



# COMPARISON OF THE EFFECTIVENESS OF ATOGEPANT COMBINED WITH BOTULINUM TOXIN VERSUS ATOGEPANT MONOTHERAPY IN THE PREVENTION OF CHRONIC MIGRAINE

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## BACKGROUND AND IMPORTANCE

Chronic migraine (CM) is a highly disabling neurological disorder with limited preventive options. Atogepant, an oral calcitonin gene-related peptide receptor antagonist, has demonstrated effectiveness in CM prevention. Botulinum toxin (BTX) is an established preventive treatment for CM, but evidence regarding the combined use of BTX and atogepant remains limited

## AIM AND OBJECTIVES

To compare the effectiveness of botulinum toxin plus atogepant (BTX-ATO) versus atogepant monotherapy (ATOm) in patients with CM

## MATERIAL AND METHODS

**Observational, retrospective, multicentre study**

Patients with chronic migraine treated with atogepant for at least 3 months

BTX-ATO versus ATOm

**Variables**

Primary	Secondary
Change in mean monthly migraine days (MMD) at 3 months versus baseline	MMD reduction $\geq 50\%$ , 30–49% and 0–29% at 3 months

- Data sources**
  - Electronic Health Record and electronic prescribing programme
- Statistical analysis**
  - Descriptive measures, Mann–Whitney U and Chi-square tests

## RESULTS

**45 patients**  
**91.11%** **8.89%**   
**Mean age 47.42 years**  
 (SD = 11.0)

	Baseline MMD	MMD after 3 months	MMD $\geq 50\%$ reduction	MMD 30–49%	MMD 0–29%
BTX-ATO (n = 29)	20	13	41.4% (12/29)	6.9%(2/29)	51.7% (15/29)
ATOm (n = 16)	21	14	25.0% (4/16)	12.5%(2/16)	62.5% (10/16)

$\neq 1$  day (**p = 0.329**) → No significant differences in secondary variables (**p = 0.507**)

## CONCLUSIONS AND RELEVANCE

→ Atogepant reduces monthly migraine days **similarly** in **monotherapy** and **combination** with botulinum toxin

→ Further studies are needed to determine the value of combination therapy