

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



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Addressing the burden of migraine: The role of anti-CGRP antibodies in practice

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The background features a large, faint globe with a grid of latitude and longitude lines. To the left of the globe, there is a vertical line of seven orange dots of varying sizes. The entire scene is set against a light gray background with a white circular arc on the left side.

Please could you outline the focus and topics of discussion for this modular educational activity.

Overview of the course content



Module 1

- Introduction to the course



Module 2

- Patient perspective on migraine burden
- Real-world data for anti-CGRP mAbs in migraine prevention



Module 3

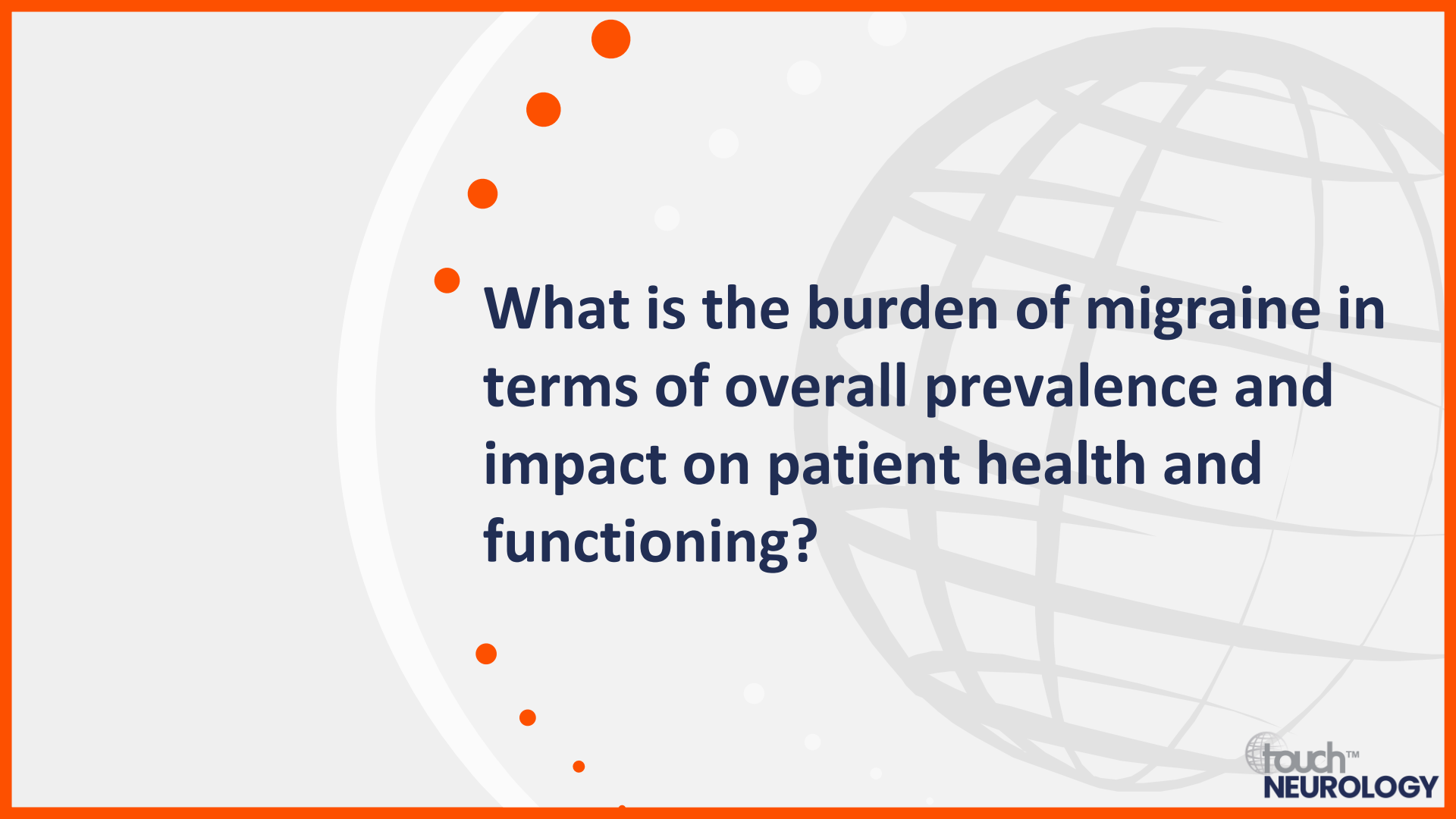
- Treatment failure in migraine and what to do
- Practical guidance on using anti-CGRP mAbs for migraine prevention



Module 4

- Recap and key updates from the International Headache Congress 2023

Current module



What is the burden of migraine in terms of overall prevalence and impact on patient health and functioning?

