REAL-WORLD EFFECTIVENESS OF SEQUENTIAL ANTI-CGRP THERAPY IN MIGRAINE PROPHYLAXIS

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Background and importance:

Migraine is a prevalent and disabling neurological disorder with major impact on quality of life and healthcare resources. Monoclonal antibodies targeting the calcitonin gene-related peptide (CGRP) pathway are effective and well tolerated in migraine prevention. However, many patients show limited response or intolerance to the first anti-CGRP agent, and evidence on switching between these therapies in clinical practice remains scarce. Understanding real-world outcomes of sequential anti-CGRP therapy may help guide personalised treatment strategies.

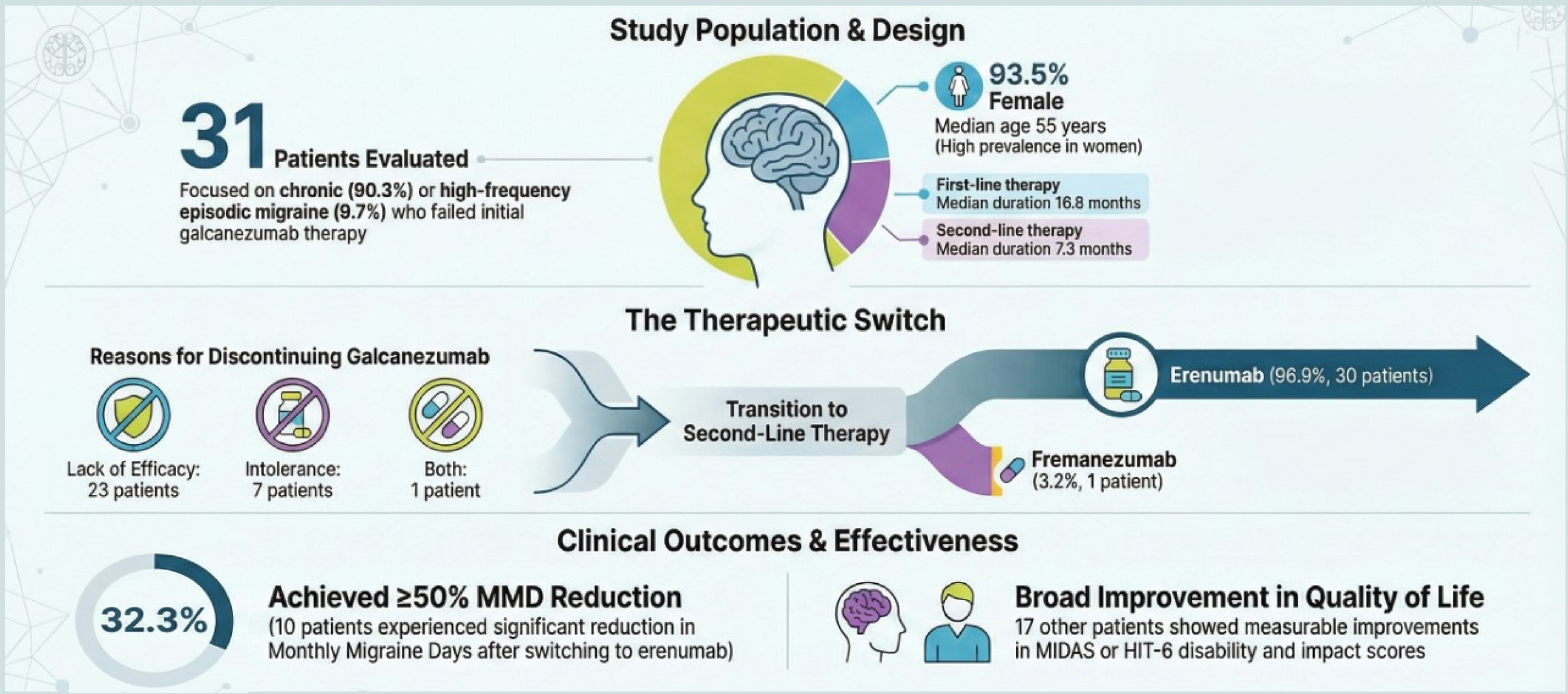
Aim and objectives:

To evaluate the real-world effectiveness of sequential anti-CGRP monoclonal antibody therapy as second-line preventive treatment after lack of efficacy or intolerance to galcanezumab.

Materials and methods:

A retrospective observational study was conducted from January 2020 to February 2025. Patients with chronic or high-frequency episodic migraine who started a second anti-CGRP monoclonal antibody after galcanezumab failure or intolerance were included. Eligible patients received second-line therapy for at least six months. Variables collected included demographic (age, sex), clinical (monthly migraine days [MMD], Migraine Disability Assessment Scale [MIDAS], Headache Impact Test-6 [HIT-6]) and treatment data (drug, duration). Effectiveness was defined as a ≥50% reduction in MMD and/or improvement in HIT-6 or MIDAS scores versus pre-galcanezumab values.

Results:



Conclusion and relevance:

Sequential use of a second anti-CGRP monoclonal antibody after galcanezumab failure or intolerance was effective in a subset of patients, supporting its role as a therapeutic option. Further studies are needed to identify predictors of response and optimise individualised migraine management.

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