EFFECTIVENESS OF ATOGEPANT AFTER ANTI-CGRP MONOCLONAL ANTIBODY: PATIENT-REPORTED OUTCOMES ON QUALITY OF LIFE

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BACKGROUND AND IMPORTANCE

Preventive migraine therapies aim to reduce attack frequency and severity and improve quality QoL. Atogepant, an oral anti-CGRP, is accessible in Spain for preventive treatment in patients with high-frequency episodic migraine (HFEM) and chronic migraine (CM).

AIM AND OBJECTIVES

Evaluate the effectiveness of atogepant after anti-CGRP monoclonal antibody treatment, using a validated QoL questionnaire, and to describe its safety in real-world practice.

MATERIALS AND METHODS

A prospective observational study between 08/24-09/25

Data collected from medical records: patient demographics and treatment history recorded.

QoL assessed using MSQ version 2.1

QoL measured at baseline W0 and W12

MSQ 3 domains: RFR, RFP and EF

Score range: 0-100, higher scores indicating better QoL

Primary endpoint: % of responders

Defined as ≥ 25% mean improvement in RFR domain from baseline to W12

Secondary endpoints: mean change in MSQ domains and total score

AEs obtained from medical records

RESULTS

n=30

♀ 93,33%

47 years (36-61)

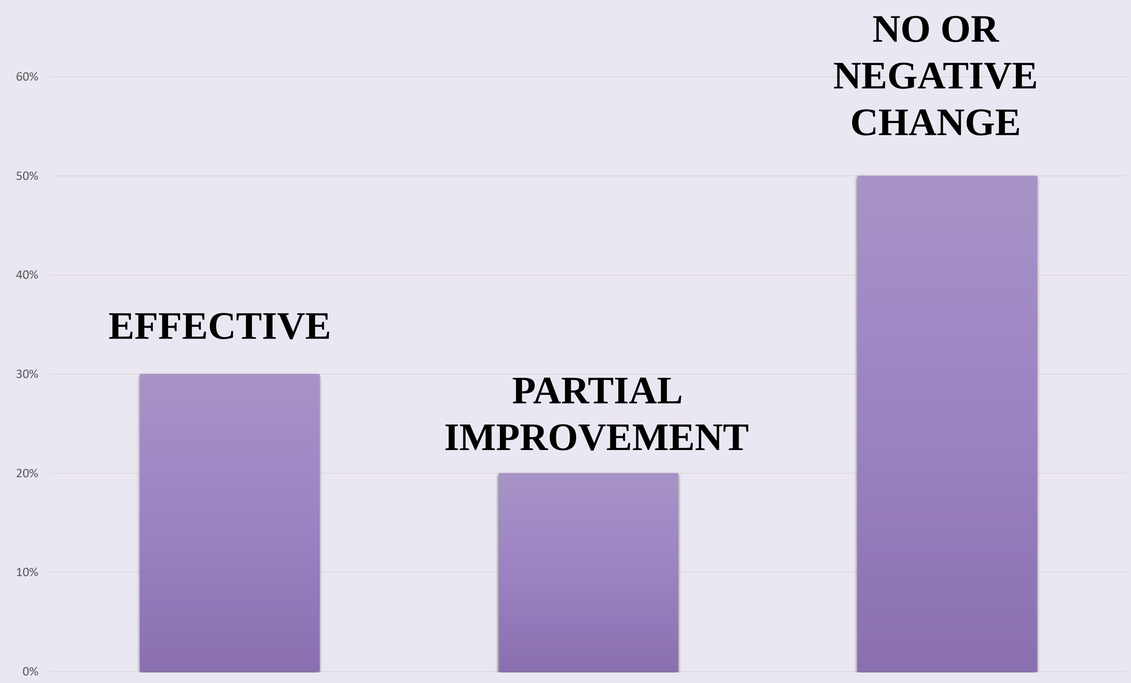
100% fremanezumab previous

80% CM
20% HFEM

3 patients combined botulinum toxin

40% discontinued

Domain / Week	RFR	RFP	EF	TOTAL
W0 (mean ± SD)	28.2(±18.2)	32.5(±19.9)	19.9(±18.3)	27.6(±16.8)
W12 (mean ± SD)	40.2(±26.7)	44(±29)	29.9(±29.6)	38.9(±26.4)
Difference (W12–W0)	12(±29.2)	11.5(±29.7)	10.1(±24.6)	11.3(±26.9)



AEs	76,7 %
Constipation	47,8%
Hyporexia	43,5%
Nausea	34,8%
Weight Loss	13,6%

CONCLUSION AND RELEVANCE

- The effectiveness of atogepant following anti-CGRP monoclonal antibody treatment, measured by QoL improvement, was limited, with 1/3 of patients achieving clinically relevant benefit.
- All MSQ domains showed minimal changes.
- Gastrointestinal adverse events were common.
- Larger studies with longer follow-up are needed to confirm these findings.

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