

Sustained response and clinical impact of anti-CGRP treatment in migraine patients: a retrospective observational study

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Objective:

To compare the efficacy of two consecutive treatment cycles with fremanezumab in patients with episodic and chronic migraine.

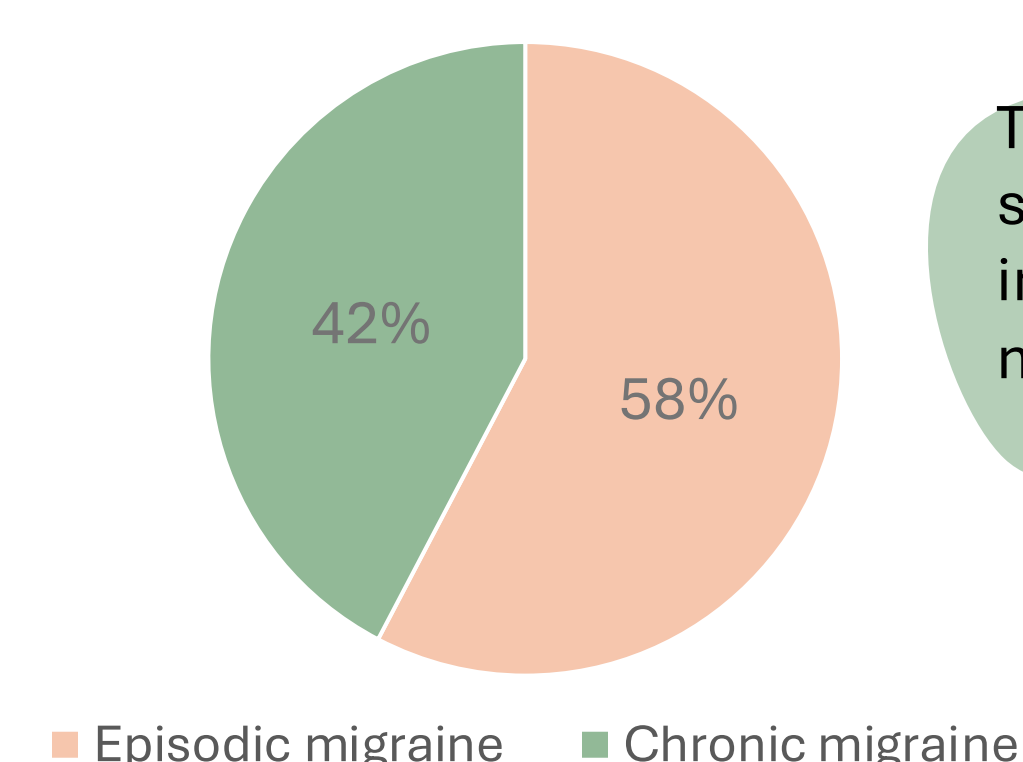
Methods:

- Observational, retrospective, single-centre study.
- Efficacy was assessed by the reduction in the mean number of migraine days per month (MDM), with an optimal response defined as MDM ≤ 4 days.
- Impact on quality of life was evaluated using the HIT-6 questionnaire.
- A statistical description of the sample was performed.
- Two consecutive treatment cycles with fremanezumab were compared in patients with episodic and chronic migraine.
- The Student's t-test, Wilcoxon test, and McNemar test were used (significance level $p \leq 0.05$).

Results:

