EXPERIENCE OF USE OF BIOLOGICAL ANTIMIGRAINE TREATMENTS IN CLINICAL PRACTICE

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Aim and objectives

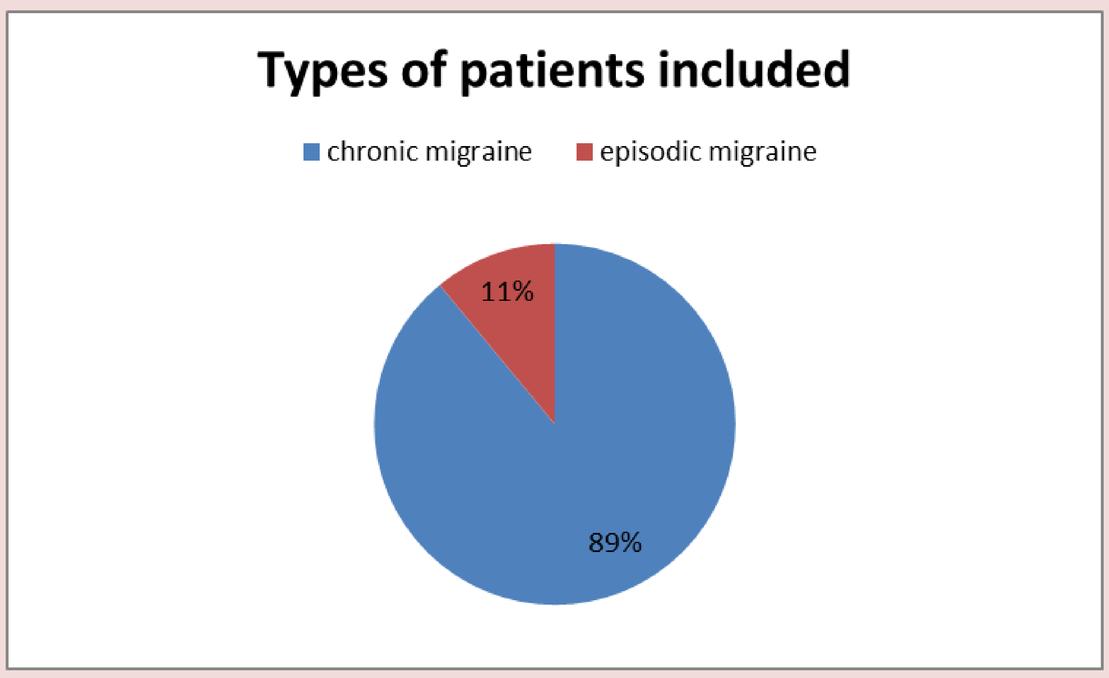
Describe the clinical experience of using mAb in migraines management

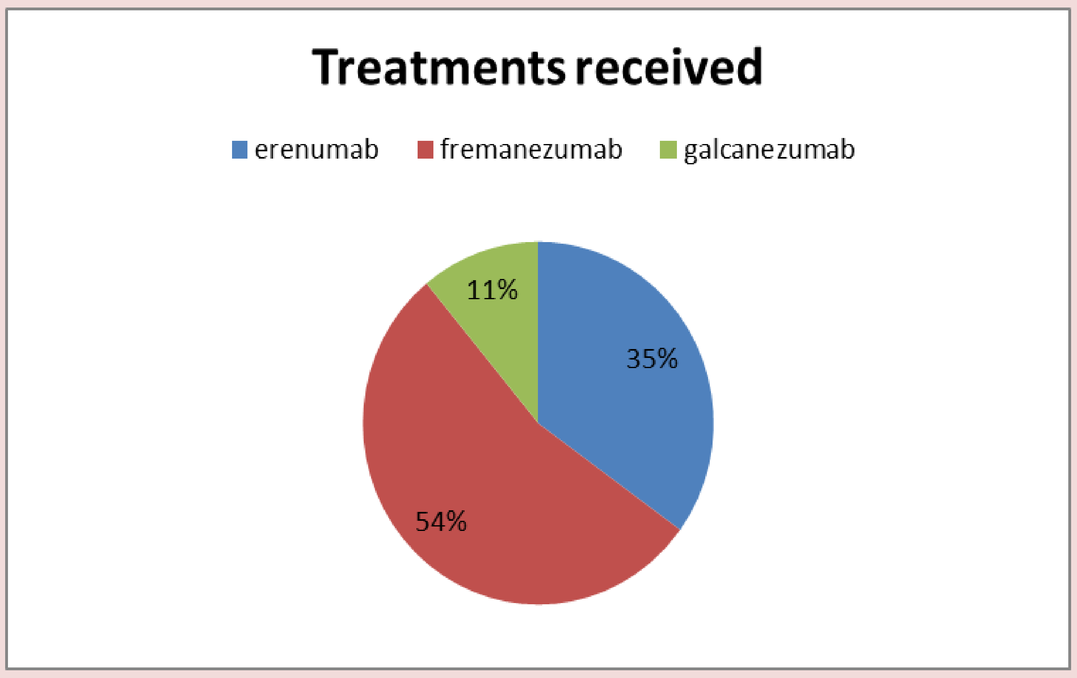
Material and methods

Retrospective descriptive research of patients with migraine treated with erenumab, fremanezumab, or galcanezumab between October 2019 and September 2021. All patients had 8 days of migraine monthly and 3 failures to prophylactic treatments, being one of these botulinum toxins. In all cases, the administration was monthly with a dose of 70 or 140 mg for erenumab, 225 mg for fremanezumab, and 120 mg for galcanezumab (after a single dose of 240 mg the first month). Efficacy was evaluated at 12 weeks and considered: reduction of monthly headache days, reduction to 50% of the number of attacks, decrease in the consumption of symptomatic medication, and discontinuation.

Results

We included 37 patients, 33 with chronic migraine and 4 with episodic. 81% were women, with an average age of 51+/-9 years, 13 received erenumab, 20 fremanezumab, and 4 galcanezumab. Erenumab reduced the number of headache days by an average of 18 days in 7 patients, the number of attacks halved in 8 and the consumption of symptomatic medication in 7. Only 14 patients with fremanezumab reached the 12 weeks of therapy, 13 decreased the number of migraine days/month an average of 11 days, 3 reduced the number of attacks halved, and 5 the consumption of symptomatic medication. Only 2 out of 4 patients treated with galcanezumab decreased the number of days of migraine an average of 16 days, halved the number of attacks and the consumption of symptomatic medication. Treatment was discontinued for ineffectiveness in 12 patients (7 with erenumab, 3 with fremanezumab, and 2 with galcanezumab). The most frequent adverse effects common to the 3 mAb were constipation and administration-related reactions. Erenumab also produced paresthesia (23%) and asthenia (8%).





Conclusion and relevance

Taking into account that the number of patients was similar in both groups, fremanezumab has better clinical benefit in reducing the number of days of migraine and erenumab in reducing the number of attacks by half, and decreases the consumption of symptomatic medication, being generally well-tolerated drugs.