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ATOGEPANT IN CLINICAL PRACTICE: PERSISTENCE AND REASONS FOR DISCONTINUING TREATMENT

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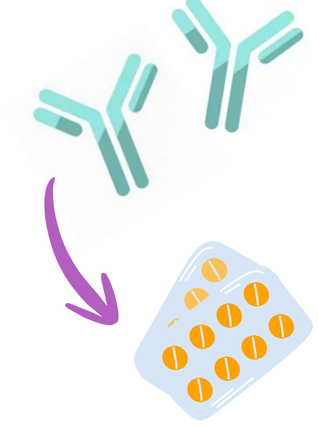
BACKGROUND AND IMPORTANCE



In recent years, monoclonal antibodies (mAbs) targeting calcitonin gene-related peptide (CGRP) have provided a new alternative for the preventive treatment of migraine in patients who have experienced multiple previous therapeutic failures. The recent approval of atogepant, a new oral anti-CGRP, offers advantages in terms of convenience, adherence, and costs reduction. Nevertheless, several cases of treatment discontinuation have been identified by the Pharmacy Department.

AIM AND OBJECTIVES

Evaluate the persistence of atogepant in a real-life setting → To identify the main reasons for discontinuing treatment.

MATERIAL AND METHODS

Observational, descriptive and retrospective study, which included patients who started treatment with atogepant between July 2024-November 2024.

VARIABLES

- Sex
- Age
- Diagnosis (chronic or episodic migraine)
- Previous anti-CGRP treatments
- Adverse reaction (AR)
- Date and reason for discontinuing treatment

1. Electronic medical records
2. R statistical programme (v.4.2.2).

RESULTS

TOTAL: **55 patients**

- 43 (78,2%) women
- Median age of 49 years

50 (90,9%) chronic migraine

30 (54,5%) anti-CGRP mAbs previously
- Galcanezumab 23 (41,8%)
- Erenumab 7 (12,7%)

39 (70,9%) patients had discontinued the treatment with atogepant
(Median persistence of 176,6 days)

Reasons
- Lack of effectiveness (42%)
- AR (56%)
  - Nausea 30,9%
  - Constipation 29,1%
  - Fatigue 25,5%.

CONCLUSION AND RELEVANCE

Atogepant showed limited persistence, most of the patients discontinuing treatment within the first 6 months, mainly due to AR and lack of effectiveness. Although oral administration represents a convenient alternative to monoclonal antibodies, further studies are needed to better select patients who could benefit from this therapy.