

R-START: EFFECTIVENESS OF FREMANEZUMAB AFTER 18 MONTHS OF TREATMENT IN PATIENTS WITH CHRONIC MIGRAINE

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BACKGROUND AND IMPORTANCE

The therapeutic management of chronic migraine has been significantly transformed with monoclonal antibodies specifically directed against calcitonin gene-related peptide (anti-CGRP). The European Headache Federation recommends a **duration of up to 12-18 months and re-evaluate response and if necessary restart.**

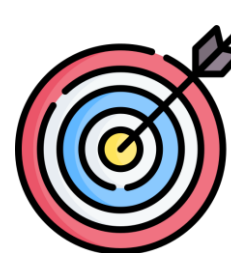
AIM AND OBJECTIVE

- Assess the **response rate after the first line** of anti-CGRP treatment
- Evaluate whether the **clinical response in case of re-start was comparable to the first**

MATERIALS AND METHODS



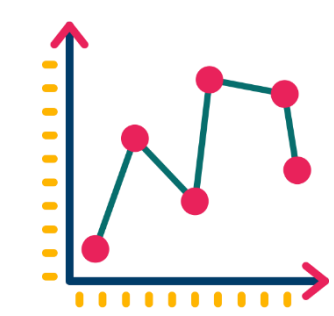
Observational, descriptive, longitudinal, unicentric and retrospective study



Naïve patients who had received anti-CGRP treatment (fremanezumab) from 2020 to April 2024 were included



Variables: anti-CGRP, start, end and restart dates, migraine days per month (MDM), pain scale (VAS) at month 0,3,6,9,12 and 18 of each treatment cycle.



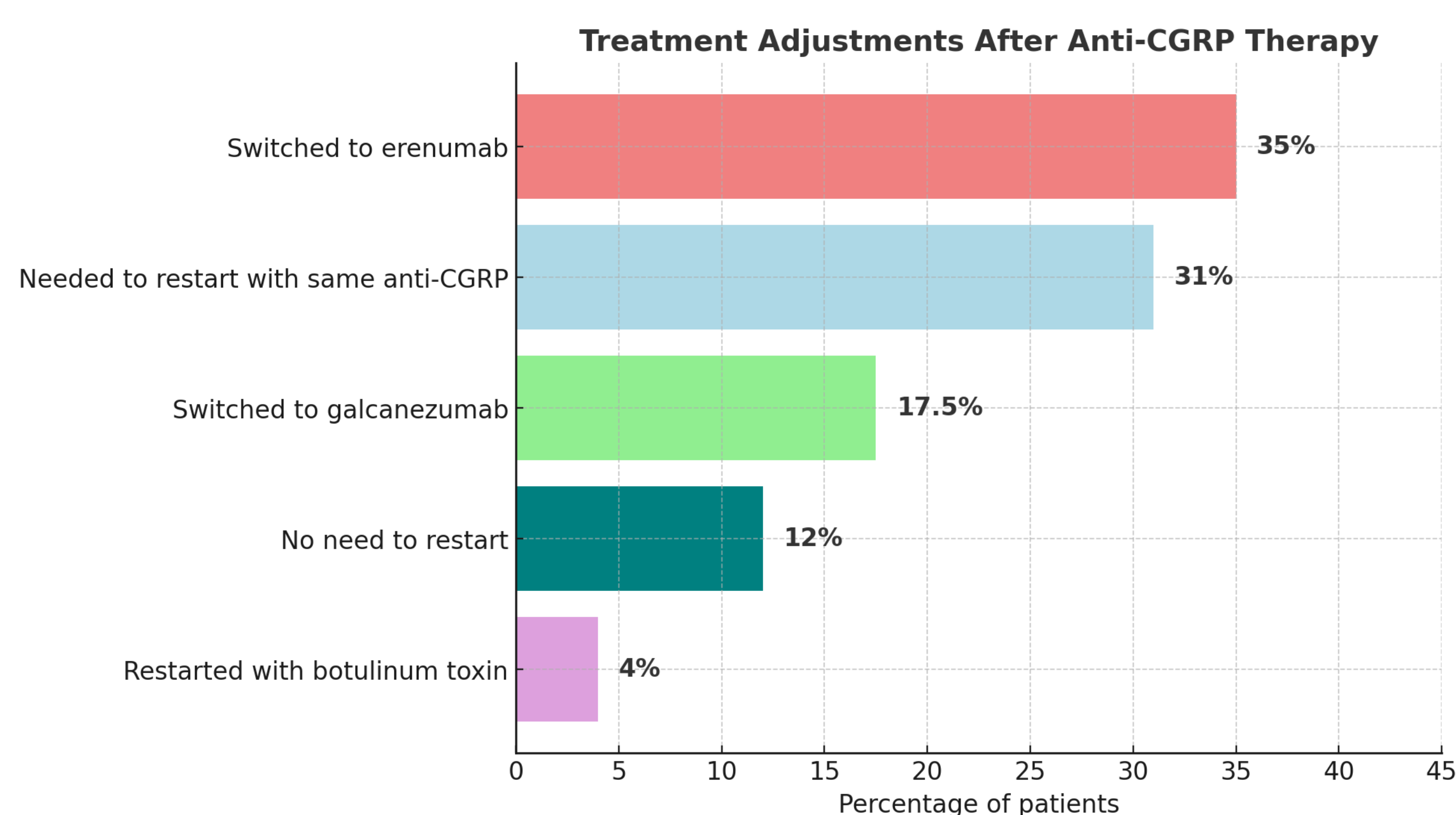
Observed differences in MMD and VAS between the baseline and treatment period during the first fremanezumab cycle were assessed and compared with differences observed at restart.