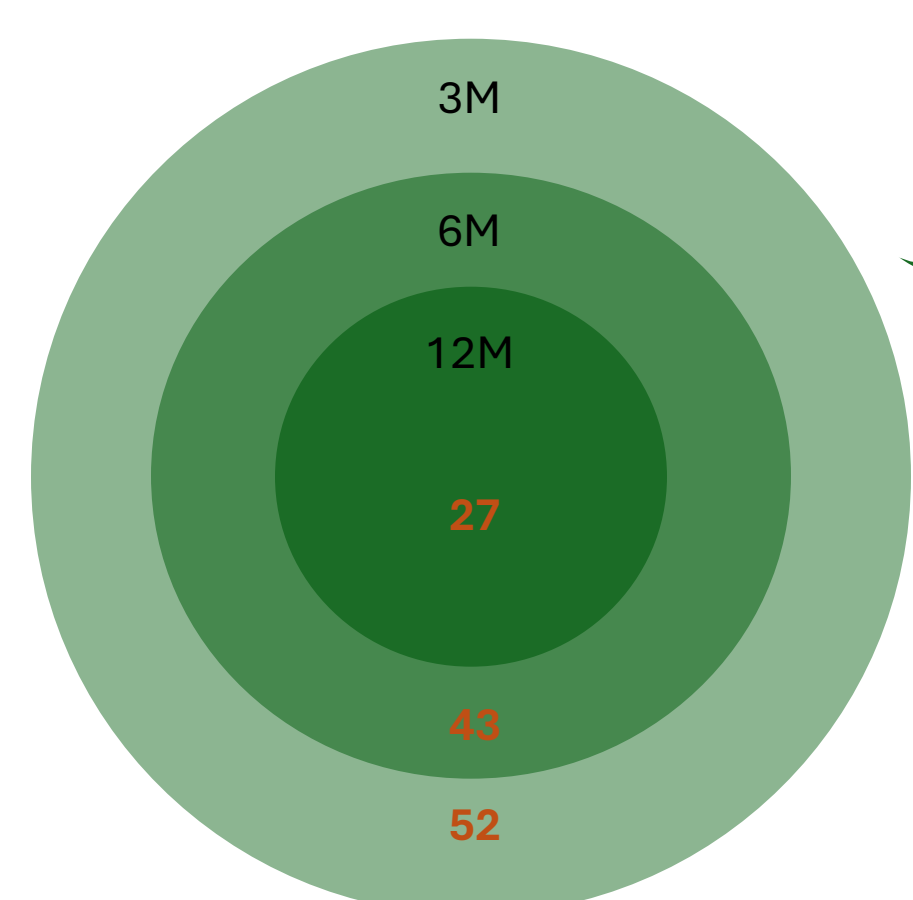
52 patients included

50 (96%) female
Mean age: 45.7 ± 8.7 years



The treatment cycles were separated by a median interval of 5.5 months (P25: 3 months; P75: 10 months).

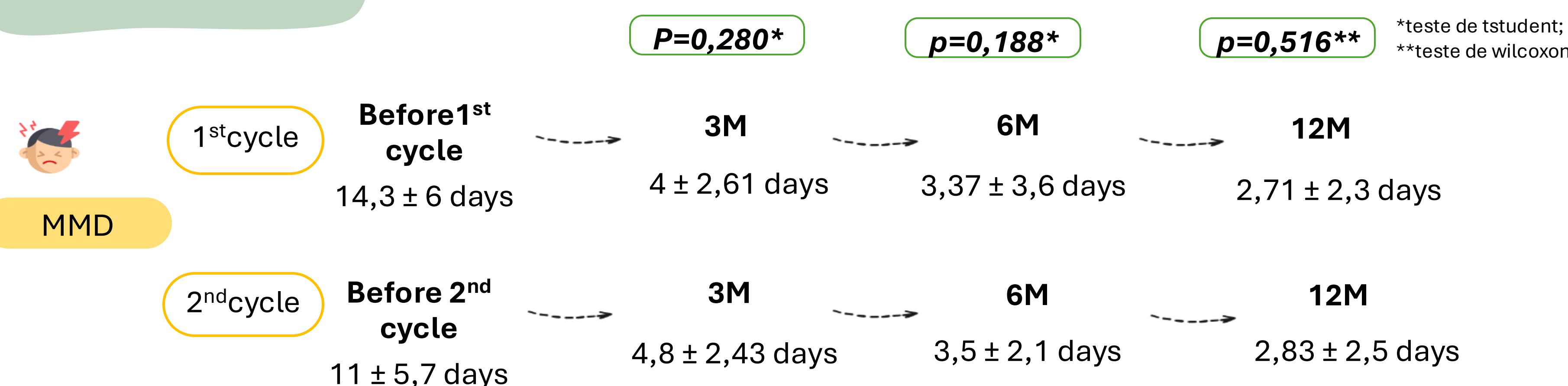
Follow up at 3-6-12M



Patients at each follow-up who achieved an optimal response, defined as MDM ≤ 4 days

Efficacy was assessed by a reduction of ≥ 50%, and we also calculated the proportion of patients achieving a reduction of ≥ 75% in the mean number of migraine days per month (MMD) prior to the initiation of the anti-CGRP.

