

# Does erenumab suspension affect chronic migraine course? A real life experience

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## 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%

### Data

Collection of:

- Monthly headache days
- Monthly medication doses
- Days of drug intake
- Disability→ MIDAS

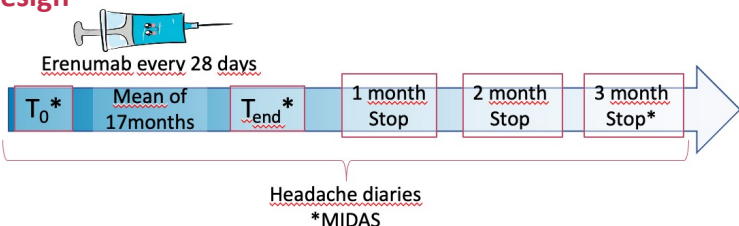
### Statistical analysis

ANOVA and post hoc tests

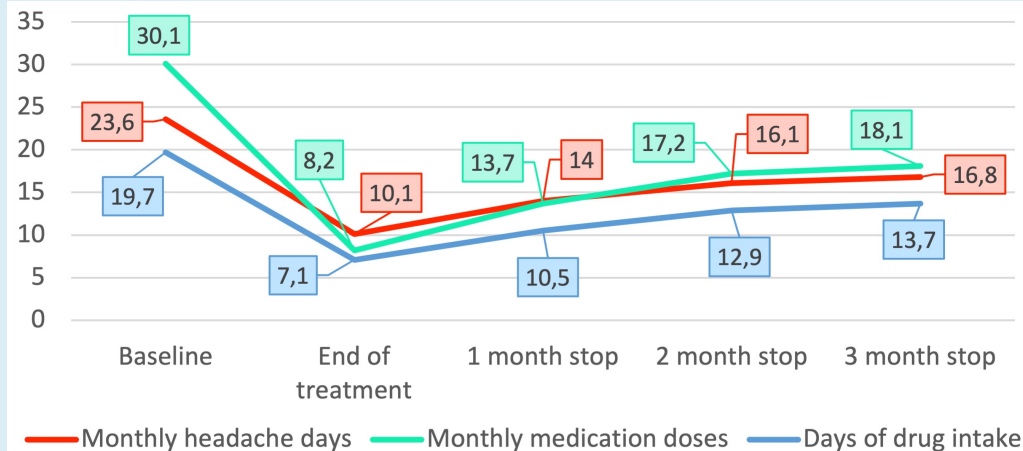
### Erenumab suspension

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

### Study design



## 3. RESULTS

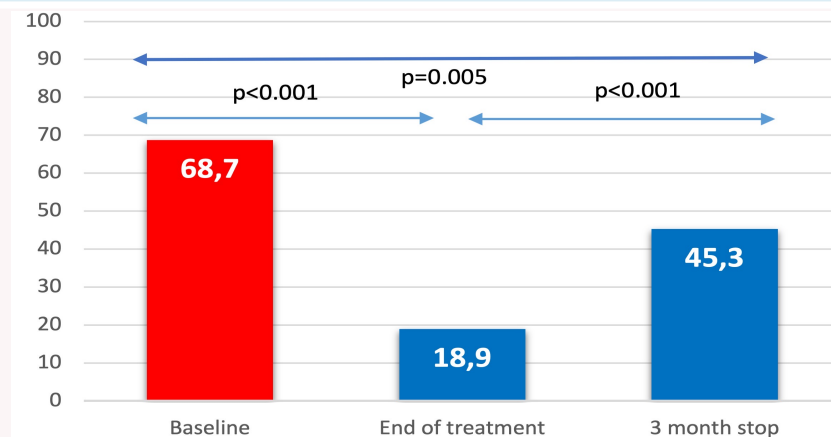


**Fig. 1** Changes in migraine clinical features

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	$p < 0.001$

End of treatment vs baseline	$p < 0.001$
3 month stop vs end of treatment	$p < 0.001$
3 month stop vs baseline	$p = 0.005$

**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.