



# ANALYSIS OF RELAPSES AFTER DISCONTINUATION OF PROPHYLACTIC BIOLOGIC TREATMENT IN MIGRAINE

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## Background and importance

- Monoclonal antibodies (mAbs) targeting the calcitonin gene-related peptide (CGRP) have proven to be effective in migraine prophylaxis for a maximum duration of a year, so discontinuation can be considered after this period. In those cases, there is a lack of data about the requirement of restarting the treatment in these patients.

## Aim and objectives

- To analyze patients who had restarted treatment with anti-CGRP mAbs for migraine prophylaxis after completing one year of treatment.

## Materials and methods

Observational and retrospective study conducted at a tertiary hospital with a specialized headache clinical consultation. Anti-CGRP mAb treatment were discontinued after one year.

All patients diagnosed with chronic or episodic migraine who had started treatment with galcanezumab, fremanezumab, and erenumab from July 2020 to April 2024 (32 months) were analyzed.

Variables: gender, mAb used, treatment duration (before and after restarting, in months), and time without requiring mAbs (in months). Follow-up visits at the headache consultation were scheduled at least every three months.

## Results

176 patients [79.3% women; median age: 37 years (IQR: 31-53)] were included. 56 were treated with galcanezumab (31.8%), 54 with fremanezumab (30.7%), and 66 with erenumab (37.5%).

Only 99 (56.3%) patients maintained treatment for a year (36 galcanezumab, 34 fremanezumab and 29 erenumab). Among these patients, 65 (65.6%) required retreatment with a mAb, with a median time to relapse of 3 months (IQR: 3-6). 18 patients remained without treatment for 9 months or more, and 12 patients for a year or more. A total of 34 (34.4%) patients remained without anti-CGRP mAb treatment at the study endpoint.

By specific mAb, 22/36 patients (61.1%) treated with galcanezumab, 24/34 patients (70.6%) treated with fremanezumab, and 24/29 patients (82.8%) treated with erenumab restarted treatment with a median time to relapse of 3 months (IQR: 3-7), 3 months (IQR: 3-8), and 3 months (IQR: 3-4), respectively.

## Conclusion and relevance

A high percentage of patients require reinitiation of anti-CGRP mAb treatment after discontinuation at 12 months, with most relapses occurring early. However, in some patients, this approach appears to be effective. It is crucial to further analyze the differences between patients who restart treatment and those who do not.