 911 if:



- The seizure is longer than 5 minutes
- The seizure happens in water
- The person struggles to stay conscious after the seizure
- The person has trouble breathing
- More than 1 seizure happens without pauses

© UHN Patient Education

How can I get more information?

Talk directly to your neurologist or social worker at the Epilepsy Clinic.

Toronto Western Hospital Epilepsy Clinic

Toronto Western Hospital, West Wing — 2nd Floor

Phone: 416 603 5232

Contact hours: Monday to Friday – 8 am to 4 pm

Social Worker at Toronto Western Hospital

Epilepsy Clinic

Toronto Western Hospital, West Wing — 2nd Floor

Phone: 416 603 5800, extension 3191

For more information, see:

- Epilepsy Foundation. Types of Seizures (2024). <https://www.epilepsy.com/what-is-epilepsy/seizure-types>
- Epilepsy Foundation. Seizure Phases. <https://epilepsyfoundation.org.au/understanding-epilepsy/seizures/seizure-phases/?pdf=727>
- International League Against Epilepsy (ILAE). Updated Classification of Epileptic Seizures (2025). <https://www.ilae.org/updated-classification-epileptic-seizures-2025>
- UHN. Types of Seizures and Epilepsy (2021). <https://www.youtube.com/watch?v=TDvJ5YcyLso>



Have feedback about this document?

Please fill out our survey. Use this link: surveymonkey.com/r/uhn-pe

Visit www.uhnpatienteducation.ca for more health information. Contact pfep@uhn.ca to request this brochure in a different format, such as large print or electronic formats.

© 2026 University Health Network. All rights reserved. Use this material for your information only. It does not replace advice from your doctor or other health care professional. Do not use this information for diagnosis or treatment. Ask your health care provider for advice about a specific medical condition. You may print 1 copy of this brochure for non-commercial and personal use only.