



## 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



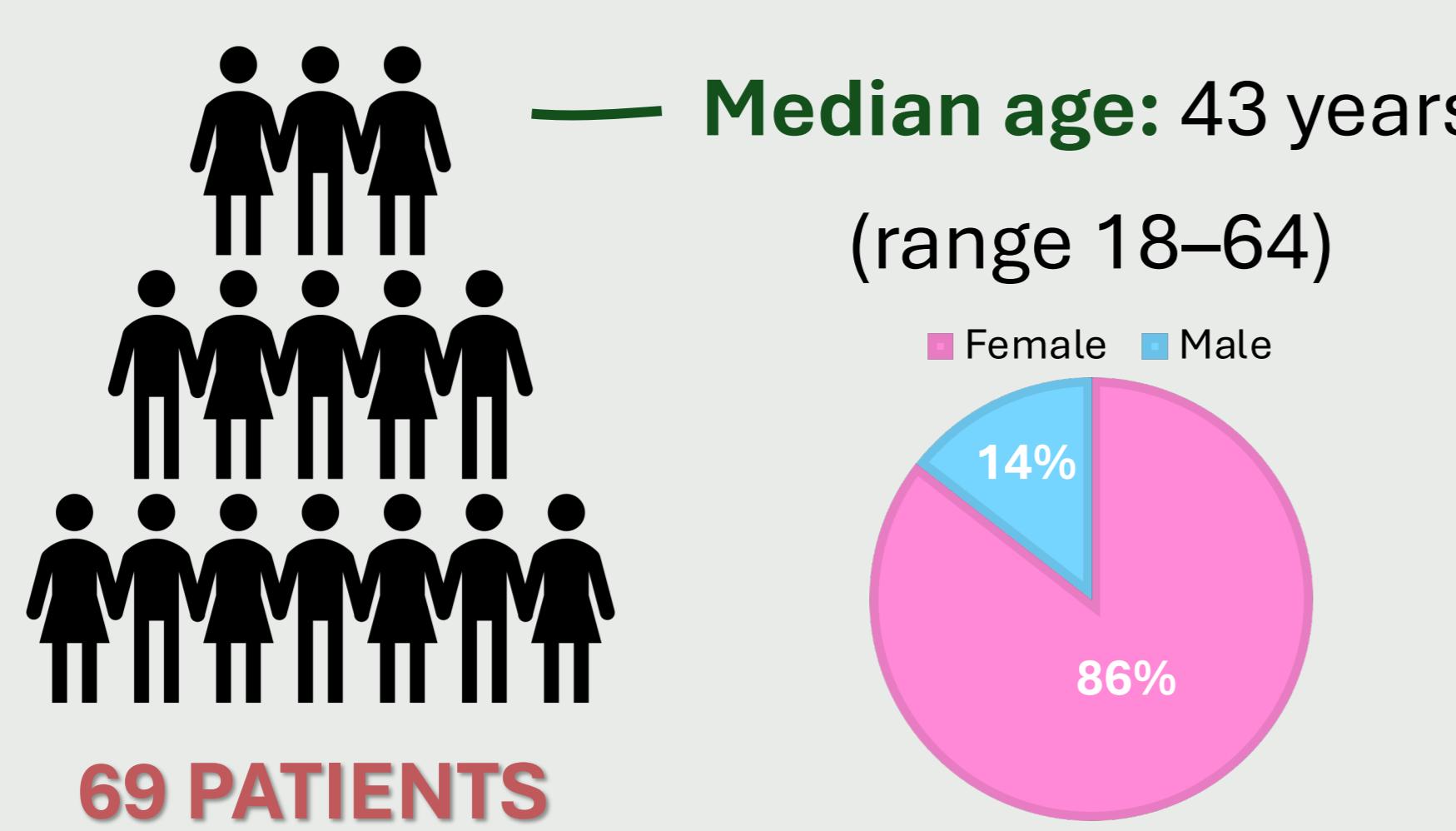
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We included patients with:

