



# Migraine management and the patient's journey in a Public Headache Center in Rio Janeiro: the ones left behind CGRP era.

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## Background, objectives, methods:

Recently, the International Headache Society (IHS) presented the Global Practice Recommendations Guidelines for migraine treatment, defining two levels of pharmacological treatment: optimal and essential.

Currently, most of the scientific research in migraine is focused on the evaluation of the efficacy of monoclonal antibodies and other newly developed migraine-specific therapies. However, fresh data regarding the effectiveness of the essential level treatment is relevant to improve migraine standard care across different countries and economic backgrounds.

We present a cross-sectional study of migraine patients who attended a Headache Center inside the Gaffrée and Guinle University Hospital, which was launched at the end of 2019. We selected a sample of 53 patients according to alphabetical order; all of them had migraine as the motive of their first consultation. The medical records were then reviewed on these variables: age, sex, migraine classification, clinical discharge, lost follow-up, and preventive drug-related adverse event.

## Results:

We found a greater-than-expected (16.7:1) proportion of females (N=51) to males (N=3). The mean age of the patients was 39.24 years. Migraine without aura (MO) was the most frequent reason for the first consultation (N=35, 66%). Chronic migraine was the first presentation in 20.7% of the cases (Figure 1). 28 patients (52.8%) did not return for follow-up during treatment (Figure 2). Only 15 patients were discharged for successful treatment (28.3%). Sixteen cases had any adverse event related to a preventive treatment.

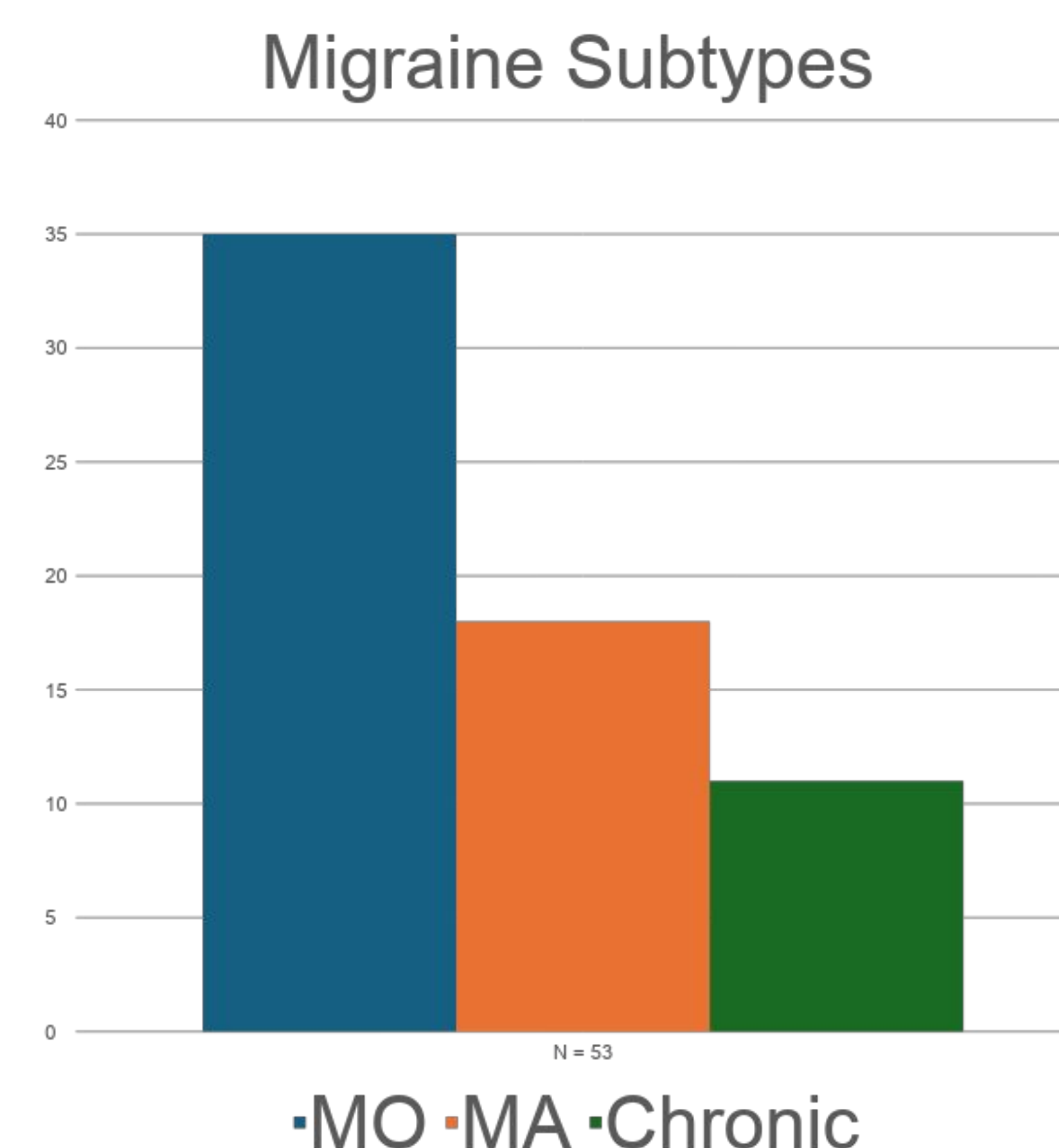


Figure 1 – Frequencies of migraine subtypes (Migraine without aura: MO, and migraine with aura: MA, were not mutually exclusive with chronic migraine).

