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# EFFICACY AND SAFETY OF ANTI-CALCITONIN GENE-RELATED PEPTIDE MONOCLONAL ANTIBODIES FOR MIGRAINE PROPHYLAXIS: ONE-YEAR REAL-LIFE EXPERIENCE

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## BACKGROUND AND IMPORTANCE

Clinical manifestations of migraine compromise patient's quality of life (QoL). Randomized studies showed monoclonal antibodies against calcitonin gene-related peptide (AM-anti-CGRP) reduce frequency and intensity of migraine episodes but there is still lack of real-life effectiveness and safety data in some clinical scenarios.

## AIM AND OBJECTIVES

Assess the one-year efficacy and safety of AM-anti-CGRP in those patients refractory to other prophylactic treatments through clinical pharmacist assessment.

## MATERIAL AND METHODS

Observational and retrospective study including patients with chronic migraine (CM) or episodic migraine (EM) who started treatment with AM-anti-CGRP between March 2020 and March 2022 completing one-year treatment.

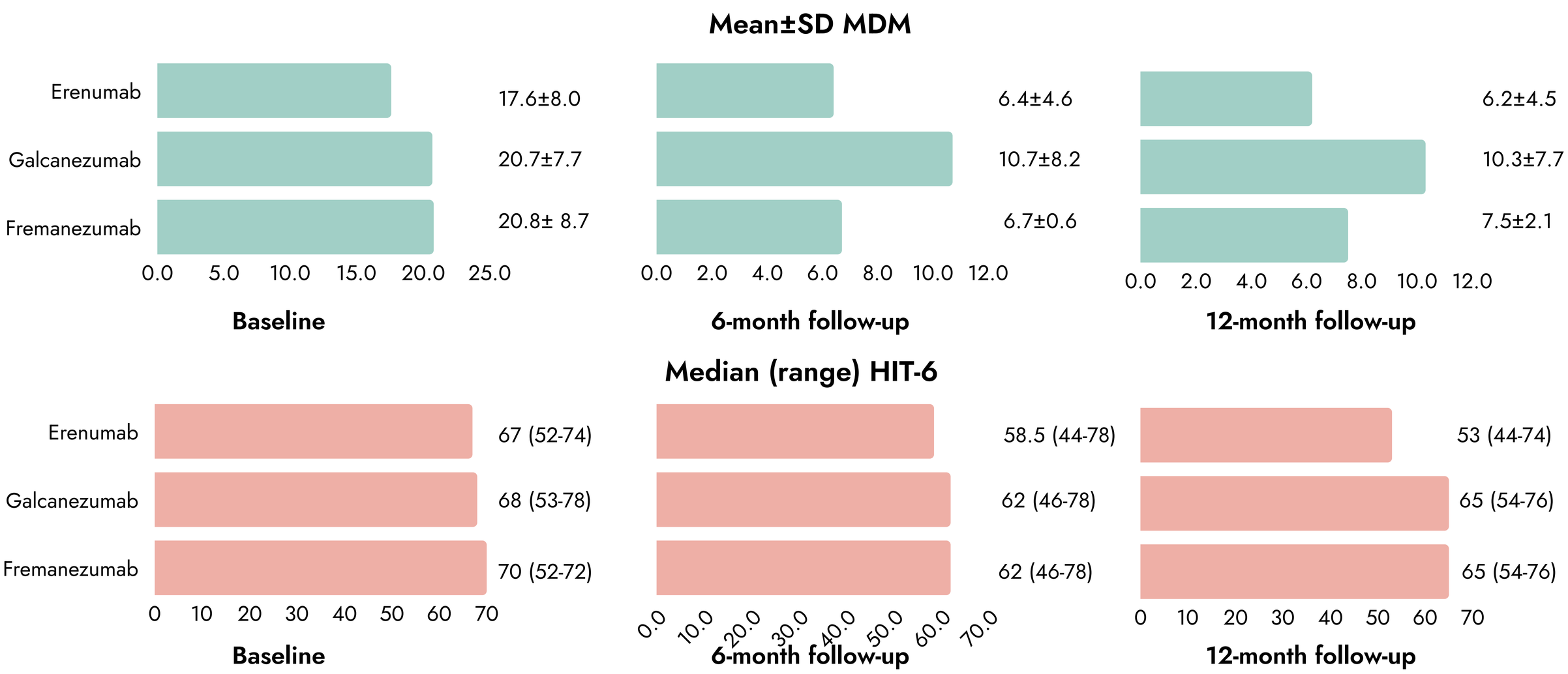
**Variables collected:**

- Sex
- Age
- AM-anti-CGRP
- Previous treatments
- Migraine days per month (MDM)at baseline, 6- and 12-months follow-up
- QoL scale (HIT-6) at baseline, 6- and 12-months follow-up

Treatment response was considered if there was an improvement of 50% MDM at 6 months or ≥30% of HIT-6 at one year.
Drug adverse effects that conditioned treatment continuation were assessed.

## RESULTS

42 patients were included (CM=29; EM=13), 69% female, mean age 44.6±9.9 years. 51 treatments were recorded (22 erenumab, 23 galcanezumab, 6 fremanezumab). Patients received a mean of 6±1.6 (erenumab group), 5.4±1.4 (galcanezumab group) and, 6.2±1.5 (fremanezumab group) prior treatments.




14 (63.6%), 15 (65.2%) and 3 (50%) of patients, responded to erenumab, galcanezumab and fremanezumab, respectively.
3 patients discontinued treatment due to adverse effects (n=2 erenumab-group, n=1 fremanezumab-group).

## CONCLUSIONS AND RELEVANCE

- High responses rates ≥50% were observed in the three groups, higher in the galcanezumab group although conclusions limited due to small sample.
- Results show treatments were safe and well-tolerated, with only 5.88% treatment discontinuations due to adverse effects.
- Multidisciplinary follow-up including clinical pharmacist assessment could help optimizing treatment response and safety.