# EVALUATION OF THE EFFICACY AND SAFETY OF ANTI-CGRP MONOCLONAL ANTIBODIES (mAbs) FOR THE TREATMENT OF MIGRAINE AT A CENTRAL HOSPITAL

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## Introduction

Migraine is one of the leading causes of disability in working-age adults, ranking 2nd overall and 1st among young women, with a significant impact on quality of life, productivity, and healthcare costs [1]. Monoclonal antibodies targeting CGRP (Amc-anti-CGRP) or its receptor are effective and safe preventive options, recommended by competent bodies as first-line therapies [2]. Real-world evidence has grown, with cohorts showing sustained reductions in migraine days across multiple treatment cycles [3].

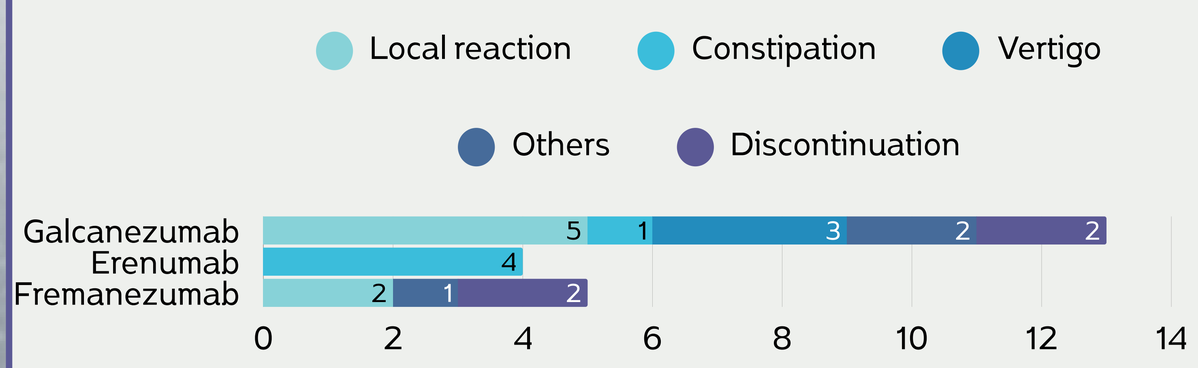
## Methods

This was a retrospective observational study including patients who initiated anti-CGRP monoclonal antibodies between January 2019 and May 2025. Data were collected on age, sex, treatment duration (TD), migraine days per month (MDM), and adverse effects (AE). The total pool was described using descriptive statistics. Efficacy was assessed by the change in MDM from baseline to 6 months (Δ = baseline − 6M) and the responder rate (reduction ≥50%). Before-after comparisons were intra-group, considering only patients with both measurements: paired t-test for galcanezumab and paired Wilcoxon test for erenumab and fremanezumab. Two-tailed analyses, α=0.05, with 95% CI. Safety was assessed by the occurrence of AEs. The data were obtained from electronic health platforms and analyzed in Microsoft Excel for Microsoft 365, Version 2508, with the Analysis ToolPak and Real Statistics Resource Pack add-ins.

## Results

Ninety-two patients were evaluated (Galcanezumab 56; Erenumab 23; Fremanezumab 13), 90.0% women, mean age 45.1 years and mean treatment time 12.6 months; adherence 96.0%.

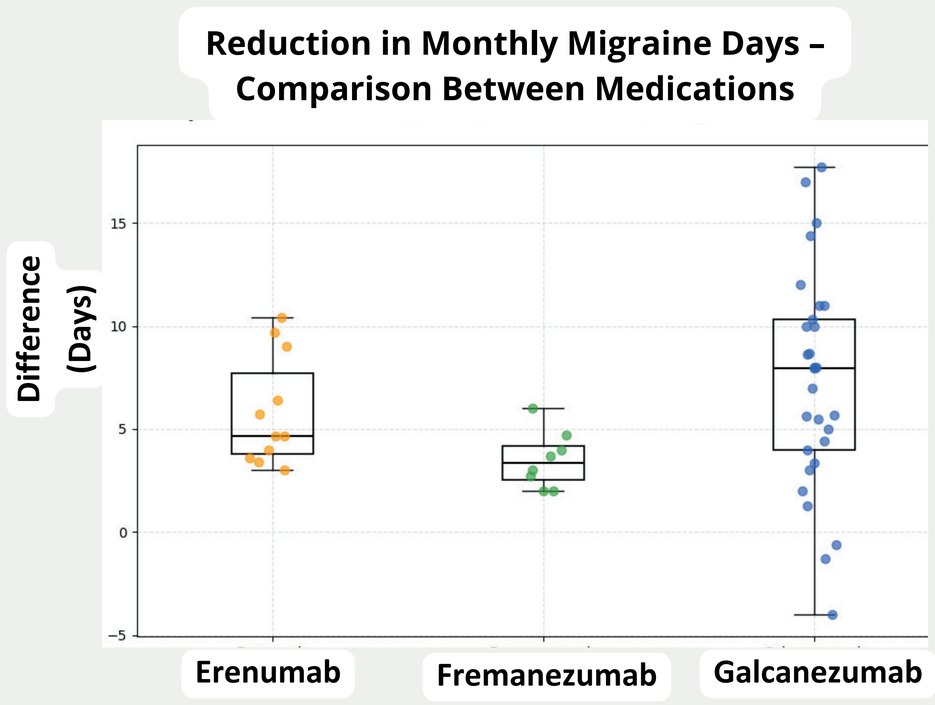
Adverse events (AEs) were reported by 17/92 (18.5%): for galcanezumab (5/10) and erenumab (2/3), injection site reactions were mainly reported, and for erenumab, constipation (4/4).




