



Efficacy of Lamotrigine in the Treatment of Migraine with Aura: A Retrospective Observational Study

Ahmed Abdalla, Peter J Goadsby

NIHR King's Clinical Research Facility, SLaM Biomedical Research Centre and Wolfson SPaRC, Institute of Psychiatry, Psychology and Neuroscience, King's College London, UK



INTRODUCTION

- Migraine with aura affects about one-third of individuals with migraine over a year.¹
- Lamotrigine may reduce the frequency and duration of aura symptoms in some patients², although there is insufficient evidence supporting a preventive effect on headache^{3,4}

AIM

- To evaluate the efficacy of lamotrigine in the treatment of migraine with aura in a tertiary care headache population.

METHODS

- Retrospective data from clinic letters of patients seen in a tertiary headache centre from January 2015 to January 2025.
- Patients with a diagnosis of migraine with aura according to International Classification of Headache Disorders 3/3beta (ICHD-3-3/beta)^{5,6}, and who were receiving lamotrigine, were included.
- Treatment response assessed in terms of patient reported improvement in severity or frequency of headache. Improvement of pain related to other concurrent headache or facial pain disorders was not included.
- Patients on at least 50mg twice a day dosing were considered to have received adequate dosage to assess therapeutic effect.
- The analysis included patients with all aura types, including visual, motor, sensory and brainstem aura.
- Data on side effects to lamotrigine as well as maximum tolerated dosage were also obtained.
- Data were collated and analysed with Excel.

REFERENCES

1. Ferrari MD, Goadsby PJ, Burstein R, Kurth T, Ayata C, Charles A, et al. Migraine. Nature Primers. 2022;8:2.
2. Lampl C, Katsarava Z, Diener HC, Limmroth V. Lamotrigine reduces migraine aura and migraine attacks in patients with migraine with aura. J Neurol Neurosurg Psychiatry. 2005;76(12):1730-2.
3. Steiner TJ, Findley LJ, Yuen AWC. Lamotrigine versus placebo in the prophylaxis of migraine with and without aura. Cephalalgia. 1997;17:109-12.
4. Buch D, Chabriat H. Lamotrigine in the Prevention of Migraine With Aura: A Narrative Review. Headache. 2019 Sep;59(8):1187-1197. doi: 10.1111/head.13615. Epub 2019 Aug 29.
5. Headache Classification Committee of the International Headache Society (IHS). The International Classification of Headache Disorders, 3rd Edition. Cephalalgia. 2018;38:1-211.
6. Headache Classification Committee of the International Headache Society. The International Classification of Headache Disorders, 3rd edition (beta version). Cephalalgia. 2013;33:629-808.

CONCLUSIONS

- Lamotrigine demonstrated limited effectiveness in headache prevention in migraine with aura in our cohort; only a single patient reported improvement in migraine headache
- Close to a quarter of patients ceased lamotrigine treatment due to side effects.

RESULTS

- Patients ($n = 52$) were identified as having received treatment with lamotrigine for migraine with aura.
- 83% were women, 90% had chronic migraine
- The median age was 47 (IQR) years old
- Visual aura was the most common subtype of aura (77%), followed by sensory aura (35%), motor aura (15%) and brainstem aura (3.8%).
- Of patients, 27% reported side effects and 23% ceased lamotrigine due to these side effects.
- Table 1 shows the side effects reported amongst the cohort.
- Of the remaining 40 patients who tolerated lamotrigine, 24 patients received over 50mg twice daily dosing. Amongst these 24 patients, only 1 (4%) reported treatment efficacy specifically for their migraine headache, representing only 2% of the total cohort of 52 patients.

Table 1:

| SIDE EFFECT | PERCENTAGE |
|------------------------|------------|
| RASH | 8% (4/52) |
| WORSENING HEADACHE | 6% (3/52) |
| MOOD CHANGE | 4% (2/52) |
| NAUSEA | 2% (1/52) |
| COGNITIVE DIFFICULTIES | 2% (1/52) |
| REFLUX | 2% (1/52) |
| INSOMNIA | 2% (1/52) |
| SOMNOLENCE | 2% (1/52) |
| UNSTEADINESS | 2% (1/52) |
| MOVEMENT DISORDER | 2% (1/52) |
| HYPERTENSION | 2% (1/52) |

CONTACT

Ahmed Abdalla
ahmed.1.abdalla@kcl.ac.uk