Statistical analysis was performed with Stata 16.0.

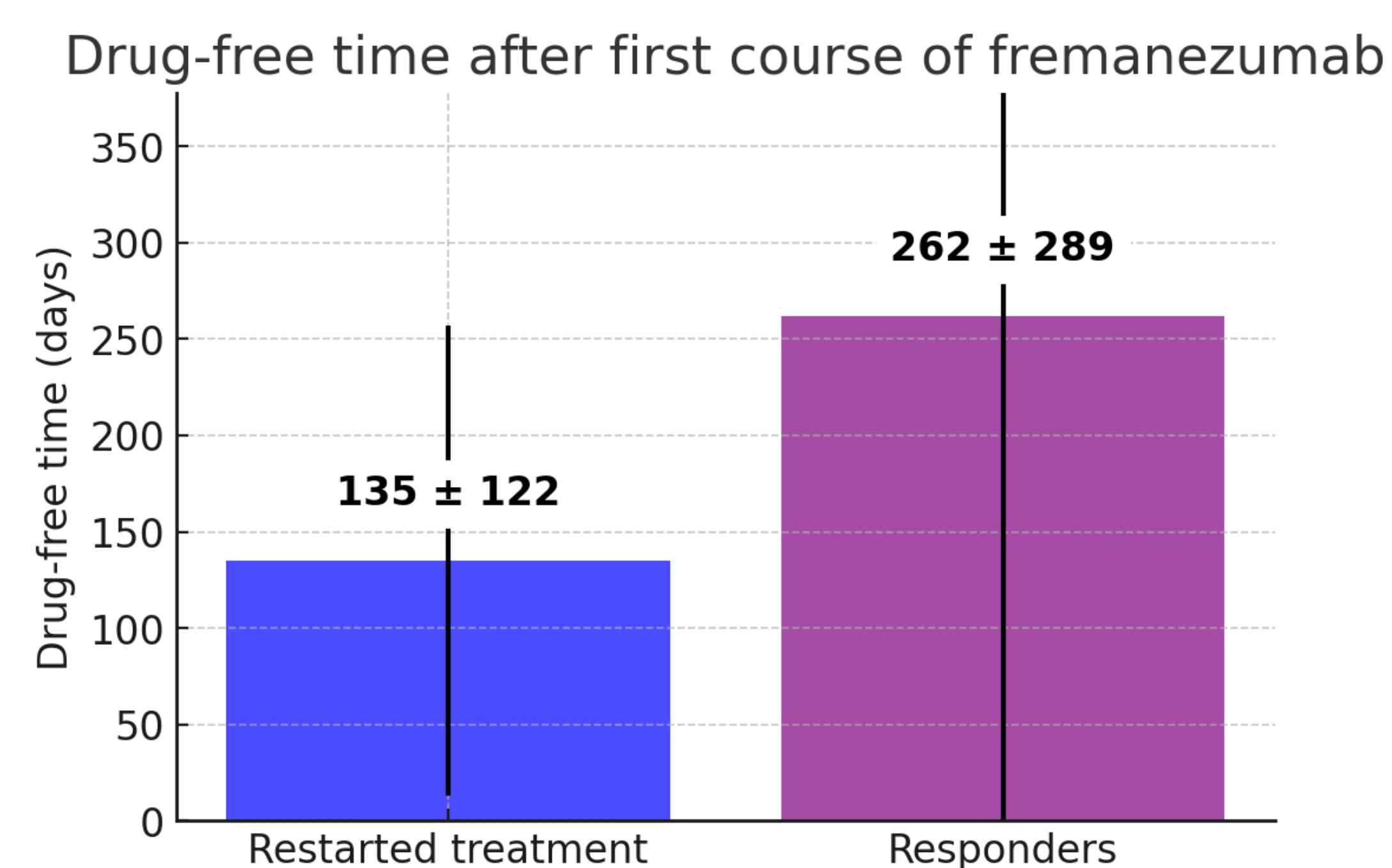
RESULTS

N=172 **62%** discontinued treatment after 18 months **36%** remained on the first cycle **2,3%** continued > 18 months

After 18 months with fremanezumab (n=102):



Drug-free time



The mean differences in clinical response observed after fremanezumab restart were **an improvement of -0.43 MDM (SD=4.81)** and a **worsening of -0.29 points (SD=2.25) on the VAS scale** compared to the first cycle of fremanezumab.

CONCLUSION AND RELEVANCE



The response rate without fremanezumab after 12-18 months of treatment was low, requiring **retreatment in 88%** of patients



Restarting treatment with fremanezumab in responders was an effective strategy, maintaining clinical response, in terms of MDM and VAS