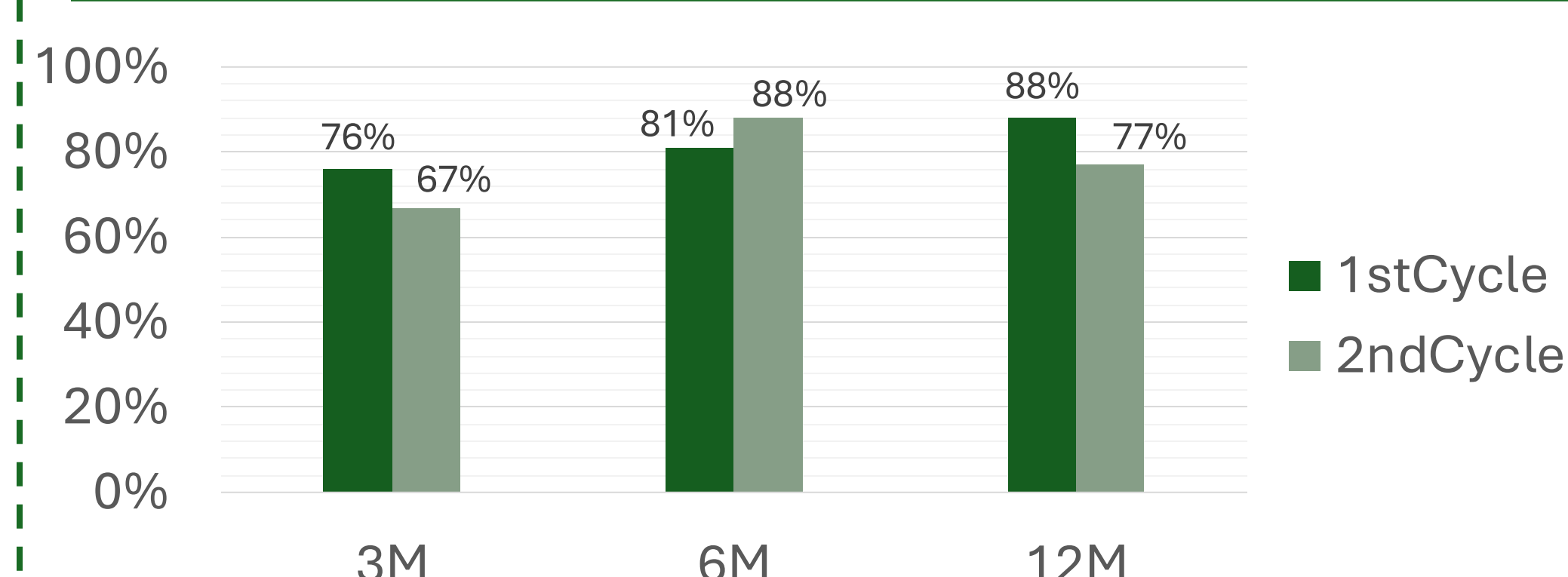
Results:



		MMD > 4 days (2nd cycle)	MMD ≤ 4 days (2nd cycle)	
3M N=52	MMD > 4 days (1st cycle)	17	7 (48% n=25)	P=1,143*
	MDM ≤ 4 days (1st cycle)	10 (53% n=28)	18	
6M N=42	MMD > 4 days (1st cycle)	5	7 (76% n=32)	P=1,00*
	MDM ≤ 4 days (1st cycle)	6 (72% n=31)	25	
12M N=27	MMD > 4 days (1st cycle)	4	2 (74% n=20)	P=1,00*
	MDM ≤ 4 days (1st cycle)	3 (77% n=21)	18	

Table1. No statistically significant differences were observed in patients experiencing an average of four or fewer migraine days per month.

Response rate of ≥ 50% reduction in MMD from baseline to 3, 6, and 12 months of treatment with fremanezumab, across the two treatment cycles.



At the end of the second cycle, 77% of patients (n=21) achieved a ≥ 50% reduction in MMD.

Scores < 55 at HIT6:

- 3-month follow-up: 52% in both the 1st and 2nd cycles
- End of treatment: 63% in the 1st cycle vs 67% in the 2nd cycle

		≥ 75% efficacy 2nd cycle	< 75% efficacy 2nd cycle	
3M N=52	≥ 75% efficacy 1st cycle	11	5	P=0,04*
	< 75% efficacy 1st cycle	11 (42% n=22)	25 (30% n=16)	
6M N=42	≥ 75% efficacy 1st cycle	13	3	P=0,003*
	< 75% efficacy 1st cycle	14 (63% n=27)	13 (35% n=16)	
12M N=27	≥ 75% efficacy 1st cycle	14	5	P=1,00*
	< 75% efficacy 1st cycle	3 (63% n=17)	4 (70% n=19)	

Table2. A greater proportion of patients achieved a reduction of ≥ 75% at 3 and 6 months in the second cycle compared with the first cycle.

Conclusion:

- Reduction in migraine days was significant in both cycles, without differences between them.
- The second cycle showed additional benefit in the first 6 months, with more patients achieving ≥ 75% reduction, and sustained efficacy at 12 months.
- No differences were seen for ≥ 50% reduction.
- Most patients reported reduced migraine impact, supporting the benefit of reintroduction in previously responsive patients.