## Results

In the subsamples with baseline–6 months pairs (n=48: Galcanezumab 29; Erenumab 11; Fremanezumab 8), 90.2% were women, mean age 45.2 years, and mean treatment time of 12.0 months (erenumab), 10.0 months (fremanezumab), and 13.0 months (galcanezumab).

Efficacy was assessed using the following data: galcanezumab reduction 7.2 days/month (p<0.0001).




TR≥50% 82.8%; erenumab reduction 5.8 days/month (p=0.001), TR≥50% 90.9%; fremanezumab reduction 3.5 days/month (p=0.0078), TR≥50% 63.0%

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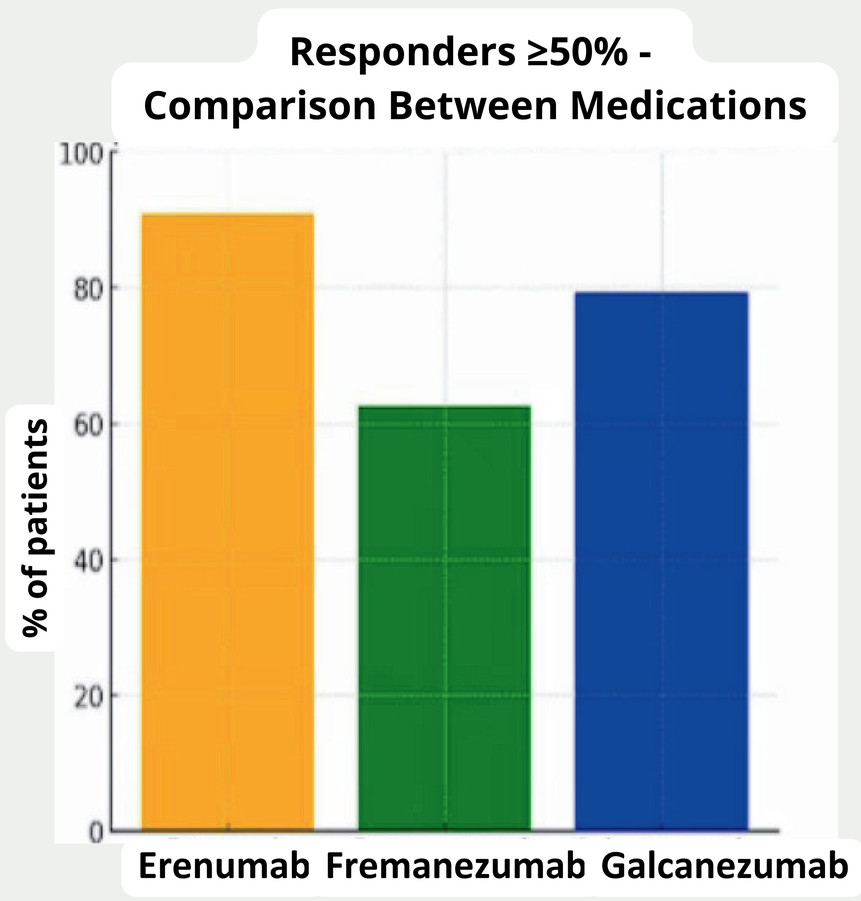


## Conclusions

In real-world practice, anti-CGRP agonists were associated with clinically relevant reductions in migraine days at 6 months; galcanezumab showed the greatest mean reduction, and response rates ≥50% were particularly high with galcanezumab and erenumab. The safety profile was favorable, with events mainly local at the injection site and constipation, in line with real-world reports [3] and with the position recommending these therapies as first-line [2]. Prospective studies with larger samples and a control group are needed to confirm these findings.

## References

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