Understanding the burden of migraine

Global prevalence¹



Number of people affected: **1.12 billion***

Prevalence: **14%**

Sex prevalence ratio[†]



Impact of migraine²

Social



Missed social events and activities

Career



Detrimental impact on career

Finance



Financial insecurity

Under- and late diagnosis



- Of 1,161 patients diagnosed with migraine across 12 tertiary headache centres:³
28% had received previous accurate diagnosis³



- Average diagnostic delay: **~8–12 years**^{4,5}

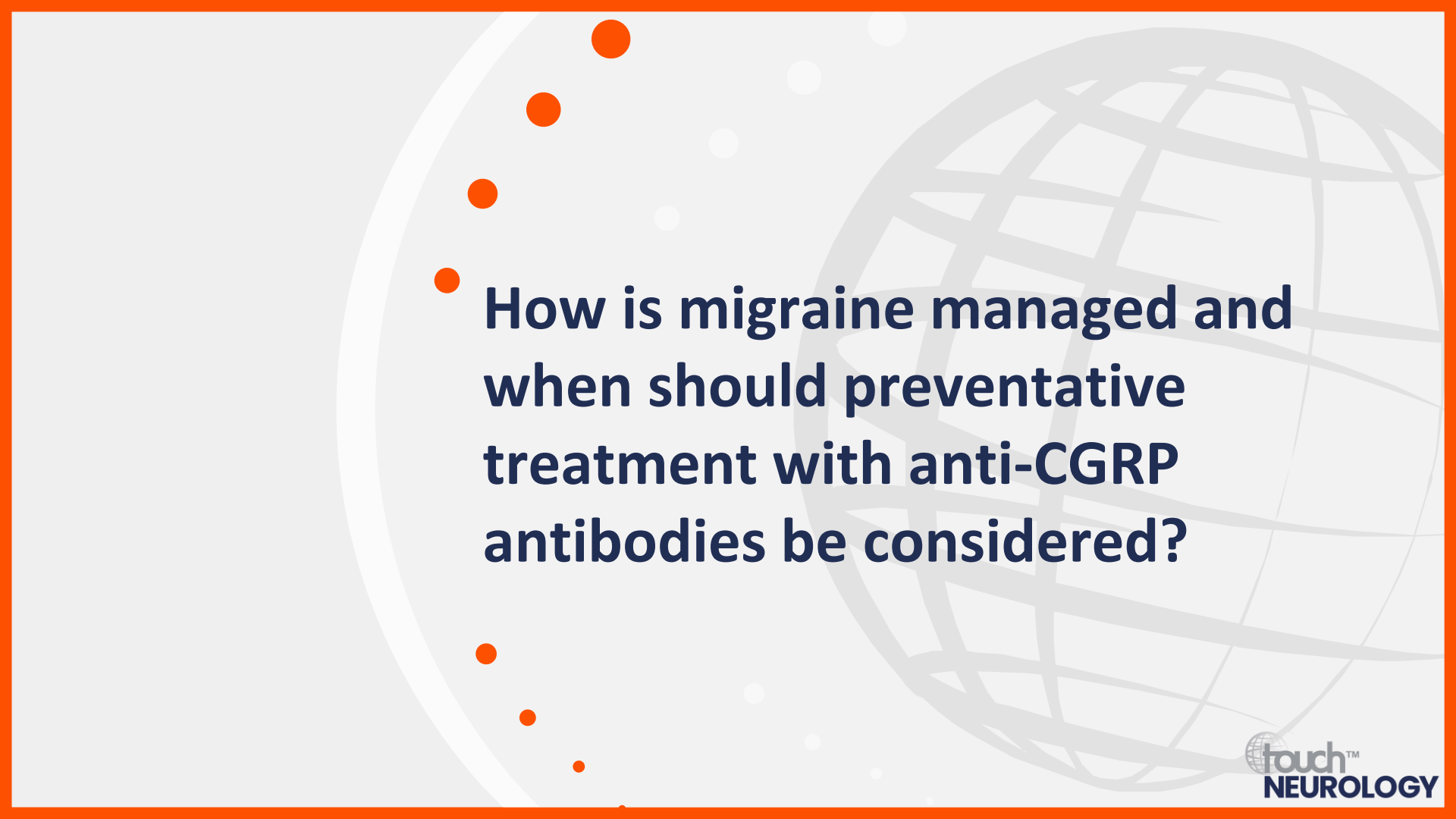
Unmet acute treatment needs⁶

- Delayed analgesic effects
- Inconsistent outcomes
- Increased risk of chronic migraine

*Based on global population of 8 billion; [†]Sex prevalence ratio represents people with active migraine.

1. Stovner LJ, et al. *J Headache Pain*. 2022;23:34; 2. Buse DC, et al. *Headache*. 2019;59:1286–99; 3. Viana M, et al. *Eur J Neurol*. 2020:536–41;

4. Al-Hashel JY, et al. *J Headache Pain*. 2013;14:97; 5. Puvvadi P, et al. *Neurology*. 2018;90(Suppl.):P3.135; 6. Lipton RB, et al. *Headache*. 2019;1310–23.



How is migraine managed and when should preventative treatment with anti-CGRP antibodies be considered?

Guidelines for preventive migraine treatment



Preventive migraine treatments¹⁻⁴

- **CGRP-mAbs:** Eptinezumab, erenumab, fremanezumab, galcanezumab
- **Beta-blockers:** Atenolol, bisoprolol, metoprolol, propranolol
- **Angiotensin II receptor blocker:** Candesartan
- **Anticonvulsants:** Topiramate, sodium valproate*
- **Tricyclic antidepressant:** Amitriptyline
- **Calcium channel blocker:** Flunarizine
- **Botulinum toxin:** OnabotulinumtoxinA

*Sodium valproate is absolutely contraindicated in women of childbearing potential.

AHS, American Headache Society; CGRP, calcitonin gene-related peptide; EHF, European Headache Federation; mAbs, monoclonal antibodies.

