Real-world evidence of monoclonal antibodies for migraine treatment in Argentina: a retrospective analysis

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Objective:
To analyze the clinical characteristics and response to treatment with CGRP-monoclonal antibodies (CGRP-mAbs) in migraine patients.

Methods:
Retrospective, descriptive study. We reviewed electronic medical records of patients evaluated in our headache service with EM (episodic migraine) or CM (chronic migraine), according with the IHCD-3, who received Erenumab (ERE) 70 or 140 mg or Fremanezumab (FRE) 225 mg monthly as preventive treatment between July 2019 and March 2023. We included patients over 18 years old, with EM or CM diagnose who completed at least 3 months of treatment with CGRP-mAbs. We analyzed age, sex, prior migraine preventive medication, type and dose of mAbs, adverse effects (AEs). We assessed changes in headache days/month (HDM), use of analgesics, medication overuse (MO) in the month before treatment and at 3, 6, 12 months after treatment. Response was defined as reduction in HDM ≥30% for CM and ≥ 50% for EM.

Results:
Medical records of 89 patients were analyzed (82% women, 49 years average), including 94 CGRP-mAbs treatments (5 patients switched mAb). 81% of patients had CM. 94% had failed to ≥ 3 preventive medications. 48 patients with CM (66,6%) had received onabotulinumtoxin A. 65% were treated with ERE and 35% with FRE. 17 patients with EM received 18 treatments with mAbs (14 ERE, 4 FRE) **Figure 1**. Meanwhile, 72 patients with CM were treated with mAbs (76 treatments) **Figure 2**. 34 patients with CM completed 12 months of treatment, 27 of them change their headache frequency to less than 15 HDM (79%). 48 patients (44 CM, 4 EM) had MO before treatment: 22 completed 12-months follow-up, 21 of them without MO **Figure 3**.
There was no significant difference in the response to ERE vs FRE, nor by age, sex, basal HDM or type of migraine (EM vs CM). We did not find any predictor for treatment response in this group.
19 patients (21%) treated reported AEs, none of them serious **Figure 4**.

