Migraine prevention in the real world: Exploring the role of anti-CGRP antibodies

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Treatment failure in patients with migraine: Insights and guidance

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Patient case introduction: Beth

Age: 30 years

Sex: Female

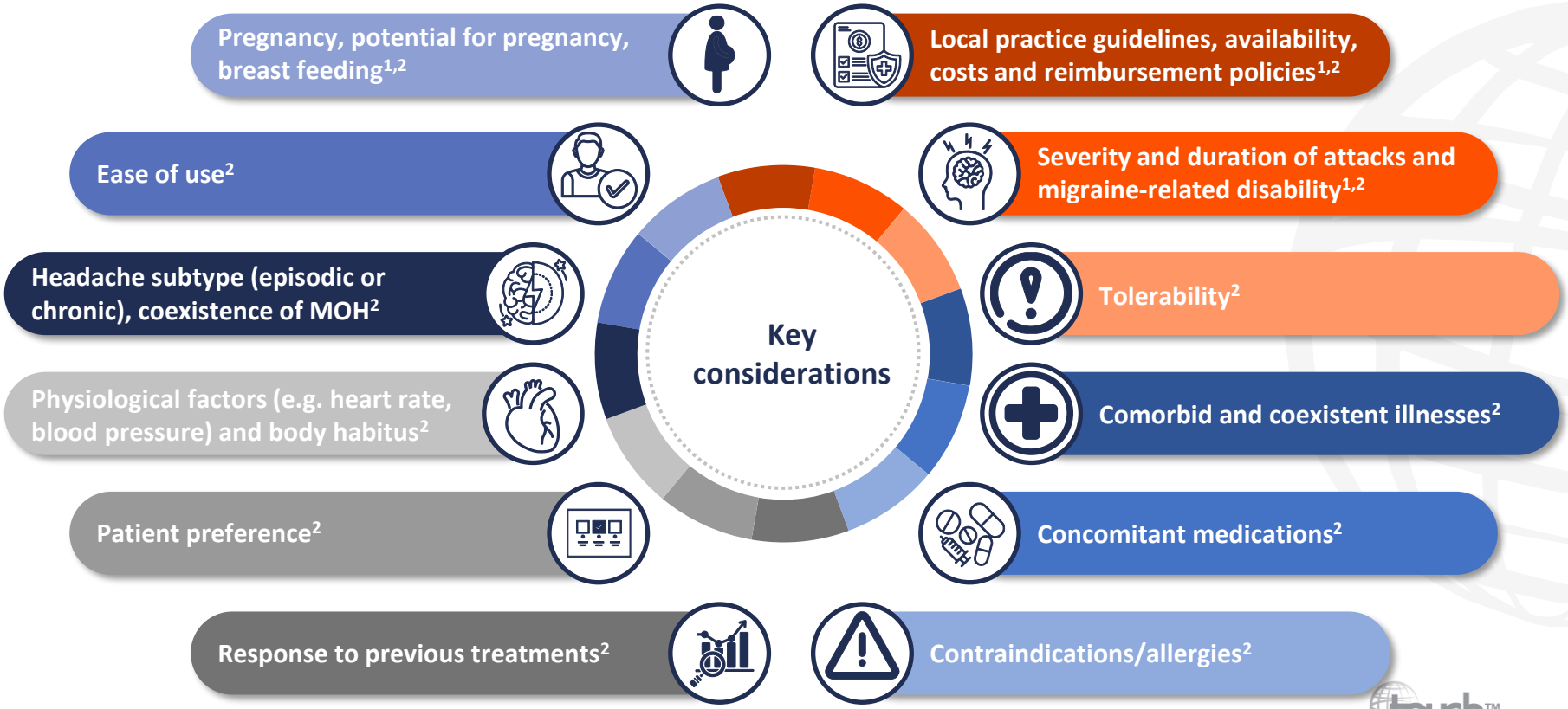
Occupation: Teacher

Medical history:

- Diagnosed with medication overuse headache and chronic migraine (15 monthly migraine days)
- Struggles with weight gain and depression
- Plans to start a family in 2–3 years
- Recently tried preventive treatment with topiramate, but had no meaningful change in migraine frequency or severity

What factors should be considered before initiating the patient on preventive migraine treatment?

