



# RETHINKING SUCCESS IN MIGRAINE PREVENTION: A REAL-WORLD ASSESSMENT OF THE NEWLY PROPOSED INTERNATIONAL HEADACHE SOCIETY STANDARDS

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## BACKGROUND

Migraine is a highly disabling disorder with substantial impact on quality of life.

A recent position statement by the International Headache Society (IHS) proposed higher standards for migraine prevention, suggesting that a  $\geq 50\%$  reduction in monthly migraine days (MMDs) may not adequately reflect optimal disease control. **The aim of this study** was to classify migraine patients undergoing preventive therapy using both the conventional responder definition ( $\geq 50\%$  reduction in MMDs) and the newly proposed IHS targets for migraine control, and to assess the concordance between these approaches.

## METHODS

### OBSERVATIONAL CROSS-SECTIONAL STUDY

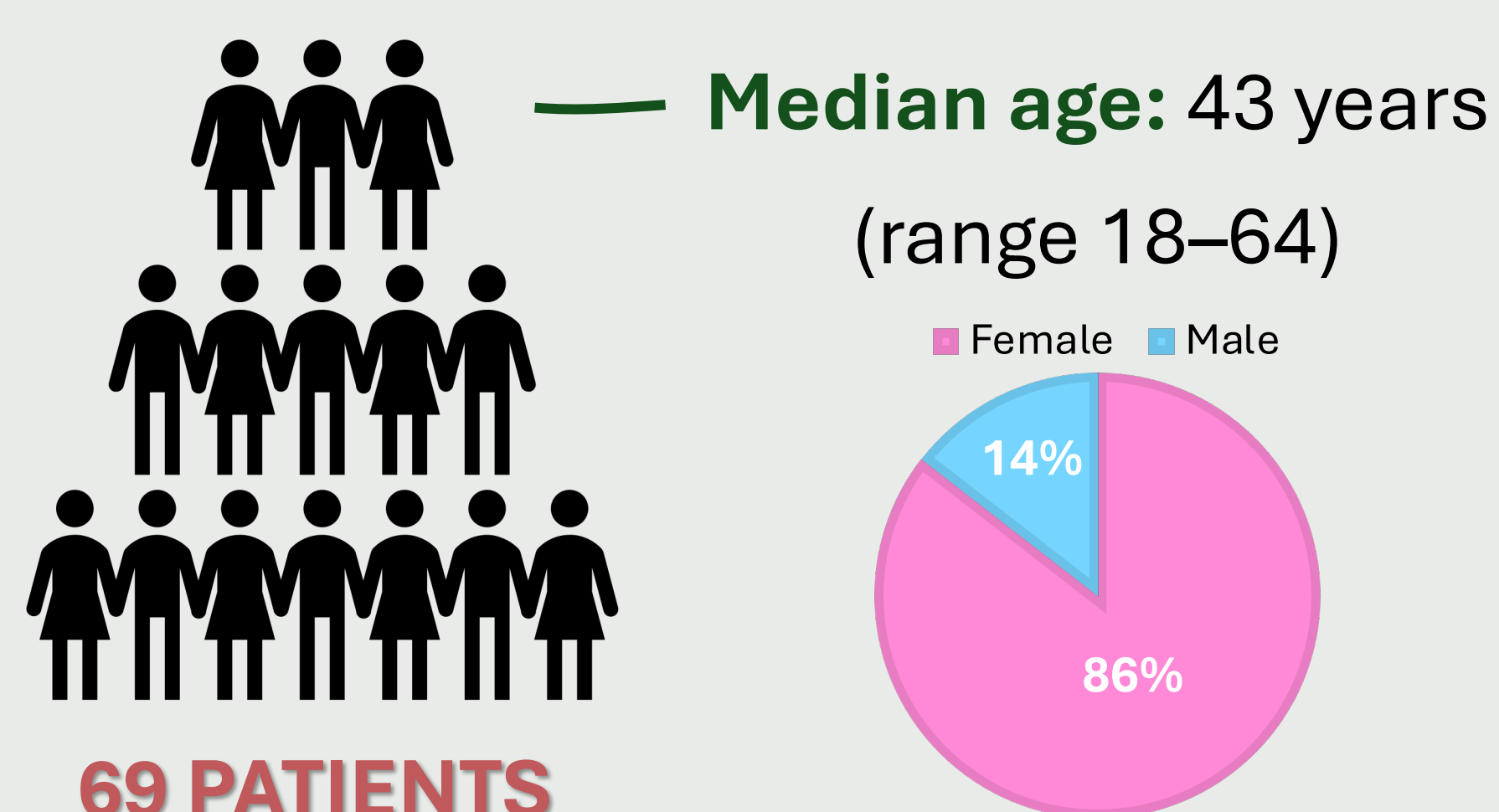


April 2025  We included patients with:

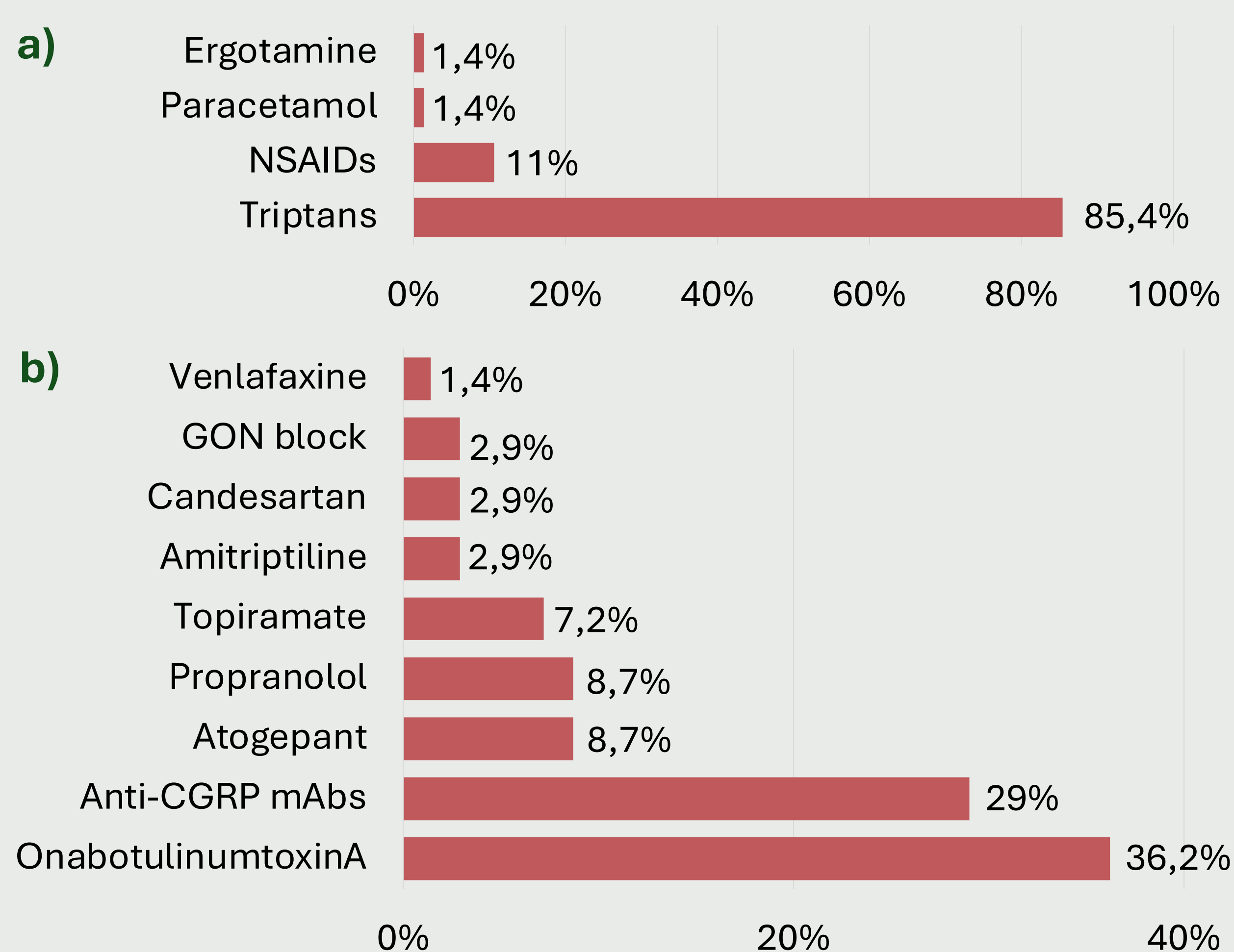
- Age  $\geq 18$  years old;
- Follow-up at the headache outpatient clinic of a tertiary center;
- Diagnosis of migraine according to ICHD-3 criteria;
- Receiving preventive migraine therapy for  $\geq 3$  months.