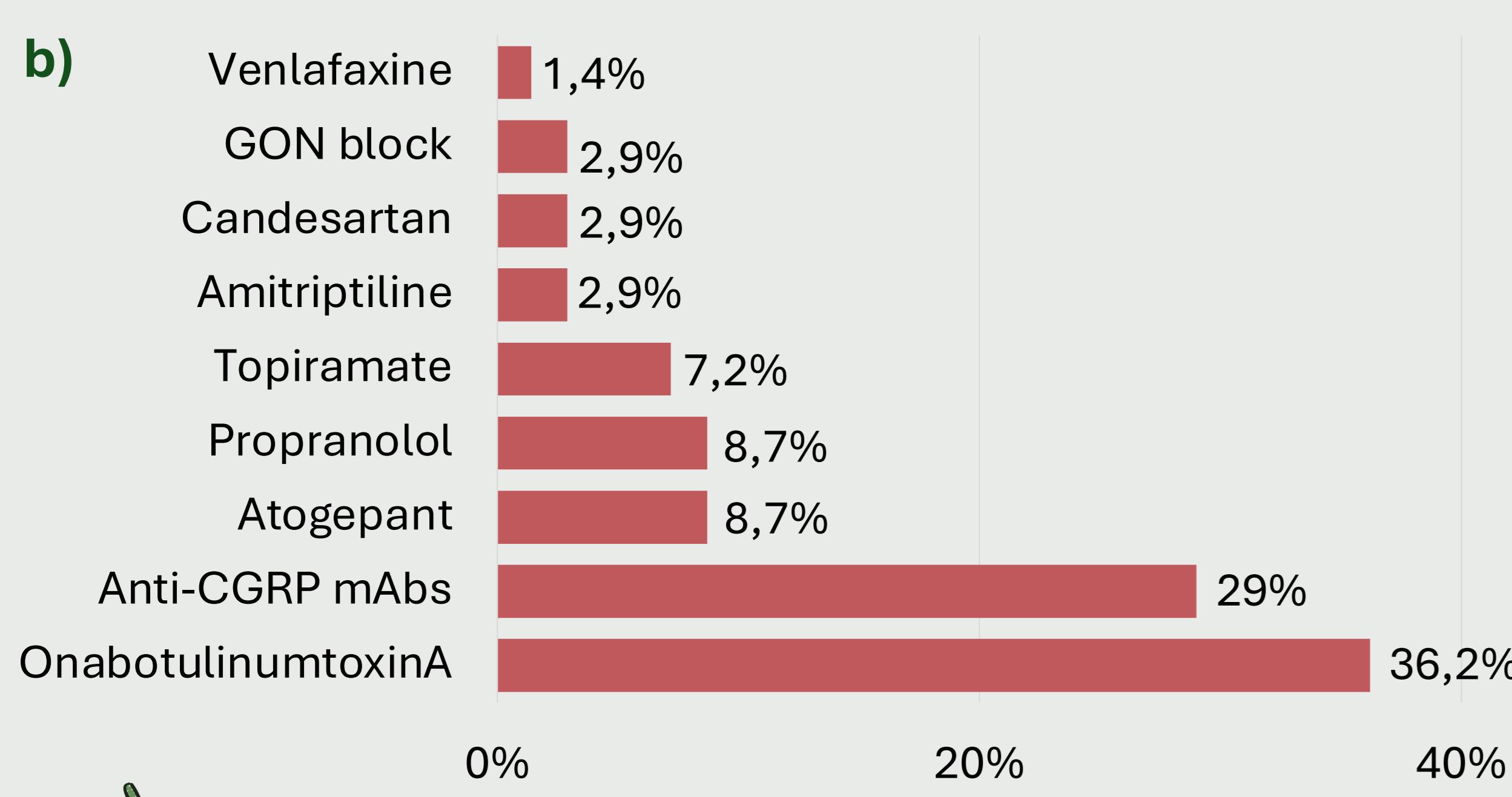
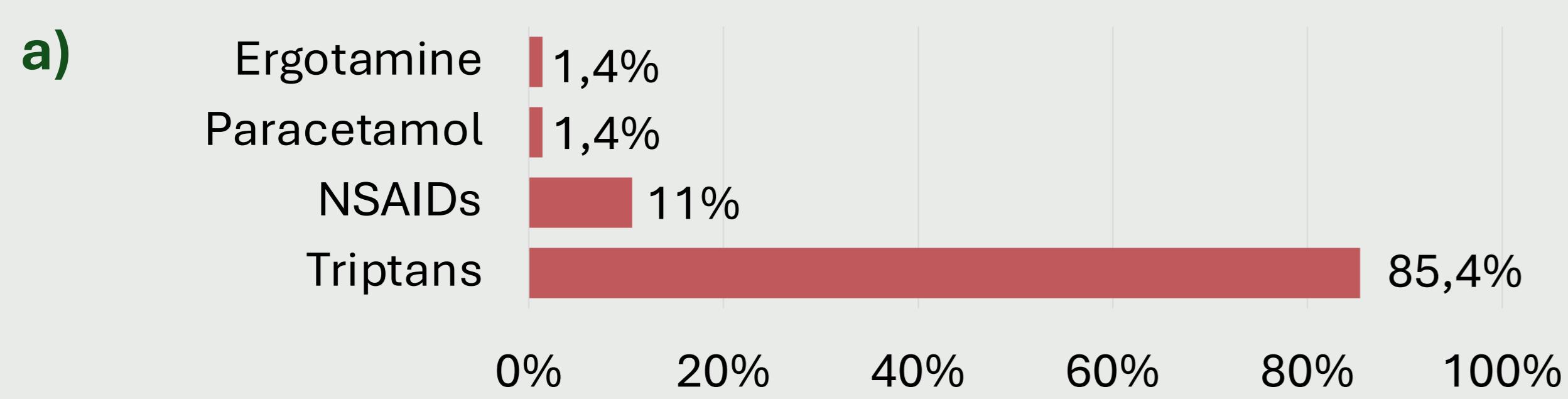
- Age  $\geq 18$  years old;
- Follow-up at the headache outpatient clinic of a tertiary center;
- Diagnosis of migraine according to ICHD-3 criteria;
- Receiving preventive migraine therapy for  $\geq 3$  months.

