Clinical follow-up in patients with migraine after discontinuation of prophylactic biological treatment: a real-world experience

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N02- ANALGESICS

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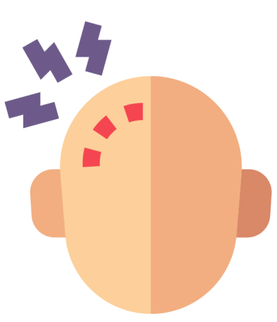
BACKGROUND AND IMPORTANCE



Monoclonal antibodies targeting the calcitonin gene-related peptide (CGRP) pathway are recommended by European Headache Federation for migraine prevention. They are considerate effective and safe in the long-term.
In individuals with episodic or chronic migraine (EM, CM) the duration of preventive treatment is not defined. Some experts recommend a pause after 12-18 months of continuous treatment. Restarting the treatment is suggested when migraine worsen after treatment withdrawal.

AIM AND OBJECTIVES

To evaluate the course of migraine after anti-CGRP treatment withdrawal and the prevalence of restart treatment in our population.

MATERIAL AND METHODS

Erenumab
Galcanezumab
Fremanezumab

January 2020 - September 2022

Required **restarting anti-CGRP** therapy after 12 months of treatment.

- ✓ Demographic data (sex, age)
- ✓ Migraine type
- ✓ Months without anti-CGRP
- ✓ Biological drug
- ✓ Monthly migraine days (MMD)
- ✓ Headache Impact Test-6 score (HIT-6) at two visits: baseline naïve and before resumption of biological treatment.

Descriptive, retrospective and observational study
The Shapiro-Wilk normality test and the Student's t-test were used for statistical analysis. (p-values <0.05 were considered significant).

RESULTS

N= 44 patients

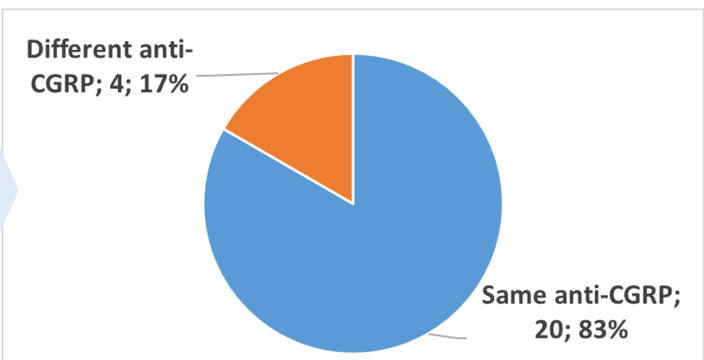
13 erenumab
25 galcanezumab
6 fremanezumab

84% women
Age 49 years [26–77]
Chronic migraine 52%
High frequency EM 48% (≥8 MMD)

12 months of anti-CGRP treatment with a good response (≥50% MMD reduction)

Months without treatment: 6,3±3,0

55% (24/44) patients **restarted treatment** due to clinical worsening



	Baseline	Previous re-start	
MMD	14,0±4,6	12±3,0	p<0,01
HIT-6 score	68,3±3,7	67,7±6,1	P>0,05

CONCLUSION AND RELEVANCE

- Restart of treatment is not required in all patients.
- Follow-up of them is necessary to assess the **long-term benefit** after treatment discontinuation.
- Despite treatment is restarted, a reduction in MMD compared to baseline is observed.

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IAS Institut d'Assistència Sanitària
eahp european association of hospital pharmacists