## RESULTS

### DEMOGRAPHIC DATA

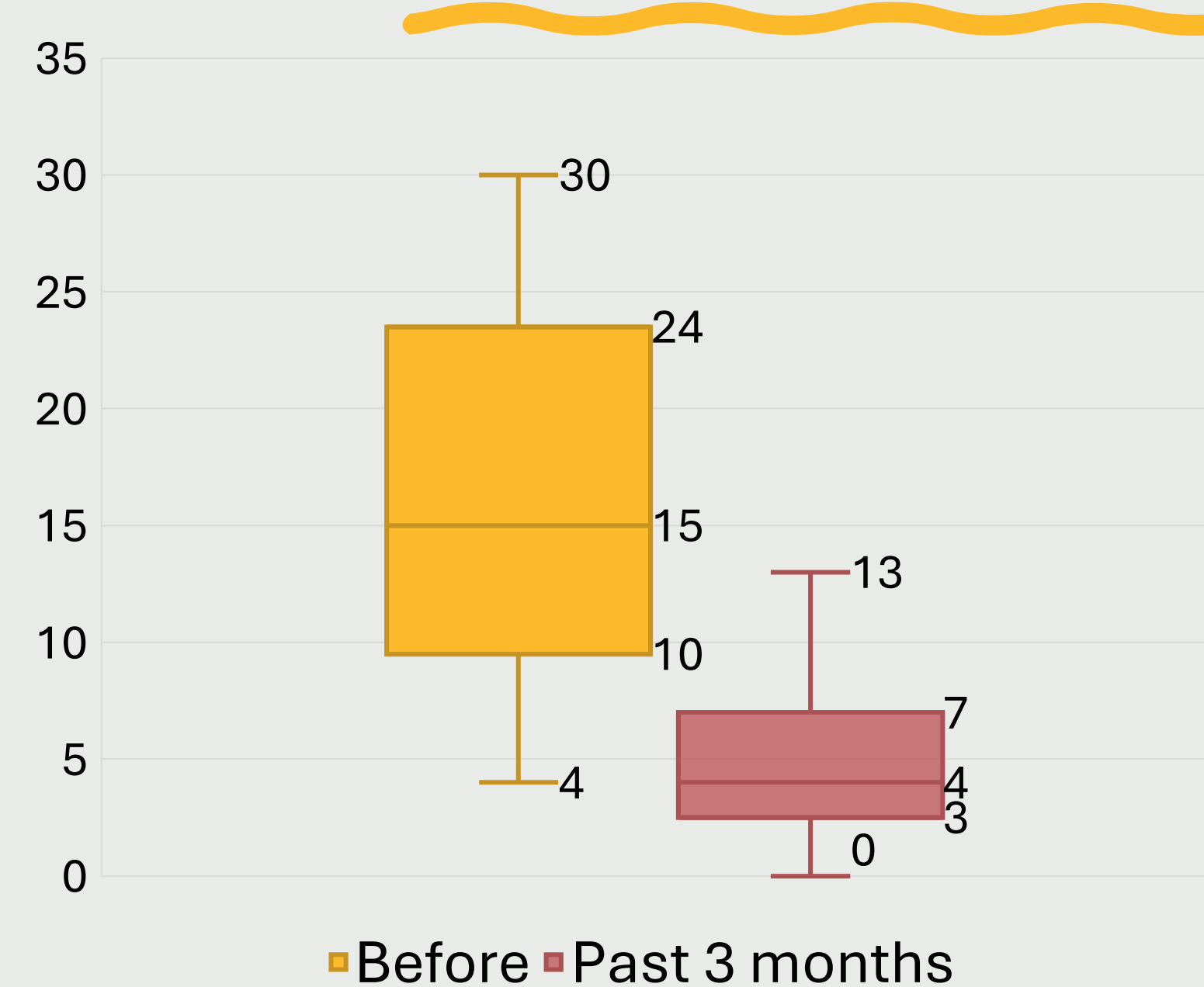


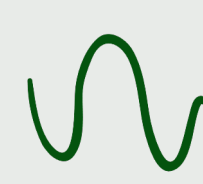
### ACUTE (A) AND PREVENTIVE (B) TREATMENTS USED IN MIGRAINE PATIENTS:



 Median treatment duration: 6 months (IQR 4-9)

