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

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Anti-CGRP antibodies for patients with migraine: Practical management

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Patient case introduction: Reuben

Age: 35 years

Sex: Male

Occupation: Plumber

Medical history:

- Diagnosed with chronic migraine
- Failed traditional preventive treatments
- Has agreed to start anti-CGRP antibodies

CGRP, calcitonin gene-related peptide.

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What would you discuss with the patient regarding the treatment goals and his expectations?

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Key discussion topics before initiating preventive migraine treatment

Key treatment goals

- Reduce attack frequency, severity and duration
- Improve responsiveness to acute treatment and reduce overuse
- Improve functioning and health-related quality of life

Developing an individualized treatment plan

Lifestyle

Identify and minimize exposure to migraine triggers

Maintain nutrition, regular exercise, adequate hydration, sleep and stress management practices

Keep a migraine diary

Goals

Agree on what defines success in migraine prevention

Understand common and severe potential side effects

Understand when to make dose adjustments

Ailani J, et al. *Headache*. 2021;61:1021–39.

- When and how should the efficacy of anti-CGRP antibodies for migraine prevention be assessed after treatment initiation?

Patient case introduction: Rosa

Age: 38 years

Sex: Female

Occupation: Hairdresser

Medical history:

- Diagnosed with chronic migraine
- Has been receiving preventive treatment with erenumab for 2 months

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Measuring the response to anti-CGRP antibodies

EHF guidelines[1]

- First evaluation after a minimum of 3 consecutive months of treatment
- In selected cases, reassess after an additional 3 months

AHS criteria for continuation of anti-CGRP antibodies[2]

MMDs or headache days

- ≥50% reduction from baseline

OR

MIDAS

- Reduction of ≥5 points (baseline 11–20) or 30% (baseline >20)

MPFID

- Reduction of ≥5 points

HIT-6

- Reduction of ≥5 points

*For patients who are transitioning from their previous preventive treatment to an anti-CGRP antibody therapy (i.e. assessment during the interim period when both treatments are being taken); †For treatments administered monthly; ‡For treatments administered quarterly.
AHS, American Headache Society; CGRP, calcitonin gene-related peptide; EHF, European Headache Federation; HIT-6, Headache Impact Test-6; MIDAS, Migraine Disability Assessment; MMD, monthly migraine day; MPFID, Migraine Physical Function Impact Diary.
1. Sacco S, et al. *J Headache Pain*. 2022;23:67; 2. Ailani J, et al. *Headache*. 2021;61:1021–39.

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When should treatment with anti-CGRP antibodies be paused or restarted?

Patient case introduction: Hana

Age: 30 years

Sex: Female

Occupation: Caterer

Medical history:

- Successfully treated with fremanezumab for 15 months
- Wants to pause treatment because of plans to start a family

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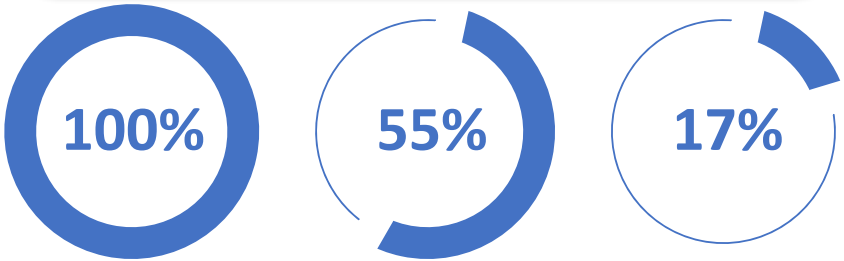
Pausing and restarting anti-CGRP antibodies

Anti-CGRP antibodies should be avoided in patients who are pregnant or planning to start a family[1,2]

Patients should be involved in the decision to pause and restart treatments to enhance optimal outcomes;[2] evidence is limited regarding optimal therapy duration[1,2]

Real-world study following completion of 12 months of anti-CGRP treatment (N=44)[3]

