1. PURPOSE
To report migraine pattern in chronic migraineurs during 3-months suspension's period of erenumab required by Italian local regulations (AIFA).

2. METHODS
Study population: 65pts (F45 – M20)

Mean Age (yrs±SD) 49.2 ± 9.3
Headache history (yrs±SD) 34.9 ± 10.6
Chronicity duration (yrs±SD) 11.7 ± 9.1

Diagnosis:
CM 7.7%
CM+MOH (n,%): 92.3%

Failure of:
> 3 preventive therapies 100%
Onabotulinum Toxin A 68%
Previous Detox 46%
Ongoing prophylaxis 48%
Relevant comorbidities
Psychiatric disorders 55%
Hypertension 34%

Study design
Erenumab suspension
Last T before suspension Pts (n)
T13-T18 41
T19-T24 24

3. RESULTS
Data Collection of:
• Monthly headache days
• Monthly medication doses
• Days of drug intake
• Disability → MIDAS

Statistical analysis
ANOVA and post hoc tests

Erenumab suspension

End of treatment vs baseline
Monthly headache days p<0.001
Monthly medication doses
Monthly days of drug intake

1 month stop vs end of treatment
Monthly headache days p<0.01
Monthly medication doses
Monthly days of drug intake

3 month stop vs baseline
Monthly medication doses p=0.001
Monthly headache days p<0.001
Monthly days of drug intake p<0.001

Fig. 1 Changes in migraine clinical features

Fig. 2 Changes in disability scale (MIDAS)

4. CONCLUSIONS
Erenumab suspension is associated with an early and progressive worsening of headache-related parameters and, especially, disability. Regulators should consider the possibility to allow prolonged treatment in migraine subjects resistant to other preventive therapies.