

ARE 12 MONTHS OF TREATMENT WITH MONOCLONAL ANTIBODIES SUFFICIENT FOR MIGRAINE ATTACK PREVENTION?

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BACKGROUND AND IMPORTANCE

Monoclonal antibodies (MAB) galcanezumab, erenumab and fremanezumab have been recently incorporated into the treatments for migraine attack prevention. All have proven to be safe and effective at reducing the number of migraine days (MD) vs placebo in short-duration clinical trials. However, some uncertainties remain unsolved, such as the optimal therapy duration. Clinical practice guidelines recommend to be maintained for 12 months.

AIM AND OBJECTIVES

To analyze patients' clinical situation after the year of treatment.

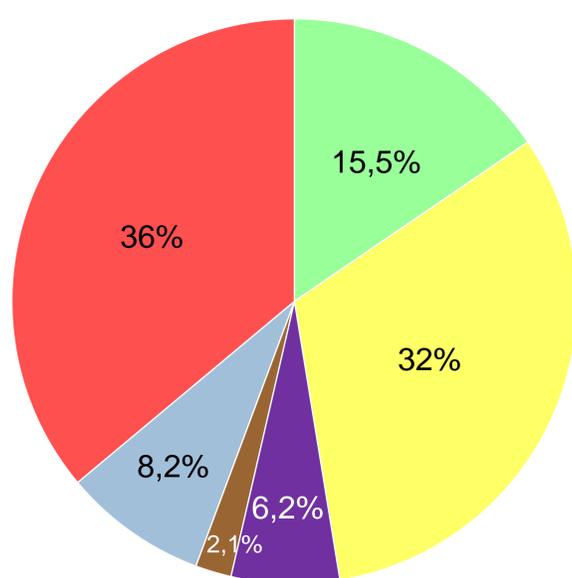
MATERIALS AND METHODS

- Prospective and observational study conducted in a tertiary hospital (December 2019-August 2021).
- Reevaluation after twelve months: continue chronically vs stop and reevaluate if migraine worsens. All patients are reviewed 3 months after discontinuation.
- Pharmacists' tasks: from validating and dispensing all treatments to medication counseling and follow-up.

RESULTS

- **97 patients** completed the first 12-month treatment course

Situation after 12-month therapy



Reasons to maintain chronically (n:15)

- ✓ Strong likelihood of worsening if discontinuation (8)
- ✓ Still >15 MD (3)
- ✓ Started to be effective in the last 3 months (2)
- ✓ Previous failure to dose reductions (2)

Treatment reintroduction (n:31)

- ✓ In < 3 months: 8 (mean: 1,57 months. [0-2])
- ✓ In ≥ 3 months: 23 (mean: 4,08 months [3-6])

Remain stable without preventative therapy (35)

- ✓ In < 3 months: 15
- ✓ In ≥ 3 months: 20

Maintain chronically (n:15)	Change to another therapy when worsening (mainly botulinum toxin) (n:6)	Switch directly to another MAB due to poor response to first one (n:8)
Treatment reintroduction (n:31)	Remain stable without preventative therapy (n:35)	Change to another MAB when worsening (n:2)

CONCLUSIONS AND RELEVANCE

- Effect of treatment remains for at least three months after discontinuation in 45% of patients (43).
- 24% of patients (23) either maintain chronically or need an early re-start.
- 64% of patients (62) still need a preventative therapy for migraine attacks after 12 months of therapy.
- Further studies with bigger samples are required to establish the optimal duration for MAB as patients tend to worsen with time. Will they end up being chronic medications?

Abstract number: 5PSQ-012

ATC code: 2. Case studies - with patient consent