Clinical follow-up in patients with migraine after discontinuation of prophylactic biological treatment: a real-world experience

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BACKGROUND AND IMPORTANCE
Monoclonal antibodies targeting the calcitonin gene-related peptide (CGRP) pathway are recommended by European Headache Federation for migraine prevention. They are considered effective and safe in the long-term. In individuals with episodic or chronic migraine (EM, CM) the duration of preventive treatment is not defined. Some experts recommend a pause after 12-18 months of continuous treatment. Restarting the treatment is suggested when migraine worsens after treatment withdrawal.

AIM AND OBJECTIVES
To evaluate the course of migraine after anti-CGRP treatment withdrawal and the prevalence of restart treatment in our population.

MATERIAL AND METHODS
A descriptive, retrospective and observational study. The Shapiro-Wilk normality test and the Student’s t-test were used for statistical analysis. (p-values <0.05 were considered significant).

RESULTS
N= 44 patients
13 erenumab
25 galcanezumab
6 fremanezumab
84% women
Age 49 years [26–77]
Chronic migraine 52%
High frequency EM 48% (≥8 MMD)

12 months of anti-CGRP treatment with a good response (≥50% MMD reduction)

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<thead>
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<th>Baseline</th>
<th>Previous re-start</th>
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<tr>
<td>MMD</td>
<td>14,0±4,6</td>
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<tr>
<td>HIT-6 score</td>
<td>68,3±3,7</td>
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CONCLUSION AND RELEVANCE
• Restart of treatment is not required in all patients.
• Follow-up of them is necessary to assess the long-term benefit after treatment discontinuation.
• Despite treatment is restarted, a reduction in MMD compared to baseline is observed.