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COMPARED REAL-LIFE PERSISTENCE BETWEEN FREMANEZUMAB, ERENUMAB AND GALCANEZUMAB.

I. GARCÍA CONTRERAS¹, M. ROMERO-GONZÁLEZ¹, L. AMARO-ÁLVAREZ¹, E. ALEGRE-RUEDA¹, F.J. VIGUERA-ROMERO², V. MERINO-BOHÓRQUEZ¹.

¹HOSPITAL UNIVERSITARIO VIRGEN MACARENA, PHARMACY, SEVILLA, SPAIN.
²HOSPITAL UNIVERSITARIO VIRGEN MACARENA, NEUROLOGY, SEVILLA, SPAIN.

BACKGROUND AND IMPORTANCE

Monoclonal antibodies targeting calcitonin gene-related peptide(CGRP) represents an effective choice in preventing migraine crises. Nevertheless, data on their persistence is limited .

AIM AND OBJECTIVES

This study compares the persistence between fremanezumab, erenumab and galcanezumab and identifies the main reasons for treatment discontinuation.

MATERIAL AND METHODS

An ambispective, observational study was conducted at a tertiary hospital, including patients who started treatment with fremanezumab, erenumab or galcanezumab between December-2019 and February-2024. Follow-up carried out until August-2024. Women who discontinued treatment due to pregnancy were excluded. Temporary medication interruption was not considered if the discontinuation was ≤ 6 months and the patient restarted the same drug.

Demographic and clinical data were obtained from electronic medical records.

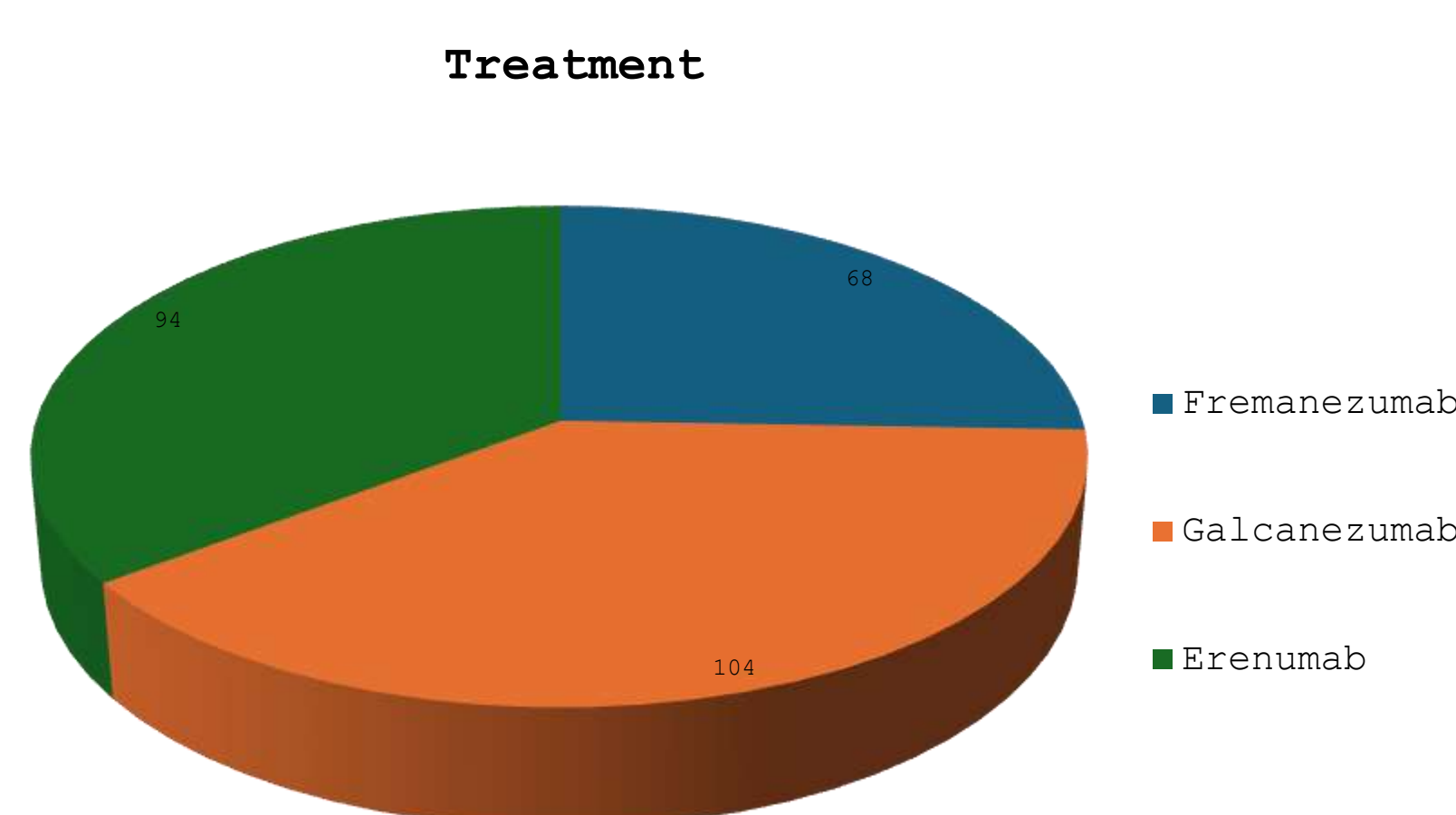
Variables collected were age, gender, diagnosis(chronic or episodic migraine), monthly migraine days(MMD) and previous preventive treatments(PPT) including botulinum toxin.