### RESULTS

#### DEMOGRAPHIC DATA

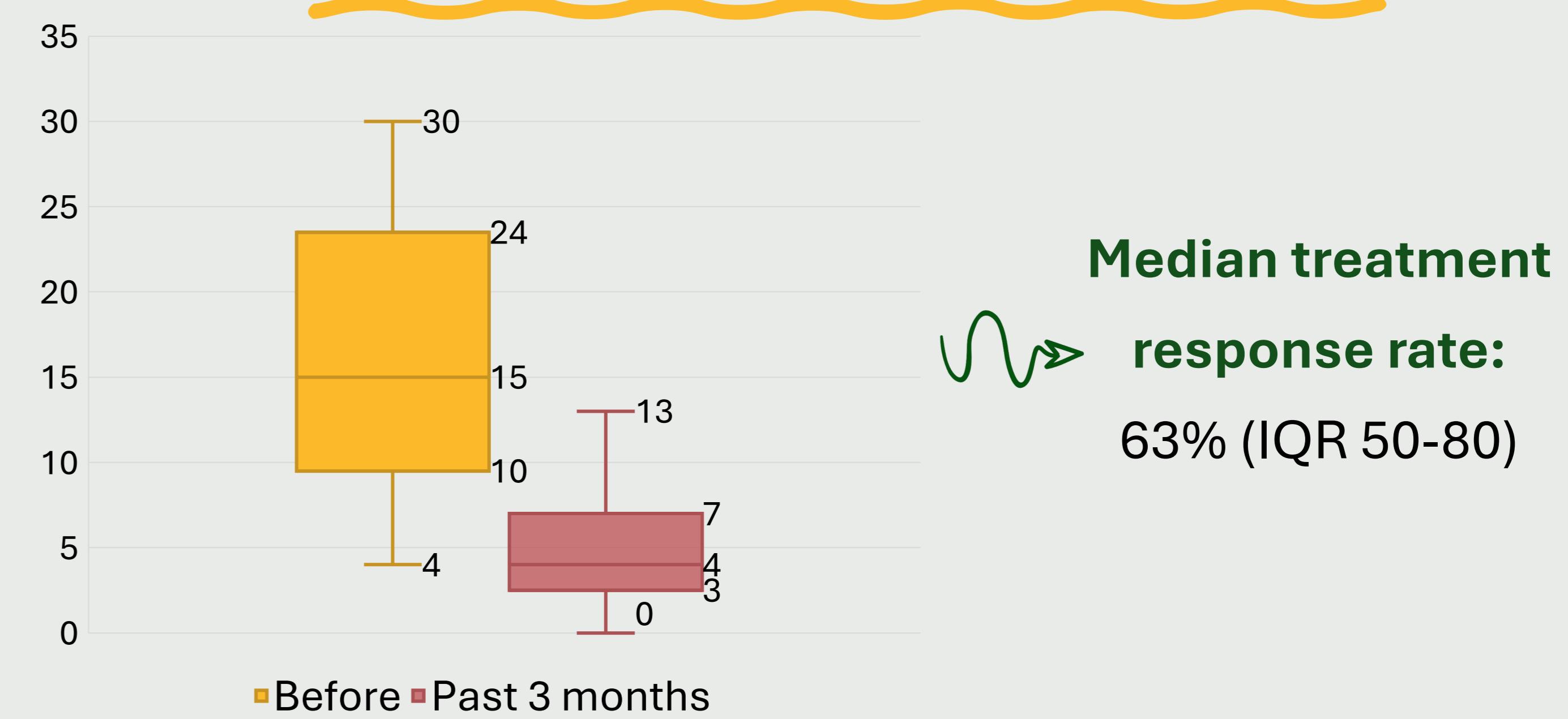


#### ACUTE (A) AND PREVENTIVE (B) TREATMENTS USED IN MIGRAINE PATIENTS:



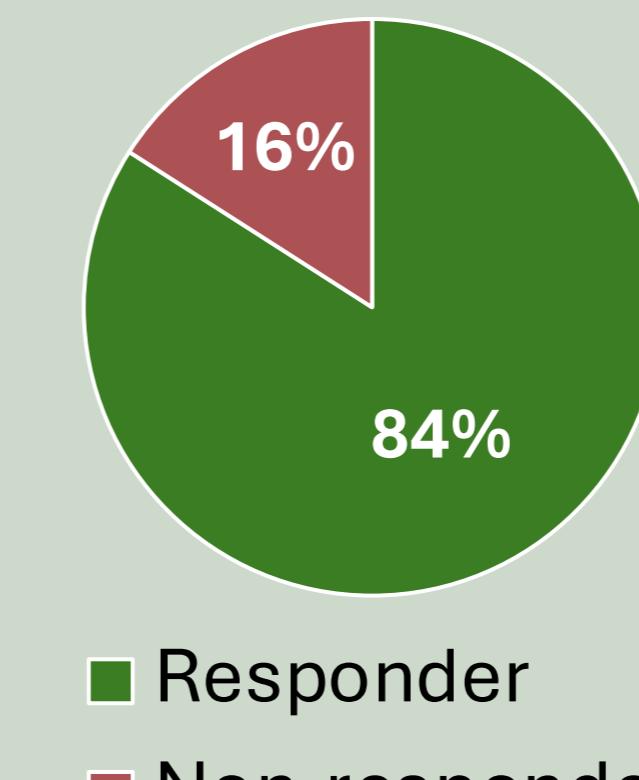
Median treatment duration: 6 months (IQR 4-9)