Key considerations for preventive migraine treatment

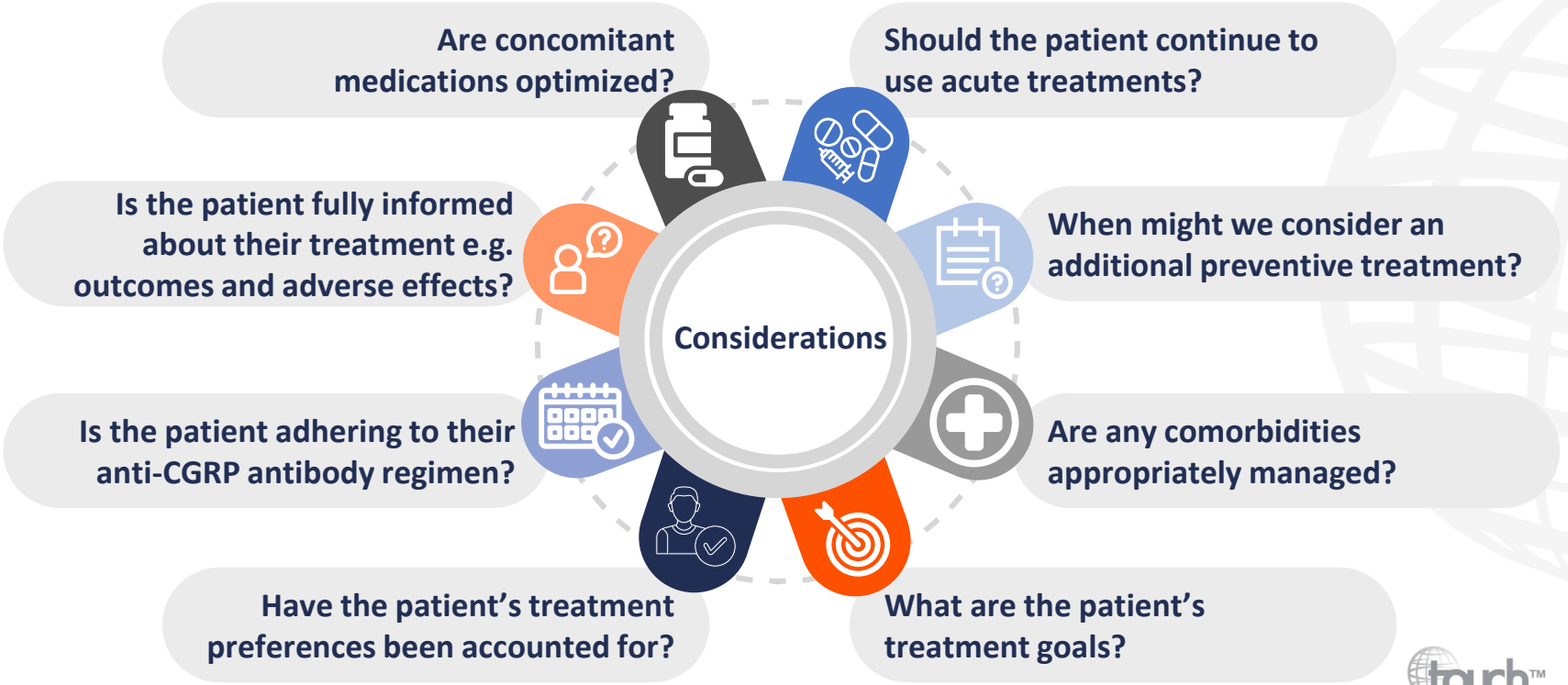


MOH, medication overuse headache.

1. Eigenbrodt AK, et al. *Nat Rev Neurol*. 2021;17:501–14; 2. Ailani J, et al. *Headache*. 2021;61:1021–39.

How can treatment outcomes with anti-CGRP antibodies be optimized for the patient?

Considerations for optimizing treatment outcomes with anti-CGRP antibodies



CGRP, calcitonin gene-related peptide.

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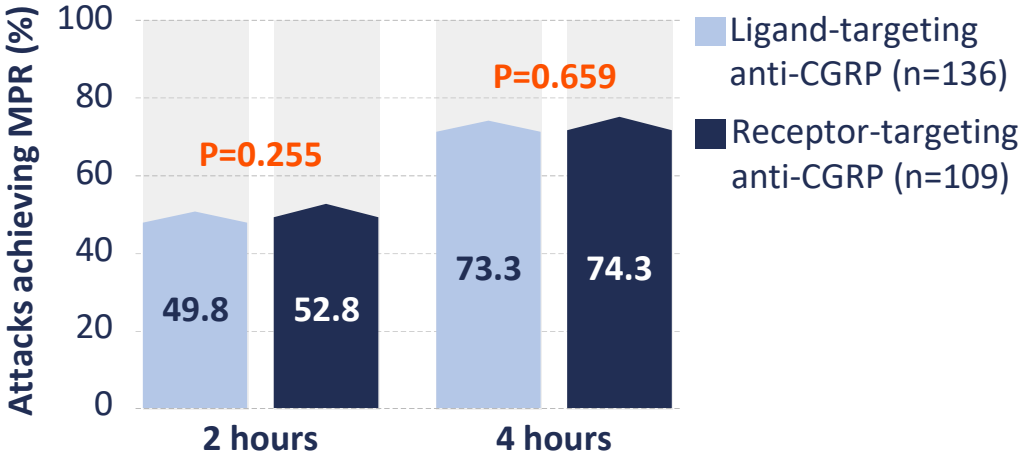
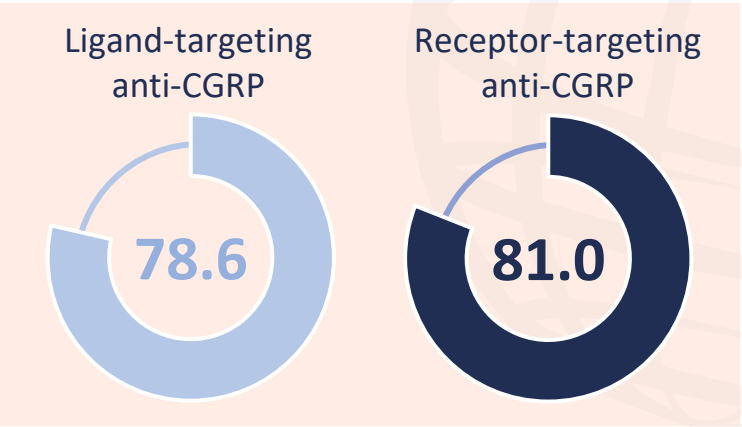
Strategies to optimize treatment outcomes with anti-CGRP antibodies