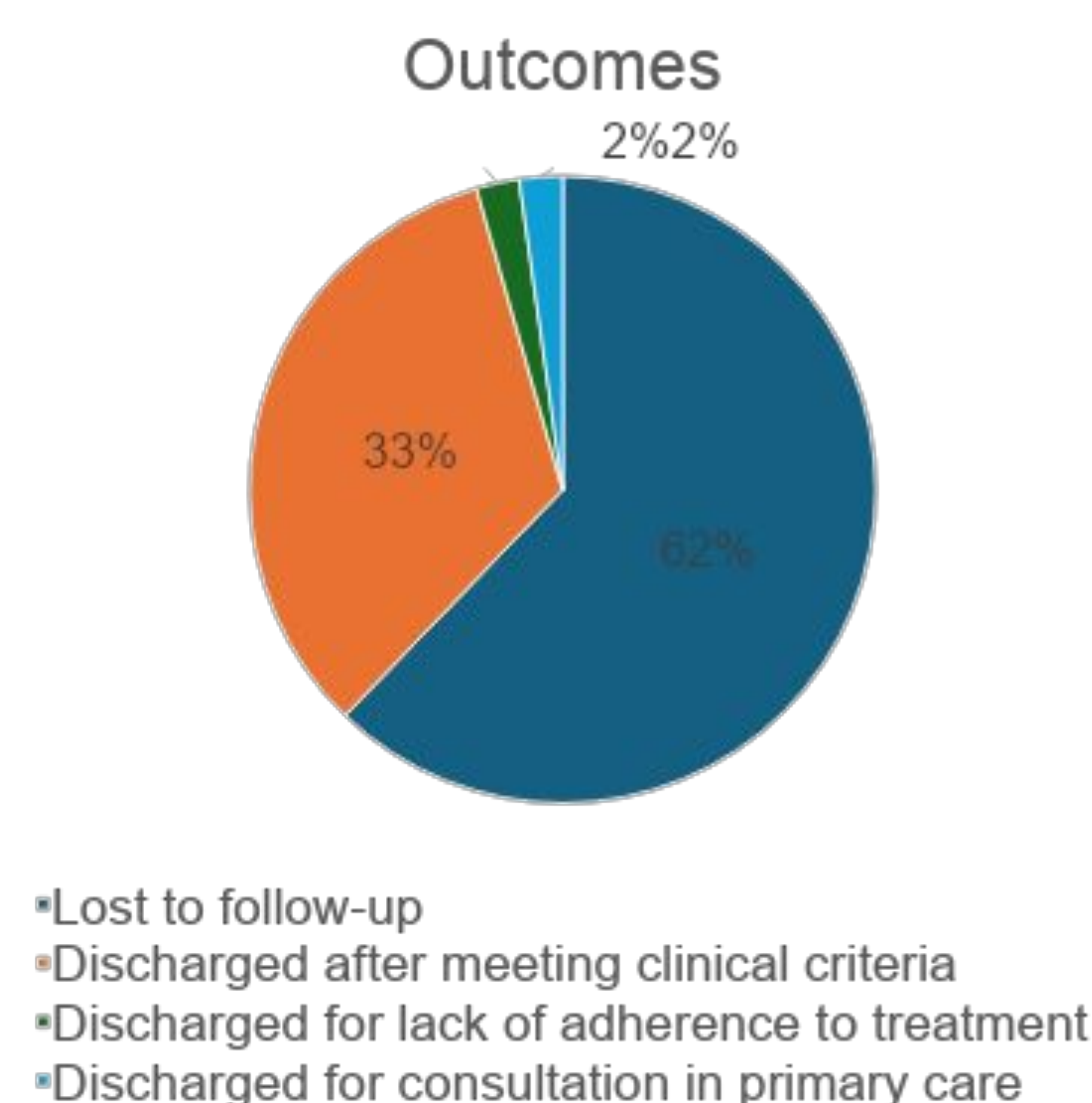


Figure 2 - Overview of the outcomes of migraine patients in our Headache Center

**Conclusion:** Our data showed that the essential level of pharmacological treatment of migraine needs further investigation to elucidate which discrepancies in migraine management are the priority challenges for future practice recommendation guidelines.