Persistence was defined as the time from the first medication dispensation to treatment discontinuation or end of the study. Kaplan-Meier survival analyses and log-rank test were carried out with R-4.4.1.

RESULTS

Demographic variables

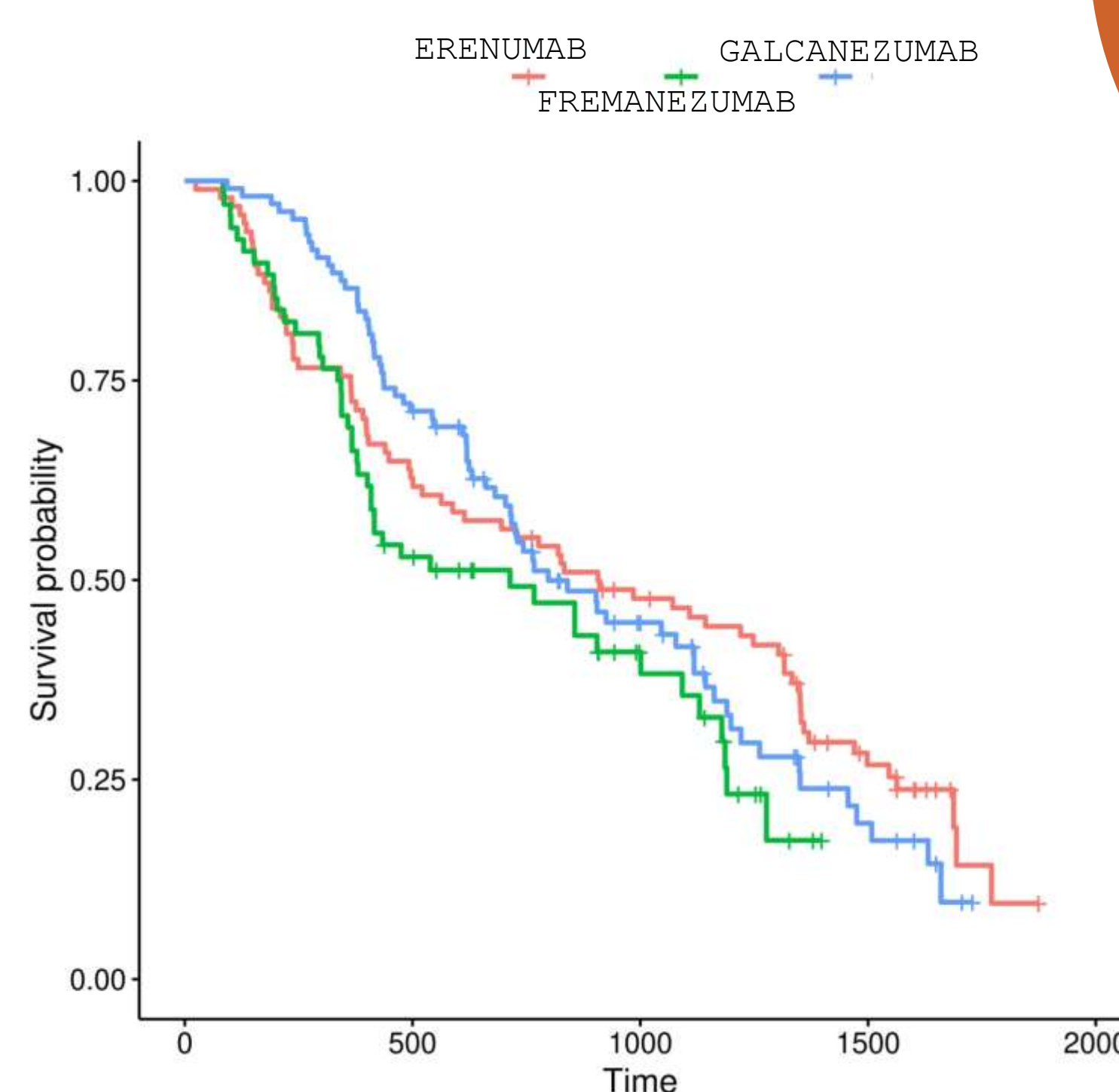
- N= 266
- Gender=84,2% women
- Mean age= 48±12 years old