1. Sacco S, et al. *J Headache Pain*. 2022;23:67; 2. Eigenbrodt AK, et al. *Nat Rev Neurol*. 2021;17:501-14; 3. Ailani J, et al. *Headache*. 2021;61:1021-1039;

4. Clinical Guidelines for Headache Committee. 2021. Available at: www.ihsnet.net/pdf/guideline_2021.pdf (accessed 18 April 2023).



CGRP-mAbs: Recommendations for use

EHF: In individuals with migraine who require preventive treatment, monoclonal antibodies targeting the CGRP pathway should be included as a first-line treatment option¹



Further guidance:¹

- Can be offered to individuals with migraine and medication overuse
- Caution and case-by-case decision making required in those with vascular disease or risk factors, Raynaud's phenomenon or history of severe constipation
- Avoid during pregnancy or breastfeeding

AHS: For patients with migraine and an inability to tolerate (side effects) or inadequate response to an 8-week trial of ≥ 2 preventive migraine treatments³





What are the new anti-CGRP antibodies and what has been their impact for patients in clinical practice (in your experience)?

Anti-CGRP antibodies currently available

Drug	Mechanism of action ¹	Dosage (route) ²
Eptinezumab	CGRP ligand antagonist	<ul style="list-style-type: none">➤ 100 mg every 12 weeks (intravenous)➤ Increased to 300 mg if necessary
Erenumab	CGRP receptor antagonist	<ul style="list-style-type: none">➤ 70 mg every 4 weeks (subcutaneous)➤ Increased to 140 mg if necessary
Fremanezumab	CGRP ligand antagonist	<ul style="list-style-type: none">➤ 225 mg every 4 weeks or 675 mg every 12 weeks (subcutaneous)
Galcanezumab	CGRP ligand antagonist	<ul style="list-style-type: none">➤ 240 mg, then 120 mg maintenance every 4 weeks (subcutaneous)

CGRP, calcitonin gene-related peptide.

1. Mavridis T, et al. *Pharmaceuticals (Basel)*. 2021;14:700; 2. EMA. Available at www.ema.Europe.eu/en/medicines; Searchable by drug name (accessed 13 April 2023).