Prospective real-world observational study of patients with ≥3 migraine attacks in the last 30 days (N=245)*

MPR† in ≤8 ubrogepant-treated attacks



Treatment optimization‡ after 30 days of ubrogepant + anti-CGRP (%)



*Patients had ≥3 prior attacks treated with ubrogepant and were concurrently taking an anti-CGRP mAb; †MPR was defined as a reduction of headache pain to a meaningful degree or remaining pain-free if no pain was reported at ubrogepant dosing; ‡Treatment optimization was evaluated using the mTOQ-4, where patients with scores of 4–8 were considered "optimized."

CGRP, calcitonin gene-related peptide; MPR, meaningful pain relief; mTOQ-4, Migraine Treatment Optimization Questionnaire-4.

Hutchinson S, et al. Presented at: 65th AHS Annual Scientific Meeting, Austin, TX, USA. 15–18 June 2023. P-163.

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Why do patients experience treatment failure on preventive medication and how can this be managed?

Treatment failure with preventive migraine therapies

Key causes of treatment failure

Poor adherence
e.g. due to side effects or not aligning with patient preference[1–3]

Incorrect timing or inadequate dosing of treatment[2,4]

Suboptimal efficacy/ insufficient response[1,3]

Recognizing and evaluating treatment failure

When?

Oral preventive treatments:

- 2–3 months after initiation then at regular intervals[1,2]

Injectable anti-CGRP antibodies:

- After ≥3 months[1,5]

How?

Review:

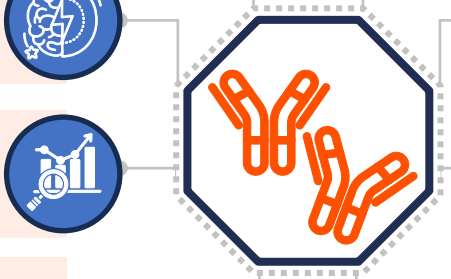
- MMDs, migraine severity, acute medication use, migraine-related disability[1,2]
- Headache diaries[2] and patient-centric measures of functional capacity and QoL e.g., mTOQ-4 and HURT[1,2]
- Adverse events and adherence[2]

CGRP, calcitonin gene-related peptide; HURT, Headache Under-Response to Treatment; MMD, monthly migraine day; mTOQ-4, Migraine Treatment Optimization Questionnaire-4; QoL, quality of life.

1. Ailani J, et al. *Headache*. 2021;61:1021–39; 2. Eigenbrodt AK, et al. *Nat Rev Neurol*. 2021;17:501–14; 3. Delussi M, et al. *BMC Neurol.* 2020;20:256; 4. Hirata K, et al. *BMC Neurol.* 2020;20:274; 5. Sacco S, et al. *J Headache Pain*. 2022;23:67.

What are the EHF guideline recommendations on anti-CGRP treatment that should guide the decisions of the clinician?

Key EHF recommendations on anti-CGRP antibody treatment for migraine prevention



- Should be included as a first-line treatment option
- Offer to patients with migraine and MOH
- Evaluate efficacy after ≥3 months
- Consider pausing treatment after 12–18 months; restart treatment if migraine worsens after withdrawal, continue as long as required
- Avoid in pregnant or nursing women
- Caution and case-by-case evaluation in patients with vascular disease/risk factors and Raynaud's phenomenon
- Caution in erenumab use in patients with migraine with history of severe constipation
- Insufficient evidence to recommend:
  - Combining anti-CGRP antibodies
  - Switching between anti-CGRP antibodies, but switching may be an option

CGRP, calcitonin gene-related peptide; EHF, European Headache Federation; MOH, medication overuse headache.
Sacco S, et al. *J Headache Pain*. 2022;23:67.