

EFFECTIVENESS AND NEED FOR RETREATMENT WITH ANTI-CGRP ANTIBODIES IN PATIENTS WITH CHRONIC AND EPISODIC MIGRAINE

CHILET RODRIGO, E; FERNANDEZ ALONSO, E; GIMENO GRACIA, M; SANTOS LASAOSA, S; DEL POZO PARA, E; VINUESA HERNANDO, JM; PINILLA RELLO, A; PEREZ HUERGA, M; SIMAL LOPEZ, R; LOPEZ NICOLAS, A.M; SALVADOR GOMEZ, T

OBJECTIVES

Analyze the effectiveness, safety, and need for retreatment with monoclonal antibodies against calcitonin gene-related peptide (anti-CGRP) in patients with chronic or episodic migraine after completion of a first therapeutic cycle.

MATERIAL AND METHOD

Observational, retrospective, single-center, multidisciplinary study in patients who started treatment with anti-CGRP (galcanezumab/erenumab/fremanezumab/eptinezumab)

02/2022 → 02/2024 → tertiary hospital.

Demographic variables:

- Sex
- Age
- type of migraine.

Effectiveness:

- Monthly migraine days (MMD)
- HIT-6
- MIDAS

At baseline, 12 months of follow-up, start of retreatment and at 6 months

Safety:

- Incidence of adverse reactions (AR)

Treatment duration and time to retreatment were taken into account.

RESULTS

124 patients: 88% women and median age 46 years

→ 78% chronic migraine

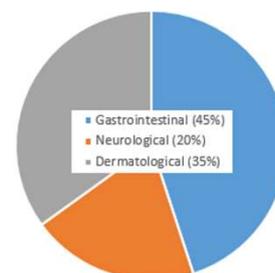
→ **TREATMENT:** 47 Galcanezumab
55 Fremanezumab
19 Erenumab
3 Eptinezumab

→ **DISCONTINUED:** 19 Lack of efficacy
11 Other reasons
94 Protocol criteris

FIRST – CYCLE EFFICACY		
	BASELINE	12 MONTHS
MMD	12 (10 – 15,5)	5 (-58,3%)
HIT-6	67 (65,5 – 74)	48 (-32,8%)
MIDAS	63 (26,5 – 110,5)	22 (-65%)

→ Retreatment at 3.4 months

RESTARTING TREATMENT		
	BASELINE	6 MONTHS
MMD	11,56 (9 -14,5)	5 (-56,77%)
HIT-6	64,4 (60,75 – 68)	58,6 (-22,5%)
MIDAS	48,85 (19,5 – 90)	23,67 (-51,53%)



16.13% (20) experienced adverse reactions. Six patients discontinued treatment due to adverse effects.

CONCLUSION

The treatment is well tolerated and effective; however, once it is discontinued, its effectiveness is not maintained, and 90.48% of patients must restart treatment. These findings support the need for more individualized strategies in migraine management with anti-CGRP.