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



#### CONVENTIONAL RESPONDER DEFINITION

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



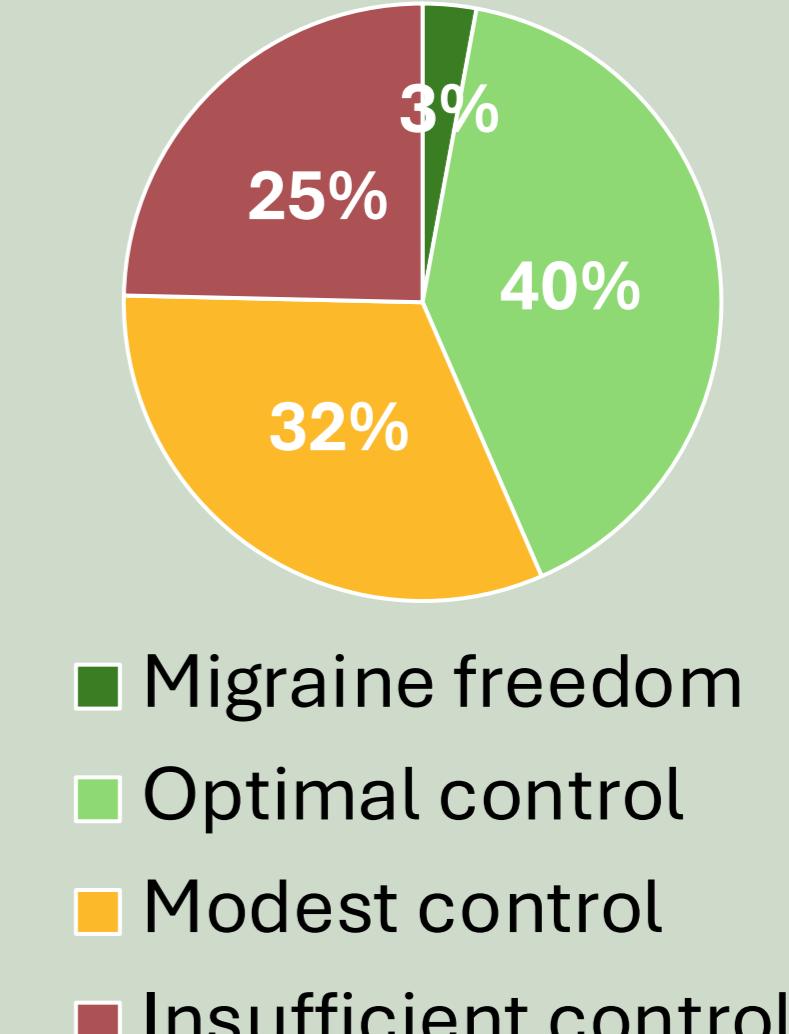
#### RECENTLY PROPOSED IHS TARGETS

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.