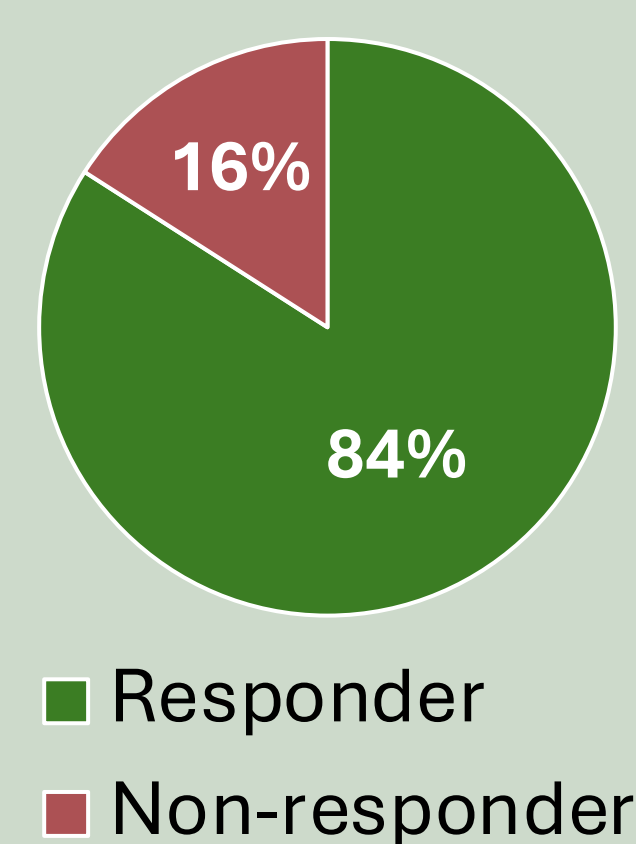
### MEDIAN MMDs BEFORE AND OVER THE PAST THREE MONTHS UNDER TREATMENT



 Median treatment response rate: 63% (IQR 50-80)

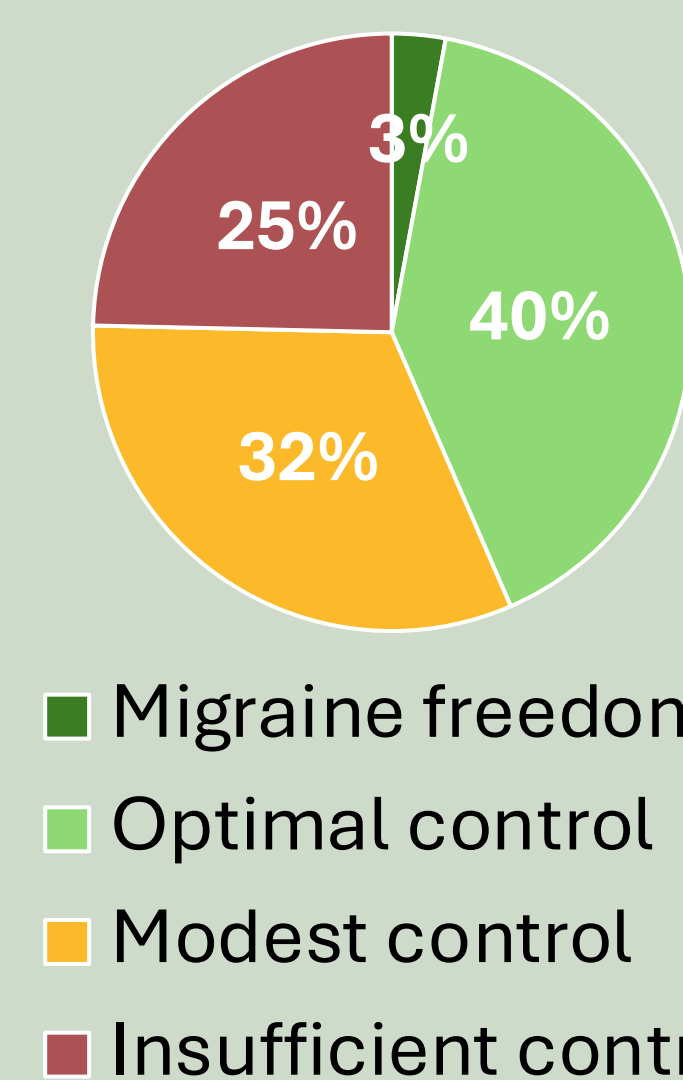
### CONVENTIONAL RESPONDER DEFINITION

Responder:  $\geq 50\%$  reduction in MMDs



### RECENTLY PROPOSED IHS TARGETS

Migraine freedom: 0 MMDs  
Optimal control: 1-4 MMDs  
Modest control: 4-6 MMDs  
Insufficient control:  $>6$  MMDs



Concordance between the two classification systems was 59.4%

Patients with **optimal control** reported better outcomes on **PGIC** (median 6, IQR 6–7) compared to those meeting only the conventional responder threshold.

## CONCLUSIONS

While most patients were classified as responders using the traditional  $\geq 50\%$  MMDs reduction criterion, fewer achieved migraine freedom or optimal control under the newly proposed IHS targets. These findings suggest that percentage-based metrics alone may underestimate the residual burden of disease. Embracing a more ambitious approach encourages clinicians to strive for optimal outcomes, that not only enhance patients' quality of life, but also contribute to a meaningful reduction in the overall healthcare burden associated with migraine.