

Using anti-CGRP antibodies for migraine prevention: Key learnings

The real-world burden of migraine for patients



“This study provides figures that really represent what it means for patients to have migraine; the stigma, the disease, the cognitive impairment and the impact on work life.” – Prof. Sacco

Faculty and topics



Prof. Simona Sacco presented key learnings on the use of anti-CGRP antibodies for migraine prevention, including insights from IHC 2023

Migraine is associated with a substantial burden, including stigma, QoL, and cognition and work impairments


CaMEO-I:

Cross-sectional cohort study conducted in the US, Canada, UK, Germany, France and Japan¹⁻³



N=14,492¹⁻³
5.4–9.5% had
≥15 MHDs¹

81.1%
reported
≥1 form of
cognitive
impairment²




4.3–9.0%
work missed
(absenteeism)³



33.5–49.4%
work impaired
(presenteeism)³



31.5%: Others frequently* do not understand the pain or impact of migraine¹



17.5%: Others frequently* view migraine as the patient's fault¹

*Occurring often or very often. CaMEO-I, Chronic Migraine Epidemiology and Outcomes-International; CGRP, calcitonin gene-related peptide; IHC, International Headache Congress; MHD, monthly headache day; QoL, quality of life.

1. Shapiro RE, et al. Presented at: IHC 2023, Seoul, South Korea. 14–17 September 2023. Abstr IHC23-DP-043; 2. Lipton RB, et al. Presented at: IHC 2023, Seoul, South Korea. 14–17 September 2023. Abstr IHC23-IND-002; 3. Katsarava Z, et al. Presented at: IHC 2023, Seoul, South Korea. 14–17 September 2023. Abstr IHC23-IND-003.

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Efficacy and safety outcomes¹



Real-world observational study in 35 centres in Spain, Italy, Portugal, UK, Germany, Sweden and Poland (N=4,962)



After 6 months of use, anti-CGRP antibodies were effective and well tolerated for patients with HFEM and CM, with comparable response rates to clinical trials



Stopping and restarting anti-CGRP antibodies²



RE-DO: Long-term real-world, prospective, observational cohort study in 10 Italian headache centres (N=226)



Anti-CGRP antibodies were associated with persistent effectiveness through 1st and 2nd years of use, despite pausing and restarting treatment after 1 year of use*



Switching between anti-CGRP antibodies^{3,4}



Long-term real-world analysis of data from two large tertiary referral headache centres in UK and Italy (N=39)³



Around one-third of patients with treatment refractory CM and suboptimal response to erenumab, obtained meaningful and sustained improvement in migraine burden, 3 and 6 months after switching to fremanezumab³



Real-world retrospective case note review study from a tertiary headache centre in the UK (N=54)⁴



Patients switching from a 1st to 2nd anti-CGRP antibody⁺ had an overall response rate of 58% after 12 weeks of treatment; no significant improvement was seen after switching from a 2nd to 3rd anti-CGRP antibody⁴

Real-world data support the persistent efficacy and tolerability of anti-CGRP antibodies, including in difficult-to-treat patients, and indicate that switching between anti-CGRP antibodies can be a viable treatment option for some patients

*The Italian Medicines Agency requires mandatory drug withdrawal for ≥ 1 month following one continuous year of treatment; [†]93% used erenumab as their initial anti-CGRP antibody treatment. CGRP, calcitonin gene-related peptide; CM, chronic migraine; HFEM, high-frequency episodic migraine; RE-DO, RE-treating migraine patients in the second year with mOnoclonal antibodies anti-CGRP pathway.

1. Caronna E, et al. Presented at: IHC 2023, Seoul, South Korea. 14–17 September 2023. Abstr IHC23-LBAPO-023; 2. Vernieri F, et al. *J Neurol*. 2023;doi: 10.1007/s00415-023-11872-2. Online ahead of print; 3. Lambru G, et al. *Neurotherapeutics*. 2023;20:1284–93; 4. Lowe M, et al. Presented at: IHC 2023, Seoul, South Korea. 14–17 September 2023. Abstr IHC23-LBAPO-024.