Clinical variables

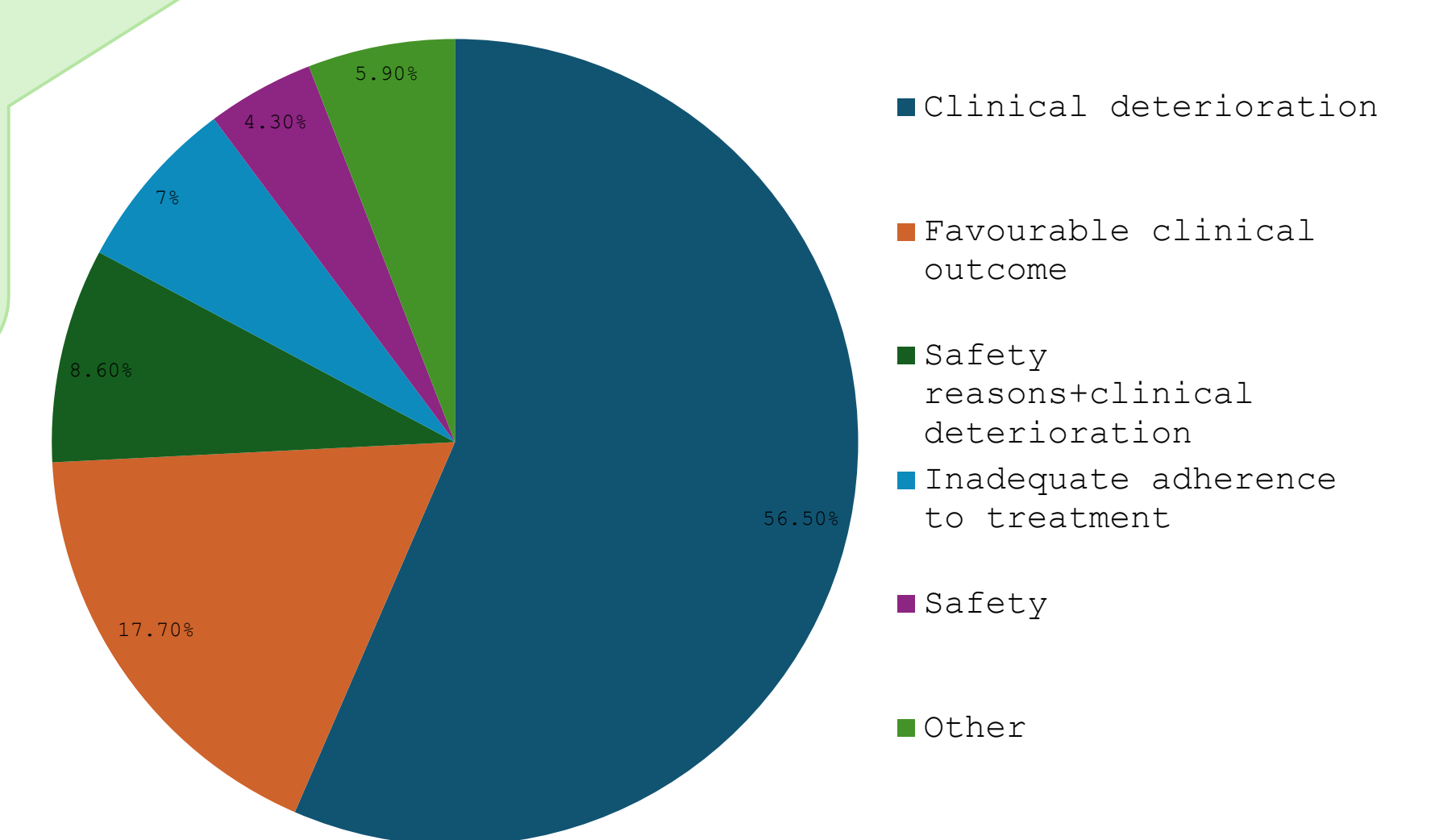
- Diagnosis
 - Chronic migraine: 44,7%
 - Episodic migraine: 55.3%
- Median monthly migraine days: 10(IQ 8-15)
- Mean number of previous preventive treatments: 5±2