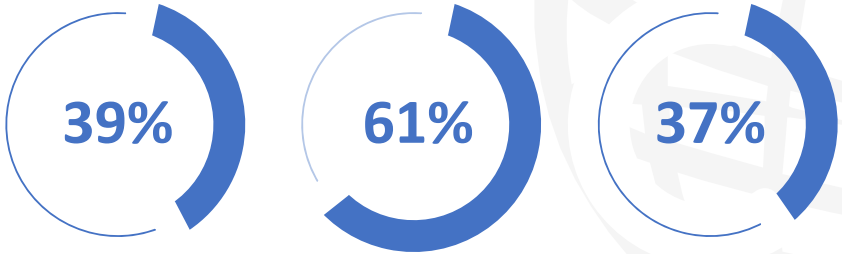


≥50% MMD reduction after initial therapy*

Restarted treatment†

Switched treatment‡

Longitudinal cohort study following at least 8 months of anti-CGRP treatment (N=39)[4]



MMD reduction after initial therapy

Increase in MMD after discontinuation

MMD reduction after reinitiation§

*All patients completed 12 months of anti-CGRP treatment due a good response; †Patients restarted treatment due to clinical worsening; ‡Decision to switch to another anti-CGRP was by medical decision (tolerance or improvement of response); §After a 3-month drug holiday.
CGRP, calcitonin gene-related peptide; MMD, monthly migraine days.

1. Sacco S, et al. *J Headache Pain*. 2022;23:67; 2. Ailani J, et al. *Headache*. 2021;61:1021–39; 3. Vallejo C, et al. *Eur J Hosp Pharm.* 2023;30:A193–4;
4. Raffaelli B, et al. *J Headache Pain*. 2022;23:40.

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How can treatment failure with anti-CGRP antibodies be determined and when should switching be considered?

Patient case introduction: Malik

Age: 48 years

Sex: Male

Occupation: Accountant

Medical history:

- Has been receiving erenumab for 3 months, but has reported only 1 fewer monthly migraine day
- Wondering if this treatment is working for him

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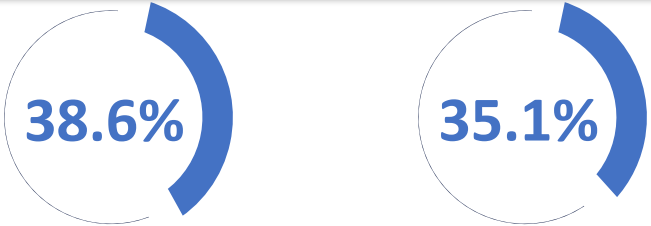
Treatment failure and switching: Key considerations

- Reasons for treatment failure and/or switching include:[1–3]
  - No relevant clinical response to treatment
  - Intolerable side effects, e.g. constipation or hypertension
- Shared decision making is required to determine treatment success[3]

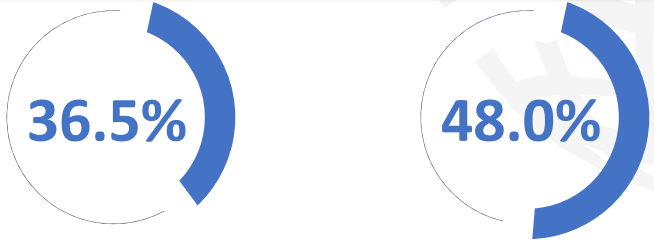
- Switching anti-CGRP therapy may improve patient outcomes following initial treatment failure[1,3]
- Combination therapy, with agents such as BTX-A, could improve patient outcomes after initial treatment failure[4]

Real-world study of <50% treatment response after 24 weeks of anti-CGRP treatment (N=864)[5]



Chronic migraine | HFEM

Subgroup analysis of patients with ≥50% reduction in MMD with fremanezumab treatment after other anti-CGRP treatment failure (n=138)[1]



Chronic migraine | Episodic migraine

BTX-A, onabotulinumtoxinA; CGRP, calcitonin gene-related peptide; HFEM, high-frequency episodic migraine; MMD, monthly migraine days.

1. Straube A, et al. *J Headache Pain*. 2023;24:59; 2. Pavelic AR, et al. *Cells*. 2022;12:143; 3. Ailani J, et al. *Headache*. 2021;61:1021–39;
4. Ailani J, Blumenfeld AM. *Headache*. 2022;62:106–8; 5. Barbanti P, et al. *J Headache Pain*. 2022;23:138.

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