

Real life experience of one year treatment with galcanezumab in chronic migraine with and without medication overuse headache



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1. PURPOSE

Evaluating galcanezumab effectiveness and tolerability in difficult-to-treat chronic migraineurs (CM) +/- medication overuse headache (MOH)

3. RESULTS

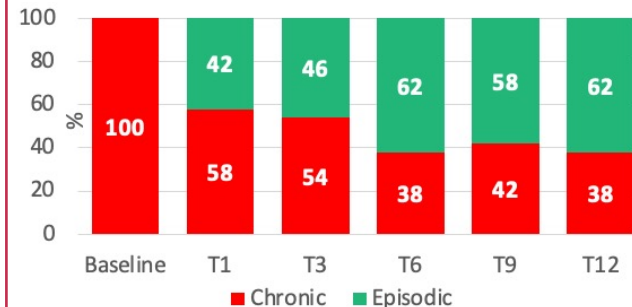


Fig 1. Percentage of patients who experienced migraine pattern reversal from chronic to episodic

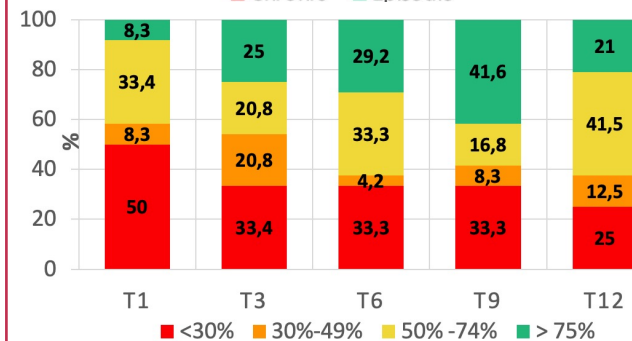


Fig 2. Responder rate in monthly migraine days by percentage of response

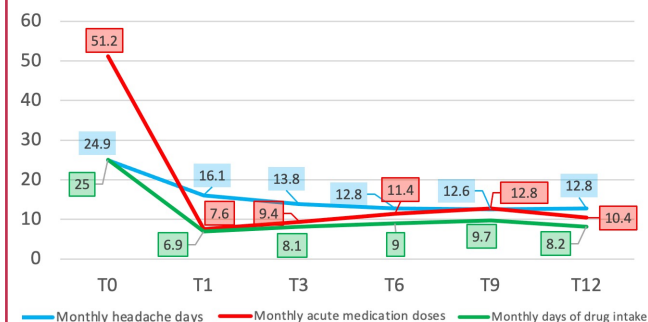


Fig 3. Reduction in monthly headache days, acute medication doses and days of drug intake ($p < 0.01$, $p < 0.02$ and $p < 0.001$ vs T0 at all time points, respectively)

2. METHODS

Baseline total population: n 26 (F 22 – M 4)

Mean Age (yrs±SD)	53±11
Headache history (yrs±SD)	38.5 ± 12.1
Chronicity duration (yrs±SD)	13.3 ± 8.9
Diagnosis: CM/CM+MOH (n,%)	4(15%) 22(85%)
Failure of:	
≥ 3 preventive therapies	100%
Onabotulinum Toxin A	81%
Previous Detox	73%
Ongoing prophylaxis	62%
Relevant comorbidities	
Psychiatric disorders	42%
Hypertension	15%

Population

- Drop out: N 2/26 (8%) due to lack of response (after T7, T9)

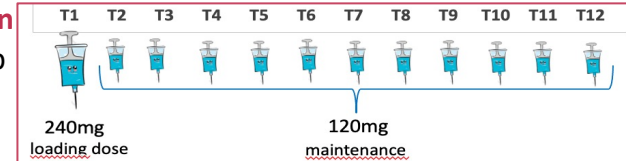
Data

Collection of:

- Headache features (diaries)
- Disability and allodynia at baseline and quarterly (questionnaires)

Administration

Galcanezumab administered every 30 days



Statistics

ANOVA and post hoc tests

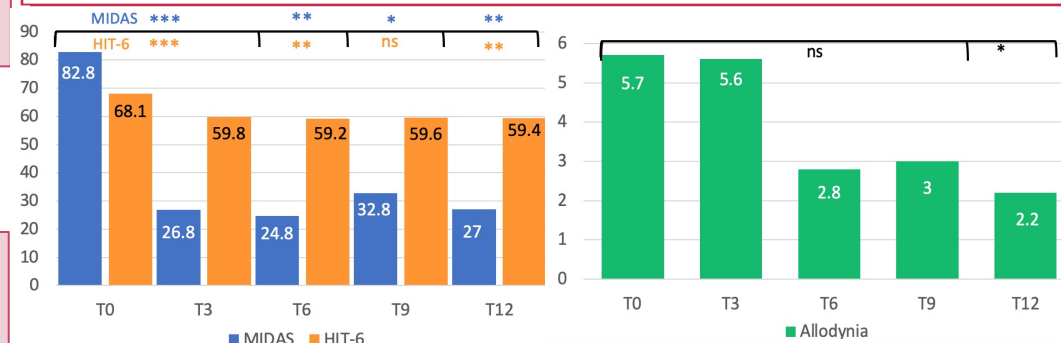


Fig. 4 Changes in disability (MIDAS and HIT-6) and allodynia. * $p < 0.05$, ** $p < 0.01$ *** $p < 0.001$

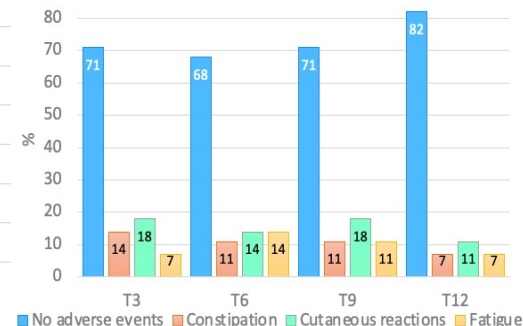


Fig. 5 Percentage of Adverse events (AE)

4. CONCLUSIONS

Real-life data shows a high percentage of pattern reversal in difficult-to-treat chronic migraine patients, relevant improvement in clinical features and in headache-related disability. Efficacy is maintained over the long-term showing a positive tolerability profile