4CPS-050

MULTICENTRE EVALUATION OF MIGRAINE PREVENTIVE TREATMENT WITH CALCITONIN GENE-RELATED PEPTIDE RECEPTOR ANTIBODIES EFFICACY AFTER A THERAPEUTIC HOLIDAY.

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1. Background and Importance.

Efficacy and tolerability of Calcitonin Gene-Related Peptide (CGRP) receptor monoclonal antibodies (mAbs) have been demonstrated and corroborated by numerous real-world studies. One significant issue is determining the optimal treatment duration and whether treatment should be discontinued after a period of successful therapy.

2. Aim and Objectives

To evaluate the course of migraine after therapeutic holiday.

3. Material and Methods.

Multicenter, observational retrospective cohort study.

Included patients diagnosed with episodic or chronic migraine according to International Classification of Headache Disorders (ICHD)-3 criteria. Patients received preventive treatment with anti-CGRP mAbs and attempted discontinuation after at least 8 months of therapy.

- Quantitative variables: age, year of diagnosis, monthly days of migraine and headaches, duration of treatment and therapeutic rest periods.
- Qualitative variables:sex, type of migraine, aura presence, first anti-CGRP received, treatment change and effectiveness post-therapeutic rest.

Data were sourced from electronic prescription and electronic medical records and analyzed using R Commander.

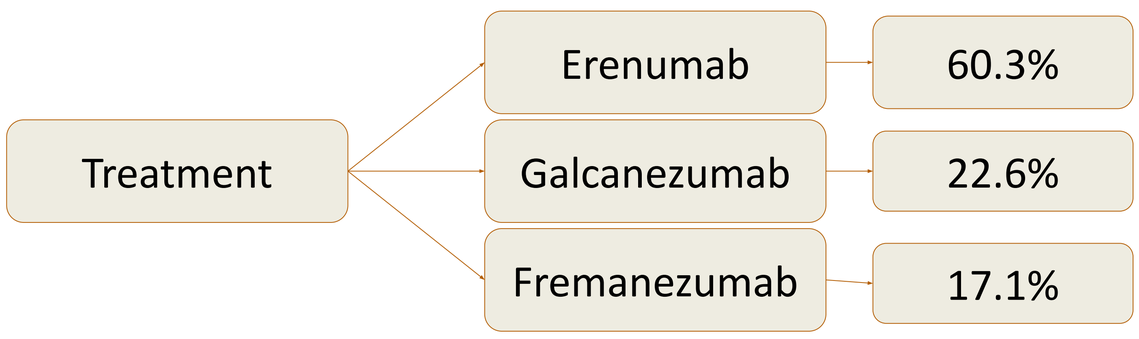
4. Results

47 patients 83% female and a median age of 47 years.

Most patients (64.8%) had chronic migraine, and 52.8% experienced auras.

Median migraines/month before treatment: 14 (IQR 12-15)

Median headache/month 11(IQR 10-15)



Median treatment duration was 15.4 (IQR 10.5-35.7) months

Dose adjustments were necessary for 30.2% of patients, typically after 6.5 (IQR 12-13.5) months

Therapeutic holiday:
median of 6.2 (IQR 3.2-11.4) months

Effectiveness:

- Median of 9.5(IQR 16-6) migraine days.
- 50.9% maintained treatment effectiveness
- 26.4% required a medication change
- 5.8% switched to a different anti-CGRP: fremanezumab (53.3%), erenumab (26.6%), eptinezumab (13.3%), and rimegepant (6.8%).

5. Conclusion and relevance

A consistent response upon restarting would support temporarily stopping and then resuming treatment if needed. However, it seems that a second treatment cycle might be less effective due to potential habituation. Thus, evaluating headache parameters during a second cycle is crucial for better migraine patient care.