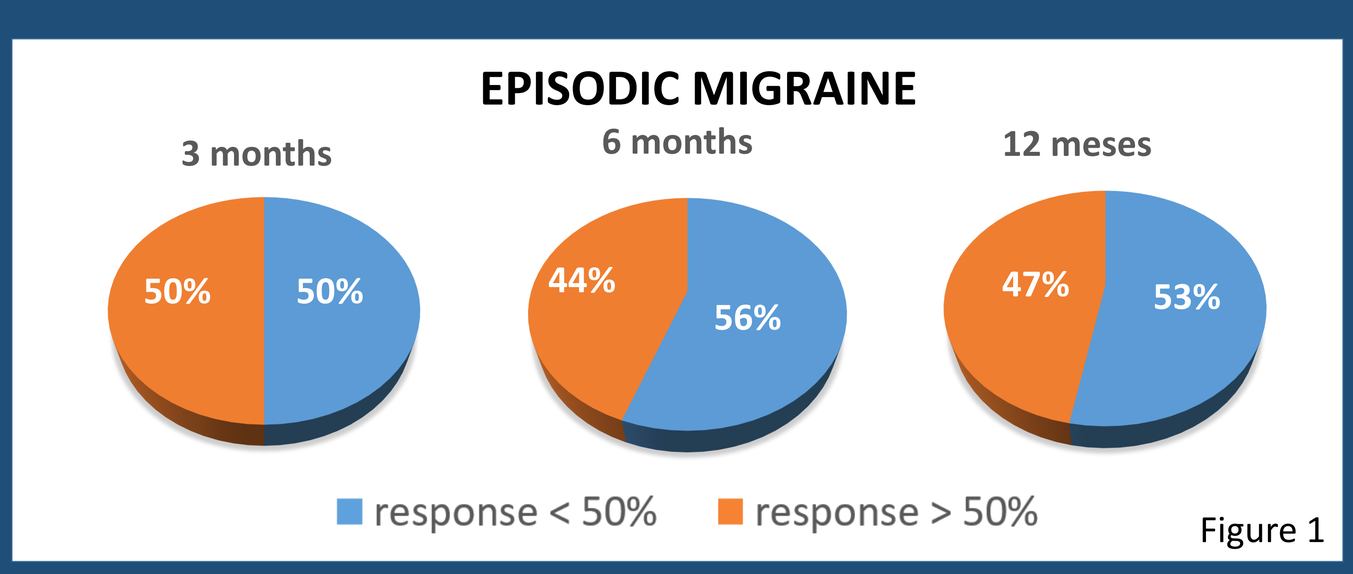

Figure 1

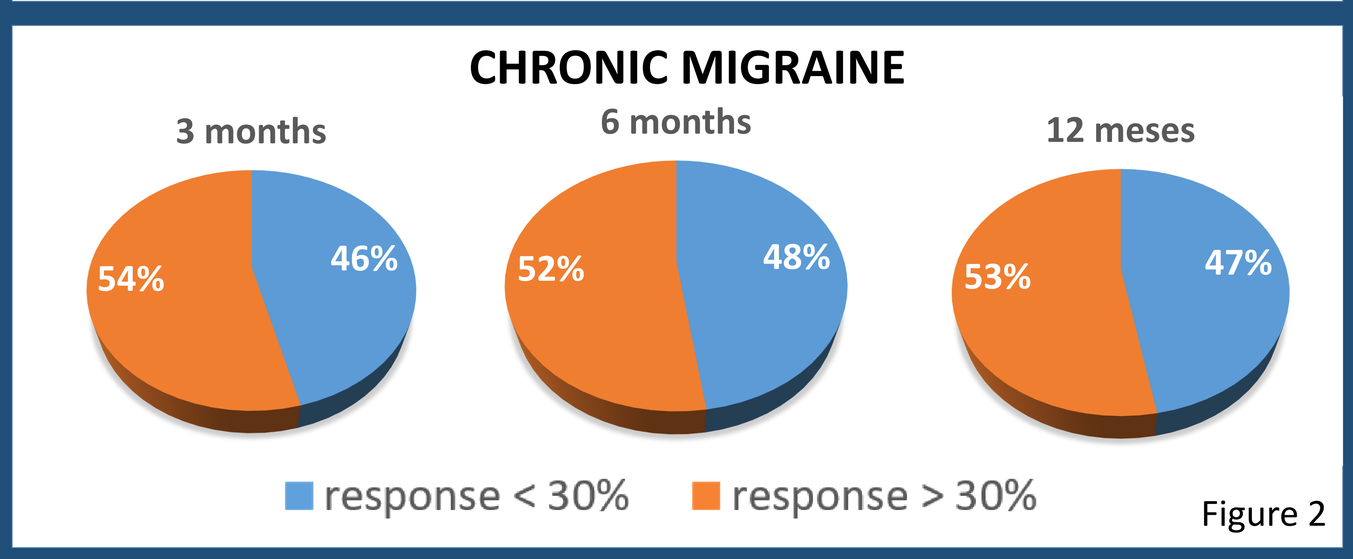

Figure 2

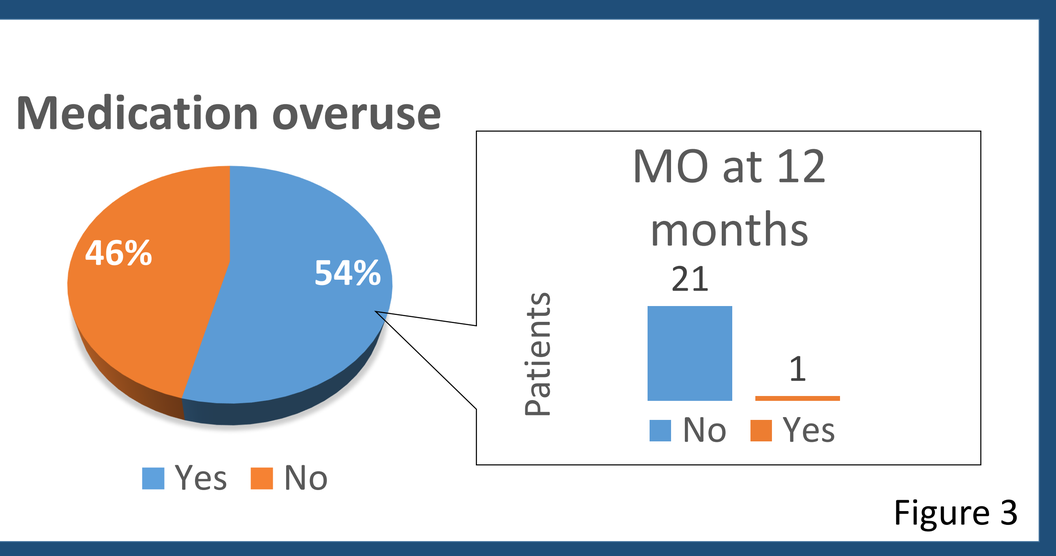

Figure 3

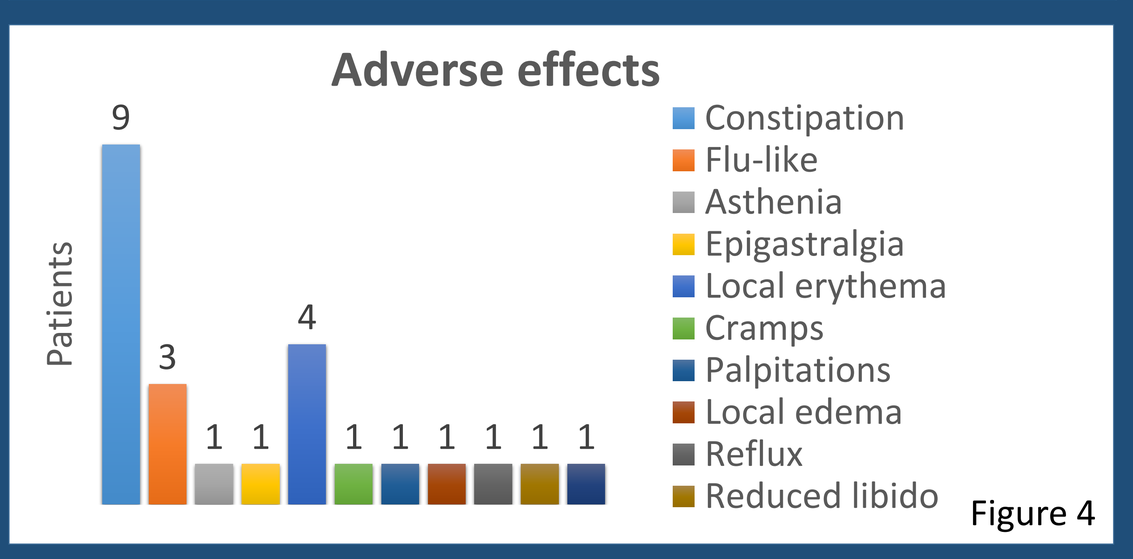

Figure 4

Conclusions:
Our real-world data demonstrates that ERE and FRE are effective in patients with EM and CM who had failed to other preventives treatments. CGRP-mAbs treatment is also effective in patients with MO.
Both drugs showed good tolerance and compliance, with only 1% of discontinuation rate due to AEs.
Of note, most health insurance in Argentina do not cover these treatments.

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