4CPS-053
2. Case studies - with patient consent

GALCANEZUMAB IN PROPHYLAXIS OF REFRACTORY HIGH-FREQUENCY EPISODIC MIGRAINE IN CLINICAL PRACTICE

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BACKGROUND AND IMPORTANCE

High-frecuency episodic migraine (HFEM) represents an important health problem, due to its high prevalence and to the loss of quality of life. The therapeutic approach is based on prophylactic and symptomatic treatment.

Galcanezumab has been authorized by the European Medicines Agency (EMA) for the prophylaxis of migraine in adults with at least 4 days of migraine per month (MDM).

AIM AND OBJECTIVES

To study the effectiveness and safety of galcanezumab in the prophylaxis of HFEM in real life clinical practice.

MATERIALS AND METHODS

Observational, retrospective study of patients with HFEM who initiated treatment with galcanezumab between 06/2020 and 06/2021. Demographic data, number of prophylactic treatments received, date of diagnosis, mean MDM and HIT-6 scale score at baseline and 3 months after treatment initiation was collected from the electronic medical record.

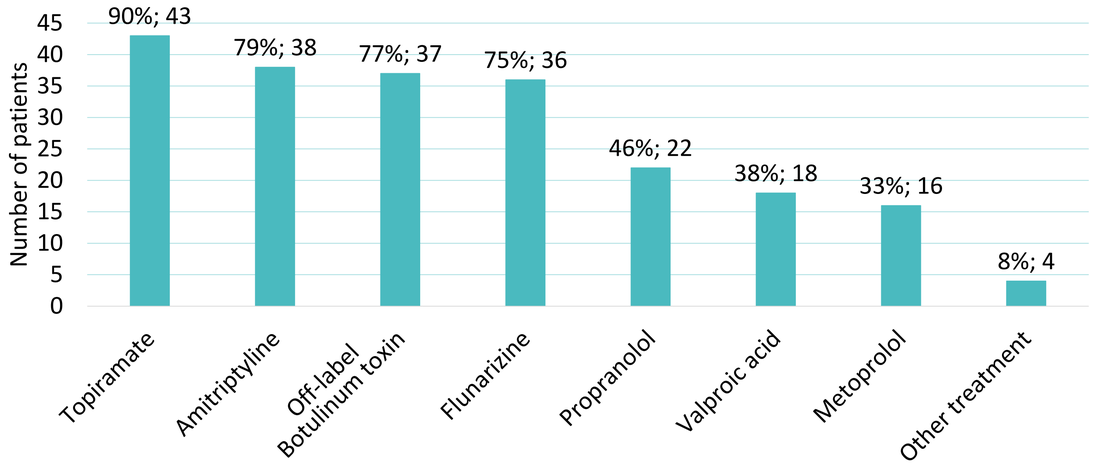
RESULTS

N = 49 (81% women) Median age: 47 years (24-68) Median treatment duration: 8 months (3-15)

TREATMENT DISCONTINUATION
6 cases

- lack of response (3)
- adverse effects (2)
- patient's decision (1)

PREVIOUS TREATMENT



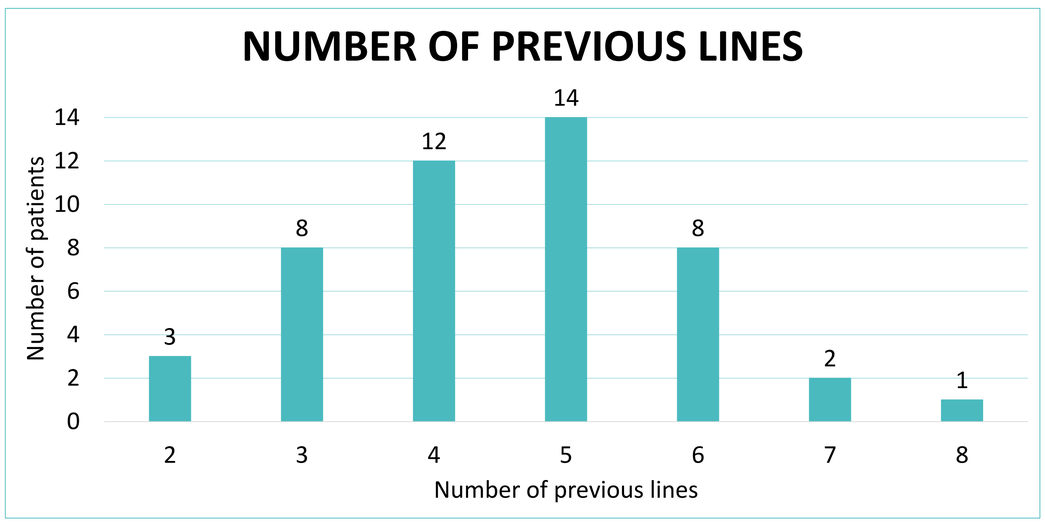
TOPIRAMATE USE

Topiramate was contraindicated in 5 (10%) of the patients

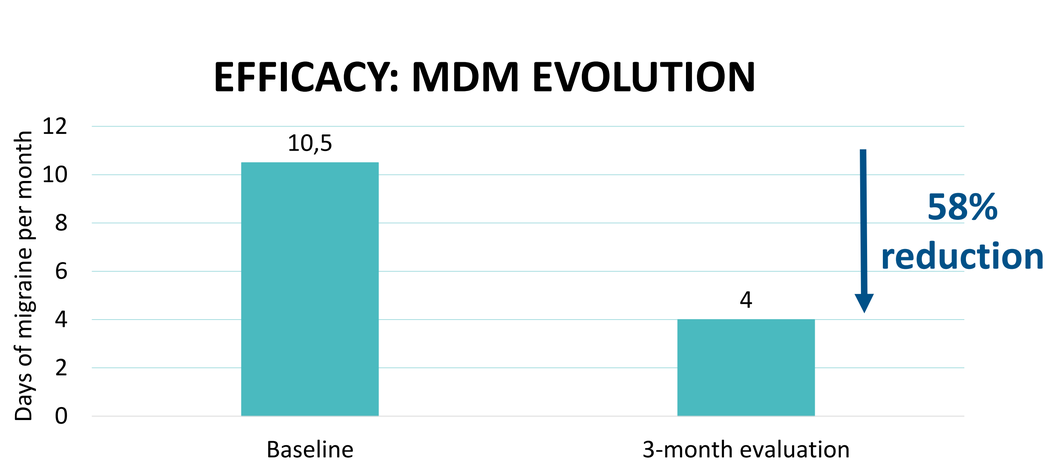
Causes for its discontinuation were:

- Lack of response: 27 (56%)
- Poor tolerance: 16 (33%)

NUMBER OF PREVIOUS LINES



EFFICACY: MDM EVOLUTION



ADVERSE EVENTS
reported in 11 (23%) of the patients

- dizziness and instability (4)
- constipation (2)

CONCLUSION AND RELEVANCE

- ✓ Galcanezumab appears to be an effective treatment in patients with multidrug-refractory HFEM. Further studies are needed to assess these results in the long term.
- ✓ Galcanezumab has an acceptable safety profile, with the incidence of dizziness and constipation being higher than described in clinical trials, but rarely leading to treatment's discontinuation.