

ALGORITHM IN THE PREVENTIVE TREATMENT OF CLUSTER HEADACHE IN MEXICAN PATIENTS.

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OBJECTIVE

Simplifying the preventive treatment of cluster headache patients will help the physician unfamiliar with this pathology to give the most adequate and specific treatment to patients suffering from this disease, using the available presentation that exists in our country.

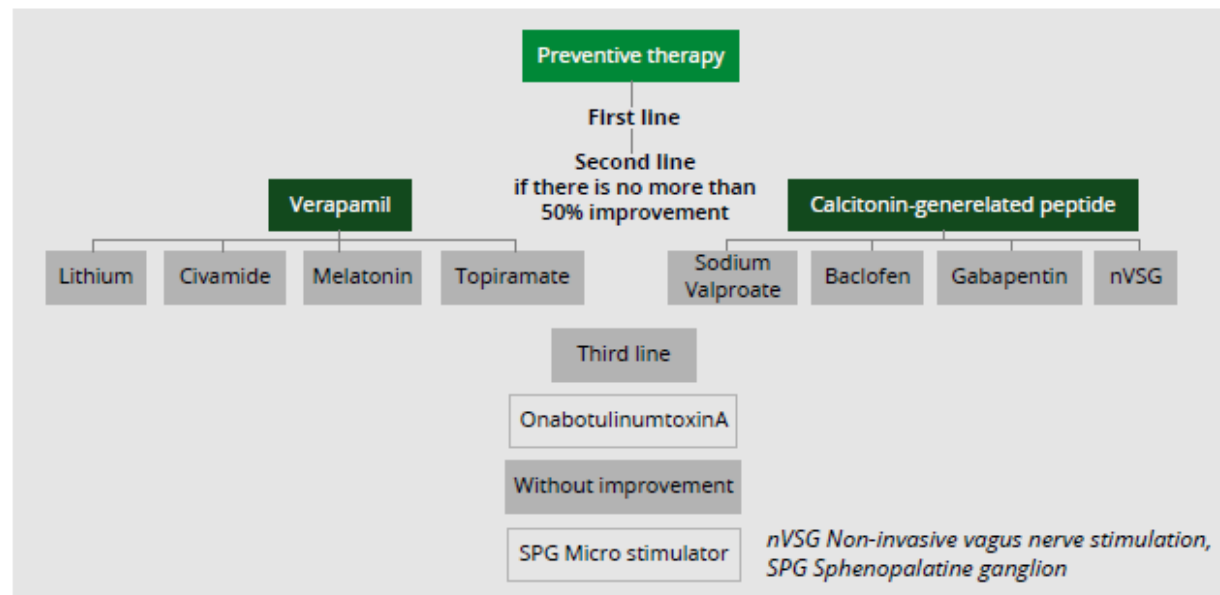
BACKGROUND

Cluster headache is classified within the group of Primary Autonomic Trigeminal Headaches that affects 0.1 % of the population. Although it is not very frequent, its management is always a challenge due to the characteristics of the pain: its severe and disabling intensity, its association with the cranial autonomic symptoms that characterize it, the duration and frequency of the episodes, as well as the pattern associated with the circadian rhythm and annual circadian rhythm.

The preventive treatment of cluster headache with most drugs used was not specifically designed for this disease; however, controlled clinical studies compared with placebo have demonstrated its effectiveness.

HYPOTHESIS

Currently, in Mexico, we have a monoclonal antibody approved for this type of headache by the FDA and EMA. Although we do not have this approbation in Mexico by COFEPRIS (our regulatory agency), its use off-label using a lower dose, can be effective enough.



MATERIAL AND METHODS

We have several patients in follow up with initial doses of 240 mg of galcanezumab, and monthly application of 120 mg to 240 mg SC of the same drug.

RESULTS

We found with both doses a good response in our patients suffering from pathology.

CONCLUSION

Although we do not have the weight of evidence from a controlled clinical study, the application of this anti-CGRP monoclonal may be a useful alternative in a pathology that is highly disabling.

REFERENCES

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2. Sonia Santos Lasaosa, Patricia Pozo *Manual de práctica clínica en cefaleas* 2020 (6) 168-180