Persistence

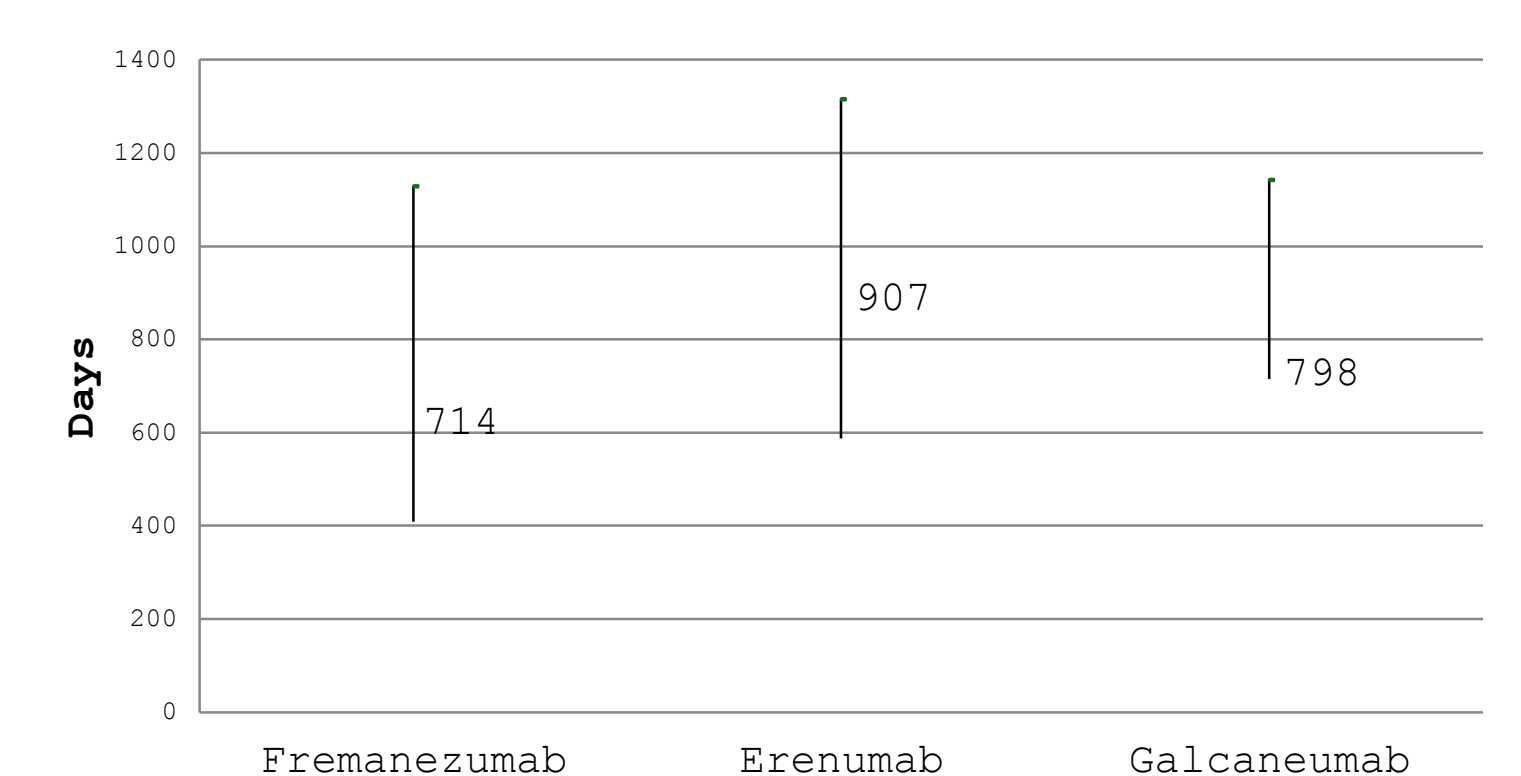


70% of patients discontinued treatment during the study.

Reasons for treatment discontinuation



Median persistence days



CONCLUSION AND RELEVANCE

Although trends indicated that galcanezumab may have the longest persistence and fremanezumab the shortest, no significant differences in persistence were found.

Main reason for discontinuation was clinical deterioration.

Further studies are needed to confirm these findings.